



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

CONTINUING EDUCATION ADVISORY COMMITTEE

AGENDA

****Supplemental Mailing (New items are in red)**

January 18, 2013
12:00 p.m.

Location: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa;
(Committee Members May Participate in Person or by Telephone)

Committee Members: *Lynn Curry, D.D.S. Chair; George North, D.D.S.; Eileen Cacioppo, R.D.H.; Marijo Beasler, R.D.H.; Kristee Malmberg, R.D.A.; Jane Slach, R.D.A.; Lori Elmitt, Board Member*

OPEN SESSION

- I. CALL MEETING TO ORDER - ROLL CALL
- II. APPROVAL OF OPEN SESSION MINUTES
 - a. *October 16, 2012 – Open Session*
- III. COMMITTEE PROCEDURES AND MEETING SCHEDULE
 - a. 2013 Committee Meeting Schedule – Additional Dates
- IV. * CONTINUING EDUCATION COURSE APPLICATIONS
 - a. **DANB:** “Orthodontic Assistant” (12 hours)
 - b. **Carl Sandburg Community College:** “Taking Control of Your Diabetes Know-How” (Hours requested not specifically stated)
 - c. **Central Iowa Dental Hygiene:** “Minimally Invasive Dentistry” (1 hour)
 - d. **Central Iowa Dental Hygiene:** “Second-Year Dental Hygiene Students Presented Table Clinics” (2 hours)
 - e. **Central Iowa Dental Hygiene:** “Education and Legislative Progression of Dental Hygiene in Minnesota” (2 hours)
 - f. **Iowa Society of Oral & Maxillofacial Surgeons:** “Progressive Implant Dentistry Strategies for the Anterior & Posterior Maxilla” (8 hours)
 - g. **BOT Connections:** “Strategic Planning/Leadership Training Weekend” (Hours requested not specifically stated)
 - h. **Susan Rector, D.D.S.:** “Orthodontic Temporary Anchorage Devices” (2 hours)
 - i. **Kiess Kraft Dental Lab:** “Dental Implant Innovation – Zimmer Trabecular Metal & Zimmer

- Tapered Screw-Vent Dental Implants*” (1.5 hours)
- j. **Iowa Dental Assistants Association – SE District:** “Understanding the New High: A Look at New Drug Trends” (2 hours)
 - k. **Southeast Iowa District Dental Society:** “Interdisciplinary Treatment Approaches to the Contemporary Dental Implant” (3.5 hours)
 - l. **Iowa Dental Hygienists’ Association:** “Forensic Dentistry: The Role of the Dental Professional” (3 hours)
 - m. **Iowa Dental Hygienists’ Association:** “The Role of the Dental Hygienist in Catastrophe/Bioterrorism Preparedness” (3 hours)
 - n. **3M ESPE:** “3M Update on Dental Materials” (1 hours)
 - o. **Iowa Western Community College:** “Ho, Ho, Ho! Here Come the Holidays!” (7 hours)
 - p. **Dental Prosthetic Services:** “Partnering with Your Lab: Speaking the Same Language Through Photography & Impressions” (1 hour)
 - q. **Iowa Academy of General Dentistry:** “Fixed Prosthodontics” (8 hours lecture; 16 hours participation)
 - r. **Dr. Takanari Miyamoto:** “CBCT Airway Assessment, Management & Strategies for Treatment” (2 hours)
 - s. **Dr. Takanari Miyamoto:** “Computer-Guided Implant Dentistry Symposium – Dental Implants in the Digital Age” (4 hours)
 - t. **Kiess Kraft Dental Lab:** “Guided Implant Surgeries: Virtual Treatment Planning for Dental Implants & Importance of CBCT Interpretation” (2 hours)
 - u. **Kiess Kraft Dental Lab:** “Use of Oral Appliance for Snoring & Obstructive Sleep Apnea” (2 hours)
 - v. **Oral Surgeons, P.C. Implant Institute:** “Management of Common Dental Office Medical Emergencies and CPR Review” (1.5-2 hours)
 - w. **Oral Surgeons, P.C. Implant Institute:** “Implant Complications” (1.5-2 hours)
 - x. **Johnson County Dental Society:** “Pain Management and Diagnosis” (1 hours)
 - y. **Cancun Study Club:** Multiple Titles – See attached (30 hours)
 - z. **DynaFlex** “How to Communicate and Connect with Staff & Patients” (2 hours)
 - aa. **Mercy Cedar Rapids, Hall-Perrine Cancer Center:** “2013 Spring Cancer Care Update for Dental Health Professionals” (2 hours)
 - bb. **Delta Dental Minnesota:** “Putting Oral Pathology to Work in Your Practice Every Day.” (7 hours)
 - cc. **Biomet 3i, LLC:** “Dental Implant Surgery & Advanced Implant Bone Grafting” (48 hours)
 - dd. **Spring Park Dental Implant Study Club:** “DIEM2: Solutions for Immediate Full Arch Rehabilitation in One Day” (2.5 hours)
 - ee. **Karin Southard, D.D.S.:** “Periodontal Considerations in Orthodontic Treatment & Implications Related to Bone Health & Use of Bisphosphonates” (2 hours)
 - ff. **Karin Southard, D.D.S.:** “Managing Patients with Missing Teeth (including Using Implants

for Anchorage)” (2 hours)

V. CONTINUING EDUCATION COURSE – RECONSIDERATION FOR CREDIT

- a. *Suzanne Stock, D.D.S.: “Topics in Human Head and Neck Anatomy” (2 hours requested, course denied credit 10/16/12)*

VI. CONTINUING EDUCATION SPONSOR APPLICATIONS

- a. *Hawkeye Community College (Recertification application)*
- b. *Fort Dodge Oral & Maxillofacial Surgery, P.C.*
- c. *Johnson County Dental Society*
- d. *Compliance Training Partners (Resubmission with additional information)*

VII. EXPANDED FUNCTIONS COURSE REVIEW

- a. *Placement & Removal of Gingival Retraction*
- b. *Applying Cavity Liners and Bases, Desensitizing Agents and Bonding Systems*

VIII. OTHER BUSINESS

- a. *Request for Continuing Education Credit for Volunteer Work*
- b. ***Self-study Continuing Education Credit*
- c. *Other items if necessary*

IX. OPPORTUNITY FOR PUBLIC COMMENT

X. ADJOURN

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the Board office at 515/281-5157.

Please Note: At the discretion of the Committee Chair, agenda items may be taken out of order to accommodate scheduling requests of Committee members, presenters or attendees or to facilitate meeting efficiency.



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CONTINUING EDUCATION ADVISORY COMMITTEE

- TELEPHONIC MEETING -

MINUTES

October 16, 2012
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members

Lynn Curry, D.D.S.
George North, D.D.S.
Eileen Cacioppo, R.D.H.
Marijo Beasler, R.D.H.
Kristee Malmberg, R.D.A.
Jane Slach, R.D.A.
Lori Elmitt, Board Member

October 16, 2012

Absent
Present
Present
Present
Present
Present
Absent

Staff Members

Christel Braness, Angela Davidson, Melanie Johnson*

CALL TO ORDER FOR OCTOBER 16, 2012

The meeting of the Continuing Education Advisory Committee was called to order at 12:07 p.m. on Tuesday, October 16, 2012. The meeting was held by electronic means in compliance with Iowa Code section 21.8. The purpose of the meeting was to review minutes from a prior meeting, review requests for continuing education course and sponsor approval and other committee-related matters. It was impossible for the committee to schedule a meeting in person on such short notice and impractical to meet with such a short agenda. A quorum was established with 5 members present.

Roll Call:

<u>Member</u>	<u>Beasler</u>	<u>Caccioppo</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Malmberg</u>	<u>North</u>	<u>J. Slach</u>
Present	x	x			x	x	x
Absent			x	x			

APPROVAL OF MINUTES

- *July 12, 2012 Minutes*

- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to APPROVE the minutes as submitted. Motion APPROVED unanimously.

<u>Member</u>	<u>Beasler</u>	<u>Cacioppo</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Malmberg</u>	<u>North</u>	<u>J. Slach</u>
Aye		X			X	X	X
Nay							
Abstain	X						
Absent			X	X			

COMMITTEE PROCEDURES & MEETING SCHEDULE

RECOMMENDATION FOR ADMINISTRATIVE REVIEW & PROCESSING OF APPLICATIONS

Ms. Johnson reported that this agenda item was a follow-up from the last meeting. The committee had indicated at the last meeting that there were some items that Board staff may be able to process administratively. However, there was no formal motion on the matter.

Ms. Cacioppo indicated a preference to have Board staff administratively process courses such as those offered by University of Iowa College of Dentistry faculty and staff. Ms. Cacioppo expressed some reluctance to have Board staff handle too much of the review and processing of course approvals.

Ms. Cacioppo stated that it might be best if the committee met more often than once a quarter. This would allow the committee to review the requests and make recommendations more frequently without delegating this work to Board staff. This may also minimize delays in responding to requests for course review. Ms. Cacioppo expressed a preference that the committee meets monthly.

Ms. Braness indicated that the Board staff may have difficulty accommodating monthly meetings given current workloads; however, staff could arrange for more frequent meetings if the committee preferred.

Dr. North questioned why the committee is now being asked to review all requests, as opposed to before, when the committee chair reviewed the majority of the requests.

In response to Dr. North's question, Ms. Johnson provided an overview of the change in the Attorney General's interpretation of the open meetings laws. The new interpretation states that committees established in Iowa Administrative Code are also subject to open meetings laws, and therefore, must hold formal meetings in open session. Open meetings require public notification of intent to hold meetings.

Dr. North responded by stating that he feels that there are too many requests for the committee to review for recommendation to the Board.

Ms. Johnson stated that while it would be unfortunate to lose experienced committee members, if members felt that they could not devote the time necessary, they would be allowed to resign from the committee. It is not the intent of the Board to inconvenience committee members with the volume of work delegated; however, unless the committee would be willing to delegate some of the committee work to Board staff, the committee will be required to review all requests received.

There was some further discussion about the volume of requests, scheduling and how to address these matters efficiently. Staff reminded the committee that while the intent is to respond to requests in a timely manner, Board rules allow 90 days for response. Board staff indicated that they will update the request forms to better inform continuing education sponsors about the time necessary to process requests for review.

Ms. Cacioppo reiterated that, ideally, the committee should meet every 4-6 weeks. Ms. Cacioppo stated that Board staff could handle the courses, which were clear cut. Ms. Braness indicated that the committee would need to provide more specific direction to the staff about what they would be allowed to process. Without specific direction, staff would need to make decisions about what courses could be processed administratively and what should be referred to the committee. Ms. Cacioppo replied by stating she did not want the staff to make those decisions.

Ms. Jane Slach agreed with Ms. Cacioppo that staff should not make these decisions. More frequent meetings would better way to address this.

- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to meet more frequently to allow the committee to review all requests in a timelier manner. Motion APPROVED unanimously.

<u>Member</u>	<u>Beasler</u>	<u>Cacioppo</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Malmberg</u>	<u>North</u>	<u>J. Slach</u>
Aye	X	X			X	X	X
Nay							
Abstain							
Absent			X	X			

Following the vote on the motion, Ms. Beasler recommended meeting as needed, as opposed to requiring more meetings. Ms. Beasler pointed out that certain times of year tended to warrant more frequent meetings. For example, the Board often sees more requests in late winter and early spring in anticipation of the “May meetings”. Ms. Braness indicated that meetings could be scheduled in the event courses or other matters needed to be addressed; however, if the volume of requests did not warrant meeting, meetings could be cancelled as appropriate.

RECOMMENDATION CONCERNING COURSE CREDIT FOR HOME-STUDY COURSES

Ms. Cacioppo clarified that there were some informal committee recommendations that are not established in rule. For example, communications (e.g. language courses for dental practices) courses would be worth 6 hours, and journal articles were 1.5 hours per journal article. While not in rule, these were recommendations under which the committee operated. Ms. Cacioppo had some concerns about some of the proposed hours for home-study courses. In past conversations with the Dental Assisting National Board (DANB), Ms. Cacioppo reported that DANB indicated that they based credit decisions on someone who may be the slowest learner.

Ms. Beasler agreed with Ms. Cacioppo on this matter.

Ms. Slach asked Ms. Cacioppo about her conversation with DANB in an attempt to get further information. Ms. Cacioppo indicated that DANB had not provided much other information.

*1:28 pm – Ms. Johnson left the meeting.

Ms. Cacioppo realized that the committee may not be able to make a recommendation on the issue of self-study continuing education credit today; however, the committee should look at the issue of self-study hours more closely.

Ms. Slach asked for clarification regarding the recommendation concerning the hours awarded for journal articles (1.5 hours). Ms. Cacioppo reported that this was an older committee recommendation. Ms. Cacioppo indicated that the committee would not be obligated to continue with the older recommendations if the committee decided to make new recommendations.

Ms. Beasler pointed out that there is a difference between courses that include contact hours and other self-study courses. This should be kept in mind while making recommendations regarding course approval and credit hours.

Ms. Cacioppo indicated that this matter could be tabled for further discussion at a later meeting.

Ms. Malmberg asked Board staff to gather information about what other regional or national continuing education sponsors do when determining self-study continuing education hours.

Ms. Braness suggested that the committee make a motion regarding the previously-established informal committee recommendations for the time being. This would make the recommendations a part of the formal record and allow staff to better respond to questions, which relate to these matters.

MOVED by CACIOPPO, SECONDED by J. SLACH, to continue with older recommendations and table further discussion about new proposed recommendations for a later date. Motion APPROVED unanimously.

<u>Member</u>	<u>Beasler</u>	<u>Cacioppo</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Malmberg</u>	<u>North</u>	<u>J. Slach</u>
Aye	X	X			X	X	X
Nay							
Abstain							
Absent							

CONTINUING EDUCATION COURSE APPLICATIONS

- *Alere Wellbeing: “Addressing Tobacco Use in Iowa: The Brief Tobacco Intervention”* (1 hour requested)
- *Australian Society of Endodontology: “Fundamentals of Contemporary Endodontics”* (6 hours requested)
- ❖ MOVED by CACIOPPO, SECONDED by MALMBERG, to APPROVE the courses “*Addressing Tobacco Use in Iowa: The Brief Tobacco Intervention*” and “*Fundamentals of Contemporary Endodontics*” as requested. Motion APPROVED unanimously.
- *DANB: “Orthodontic Assistant”* (12 hours requested)

Ms. Cacioppo stated that this self-study course is 19 pages long and DANB has requested 12 hours of credit. Ms. Beasler stated that the information contained within the course is older and does not include more recent data and information.

- ❖ MOVED by CACIOPPO, SECONDED by BEASLER to table this discussion until a later meeting when more information can be reviewed concerning self-study continuing education hours. Motion APPROVED unanimously.
- *DynaFlex: “How to Wow Your Patients”* (2 hours requested)
 - ❖ MOVED by CACIOPPO, SECONDED by MALMBERG, to DENY credit for the course “*How to Wow Your Patients*” as the topic focuses on practice management. Motion APPROVED unanimously.
- *Dental Prosthetic Services: “2012 Dental Sleep Medicine Symposium”* (7 hours requested)
 - ❖ MOVED by CACIOPPO, SECONDED by MALMBERG, to APPROVE the course “*2012 Dental Sleep Medicine Symposium*” as requested. Motion APPROVED unanimously.
- *Eastern Iowa Community College: “Oral Health for Children & Individuals with Special Health Care Needs”* (7 hours requested)

Ms. Cacioppo indicated that she counted 6.5 hours of course instruction after reviewing the schedule. Following further discussion, the committee decided to award the credit as requested.

- ❖ MOVED by NORTH, SECONDED by BEASLER, to APPROVE the course “*Oral Health for Children & Individuals with Special Health Care Needs*” as requested. Motion APPROVED unanimously.
- *Eastern Iowa Community College: “Infection Control & Dental Radiography”* (4 hours requested)
- *Eastern Iowa Community College: “Dentistry in the Field”* (2 hours requested)
 - ❖ MOVED by CACIOPPO, SECONDED by BEASLER, to APPROVE the courses “*Infection Control & Dental Radiography*” and “*Dentistry in the Field*” as requested. Motion APPROVED unanimously.

- *Dr. Edward Gardner: “Practice Integration Seminar for Invisalign”* (8 hours requested)

Ms. Cacioppo and Ms. Slach feel that this course addresses the area of practice management.

Ms. Beasler stated that she would have preferred more information prior to making a final decision on this course.

- ❖ MOVED by CACIOPPO, SECONDED by J. SLACH, to DENY credit for the course based on the information provided as it appears to focus on practice management. The sponsor can resubmit this for review if they choose to provide more detailed information. Motion APPROVED unanimously.
- *G.V. Black Dental Study Club: “Digital Orthodontics and Case Presentations”* (3 hours requested)
 - ❖ MOVED by CACIOPPO, SECONDED by MALMBERG, to APPROVE the course “*Digital Orthodontics and Case Presentations*” as requested. Motion APPROVED unanimously.
- *G.V. Black Dental Study Club: “Eliminate Embezzlement & Fraud in the Healthcare Office”* (6 hours requested)
 - ❖ MOVED by CACIOPPO, SECONDED by MALMBERG, to DENY continuing education credit for the course “*Eliminate Embezzlement & Fraud in the Healthcare Office*” as it appears to focus on practice management. Motion APPROVED unanimously.
- *G.V. Black Dental Study Club: “Strategies for Restorative Success in the Esthetic Zone with Teeth & Implants”* (6 hours requested)
- *G.V. Black Dental Study Club: “Dept. of Oral Medicine – University of Iowa College of Dentistry, Dr. Karen Baker”* (6 hours requested)
- *G.V. Black Dental Study Club: “Every Dentistry – More than Everyday Esthetic Results”* (6 hours requested)
 - ❖ MOVED by CACIOPPO, SECONDED by BEASLER, to APPROVE the courses “*Strategies for Restorative Success in the Esthetic Zone with Teeth & Implants*”, “*Dept. of Oral Medicine – University of Iowa College of Dentistry, Dr. Karen Baker*”, and “*Every Dentistry – More than Everyday Esthetic Results*” as requested. Motion APPROVED unanimously.

- *Hall-Perrine Cancer Center at Mercy Medical Center: “2012 Fall Cancer Care Update for Dental Health Professionals (2 hours requested)*
 - ❖ MOVED by CACIOPPO, SECONDED by MALMBERG, to APPROVE the course “2012 Fall Cancer Care Update for Dental Health Professionals” as requested. Motion APPROVED unanimously.
- *Institute for Natural Resources: “Appetite & Food Cravings” (6 hours requested)*
- *Institute for Natural Resources: “Better Sleep/Better Memory” (6 hours requested)*
 - ❖ MOVED by CACIOPPO, SECONDED by NORTH, to DENY continuing education credit for the courses “Appetite & Food Cravings” and “Better Sleep/Better Memory” as the courses do not appear to apply to the practice of dentistry. Motion APPROVED unanimously.
- *Iowa Academy of General Dentistry: “Everyday Dentistry – More than Everyday Esthetic Results” (24 hours total: 8 hours lecture, 16 hours participation requested)*

Ms. Cacioppo recommended that staff inform the sponsor of the Board’s new name: Iowa Dental Board (no longer Iowa Board of Dental Examiners).

- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to APPROVE the course “Everyday Dentistry – More than Everyday Esthetic Results” as requested. Motion APPROVED unanimously.
- *Iowa Dental Hygienists’ Association: “Lasers & Ultrasonics “Olympic Gold” in Patient Health & Wellness” (6 hours requested)*
 - ❖ MOVED by CACIOPPO, SECONDED by J. SLACH, to APPROVE the course “Lasers & Ultrasonics “Olympic Gold” in Patient Health & Wellness” as requested. Motion APPROVED unanimously.
- *Iowa Department of Public Health: “I-Smile Coordinator Meeting” (4 hours requested)*

Ms. Cacioppo would like to discuss this matter further. Ms. Cacioppo felt that this course appears to focus on practice management more than clinical practice.

- ❖ MOVED by NORTH, SECONDED by MALMBERG, to DENY continuing education credit for this course as it appears to focus on practice management. Motion APPROVED unanimously.

- *Iowa Department of Public Health: “Tobacco & Hypertension Screening & Referral by Dental Professionals”* (1 hour requested)
- ❖ MOVED by CACIOPPO, SECONDED by J. SLACH, to APPROVE the course *“Tobacco & Hypertension Screening & Referral by Dental Professionals”* as requested. Motion APPROVED unanimously.
- *Kiess Kraft Dental Laboratory: “Fundamentals of Dental Sleep Medicine”* (13 hours total requested)

Ms. Beasler indicated that the course, in part, addresses non-approved topics. Ms. Beasler would recommend approving the course for 6-7 hours.

- ❖ MOVED by NORTH, SECONDED by CACIOPPO, to APPROVE the course *“Fundamentals of Dental Sleep Medicine”* for 8 hours total: 3 hours for day 1, and 5 hours day 2. Motion APPROVED unanimously.
- *Kiess Kraft Dental Laboratory: “Occlusion as a Risk Factor Affecting Periodontal Treatment Outcomes”* (2 hours requested)
- ❖ MOVED by MALMBERG, SECONDED by BEASLER, to APPROVE the course *“Occlusion as a Risk Factor Affecting Periodontal Treatment Outcomes”* as requested. Motion APPROVED unanimously.
- *Oral Surgeons, PC, Implant Institute: “Digital Dentistry (Technology in the Office & Dental Lab)”* (2 hours requested)
- *Spring Park Oral & Maxillofacial Surgeons, P.C.: “Medical Emergencies in the Dental Office”* (3 hours requested)
- ❖ MOVED by CACIOPPO, SECONDED by J. SLACH, to APPROVE the courses *“Digital Dentistry (Technology in the Office & Dental Lab)”* and *“Medical Emergencies in the Dental Office”* as requested. Motion APPROVED unanimously.
- *Suzanne Stock, D.D.S.: “Topics in Human Head and Neck Anatomy”* (2 hours requested)

Ms. Cacioppo stated that she did not feel that the course submission provided enough details about the intended audience, or breakdown of the course.

Ms. Malmberg reported knowing that Dr. Stock is a practicing orthodontist.

- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to DENY continuing education credit for the course “*Topics in Human Head and Neck Anatomy*”. Dr. Stock may resubmit the course for further review if she includes additional information showing a dental application. Motion APPROVED unanimously.

CONTINUING EDUCATION COURSE – RECONSIDERATION FOR CREDIT

- *Periodontal Specialists: “Setting Your Team on Fire for Patient Care”* (6 hours requested, awarded 3 hours 7/12/12)

Dr. North reported that the course focused on practice management.

- ❖ MOVED by NORTH, SECONDED by CACIOPPO, to let the prior decision stand. Motion APPROVED unanimously.

CONTINUING EDUCATION SPONSOR RECERTIFICATION APPLICATIONS

- *American Dental Assistants Association*
- *American Dental Institute*
- *Clinton County Dental Study Club*
- *Continuing Education Studies, Inc.*
- *CPR and the Works*
- *Creighton University School of Dentistry*
- *Delta Dental of Iowa*
- *Des Moines County Dental Society*
- *Des Moines District Dental Society*
- *Dickinson County Dental Society*
- *Dynamic Dental Educators*
- *Eastern Iowa Community College District*
- *Fort Dodge District Dental Society*
- *Fort Dodge District Dental Society Study Club*
- *Frank I. Molsberry Study Club*
- *Great River Oral & Maxillofacial Surgery, P.C.*
- *GSC Home Study Courses*
- *G.V. Black Dental Study Group of Des Moines*
- *Health Studies Institute*
- *Homestead Schools, Inc.*
- *ILIowa Study Club*
- *Institute for Natural Resources*
- *Iowa Academy of General Dentistry*

- *Iowa Dental Assistants Association*
- *Iowa Dental Association*
- *Iowa Dental Hygienists' Association*
- *Iowa Lakes Community College*
- *Iowa Society of Orthodontists*
- *Iowa Western Community College*
- *Kirkwood Community College*
- *Linn County Dental Society*
- *MetLife*
- *Midwest Dental*
- *Midwest Gnathostatic Research and Study Group*
- *Northeast Iowa Community College*
- *Oral Arts Dental Laboratory*
- *Oral Surgeons, PC*
- *Oral Surgery Associates of Iowa City*
- *Patterson Dental*
- *Proctor and Gamble Company*
- *Scott County Dental Society*
- *Sioux City Dental Society*
- *Spring Park Dental Implant Study Club*
- *Tall Corn Dental Symposium*
- *Ultradent Products, Inc.*
- *University District Dental Society*
- *University of Iowa College of Dentistry*
- *UNMC College of Dentistry Continuing Education*
- *Western Iowa Technical Community College*
- *Zila*

Following some discussion, several of the committee members expressed concerns about the lack of information submitted with the sponsor recertification applications for Health Studies Institute, Ultradent Products, Inc., and Zila. The committee asked that these three sponsors provide more information about the intended courses, speakers, audience and dates. The committee will reconsider these sponsor recertification applications at a later date.

- ❖ **MOVED** by CACIOPPO, **SECONDED** by NORTH to **APPROVE** the sponsors as submitted, with the exception of Health Studies Institute, Ultradent Products, Inc. and Zila. The sponsors, Health Studies Institute, Ultradent Products, Inc. and Zila, may resubmit information for reconsideration at a later date. Motion **APPROVED** unanimously.

ADJOURN

The meeting of the Continuing Education Advisory Committee was adjourned at 1:00 PM.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Continuing Education Advisory Committee will be scheduled to be held prior to the January 2013. The meeting will be held by teleconference in Des Moines, Iowa. That meeting date was not yet scheduled at the time of this meeting.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb

RECEIVED

JUN 25 2012

IOWA DENTAL BOARD

APPLICATION FOR POST APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: Orthodontic Assistant

2. Course Subject:
[X] Related to clinical practice
[] Patient record keeping
[] Risk Management
[] Communication
[] OSHA regulations/Infection Control
[] Other:

3. Course date: May 31st 2012 Hours of instruction:

4. Provide a detailed breakdown of contact hours for the course or program:
4 articles to read followed by a 50 question exam related to the articles

5. Name of course sponsor: DANB Dental Assisting National Board
Address: 444 North Michigan Ave Ste 900
Chicago, IL 60611

6. Which of the following educational methods were used in the program? Please check all applicable.
[] Lectures
[X] Home study (e.g. self assessment, reading, educational TV) & examination
[] Participation
[] Discussion
[] Demonstration

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Amber Beie
Title: Dental Assistant Phone Number: 319-504-2557
Fax Number: _____ E-mail: b_ball_bagby@hotmail.com
Address: 307 Western Hills Blvd Apt D
Signature: Amber Beie Date: 6-20-12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED \$10 FEE PER COURSE TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

Dental Assisting National Board, Inc. Certificate of Completion

This confirms that

Amber L Beier

has successfully completed the Dental Assisting National Board, Inc's (DANB's)
Professional Development Examination Program (PDEP) in

Orthodontic Assistant

earning 12 CDE credits, DANB Recertification Category 3 (DANB Exams).

May be applied to meet DANB Recertification Requirements
CDA • COA • CPFDA • CDPMA • COMSA

Score Date: 5/31/2012



Frank T. Maggio

Frank Maggio, DDS
DANB Board Chair

Official Score Report

Orthodontic Assistant Professional Development Examination Program (v.1.0)



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Congratulations! The Dental Assisting National Board (DANB) is pleased to inform you that you have passed the Orthodontic Assistant module of the Professional Development Examination Program (PDEP).

Listed below are your results for each article covered by the examination.

<u>Overall Examination Performance</u>	<u>Individual Articles</u>	<u>Total Possible</u>	<u>Your Score</u>
Professional Development Examination Program: Pass	Orthodontic diagnosis in young children: Beyond dental Malocclusions	13	13
	An efficacy and safety analysis of a chlorhexidine chewing gum in young orthodontic patients	9	9
	More Than Lip Service: Facial Esthetics in Orthodontics	11	10
	An Esthetic and Removable Orthodontic Treatment Option for patients: Invisalign®	9	9
	Toothpaste Options	8	8

We hope that the above information is helpful. Call 1-800-FOR-DANB if you have any questions.

This examination contains 50 items. For each item, select the **ONE** best answer by completely filling in the oval on your answer sheet that corresponds to your choice.

Questions 1-13 Refer to:

Orthodontic Diagnosis in young children: Beyond Dental malocclusions

1. According to the article, what is the ideal age (in years) for initial orthodontic evaluation?
 - A. 3
 - B. 5
 - C. 7
 - D. 9
2. Which of the following is recommended before starting orthodontic therapy on a patient with rheumatic fever?
 - A. Surgery
 - B. Aspirin therapy
 - C. Medical clearance by a physician
 - D. No special needs are required
3. If a patient presents with headaches, ringing of the ears or dizziness, it may indicate
 - A. airway obstruction.
 - B. malocclusions.
 - C. acrylic allergies.
 - D. temporal mandibular disorders (TMD).
4. According to the article, modern diets that include processed foods, particularly those containing sugar and white flour, have been associated with
 - A. facial and dental degeneration.
 - B. overweight youth.
 - C. a fractured mandible.
 - D. an airway obstruction.
5. Ideally, in a cephalometric analysis, the tip of the maxilla and the tip of the chin bone should be within how many millimeters of the anterior arc?
 - A. 2.0
 - B. 2.5
 - C. 3.0
 - D. 3.5
6. Individuals with long, narrow faces and Skeletal III malocclusions frequently suffer from
 - A. upper airway obstruction.
 - B. impacted teeth.
 - C. chronic headaches.
 - D. dry eyes.
7. Orthodontic evaluations should be conducted especially for which group?
 - A. Children with parents who wore braces as children
 - B. Children
 - C. Adults with children who are fitted with braces
 - D. Adults
8. By age 5, what percent has a child's face reached adult proportion?
 - A. 50
 - B. 60
 - C. 70
 - D. 80
9. The American Association of Orthodontists recommends orthodontic screening no later than age
 - A. 5.
 - B. 6.
 - C. 7.
 - D. 8.

10. The majority of orthodontic issues are associated with

- A. facial/skeletal problems.
- B. modern diets.
- C. absence of tonsils.
- D. viral illnesses.

11. What is a simple and inexpensive test to screen patients for TMD?

- A. Inner ear palpitation
- B. Compression stretch
- C. Joint balance
- D. Airway impact

12. What may be the greatest cause of facial and dental abnormalities in modern society?

- A. Upper airway obstruction
- B. Short face
- C. Retrognathic mandible

13. When a patient is diagnosed with swollen tonsils and or adenoids, who must evaluate the condition?

- A. Primary care physician
- B. Ear, nose and throat specialist
- C. Orthodontist
- D. Allergy specialist

Questions 14-22 Refer to:

An efficacy and safety analysis of a chlorhexidine chewing gum in young orthodontic patients

14. According to the article, cytotoxic corrosion from orthodontic appliances may cause

- A. plaque-retentive sites.
- B. non-plaque-induced inflammation.
- C. streptococcus mutans.
- D. subgingival microflora.

15. Which of the following may compromise efficient plaque control for younger orthodontic patients?

- A. Shorter clinical crowns
- B. Less soft tissue
- C. Lower hormone levels
- D. Increased salivation

16. Which of the following EXCLUSION criterion was used in the experimental design?

- A. Presence of braces
- B. Use of mouthwash
- C. Missing first molar
- D. Presence of caries lesions

17. The CHX gum subject group was instructed to chew two pieces of CHX gum for

- A. 5 minutes, three times a day.
- B. 5 minutes, two times a day.
- C. 10 minutes, two times a day.
- D. 10 minutes, three times a day.

18. The results of the study indicated that the full mouth plaque levels between groups was

- A. not significant.
- B. statistically significant.
- C. varied.
- D. terminated.

19. After 2 months of chewing gum, gingival bleeding tendency of the placebo gum group

- A. increased.
- B. decreased.
- C. did not change.

20. At study termination, the CHX gum group had increased tooth staining to what percent from baseline?

- A. 2.1
- B. 4.7
- C. 12.4
- D. 16.1

21. At which of the following oral locations did plaque levels remain unaffected at all times and in both study groups?

- A. Lingual
- B. Palatal
- C. Buccal
- D. Crown

22. The results of the study indicate that incorporating CHX into chewing gum

- A. has no additional value in reducing plaque levels.
- B. increases plaque levels.
- C. does not stain teeth.
- D. reduces oral mucosa.

Questions 23-33 Refer to:

More Than Lip Service: Facial Esthetics in Orthodontics

23. According to the article, Dr. Angle believed every mouth could accommodate all 32 teeth by way of which of the following orthodontic treatments?

- A. Extraction of teeth
- B. Dental arch expansion
- C. Nutritional counseling
- D. Daily tooth brushing

24. How have allegations that orthodontic treatments flatten facial profiles changed treatment plans?

- A. Decreased extraction rates
- B. Increased extraction rates
- C. Decreased arch expansion
- D. Increased arch expansion

25. Of the 160 orthodontic patients examined in the Washington University study, what percent of the facial profiles were improved or unchanged?

- A. 60
- B. 70
- C. 80
- D. 90

26. What percent of the time did the general practitioners in the University of Mississippi study correctly identify persons who had orthodontic treatment of any kind?

- A. 15
- B. 45
- C. 49
- D. 52

27. In the University of Mississippi study, which evaluation group, more than any other, erroneously misidentified patients as having extractions if they showed evidence of a 'flat' facial profile?

- A. Orthodontic specialists
- B. General Practitioners
- C. General dentists who practice orthodontics
- D. Parents of orthodontic patients

28. What is one result in this article that is alleged to result from the extraction of premolars?

- A. TMD
- B. Retrognathic mandibular
- C. Class III Malocclusion
- D. Skeletal II and III malpositions

29. What treatment goal may necessarily require premolar extractions?

- A. Reduction in protrusion
- B. Reduction in airway obstruction
- C. Dental arch expansion
- D. Correction for cleft lip and palate

30. About what percentage of the time could general dentists and orthodontic specialists identify subjects who had orthodontic treatment of any kind?

- A. 25
- B. 50
- C. 75
- D. 100

31. Which facial profile most often led general dentists, who emphasize orthodontics in their practices, to misidentify patients as having had extractions?

- A. Flat
- B. Short
- C. Long
- D. Narrow

32. What percent of patients who had undergone extraction treatment thought that the treatment had improved their profile based on tracings?

- A. 26
- B. 33
- C. 45
- D. 58

33. What extracted tooth may significantly reduce initial protrusion of the facial profile?

- A. Molar
- B. Premolar
- C. Cuspid
- D. Incisor

Questions 34-42 Refer to:

An Esthetic and Removable Orthodontic Treatment Option for Patients: Invisalign®

34. Which of the following is one of the responsibilities of Align technologies virtual orthodontic technicians (VOT)?

- A. Separating the individual teeth using custom software
- B. Take PVS impressions of the patient
- C. Obtain bite registrations for the dentist
- D. Send x-rays to the lab

35. What type of material is used on the physical model made from the virtual treatment stage?

- A. Polyvinylsiloxane (PVS)
- B. Plaster models
- C. Laser cured plastic resin
- D. Condensation silicone

36. Invisalign® is appropriate for patients with

- A. Partially erupted teeth
- B. Fully erupted teeth
- C. Class III malocclusion
- D. Bimaxillary protrusion

37. Which of the following diagnosis was present in Case I of the 17 year old?

- A. 3mm of maxillary crowding
- B. Class III malocclusion
- C. Tooth sensitivity
- D. Moderate mandibular crowding

38. Which of the following diagnosis was present in the 34 year old of Case 2?

- A. Mandibular canines rotated distally
- B. Moderate maxillary spacing
- C. Impacted 3rd molar
- D. Anterior cross bite

39. In order to relieve mandibular crowding in Case 2, which tooth was extracted?

- A. Maxillary right lateral incisor
- B. Mandibular right central incisor
- C. Maxillary left central incisor
- D. Mandibular left lateral incisor

40. Attachments were placed on the mandibular canines in Case 2 to assist with

- A. extractions
- B. rotations
- C. inversions
- D. hygiene

41. When submitting the two cases to the lab, the article recommends reporting overcorrection of all rotations by what percent?

- A. 10
- B. 12
- C. 14
- D. 16

Questions 42-50 Refer to:
Toothpaste Options

42. According to the American Dental Association guidelines, which toothpaste ingredient decreases plaque accumulation?

- A. Flouride
- B. Desensitizing agent
- C. Antibacterial/antimicrobial toothpaste *
- D. Enamel altering agent

43. In what decade was fluoride first recognized as a protective agent against the development of dental caries?

- A. 1920's
- B. 1930's
- C. 1940's
- D. 1950's

44. How does the incorporation of fluoride into the tooth enamel help to reduce caries?

- A. Makes teeth more resistant to acids
- B. Reduces nerve activity
- C. Increases tooth sensitivity

45. According to the article, what percent of the US adult population is affected with dentin hypersensitivity?

- A. 5%
- B. 12%
- C. 17%
- D. 22%

46. According to the article, tooth erosion can result from frequent consumption of

- A. acidic fruits and softdrinks.
- B. non - fluorinated water.
- C. bread and crackers.
- D. hard candies.

47. What percent of potassium nitrate, in antisenstivity toothpaste, can be used to reduce intradental nerve activity?

- A. 3
- B. 5
- C. 7
- D. 9

48. The toothpaste ingredient triclosan is designed to

- A. neutralize acids.
- B. reduce sensitivity.
- C. remove harmful bacteria.
- D. relieve canker sores.

49. According to the American Academy of Cosmetic Dentistry what is the most asked for dental treatment of patients?

- A. Gum lift
- B. Custom veneers
- C. Tooth whitening
- D. Dental implants

50. Which of the following is the most common side effect of tooth whitening treatments?

- A. Bleeding gums
- B. Fluoride overdose
- C. Oral inflammation
- D. Tooth sensitivity



STOP! This is the end of the examination:

Remember to carefully complete your answer sheet by thoroughly and PROPERLY filling in your Certification Number and PDEP Authorization Number **BEFORE** mailing to DANB.

This examination is yours to keep as a reference.

PDEP participants are advised to keep this examination and accompanying articles until receipt of a passing score. Individuals who fail will be allowed to retake the examination and will be provided with a new answer sheet. However, additional copies of the articles and examination will not be available.

Orthodontic diagnosis in young children: Beyond dental malocclusions

Yosh Jefferson, DMD, MAGD, FACD, FICD

Orthodontics is more than merely diagnosing and treating dental malocclusion.

It also includes diagnosis and treatment of facial/skeletal problems, upper airway obstruction (mouth breathing), temporomandibular dysfunction, and abnormal myofunctional habits. These assessments should be made in all patients but especially in children as young as age 5 to take advantage of facial growth.

If problems are diagnosed early and preventive measures are instituted, many facial and dental problems may be minimized or averted.

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To provide a comprehensive orthodontic evaluation, dentists must evaluate the following factors: medical history; nutritional history; dental history; dental problems; facial/skeletal problems; temporomandibular dysfunction (TMD); upper airway obstruction (mouth breathing); and abnormal myofunctional habits.

Orthodontic evaluation should be conducted for all patients but especially for young children. The ideal age to first evaluate orthodontic problems is approximately age 5. Even by age 5, however, the face has achieved 70% of its adult proportion; by puberty, it has developed to nearly 100% of its adult proportion.¹ On its Web site, the American Association of Orthodontists recommends orthodontic screening no later than age 7.² If treated early, many malocclusions and facial/skeletal disharmonies in a growing face may be corrected more easily and even reversed through the use of functional appliances. Although orthodontic assessment is more comprehensive than described in this paper, key areas for each evaluation will be discussed.

Medical, nutritional, and dental history

It is important to take a good medical history to avert potential problems. Although orthodontic therapy tends to be relatively bloodless, it is possible to cause bleeding by poking or cutting soft tissues. For illnesses such as endocrine problems, rheumatic fever, prolonged bleeding, AIDS, cancer, and kidney

problems, medical clearance and recommendations should be made by a physician. Any allergies to medications and metals, such as nickel, should be noted; many orthodontic brackets, wires, springs, and clasps contain nickel. Some patients may be allergic to acrylic. Signs of mouth breathing such as frequent colds, sore throats, ear infections, and snoring may indicate airway obstruction. The presence or absence of tonsils and adenoids should be determined. Frequent headaches, stuffiness or ringing of the ears, or dizziness may indicate TMD.

A nutritional history should be taken. Compared to breast-fed babies, bottle-fed babies tend to have greater incidence of allergies, narrow mouths, malocclusions, and skeletal problems such as long and/or narrow faces.^{3,5} Modern diets that include processed foods, especially sugar and white flour, have been linked to facial, dental, and physical degeneration.⁶⁻¹⁹ In reviewing the dental history, any facial or oral trauma should be noted, as should the patient's previous orthodontic history.

If the dentist is planning to treat rather than refer, it is important to note whether the patient had previous orthodontic consultation and, if so, what type of treatment was recommended. For example, did the previous treatment plan call for extracting four premolars or expanding the arches? Finally, it is important to note any concerns the patient or parents may have and ask them to describe the problems in writing.

Evaluation of dental problems

Most nonorthodontic dentists see dental crowding and misalignment as the primary reason to refer to orthodontists. Tung and Kiyak found that 56% of referrals were due to crowding of teeth, with 17.3% referred because of overbite.²⁰ Figure 1 shows a typical case referred for treatment.

Diagnosis of Class II or III malocclusions is another reason for orthodontic treatment or referral. It is possible to overlook Class II malocclusions where there is no crowding of teeth. Figure 2 shows a young boy with a moderate Class II problem and a deep bite but no crowding. On the surface, he has an attractive smile; however, his small chin and facial type predispose him to potential TMD.

Class III malocclusions are easy to diagnose; however, these cases are considered to be the most complicated to treat. Class III malocclusions may be caused by dental malocclusion where the mandibular anterior teeth are in front of the maxillary anterior teeth or by a skeletal problem in which the mandible is in front of the maxilla (Fig. 3). If diagnosed early, Class III malocclusions may be treated nonsurgically with a forward protraction headgear (reverse face mask) or with a Frankel III appliance.²¹⁻²⁹ For moderate to severe Class III malocclusions, however, orthognathic surgery often is the treatment of choice for teenagers and adults.

Other dental problems that must be addressed include crossbites, deep bites, and anterior open bites (Fig. 4-6).

Evaluation of facial/skeletal problems

It is important to note that the majority of orthodontic problems are associated with facial/skeletal problems. Facial/skeletal problems include short faces, long faces, narrow faces, Skeletal II and III malpositions, and facial asymmetry. Figures 7-11 illustrate some of these

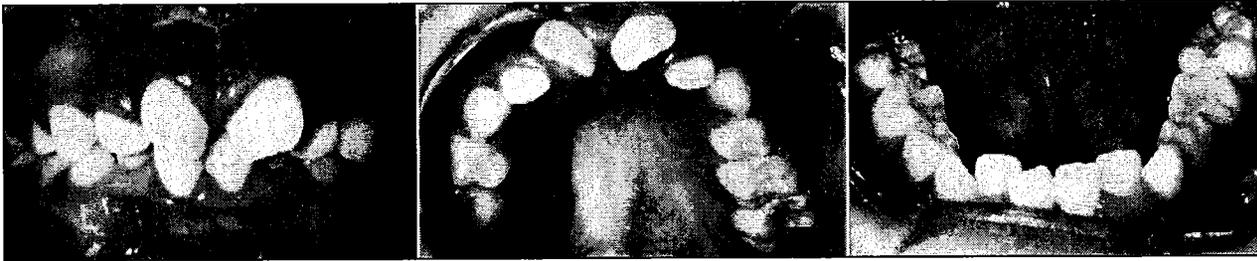


Fig. 1. Dental crowding, misalignment, and overbite.

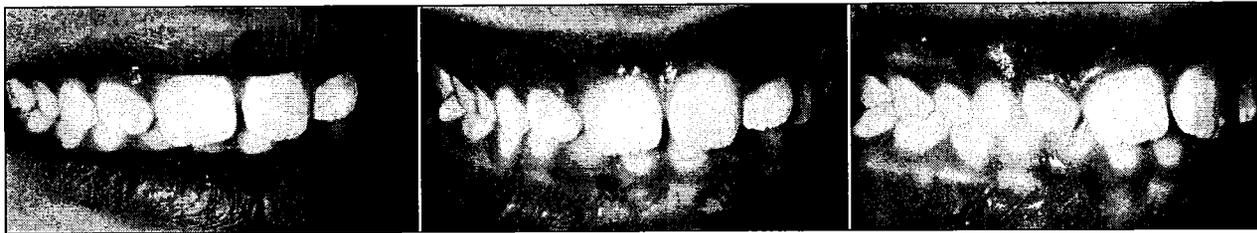


Fig. 2. A Class II problem in a boy aged 9 years, 6 months.

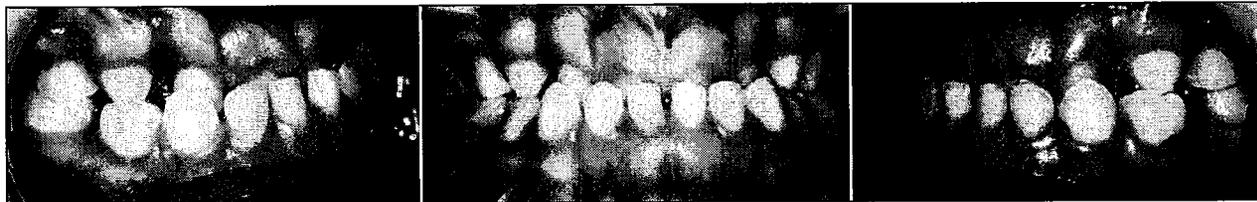


Fig. 3. A Class III or Skeletal III malocclusion in a girl aged 5 years, 11 months.

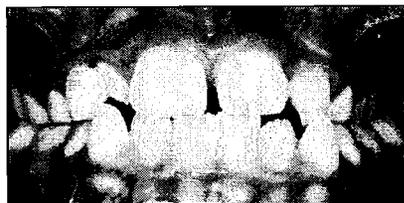


Fig. 4. A left crossbite.



Fig. 5. An anterior deep bite.



Fig. 6. An anterior open bite.

problems with cephalometric tracings and a short description.

In this cephalometric analysis, the anterior arc near the front of the face and the lower vertical arc near the chin bone are drawn for reference. Ideally, the tip of the maxilla (anterior nasal spine) and the tip of the chin bone (pogonion) should be within 2.0 mm of the anterior arc, while the base of the chin bone (menton) should be within 2.0 mm of the lower vertical arc based on the patient's age. Cephalometric analysis should be viewed as one of many diagnostic evaluations which can be utilized in assessing specific treatment modalities for individual treatment. Sev-

eral publications describe the tracing and diagnostic interpretation of this particular analysis.³⁰⁻³² This analysis also can be used to help determine antero-posterior (A-P) position and verticals for denture cases, major oral rehabilitation cases, TMD therapy, and orthognathic surgeries.

Figure 7 shows a girl with a short face and a Skeletal II problem. Her maxilla is in ideal A-P position but her mandible is retrognathic. She suffered from severe headaches. Figure 8 shows a boy with a long face and a Skeletal III problem. Long faces often are associated with narrow faces. His maxilla is retrognathic, his mandible is prognathic, and his low-

er vertical height is significantly long. He suffered from airway obstruction. Figure 9 shows a girl with a narrow face, normal facial height, and a Skeletal II problem. Her maxilla is normal A-P but her mandible is retrognathic and she suffered from airway obstruction. Figure 10 shows a boy with a Skeletal II problem and a short face. His maxilla is normal A-P but his mandible is retrognathic and his lower vertical height is short; he suffered from headaches. Figure 11 shows a girl with a Skeletal III problem. Her maxilla is in ideal A-P position and her lower facial height is normal but her mandible is prognathic. She was treated

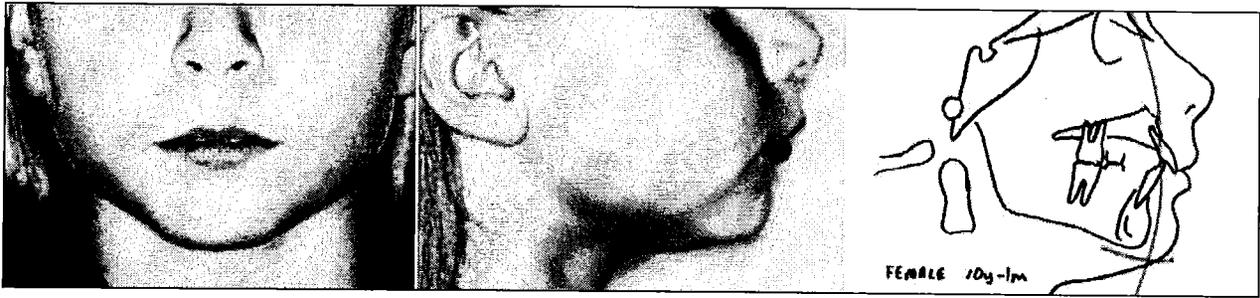


Fig. 7. A girl aged 10 years, 1 month with a short face.

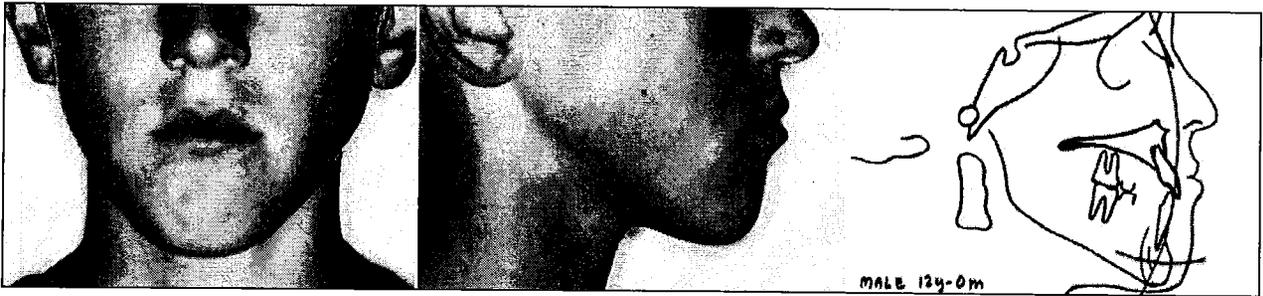


Fig. 8. A boy aged 12 years, 0 months with a long face.

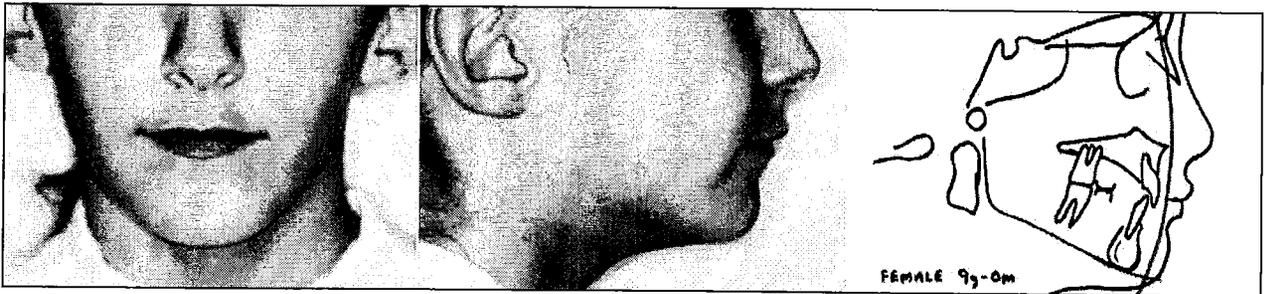


Fig. 9. A girl aged 9 years, 0 months with a narrow face.

successfully without surgery using a Frankel III appliance.²⁹

It is the author's experience that the more pronounced the facial disharmonies, the greater the esthetic problems and the greater the incidence of medical problems. Using functional appliances to align the facial/skeletal structures benefits the craniofacial physiology, which in turn has a positive impact on the total body.^{33,34}

With accurate diagnosis and treatment with appropriate functional appliances, our profession can enhance facial esthetics, improve TMD and physiologic and psychologic health, and maximize quality of life for our patients.

Evaluation of TMD

The inner ear palpitation test is a simple and inexpensive way to screen patients

for TMD. The test can be conducted with the patient sitting up or supine. The dentist stands or sits behind the patient, placing the fifth finger of each hand firmly inside the patient's ears, with the fleshy side of the finger facing the condyle (Fig. 12). The patient is instructed to open his or her mouth wide, then close it slowly while the dentist feels for any condylar pressure. Ideally, pressure should be barely perceptible. Pressure on either side, however, indicates that the patient has a compressed TM joint space and likely has TMD. Other symptoms of TMD that can be felt are popping, clicking, and crepitus.

Many individuals with short faces and Skeletal II malocclusions suffer from TMD, headaches, neck-shoulder-back pains, ear infection, hearing prob-

lems, ringing in the ears, dizziness, and other medical problems.³³⁻⁴⁰ In many cases, patients, including children, with compressed joints tend to have headaches or migraines. When the faces of these patients are harmonized to better esthetics and profile, symptoms of TMD often are alleviated. This can be achieved through the use of removable orthotic appliances or through functional appliance therapy.⁴¹⁻⁴⁸

Evaluation of upper airway obstruction

Upper airway obstruction may be the greatest cause of facial and dental abnormalities in modern society. Mouth breathing creates a multitude of abnormal muscle activities of the facial and tongue muscles. The problem of facial



Fig. 10. A boy aged 9 years, 1 month with a Skeletal II malocclusion.



Fig. 11. A girl aged 5 years, 11 months with a Skeletal III malocclusion.



Fig. 12. The inner ear palpation test to screen for TMD.

and dental abnormalities attributed to mouth breathing is not new; Pullen discussed this relationship in 1906.⁴⁹ The functional matrix theory by Moss explains how mouth breathing can cause a growing face to develop abnormally.^{50,51}

Figure 13 shows a girl at age 6 whose severe upper airway obstruction was untreated. Three years later, the damage caused by mouth breathing was dramatic. Her dental and facial problems were treated and corrected using functional appliance therapy (Fig. 14).

Many individuals with long faces, narrow faces, and Skeletal III malocclusions often suffer from upper airway obstruction. They tend to be mouth breathers and often have swollen tonsils and adenoids which, over time, can cause breathing problems that can be life-threatening

in some individuals, who can develop a potentially fatal condition called *corpulmonale* (enlargement of the heart). It is not unusual for these children to not sleep well and to be small and frail for their age.^{3,52-62} It is paramount that health care workers evaluate all patients, especially children, for swollen tonsils.

According to Garry, the typical features of a mouth breather include large, dry, bulbous lips; open mouth habit; allergic shiners (dark circles below the eyes); a tearing of the eyes; a deep labiomental fold; and a hyperactive mentalis. Other features may include a prognathic or retrognathic maxilla or mandible; a high palatal vault and narrow maxillary arch; a narrow mandibular arch (Fig. 15); crowded anterior teeth; difficulty in swallowing; chronic ear-

aches; chronic recurrent throat infections; obstructive sleep apnea; fatigue and inability to concentrate in school; tinnitus; postural problems (head forward posture); and enuresis due to nocturnal arousals as a result of a drop in blood oxygen saturation.⁶³

Figure 16 shows a patient whose face depicts upper airway obstruction as described by Garry.⁶³ The patient's severely swollen tonsils are shown in Figure 17. None of his previous dentists or pediatricians diagnosed this problem.

Patients with swollen tonsils and/or adenoids must be evaluated by a well-informed ear-nose-throat (ENT) specialist. If necessary, hyperplastic tonsils and/or adenoids must be removed surgically prior to instituting orthodontic treatment. The treatment of upper airway



Fig. 13. A girl with upper airway obstruction leading to abnormal facial growth, shown at ages 6 and 9.



Fig. 14. The patient in Figure 13, before and after treatment of upper airway obstruction with functional appliance therapy.

obstruction must be a team effort by the ENT and the orthodontic practitioner. Surgical removal of hyperplastic tissues will help to clear clogged airway passages but the passages still will remain physically small or narrow in patients with narrow faces and in Skeletal III patients where the middle third of the face is underdeveloped. Palatal expansion further improves nasal respiration by enlarging the airway passages and sinus cavities while expanding the palatal arches (Fig. 18).⁶⁴⁻⁷⁴

Patients with Skeletal III malocclusions where the maxilla is retrognathic also have greater incidence of upper airway obstruction. This is because the midface is collapsed, causing the sinus cavities to be smaller and less conducive to the passage of air (Fig. 8, 9, and 11).

The importance of correcting mouth breathing cannot be overemphasized. Studies have shown that some facial and dental problems, if corrected early, can be reversed.⁷⁵⁻⁷⁷ Other benefits include improved academic performance; increased weight and height; correction of nocturnal enuresis, exacerbation of psoriasis, and recurrent streptococcal pharyngotonsillitis; improved behavior; and alleviation of attention deficit/hyperactivity disorder (ADHD).⁷⁸⁻⁹²

Evaluation for abnormal myofunctional problems

Abnormal myofunctional habits include mouth breathing, thumb sucking, lip sucking, forward tongue thrust, lateral tongue thrust, and deviant swallow. Sucking on pacifiers, bottle-feeding, and nibbling on foreign objects such as pencils and pens can induce abnormal myofunctional habits. A foreshortened

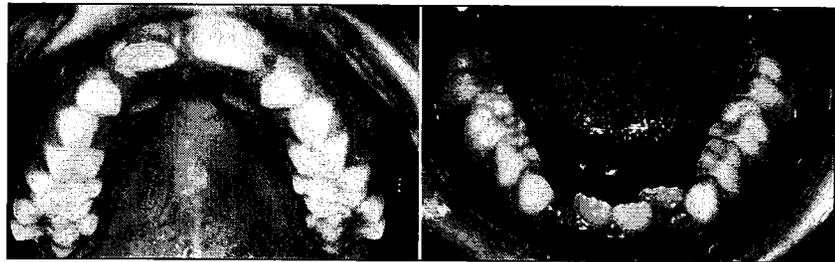


Fig. 15. High palatal vault; narrow maxillary and mandibular arch.



Fig. 16. A boy aged 6 years, 7 months with upper airway obstruction.



Fig. 17. The swollen tonsils of the patient in Figure 16.

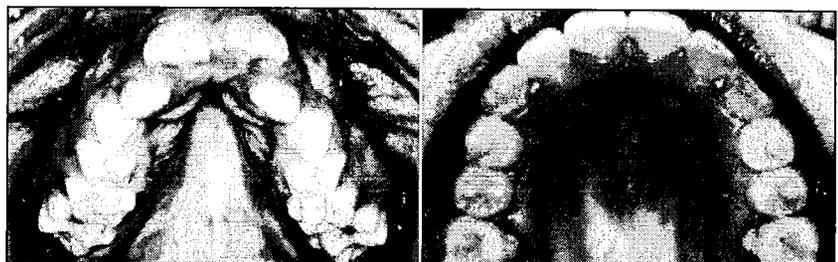


Fig. 18. A high, narrow palatal arch treated with an expansion appliance.

frenum and ankylotic tongue can prevent normal functioning of the tongue. Any of these abnormal myofunctional habits can cause the face and dentitions to de-

velop abnormally (Fig. 19 and 20).

As emphasized previously, upper airway obstruction should be corrected prior to orthodontic treatment. After

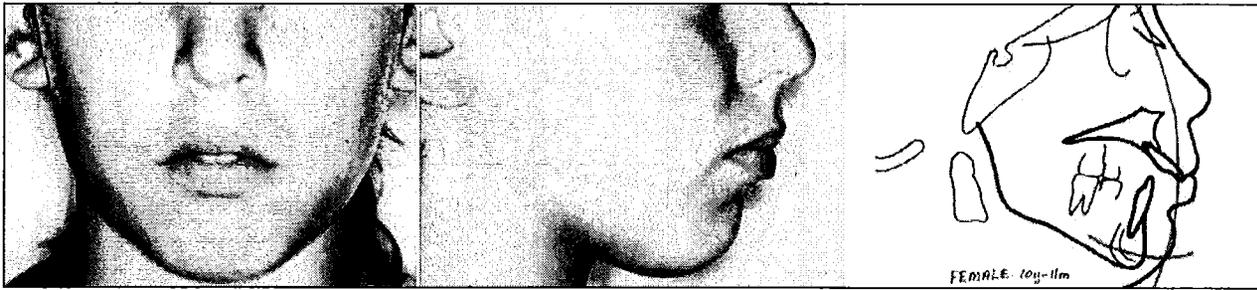


Fig. 19. A girl aged 10 years, 11 months with abnormal facial growth due to mouth breathing and anterior tongue thrust.

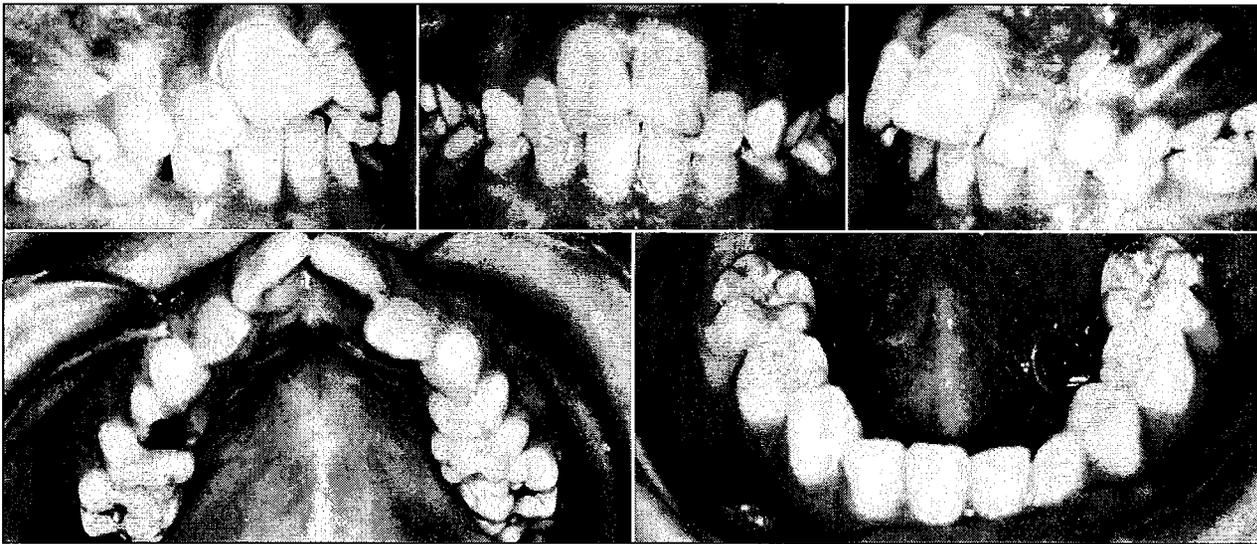


Fig. 20. Abnormal arch and dental development due to mouth breathing and anterior tongue thrust.

orthodontic treatment, any abnormal myofunctional habits should be treated by a qualified myofunctional therapist. If the upper airway obstruction or any abnormal myofunctional habits are left untreated, there is a greater chance of relapse after orthodontic treatment.

Conclusion

The 2000 report of the Surgeon General stated, "Oral health means much more than healthy teeth. It means being free of chronic oral-facial pain conditions, oral and pharyngeal [throat] cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, and scores of other diseases and disorders that affect the oral, dental, and craniofacial tissues collectively known as the *craniofacial complex*."⁹³

More and more evidence shows that abnormalities of the craniofacial complex have an enormous effect on facial esthetics, TMJ health, and physiologic

health. These abnormalities can affect emotional and psychological health, behavior and attention deficit/hyperactivity, nocturnal enuresis, and scholastic achievements, while potentially leading to headaches, otitis media, vertigo, hearing loss, scoliosis, lordosis, psoriasis, and a multitude of other medical problems. The craniofacial complex affects the entire human body.^{32,33}

Many practitioners limit their orthodontic diagnosis to dental problems such as crowding and over- or underbites. They tend to overlook other areas of assessments such as nutrition, facial abnormalities, TMD, upper airway obstruction, and myofunctional problems. Without assessing these other areas, 73% of orthodontic problems are not being diagnosed.²⁰ It is our profession's responsibility to look beyond the small confines of the oral cavity and begin to treat the total health and wellness of our patients.

Author information

Dr. Jefferson is a member of the *General Dentistry* advisory board. He also maintains a general practice in Mount Holly, New Jersey and is on the Council of Governmental Affairs of AGD, NJAGD and NJDA, President-Elect of the International Association for Orthodontics, and Chair of the Ortho/TMD Consortium.

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An efficacy and safety analysis of a chlorhexidine chewing gum in young orthodontic patients

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Abstract

Aim: The objective of the present study was to investigate the impact of a chlorhexidine (CHX) chewing gum in teenage orthodontic patients on plaque levels, gingival bleeding tendency and tooth staining.

Materials and Methods: A randomized-controlled, double-blind, parallel study was conducted on 31 teenagers in fixed orthodontic therapy. Subjects of the CHX gum group were asked to continue their oral hygiene procedures in conjunction with chewing two pieces of a 5 mg CHX-containing chewing gum for 10 min. twice a day for 3 months. Subjects of the placebo gum group received the same instructions; however, using a CHX-free chewing gum. Plaque levels, gingival bleeding on probing and tooth staining were monitored at baseline and subsequently after 1–3 months.

Results: Plaque levels significantly decreased from baseline at lingual/palatal sites in the placebo gum group. In the CHX gum group, a similar, yet non-significant trend was observed. At buccal sites, plaque levels remained unaffected in both groups. Gingival bleeding tendency significantly decreased in both groups, predominantly at lingual/palatal sites. There were no significant between-group differences in any of the efficacy parameters at any time point. However, the increase in staining was nearly five times higher in the CHX gum group.

Conclusions: There seems to be no indication for a CHX chewing gum in teenage orthodontic patients when used as an adjunct to normal oral hygiene practices.

Key words: chewing gum; chlorhexidine; orthodontic patient

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The presence of fixed appliances during orthodontic therapy is associated with an increased risk of enamel decalcification and gingival inflammation (Morrow et al. 1992, Øgaard 1992). These pathologic implications have been explained by quantitative and qualitative ecologic changes in the oral cavity: orthodontic brackets and bands impair proper mechanical plaque removal and increase the number of plaque-retentive sites (Zachrisson 1976, Boyd 1983). Consequently, increased proportions and absolute counts of *Streptococcus mutans* in supragingival plaque and saliva can be expected in orthodontic patients (Corbet et al. 1981, Mattingly et al. 1983, Scheie et al. 1984). In addition, a shift towards a more pathogenic

subgingival microflora resembling the one usually found in periodontitis patients has been described (Diamanti-Kipiotti et al. 1987, Huser et al. 1990).

As most soft tissue reactions are plaque-related, some inflammatory changes have been observed in orthodontic patients with excellent oral hygiene standards (Zachrisson & Zachrisson 1972). This non-plaque-induced inflammation can be explained by the release of cytotoxic corrosion products from the orthodontic appliances (Grimsdottir et al. 1992). Other non-plaque-related conditions in orthodontic patients include traumatic erosive and ulcerative lesions of the oral mucosa (Shaw et al. 1984).

To counteract the tendency of orthodontic appliances to increase plaque accumulation, attempts should be made to keep them as simple as possible, avoiding hooks and elastomeric rings (Forsberg et al. 1991). Still, the key point in controlling the risk of dental and/or periodontal complications remains the patient's compliance in terms of oral hygiene. Especially in youngsters, motivation is of the utmost importance as they are more prone to develop these complications than adults. Indeed, the former have generally shorter clinical crowns and less fully erupted teeth, which may compromise efficient plaque control (Boyd et al. 1989). In addition, elevated hormonal levels during puberty are associated with an increased degree

of gingivitis and gingival hyperplasia (Boyd 1983). Hence, chemical aids are frequently administered in these high-risk populations including a number of vehicles containing fluoride and/or anti-septics.

The objective of the present study was to investigate the impact of a chlorhexidine (CHX) chewing gum in teenage orthodontic patients on plaque levels, gingival bleeding tendency and tooth staining.

Material and Methods

Experimental design

Thirty-one periodontally healthy teenagers (16 males and 15 females) attending an orthodontic practice volunteered for this randomized-controlled, double-blind parallel study. All were in fixed orthodontic therapy according to the Begg method in the upper and lower jaw. This included the application of direct-bonded brackets on the buccal surfaces of all teeth, except for the first molars (and exceptionally also the second molars), which received glassionomer-cemented bands (3M Unitek™, Monrovia, CA, USA). The exclusion criteria were: systemic conditions, antibiotic therapy 6 weeks before or during the study, caries lesions and the presence of more than five inter-proximal restorations. If subjects fulfilled the selection criteria, their parents were informed and a consent form was signed at a screening visit in case of participation.

Orthodontic therapy was systematically preceded by a thorough prophylaxis. Immediately following the application of the fixed orthodontic appliances, which was carried out 2–6 months before the start of the study, oral hygiene instructions were given by one and the same clinician. All patients were provided with the same orthodontic toothbrush (P35, Oral B Laboratories, Isleworth, UK), inter-dental bristles (Ø 2.5 mm, Oral B Laboratories, UK) toothpaste (Elmex®, GABA BV, Almere, the Netherlands) and mouthwash (Elmex®, GABA BV). Oral hygiene was reviewed at each re-assessment and, if necessary, reinforced.

At baseline, efficacy and safety parameters were recorded by one and the same calibrated clinician. Thereupon, a prophylaxis was performed and patients received a code number randomly assigning them to the CHX gum group (16 patients) or the placebo gum group

Table 1. Demographic details

Group	No. of patients	No. of males	No. of females	Age (mean ± SD)
Chlorhexidine gum group	16	9	7	12.4 ± 1.59
Placebo gum group	15	7	8	12.3 ± 1.75

(15 patients). The allocation to one of these groups was concealed from both the clinician and the patient. Table 1 shows that both groups were comparable with respect to gender and age. The study protocol was approved by the Ethical Committee of the University Hospital in Brussels.

Study groups

Subjects of the CHX gum group were asked to continue their oral hygiene procedures in conjunction with chewing two pieces of a CHX chewing gum (Fertin A/S, Vejle, Denmark) for 10 min. twice a day after brushing/meal during 3 months. This chewing gum is delivered in 800 mg pieces containing 447 mg sorbitol as a sweetening agent and 5 mg CHX diacetate.

Patients of the placebo gum group were given the same instructions; however, in this group a CHX-free chewing gum (Fertin A/S) was used. Except for the absence of CHX, this placebo gum is identical in composition to the CHX gum.

At baseline and at the re-assessment visits after 1 and 2 months, patients were provided with a registered and sufficient number of chewing gums to consume during the following month. In order to evaluate compliance, they were asked to collect all gum packings and to bring them at each re-assessment.

Examination criteria

The following response parameters were recorded in a sequential order by the same trained clinician at baseline, and subsequently after 1, 2 and 3 months:

1. The staining index (SI) by Sabzevar (1996b) was recorded on the buccal and lingual/palatal surfaces of the incisors in the upper and lower jaw. This interval-scaled index combines planimetric and photographic techniques to assess the amount of tooth staining. In brief, the outline of the stained tooth surface is manually drawn on a form representing the buccal and lingual/palatal tooth sur-

faces provided with a superimposed grid of 4 mm × 4 mm squares, the latter being used as reference points during drawing. From these records, black India ink tracings of all stained areas are produced per tooth surface of all incisors in a constant position on a transparent sheet. In addition, tracings are made from the outlines of the buccal and lingual/palatal surfaces of these teeth in the same constant position. Subsequently, all images are digitized with a video camera (AxioCam MRc, Carl Zeiss, Oberkochen, Germany) in order to perform Automatic Image Analysis. Using the KS400 (Zeiss) software and a macro, the total tooth surface area is determined by the closed contour line. For each tooth surface, the total stained surface area is then calculated as the sum of all quantitated surfaces in a single tooth field and expressed as a proportion of the total tooth surface area (%). The technique was found to be highly reproducible as described by Sabzevar (1996b).

2. The bleeding on probing index (BoPI) was measured at six sites (mesial, central, distal buccally as well as orally). The scores ranged from 0 to 2: 0 = no bleeding; 1 = point bleeding within 10 s; and 2 = abundant bleeding within 10 s.
3. The plaque index (PI) Quigley and Hein (1962) was measured at six sites (mesial, central, distal; buccally as well as orally) following plaque disclosure using red Rondell Disclosing Pellets (Svenska®, Väsby, Sweden). The scores ranged from 0 to 5.

All recordings were made without access to previous measurements to avoid measurement bias.

At study termination, all patients were asked to respond to a set of questions regarding chewing gum taste, adherence and hardness by means of a questionnaire.

Sample size calculation

Calculations were based on data from a previous study on the clinical efficacy of

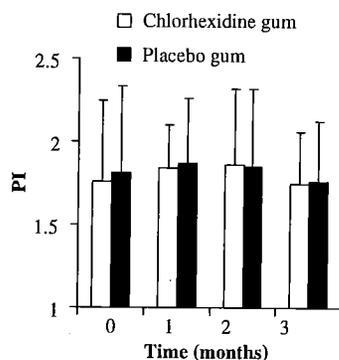


Fig. 1. Changes in plaque levels over time. The data are depicted per group (chlorhexidine gum group versus placebo gum group).

the CHX chewing gum in periodontal maintenance patients (Sabzevar 1996a) and a proposed comparison of two means using the independent samples *t*-test. We defined a difference in the primary outcome variable PI of 0.5 between the groups as clinically significant. Using a significance level of 5% and a statistical power of 80% gave a sample size of 15 patients per group. We included 16 patients in the CHX gum group and 15 patients in the placebo gum group.

Calibration session

The clinician charged with clinical assessments was calibrated for PI recordings before the start of the trial. Three orthodontic patients wearing fixed appliances were enrolled for this purpose. Following plaque disclosure, duplicate measurements ($n = 492$) were collected with an interval of 30 min. between the first and the second recording.

Statistical analysis

Data analysis was performed with the patient as the experimental unit. For all response parameters, the mean values per subject and per visit were calculated. The independent samples *t*-test was applied to detect differences in these parameters between the CHX gum group and the placebo gum group at baseline. The clinical changes over time within each group (within-group comparison) and the impact of the group on these parameters (between-group comparison) were examined by means of repeated measures ANOVA with group, time and their interaction as fixed effects

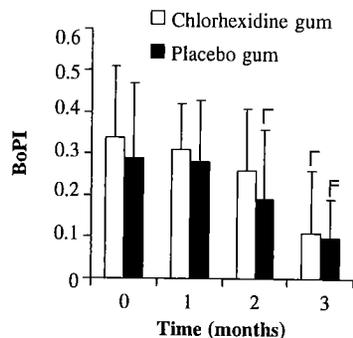


Fig. 2. Changes in bleeding on probing tendency over time. The data are depicted per group (chlorhexidine gum group versus placebo gum group). Within-group differences: $0.005 < p \leq 0.05$; $p \leq 0.005$ (between baseline and follow-up visits).

and the patient as a random effect. A model with the measurements at baseline, months 1, 2 and 3 was used to compare the changes over time in the two groups (interaction effect). If a statistically significant difference was observed, post hoc tests were performed to determine its source. In addition, a site-specific similar analysis for the efficacy parameters was performed separately considering buccal sites and lingual/palatal sites, again using the patient as the unit of analysis. The level of significance was set at 5%.

Results

Thirty-one subjects entered the study and all completed it. Compliance in terms of chewing gum use was excellent in both groups as all gum packings were empty at each reassessment.

Intra-examiner repeatability was good for PI (79% identical agreement between first and second recording; Cohen's weighted κ : 0.84).

Plaque levels

There were no significant within-group or between-group differences in full-mouth plaque levels at any examination point (Fig. 1). However, when scrutinizing the data separately considering buccal and lingual/palatal sites per group, plaque levels significantly decreased from baseline at lingual/palatal sites in the placebo gum group, pointing to a reduction of 0.12 at study termination ($p \leq 0.05$). In the CHX gum group, however, the reduction of 0.11 at 3-month follow-up was not statistically significant ($p = 0.07$). There were no

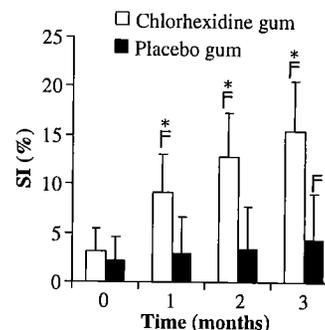


Fig. 3. Changes in tooth staining over time. The data are depicted per group (chlorhexidine gum group versus placebo gum group). Within-group differences: $p \leq 0.005$ (between baseline and follow-up visits). Between-group differences: $*p \leq 0.005$.

significant differences in plaque levels at lingual/palatal sites between the groups at any time point. At buccal sites, there were neither significant within-group nor between-group differences in plaque levels (Table 2).

Gingival bleeding on probing

Figure 2 shows the changes in full-mouth gingival bleeding tendency over time in the two groups. In the placebo gum group, a significant decrease of 0.10 from baseline was established after 2 months of daily chewing ($p \leq 0.05$). At study termination, the BoPI was significantly decreased from baseline by 0.19 in the placebo gum group ($p \leq 0.005$) and 0.23 in the CHX gum group ($p \leq 0.05$). There were no significant between-group differences at any examination point. Scrutiny of the data revealed that the largest reductions in gingival bleeding tendency occurred at lingual/palatal sites in both groups: at study termination, BoPI decreased by 0.28 ($p \leq 0.005$) and 0.29 ($p \leq 0.005$) from initial values in the placebo gum group, respectively, in the CHX gum group. In the placebo gum group, the reduction of 0.12 at buccal sites was also statistically significant ($p \leq 0.05$). There were no significant between-group differences in BoPI either at lingual/palatal sites or at buccal sites at any time point (Table 2).

Tooth staining

Figure 3 shows the mean proportion (%) of the total tooth surface area covered by tooth staining over time in the two groups. In the CHX gum group, a significant increase of 6.1% ($p \leq 0.005$) in

Table 2. Site-specific changes in response parameters

Response parameter	Group	Buccal sites*	Lingual/palatal sites*
Plaque Index	Chlorhexidine gum group	-0.05	0.11
	Placebo gum group	0.02	0.12 [†]
Bleeding on Probing Index	Chlorhexidine gum group	0.08	0.29 [†]
	Placebo gum group	0.12 [†]	0.28 [†]
Staining Index	Chlorhexidine gum group	-12.4% ^{†§}	-12.3% ^{†§}
	Placebo gum group	-4.7% [†]	0.4%

*Mean change from baseline at study termination; positive value = decrease in reference to baseline; negative value = increase in reference to baseline

Within-group differences:

[†]0.005 < $p \leq 0.05$;

[‡] $p \leq 0.005$ (between baseline and 3 months follow-up).

Between-group differences:

[§] $p \leq 0.005$.

reference to baseline was already established after 1 month. Tooth staining systematically increased in this group, pointing to a rise of 12.4% ($p \leq 0.005$) from baseline at study termination. This phenomenon occurred to a comparable extent at buccal (12.4% - $p \leq 0.005$) and lingual/palatal sites (12.3% - $p \leq 0.005$; Table 2). In the placebo gum group, a significant increase in tooth staining by 2.1% ($p \leq 0.005$) was only found at 3 months. Interestingly, this only occurred at buccal sites (4.7% - $p \leq 0.005$; Table 2). At 1, 2 and 3 months, tooth staining was significantly higher in the CHX gum group in comparison with the placebo gum group ($p \leq 0.005$).

Questionnaire

The results of the questionnaire revealed that eight out of the 16 patients in the CHX gum group disliked the taste of the chewing gum. In the placebo gum group, however, this proportion was considerably lower (three out of 15 patients). In the CHX gum group, five out of the 16 patients and in the placebo gum group, three out of the 15 patients reported no adherence of the chewing gum to their brackets, which is a relatively comparable proportion. In the CHX gum group, 10 out of the 16 patients and in the placebo gum group, eight out of the 15 patients claimed that the chewing gum was too hard to chew, which is again relatively comparable.

Discussion

The use of CHX as an effective anti-plaque agent has been established (Addy 1986). Consequently, a number of vehicles containing this chemical agent have

been developed, among which a chewing gum. An appealing advantage of this vehicle is its compatibility with daily activities.

The efficacy of CHX is dose related (Cumming & L e 1973, Jenkins et al. 1994). Short-term clinical studies in healthy adolescents and adults have shown an excellent plaque growth-inhibiting effect when a daily dose of 20 mg is intra-orally delivered by means of chewing two pieces of a 5 mg CHX-containing chewing gum for 10 min. twice a day (Ainamo & Etemadzadeh 1987, Ainamo et al. 1990, Tellefsen et al. 1996, Simons et al. 1999). Interestingly, this anti-plaque effect appeared similar to the effect of a 0.2% CHX rinse for 1 min. two times per day even though using the latter corresponds to a daily dose of 40 mg CHX (Ainamo et al. 1990). In addition, the CHX chewing gum demonstrated similar beneficial effects to plaque and gingivitis levels than a 0.2% CHX solution when using them as an adjunct to existing oral hygiene measures (Smith et al. 1996). These observations are probably related to a longer contact time of a chewing gum in the oral cavity as compared with a mouthrinse, which is imperative from a clinical viewpoint as a lower dose of the active agent may potentially reduce side effects. This was confirmed in a clinical study by Smith et al. (1996): a CHX chewing gum (two pieces of 5 mg used for 10 min. twice a day) significantly induced less tooth staining than a CHX mouthwash (10 ml of a 0.2% rinse used for 1 min. twice per day) in an 8-week observation period.

Besides the effects of a CHX chewing gum in healthy subjects, few have studied its potential in high-risk populations for plaque-related diseases. To our knowledge, this is the first efficacy and safety

analysis of a CHX chewing gum used by teenagers in fixed orthodontic therapy as an adjunct to existing oral hygiene measures. The results indicate no impact of using a chewing gum on full-mouth plaque levels in a 3-month period, which seems to contrast earlier findings on the use of polyol gums in orthodontic patients (Isotupa et al. 1995). However, when lingual/palatal and buccal sites were separately analysed, significant plaque reduction was observed at the former in patients using a placebo gum. In the CHX gum group, a similar, yet non-significant trend was observed. The lack of statistical consolidation in the latter is possibly related to variation in tooth-cleaning efficacy. That is, a slight deterioration in toothcleaning efficacy may affect plaque levels, possibly masking a plaque-reducing effect of a chewing gum. At buccal sites, plaque levels remained unaffected at all times in both groups. These observations suggest that a chewing gum induces a mechanical cleansing effect at lingual/palatal sites. The presence of brackets on the buccal sites may protect established dental plaque from this cleansing effect, explaining the status quo of plaque levels at these sites. In fact, this protective effect by orthodontic appliances was earlier described by Brightman et al. (1991). The lack of a CHX-related additive effect supports the idea that CHX is less effective at removing existing plaque than preventing de novo plaque accumulation (L e & Rindom-Schiott 1970), even though this has been challenged by others (Corbet et al. 1997). Anyhow, as the results of this study show, incorporating CHX into a chewing gum has no additional value in reducing plaque levels in teenage orthodontic patients.

Our data show a significant reduction in gingival bleeding tendency on probing as a result of using a chewing gum after a 3-month observation period. The largest reductions occurred at lingual/palatal sites in both groups, which is not surprising taking into account the impact of a chewing gum on plaque levels at these sites. Interestingly, as CHX has been found to be effective in the prevention and treatment of plaque-related gingivitis (L e & Schiott 1970, L e et al. 1976, Quirynen et al. 2001), incorporating this active agent into a chewing gum does not additionally decrease gingival bleeding tendency, at least not in teenagers in fixed orthodontic therapy.

In contrast to our findings of a CHX chewing gum on plaque and gingivitis

levels in orthodontic patients, significant benefits have been described in other populations at risk. Sabzevar (1996a) concluded that a CHX chewing gum was more effective in reducing plaque and gingivitis levels than a placebo gum or even repeatedly reinforced oral hygiene instructions in periodontal maintenance patients. Similarly, Simons et al. (2001) described a superior effect of a CHX chewing gum on plaque and gingivitis scores in comparison with a xylitol-containing gum in elderly in residential homes who had been using one of these chewing gums for 1 year. The lack of accordance with the results of the present study can be explained as follows: first, orthodontic patients are distinguished from periodontal maintenance patients and elderly by the presence of brackets and/or bands on practically all teeth. These appliances may not alone facilitate new plaque accumulation; they also protect established plaque from mechanical cleansing, which normally occurs during tooth brushing and mastication (Brightman et al. 1991). Second, the results of the study by Simons et al. (2001) showed high baseline plaque and gingivitis levels, whereas subjects of the present study exhibited low scores: high baseline levels create more potential for improvements and leave more margin for differences to be detected when various strategies are tested. Finally, there is the issue of compliance. In the study by Simons et al. (2001), compliance was verified by filling out a tick chart by the care staff whenever a chewing gum was consumed. In the present study, the number of non-consumed chewing gums was recorded at each reassessment serving as its indicator. In spite of these efforts, compliance can never be fully controlled for especially in terms of contact time of the chewing gum within the oral cavity. This contact time may have been lower for the CHX chewing gum than for the placebo gum in this study, taking into account the fact significantly more subjects disliked its taste. This is important, knowing that the *in vivo* release of CHX from a chewing gum is time related (Ainamo & Etemadzadeh 1987). It has to be anticipated, however, that the intra-oral release of CHX was apparently high enough to induce serious tooth staining in the CHX gum group: the increase in staining from baseline was nearly five times higher in the CHX gum group in comparison with the pla-

cebo gum group. It has been shown earlier that this side effect may be reduced by lowering the dose of CHX by 2 mg per piece without even compromising efficacy, at least not in terms of plaque growth inhibition in healthy subjects (Ainamo et al. 1990). Interestingly, staining also significantly increased in the placebo gum group at buccal sites. This is logical, knowing that some staining may develop over time as a result of dietary habits for which we did not control in this study.

In conclusion, the results of the present study indicate that frequent use of a chewing gum as an adjunct to existing oral hygiene measures may reduce plaque levels and gingival bleeding tendency predominantly at lingual/palatal sites in youngsters undergoing fixed orthodontic therapy. However, these clinical parameters do not seem to be additionally reduced when CHX is incorporated as an active agent. What is more, CHX increases tooth staining by nearly a factor 5. Hence, there seems to be no indication for a CHX chewing gum in teenage orthodontic patients when used as an adjunct to normal oral hygiene practices.

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Clinical Relevance

Scientific rationale: The presence of fixed orthodontic appliances is associated with an increased risk of plaque-related pathology, explaining the need for chemical aids. The aim of this study was to compare a CHX

chewing gum with a placebo gum on plaque levels, gingival bleeding and staining in teenage orthodontic patients.

Principal findings: Plaque levels and gingival bleeding decreased at lingual/palatal sites; yet, CHX did

not additionally reduce these efficacy parameters. In addition, the increase in staining was five times higher in the CHX gum group.

Practical implications: There is no indication for a CHX chewing gum in teenage orthodontic patients.

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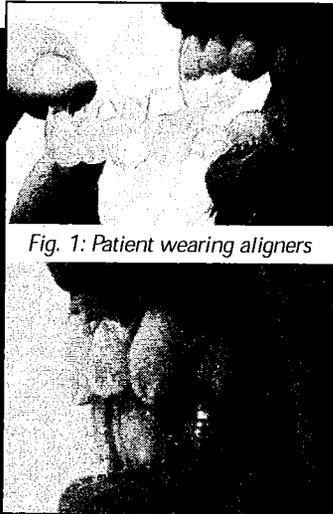


Fig. 1: Patient wearing aligners

AN ESTHETIC AND REMOVABLE ORTHODONTIC TREATMENT OPTION FOR PATIENTS: INVISALIGN®

By Alton Bishop, DDS, MSD
Wm. Randol Womack, DDS
Mitra Derakhshan, DDS, MS

Technology has revolutionized the range of possibilities with orthodontic treatment, from imaging to appliance fabrication. State of the art three-dimensional technology and a unique manufacturing process developed by Align Technology, Inc. has provided the clinician with opportunities for comprehensive orthodontic treatment using a large number of esthetic and removable aligners (Figure 1). The concept of moving teeth with clear vacuum form appliances is not new to orthodontics. Kessling¹ and Nahoum² introduced this concept, Sheridan³ and others^{4,5,6} have built upon it, but movements were still limited to a few millimeters. Computer software graphics and manufacturing technology can produce no two aligners that are the same, and for this reason patients can be treated using a series of early invisible aligners moving teeth from initial to final position incrementally.

The treating clinician begins by sending to Align Technology maxillary and mandibular polyvinylsiloxane (PVS) impres-

sions, a bite registration, photographs, and x-rays in addition to a web-based treatment prescription form. Plaster models are poured and the scanning process begins. A computer communicates with the scanner compiling the layers to create a virtual 3-D image on the computer. The company's virtual orthodontic technicians (VOT) separate the individual teeth using custom-designed software tools. The VOT then moves the individual teeth from initial position to final position based on the treating clinician prescription using proprietary company software, Treat®. A viewing program (ClinCheck™) gives the clinician an opportunity to review the treatment via the Internet. Once the case is confirmed by the treating clinician, the aligners are manufactured using a CAD/CAM (computer-aided design/computer-aided manufacture) process. Each virtual treatment stage is converted into a physical model using laser cured plastic resin. Once these three-dimensional models of the treatment are created, a thermoforming process is used to fabricate the aligners. The aligners are then laser etched, trimmed, polished, and disinfected before being shipped to the treating clinician's office (Figure 2).

Many adults want straighter teeth. One of the obstacles adults face is the unesthetic nature of fixed appliances. Although clear, fixed appliances have been introduced, the

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wire that engages in the brackets remains very visible. Lingual appliances may be used for the esthetically conscientious patient, however Invisalign is equally esthetic with the added benefit of being removable and comfortable. Patients can eat what they wish and maintain their normal hygiene practice, since brackets and wires are not an impediment during brushing and flossing. Invisalign is appropriate for patients with a fully erupted dentition (excluding third molars), which typically occurs by age 14. Applicability for Invisalign, dictation of the treatment plan, and final acceptance of ClinCheck are all determined by the treating clinician. The following two cases were treated using Invisalign.

Case Reports

CASE 1 (Courtesy of Dr. Bishop): A 17 year old female presented with the chief concern of "upper spacing and lower crowding". All hard and soft tissues were healthy. She did present with some thin attached gingiva in the area of her mandibular canines.

Diagnosis: She presents with pleasing and well-balanced facial esthetics. The maxillary midline was centered to the face and the mandibular midline was shifted 2mm to the left. Molars and canines were in Class I with moderate overjet and overbite. There was moderate maxillary spacing and moderate mandibular crowding. She did have a retained mandibular primary left second molar (Figure 3).

Treatment Objectives: The objectives were to maintain the Class I occlusion while alleviating the mandibular crowding through a combination of proclination and interproximal reduction. This would pre-

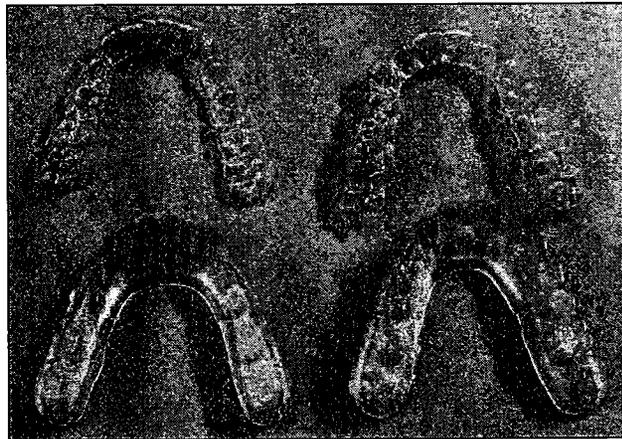


Figure 2: Aligners and SLA models

vent excessive proclination of the mandibular incisors due to the nature of the thin attached tissue. Other objectives were to reduce the overbite through intrusion of the mandibular anteriors. The maxillary incisors were not intruded because of her nice smile. Extrusion of her maxillary laterals and canines was attempted to achieve the esthetic alignment of the maxillary anteriors. All maxillary spacing was to be closed and the primary left second molar retained. Figure 4 shows the final stages of ClinCheck.

Treatment Results: This case was treated with Invisalign. Treatment comprised of 15 maxillary aligners and 18 mandibular aligners. Aligners were changed once every 2 weeks and the patient was seen once every 6 weeks for monitoring. Maxillary treatment time was 7 months and mandibular treatment time was 9 months. The Class I occlusion was maintained. All maxillary and mandibular teeth were

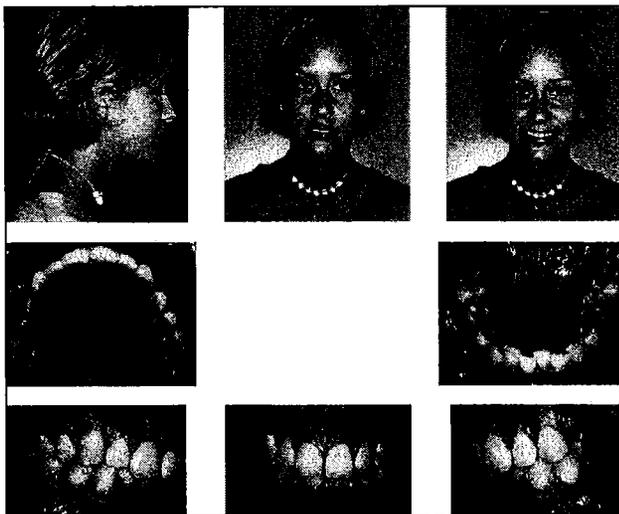


Figure 3: Initial photos for case #1

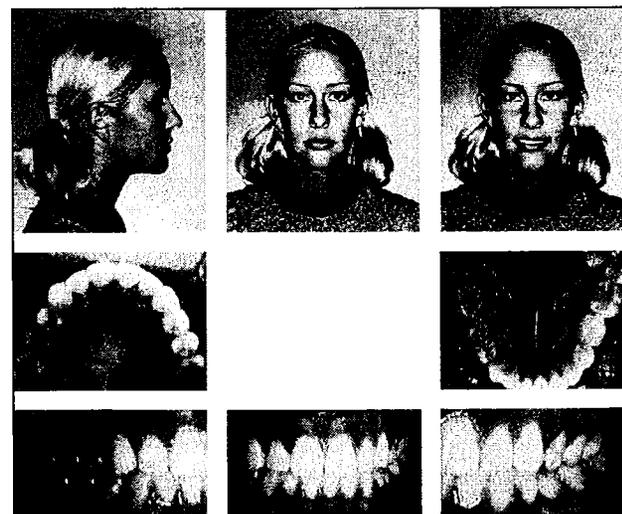


Figure 4: Final photos for case #1

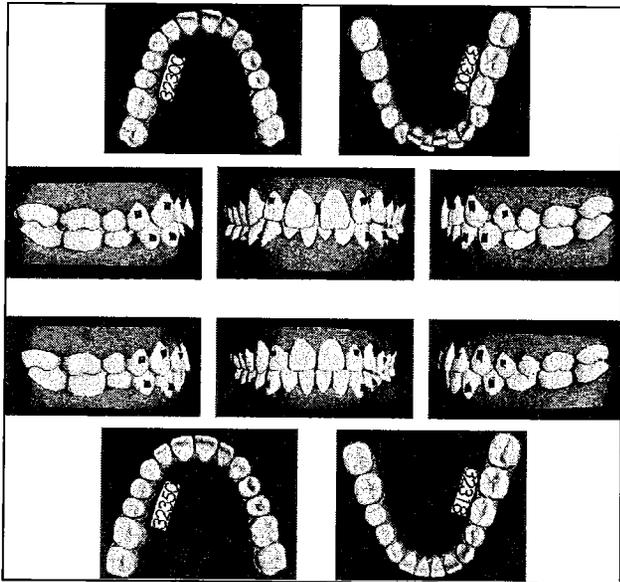


Figure 5: Initial and final stages of ClinCheck for case #1

aligned, the maxillary spaces were closed and the mandibular crowding resolved. The overbite was reduced and the mandibular midline was shifted to the right; the midlines are slightly off. The maxillary right second premolar rotation could have been more complete (Figure 5). Her oral hygiene was maintained throughout treatment since the removable appliances allowed the patient to maintain her oral hygiene practice.

Discussion: In this case, attachments were placed on mandibular canines and first premolars to aid with intrusion of the mandibular incisors. Attachments were also placed on the maxillary laterals and canines for extrusion and the maxillary premolars for rotations. The maxillary right second premolar was not fully rotated. It is important to request overcorrection when submitting an Invisalign case to compensate for possible aligner lag. In this case, it would have been wise to overcorrect all rotations by about 10%. The patient was very pleased with the results of treatment and the timely nature of treatment.

CASE 2 (Courtesy of Dr. Wornack): This 34 year old female's chief concern was that she had "upper and lower crowding". She has history of previous restorative work and bilateral mandibular tori present.

Diagnosis: Facial analysis reveals symmetrical structures. Upon smiling, she has a good lip line to show tooth relationship. In the profile view, lips are full and there is minimal strain upon closure. Molars and

canines are in Class I occlusion. There is minimal overjet and overbite. The mandibular canines are rotated out distally. There is 3mm of maxillary crowding and 5mm of mandibular crowding. The midlines are coincident (Figure 6). Her panorex is within normal limits (Figure 7).

Treatment Objectives: The objectives in this case were to resolve the maxillary crowding with interproximal reduction. Her maxillary central incisors were broad and could be reduced interproximally for esthetics to a more favorable width-to-height ratio. The mandibular incisor crowding was to be resolved with an extraction of the mandibular right central incisor. The mandibular right central incisor was chosen due to the slight recession present as compared to the other teeth. With the retraction of the mandibular incisors, positive overjet and overbite can be achieved. Since her right mandibular incisor will be extracted, her mandibular midline would be centered on the remaining central incisor. The buccal occlusion should be moved minimally, given the nice original occlusal relationship. Figure 8 shows the initial and final stages of ClinCheck. The final stage also serves as the diagnostic set-up. It can be seen that the case would finish out nicely with a mandibular incisor extraction and maxillary interproximal reduction.

Treatment Results: Treatment consisted of 21 maxillary aligners and 21 mandibular aligners. Attachments were placed on the mandibular canines to aid with rotations. Aligners were changed once every 2 weeks and the patient was monitored once every 6 weeks. The Class I occlusion was maintained and the treatment objectives met. The maxillary and mandibular crowding was resolved; positive overjet and overbite were achieved. The midline was centered on the middle of the remaining central incisor. The lower canines were de-rotated; the attachments may have helped with the rotations (Figure 9). The post-treatment panograph show good root parallelism in the extraction site (Figure 10). With mandibular incisor extractions, the use of root tip attachments on the teeth adjacent to the extraction site may be used to aid with tip control.

Discussion: The objectives in this case were met and the result was very nice. The patient was treated in 10 months with an esthetic and removable treatment modality. The oral hygiene was excellent. The maxillary left canine could have been rotated slightly mesial

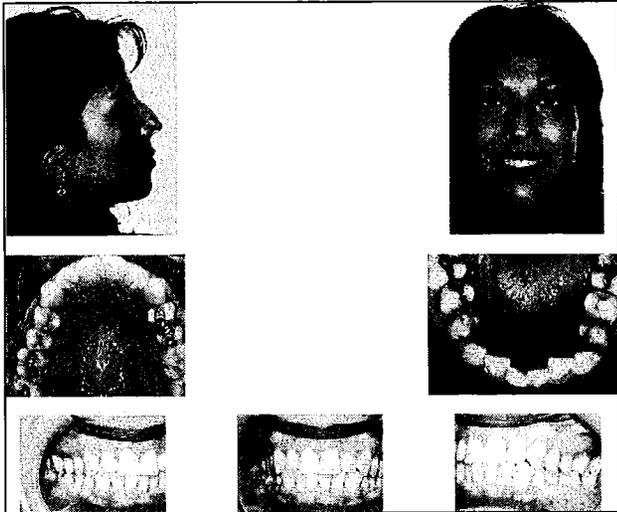


Figure 6: Initial photos for case #2

in. Again, this overcorrection could have been requested when submitting the case.

Conclusions: Both cases show nice results meeting the orthodontists' treatment goals as well as providing an esthetic treatment modality. In addition, patients were able to maintain their oral hygiene with the removable appliance.

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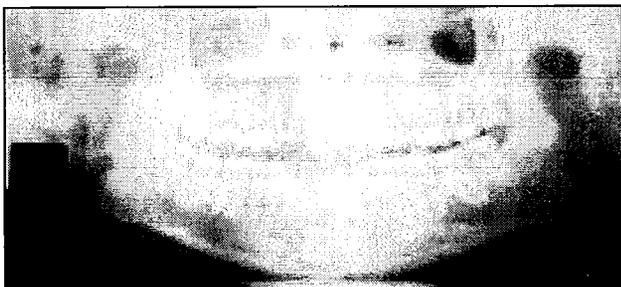


Figure 7: Initial Panorex for case #2

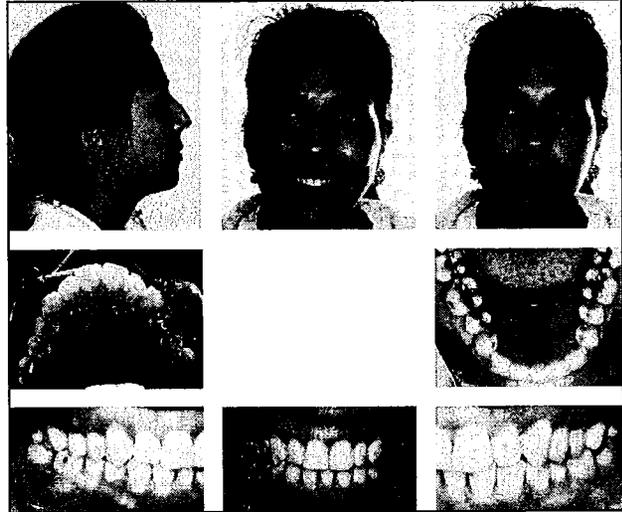


Figure 9: Final photos for case #2

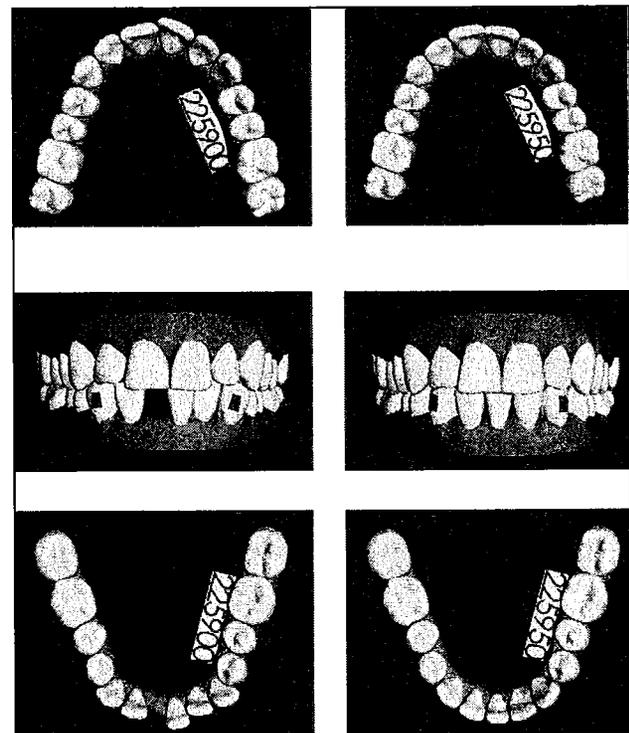


Figure 8: Initial and final stages of ClinCheck for case #2

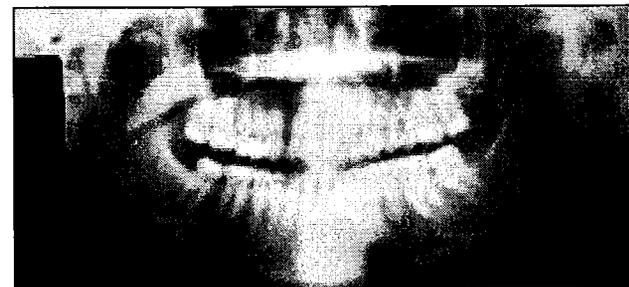


Figure 10: Final Panorex for case #2

toothpaste

Options

by Sondra M. Nickolson, RDH, MEd, RF

With so many different toothpaste choices on the market, each performing a unique function, it is often difficult for patients to determine the best option. For this reason, many patients turn to us — their dental health-care professional — for recommendations. Helping patients select the right toothpaste means more than simply distributing samples your office has on hand. By considering each patient's needs, you can ensure they'll be satisfied with their choice, and this may increase the likelihood of them consulting you when their needs or preferences change.

An old substance with a new image

The earliest record of actual toothpaste was in 1780 and involved a formula containing burnt bread. In the 19th century, charcoal became very popular for cleaning teeth, and most

How To Determine What
Is Best for Your Patient

Toothpastes

toothpaste was in the form of a powder. Just like today, the purpose of 19th century tooth powder was to clean teeth and freshen breath.¹

Today's toothpaste is defined as a substance used with a toothbrush or other applicator to remove the dental biofilm, *matéria alba*, debris, and stain from the teeth, tongue, and gingiva for cosmetic, therapeutic, or preventative purposes.² The specific type of dentifrice recommended to a patient depends on a number of factors, including need, preexisting oral health conditions, and desired outcome. For many patients, the outcome is as simple as the prevention of dental caries and the maintenance of good oral health. Others, however, select toothpaste designed to reduce or eliminate painful sensitivity, help relieve canker sore flare-ups, or improve the esthetic appearance of their teeth.

The American Dental Association outlines four guidelines that demonstrate a correlation between particular toothpaste ingredients and their effects on patients' oral health:³

- Decreased incidence of caries with toothpaste containing fluoride
- Decreased incidence of dentin hypersensitivity with desensitizing toothpaste
- Decreased plaque accumulation with antibacterial/antimicrobial toothpaste
- Cosmetic whitening with products containing agents that alter enamel color

Fluoride in toothpaste

For more than 30 years, fluoride has been a critical ingredient in toothpaste, used to inhibit the development of dental caries.⁴ Multiple research findings spanning decades have proven that fluoride use slows the onset of caries. The protective role of fluoride against dental caries, or tooth decay, was first recognized in the mid-1930s, when studies showed that children drinking fluoridated water developed caries less frequently than children with drinking water supplies low in fluoride concentration.⁵ General Richard H. Carmona, former U.S. Surgeon General, has joined with many previous U.S. Surgeon Generals in endorsing community water fluoridation as a cost-effective public health measure for preventing tooth decay.

Fluoride can perform both preventive and restorative functions, halting the development of carious lesions caused by harmful bacteria, and aiding remineralization of demineralized tooth surfaces.⁶ Toothpaste containing fluoride, when used twice daily, can be an effective way to enhance the remineralization process and control the development of caries.⁷ In fact, reports state that there is roughly a 30 percent reduction in caries when fluoride is used daily.⁸ Fluoride works by incorporating itself into tooth enamel, making teeth more resistant to acids produced by bacterial plaque and acids found in juices, sodas, and certain foods. In addition, the frequent use of a low-con-

The specific type of dentifrice recommended to a patient depends on a number of factors, including need, preexisting oral health conditions, and desired outcome.

centration fluoride, such as toothpaste, has been demonstrated to be an effective public health measure to prevent caries.⁹

Dentinal hypersensitivity and desensitizing toothpastes

Dentin hypersensitivity is highly prevalent, affecting approximately 22 percent of adults in the United States.¹⁰ The condition is defined as a short, sharp, painful response from exposed dentin in response to stimuli that cannot be ascribed to any other form of dental defect or pathology.¹¹ Tooth wear, particularly erosion and abrasion of the tooth surface, is frequently related to dentinal hypersensitivity.

Erosion and abrasion can weaken the integrity of the enamel surface, making it vulnerable to wear, resulting in the dentinal tubules being exposed to outside stimuli and exhibiting greater tooth sensitivity.¹² Erosion, defined as the pathological wear of teeth from a chemical dissolving process, can result from the frequent consumption of acidic fruits and soft drinks. Abrasion, or the pathological wear of teeth from a mechanical or rubbing process, can result from "toothpaste abuse," a term used to describe overzealous and repeated brushing with toothpaste. Studies show that all toothpastes have the ability to cause abrasion, regardless of the type of brush used.¹³

Antisensitivity toothpaste containing 5 percent potassium nitrate (KNO₃) can reduce intradental nerve activity and interrupt pain impulses, thereby reducing pain.¹⁴ Patients should be advised to brush with an antisensitivity toothpaste twice a day, and continue everyday use for long-term relief. In addition, dental professionals should ask specific questions during every routine cleaning to determine if patients are suffering from dentin hypersensitivity.

Antibacterial and antimicrobial toothpastes

Toothpastes containing antimicrobial agents successfully prevent plaque and gingivitis.¹⁵ The key ingredient in these toothpastes, called triclosan, is a clinically tested antibacterial agent designed to remove harmful bacteria that can cause periodontal disease.¹⁶ Used extensively in consumer products such as deodorants and soaps, triclosan has recently been included in oral care products, specifically toothpastes and mouth rinses. Though only one brand of triclosan-containing toothpaste is currently available in the United States, this figure is expected to increase.

Triclosan works by inhibiting the growth of anaerobic bacteria that are responsible for gingivitis and periodontal disease. Additionally, its antimetabolic and anti-inflammatory properties further reduce plaque build-up and gingivitis.¹⁶ A recent study found a 52 percent reduction in salivary bacteria four hours after brushing with a toothpaste containing triclosan.¹⁷

Another study revealed a significantly slower progression of periodontal disease in patients brushing with toothpaste that contains triclosan.¹⁸

Cosmetic whitening toothpastes

Tooth whitening is quickly becoming one of the most popular dental treatments, both in the dental office and at home with over-the-counter (OTC) treatments. According to the American Academy of Cosmetic Dentistry, tooth whitening is the most requested cosmetic dental procedure by patients between the ages of 20 and 50.¹⁹ Unfortunately, most whitening patients don't know that tooth sensitivity is the most common side effect of professionally dispensed and OTC whitening treatments. Data suggest that up to 75 percent of patients who undergo professional tooth whitening may experience sensitivity.²⁰ Patients can help prevent and reduce whitening-related sensitivity by brushing with an antisensitivity toothpaste containing potassium nitrate for two weeks prior and during professional whitening.²¹

Whiter teeth can also be achieved by using whitening toothpastes, and can be used in conjunction with in-office whitening treatments. While some whitening toothpastes use abrasives that remove plaque and debris from the enamel surface, others contain compounds that break down discolored debris that can build up on the enamel surface. Guidelines for whitening toothpastes have been developed by the ADA's Council on Scientific Affairs (CSA).²² The CSA states that a whitening claim may be used if teeth lighten by two or more shades over six months. Only products that have been granted the ADA Seal of Acceptance for whitening toothpaste are currently on the market.²³

For patients concerned about whitening-related sensitivity, toothpastes that simultaneously whiten and guard against sensitivity may be the best option. Sensodyne Full Protection Plus Whitening Toothpaste (GlaxoSmithKline Consumer Healthcare) and Colgate Sensitive Maximum Strength Plus Whitening (Colgate-Palmolive Company) both contain fluoride and potassium nitrate agents to prevent dental



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caries and provide relief for patients with sensitive teeth.²⁴

Guide your patients

Dental health care professionals can help patients determine which toothpaste is best for them by listening to their preferences and being mindful of their unique oral health-care needs. When making recommendations to your patients, it is important to take their overall oral health into consideration, including any preexisting conditions that may affect the specific type of toothpaste they need. When facing a multitude of toothpaste options in the oral care aisle of the neighborhood store, patients may feel lost and confused with the wide variety of choices. You can help them sort through the complexity, and in the process foster a positive patient relationship that keeps them coming back to you for further oral care guidance. **RDH**

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Bowman J.. More than lip service: facial esthetics in orthodontics. JADA 1999 130: 1173-81..Copyright 1999 American Dental Association. All rights reserved. Reprinted with permission.

Cover Story

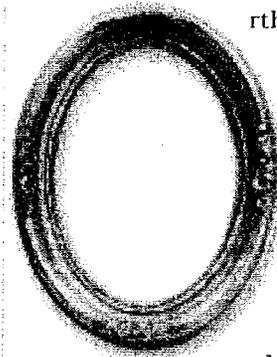
MORE THAN LIP SERVICE: FACIAL ESTHETICS IN ORTHODONTICS

S. JAY BOWMAN, D.M.D., M.S.D.

Background. Current trends in orthodontic care emphasize alternatives to the extraction of premolars, despite a lack of support from the refereed literature for many of the nonextraction treatments.

Description of the Situation. Anecdotal reports published in non-peer-reviewed journals have called into question the esthetic effects of extraction treatment. As calls for evidence-based treatments increase throughout dentistry, reports on the effects—both positive and negative—of different orthodontic options have appeared in growing numbers.

Clinical Implications. Given the results of a variety of reports in the peer-reviewed literature, it may be concluded that orthodontic treatment involving extractions can produce improved esthetics for many patients who have some combination of crowding and protrusion. However, careful diagnosis followed by evidence-based treatment decisions should be the accepted clinical norm as the specialty of orthodontics embarks on its second century.



Orthodontics is concerned with facial form and appearance. In the late 1800s, the father of modern orthodontics, Dr. Edward Angle, a devout nonextractionist, saw a bust of Apollo Belvedere as the epitome of facial beauty and the gold standard that guided his treatment.¹

Angle believed that every mouth could accommodate all 32 teeth and, therefore, he contended that proper orthodontic treatment involved dental arch expansion. Interestingly enough, the late Elvis Presley appears to be the only contemporary popular icon who exhibits a similar profile. Indeed, if we were to critique this sort of profile in light of the current nonextraction-at-all-costs climate, some might say that Apollo and “the King” had had an unfortunate encounter with an “extraction orthodontist.”

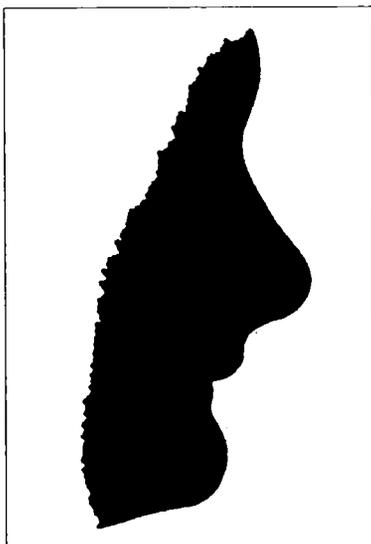


Figure 1. Example of facial esthetics adversely affected by extraction orthodontics as reported by Witzig and Stahl⁸ and depicted by Drobocky and Smith.¹⁰ In a Washington University study of 160 patients who had undergone extraction,¹⁰ randomly selected from a variety of orthodontic practices, none demonstrated facial measurements as extreme or as unusual as this anecdotal case. (Reprinted with permission of the publisher from Drobocky and Smith.¹⁰)

The fear of the "dished-in" profile, said commonly to result from the extraction of premolars (Figure 1), is derived largely from isolated lawsuits and carefully selected reports of unfavorable results.^{2,6} Unfortunately, the allegation that the techniques of traditional orthodontics regularly "flatten" facial profiles and produce temporomandibular joint disorder, or TMD, have significantly altered today's orthodontic treatment plans. Extraction rates have decreased, despite the absence of a rational theoretical basis or support from refereed scientific literature for such action.⁷ In the process, increasing numbers of orthodontists have eagerly assayed all manner of treatment methods designed to avoid premolar extractions. In

many instances, these efforts appear designed to prevent lost referrals or to preclude a courtroom encounter, rather than to avoid some proven defect in conventional treatments.

Unfortunately, most of the alternatives to extraction—arch expansion or development, "flaring" or bite jumping—have more in common with orthodontics of the 19th century than what we might expect to see in the 21st century. Many, if not all, of these older treatment methods were discarded decades ago by insightful orthodontists such as Charles Tweed, P.R. Begg, Robert Strang, Hays Nance and Calvin Case because of instability, poor facial esthetics and iatrogenic or undesirable periodontal effects. More to the point, orthodontists long ago challenged Angle's "arch development" concepts and began to extract teeth to improve poor facial esthetics and to avoid creating bimaxillary protrusion. It seems as though orthodontists have forgotten orthodontia's history lessons and thus will be forced to repeat them.

DOES EXTRACTION HARM FACIAL APPEARANCE?

Researchers at the University of Iowa⁹ enlisted the assistance of 39 laypeople to evaluate a sample of 91 orthodontic patients, among whom 44 had undergone extraction and 47 had not. Both types of orthodontic treatment—extraction and nonextraction—were perceived to have had a favorable impact on facial appearance. Each patient's treatment had been selected on the basis of specific diagnostic criteria that argued sometimes for extraction and sometimes for nonextraction. Under these conditions, both

treatments produced beneficial esthetic changes.

According to commonly accepted criteria, premolar extractions sometimes may be a necessity, especially if reduction in protrusion is a treatment goal. In an assessment of the profiles of 40 preadolescent patients, based on the Steiner, Merrifield and Ricketts cephalometric analyses, it was suggested that 50 percent might benefit from some profile reduction.⁹ The necessary lingual incisor movement, however, requires space of the amount commonly achieved by extraction. The proclination associated with expansion strategies would be inappropriate if profile improvement is desired by patient and practitioner.

Washington University investigators¹⁰ examined 160 orthodontic patients who had had premolar extractions. On the basis of soft-tissue measurements, the researchers concluded that 90 percent of the facial profiles were improved by treatment or at least left unchanged (Figure 1). Similar results were reported at the University of Murcia, Spain.¹¹ Young and Smith¹² compared 198 orthodontic patients who had not undergone extraction with patients in the Washington University extraction sample. They found that both types of treatment tended to produce similar facial results. In other words, if based on sound diagnostic criteria, extraction was not found to be detrimental to facial esthetics.¹² This might be expected, given that normal facial growth often produces more profound effects on the profile than does the relatively brief phase of orthodontic treatment.¹⁰

If extraction treatment regularly produces negative facial

changes, this impact should be obvious to experts in facial esthetics. Researchers at the University of Mississippi¹³ compared three randomly chosen samples of patients who had had orthodontic treatment involving extractions, patients who received orthodontic treatment but had not had extractions, and patients who had received no orthodontic treatment, 15 subjects in each group. Forty general practitioners individually evaluated the 45 posttreatment facial profiles presented in random order. The observers could correctly identify the patients who had had orthodontic treatment of any kind 52 percent of the time. In identifying the patients who had undergone extractions, the dentists were accurate 49 percent of the time. Orthodontic specialists fared little better, demonstrating 55 percent and 52 percent accuracy in identifying patients who had had orthodontic treatment but no extractions and the patients who had had extractions, respectively. In other words, a coin toss would have been about as good.

Interestingly enough, a subset of general dentists who emphasized orthodontics in their practices were more likely to identify patients erroneously as having had extractions if they exhibited "flat" facial profiles (such as those of Apollo and Elvis Presley). Misidentification by this group was significantly higher ($P < .03$) than by the other practitioners tested. In the end, presumed experts in facial esthetics of many stripes were unable to perceive any systematic detrimental effects of orthodontic treatment involving premolar extractions.

FACIAL ESTHETICS: THE PATIENT'S VIEW

Given the well-documented trend toward nonextraction treatment, dental professionals and laypeople may have come to view facial and smile esthetics differently.^{11,17} Among celebrities, the general public appears to find esthetically appealing a range of profiles that run from flat to full—Jacqueline Onassis; Diana, Princess of Wales; Chelsea Clinton; and Mick Jagger.¹⁸ Perhaps dentists have been sensitized to features that may not be of significance to the general public.¹⁹ Parents of orthodontic patients, for instance, are more accepting of untreated facial profiles than are orthodontists.¹⁶ Although patients rated Class II and III profiles as less pleasant than Class I profiles,²⁰ they also were less critical than professionals,^{17,21} a finding that emphasizes the need to involve the patient in the treatment planning process. Given the public's apparent flexibility and tolerance, it would be an important finding if extraction-based orthodontic treatment produces results that are seen as consistently detrimental.

Oynick²² asked panels of observers to evaluate the treatment results for 50 patients with Class II, Division 1 malocclusions, some of whom had had extractions and some of whom had not. The pre- and posttreatment profiles were shown to 50 adolescent and 50 adult laypeople and to 10 orthodontic instructors. Approximately 62 percent of the extraction profiles and 50 percent of the nonextraction profiles were thought by the entire panel to have been improved by treatment. A sub-

sequent evaluation of 120 Class I and II extraction and nonextraction cases by two panels, one consisting of 42 dentists and the other of 48 laypeople, produced similar results.²³ In this instance, 63 percent of extraction profiles, but only 27 percent of nonextraction profiles, were believed to have benefited from treatment. The results of these two studies imply that both the public and dental practitioners see a positive impact resulting from extraction treatment for patients whose dentition is crowded and/or protrusive. However, both extraction and nonextraction treatments may prove detrimental to facial esthetics if wrongly applied.

Researchers at Saint Louis University^{24,27} have published a series of articles detailing a long-term comparison of the effects of extraction and nonextraction treatments. Based on initial records, a sample of 63 patients was identified by discriminant analysis as having been equally susceptible to the two different treatment strategies. In other words, with respect to selection of extraction as a treatment method, the two groups were "borderline."

These patients were recalled an average of 14 years after treatment and were asked to examine randomly ordered tracings of their pre- and post-treatment profiles (Figure 2) and to choose the profile they found more attractive. Only half of the patients who had not undergone extraction thought that treatment had improved their profile, whereas 58 percent of the patients who had undergone extraction believed the same (the extraction case results

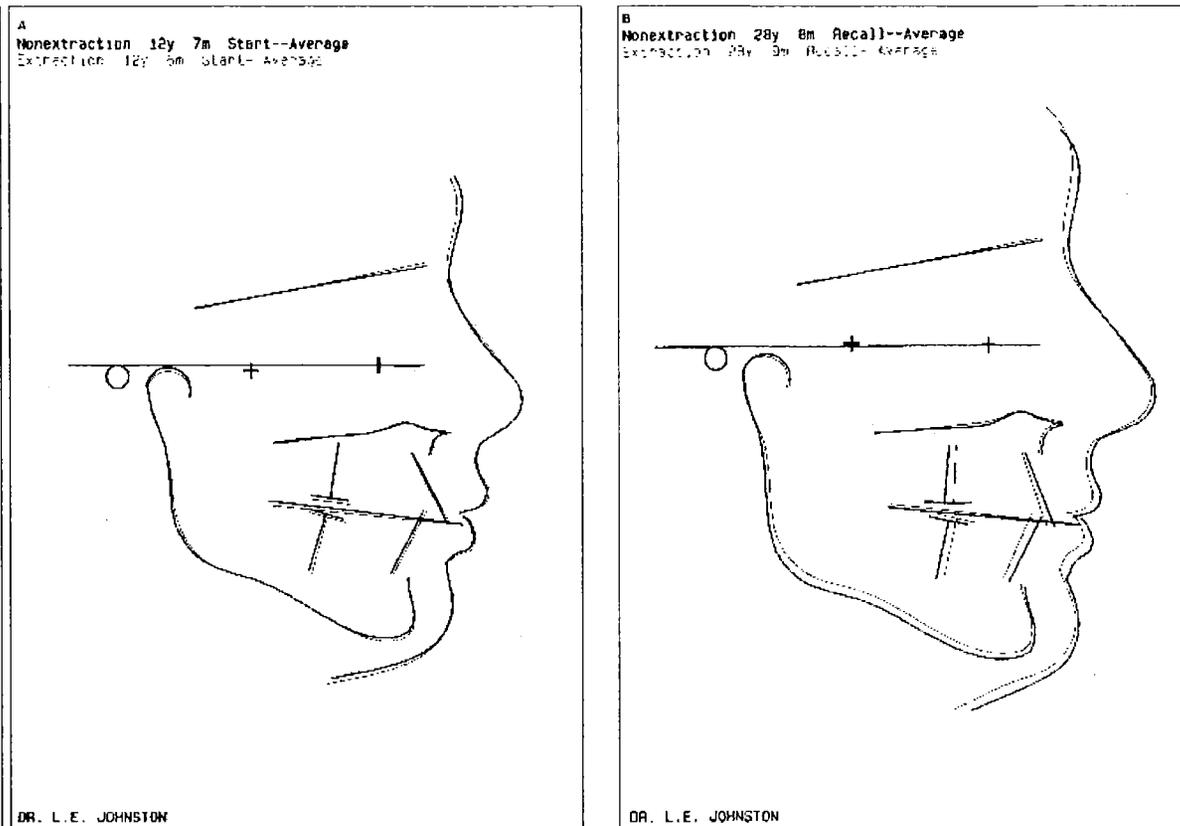


Figure 2. Averaged profile tracings of Class II patients whose cases fell on the borderline between extraction and nonextraction (averaged tracings superimposed on Frankfort horizontal and registered at pterygoid vertical). A. Initial tracing. B. Tracing done at recall visit. Thick lines represent facial contours that would argue for nonextraction treatment, thin lines represent contours that would argue for extraction. Note that before treatment, both groups' tracings were essentially identical; after treatment, the profiles of the nonextraction patients were, on average, about 2 millimeters more procumbent. (Reprinted with permission of the publisher from Paquette and colleagues.²⁴)

also tended to be more stable over the long term).

These patients also were asked to evaluate their pre- and posttreatment frontal facial photographs. In this instance, 69 percent of the extraction patients believed their faces were improved through treatment; 57 percent of the nonextraction patients reported the same.²⁴ Although these success rates are only a little better for the extraction treatment, the point here is that extraction clearly did not "dish in" the profiles on a routine basis as posited by the so-called "functional orthodontists."^{2,6} These

results are all the more interesting given that although these patients were treated between 1960 and 1980 and, therefore, many of them would never undergo extractions today, they still exhibited positive results.

When researchers compared patients at either end of the extraction spectrum—those clearly in need of the treatment vs. those clearly not—they found that those who were treated with extraction exhibited flatter profiles (Figure 3).²⁵ The patients with a clear-cut need for extraction often had a chief complaint of significant

protrusion that they wished to have reduced. Thus, it was the profiles of the patients in need of extraction that were fuller after treatment.^{13,25} Comparable findings were reported by James²⁸ in an evaluation of 170 consecutively treated patients and by investigators at the University of Iowa⁸ in an evaluation of 91 patients.

A similar comparative extraction/nonextraction study was repeated at the University of Michigan with a sample of black ex-patients. This study, too, noted many distinct benefits of extraction as a treatment for bimaxillary protrusion.^{29,30}

These findings were supported by research by Caplan and Shivapuja,³¹ who concluded that extraction will result in an improvement in patients "desiring a less protrusive profile." It is important to note that blacks appear to prefer a flattening of their profile, but not as retrusive a profile as those preferred by white patients.²⁹ In the end, however, only premolar extraction had any marked capacity to produce a reduction in lip protrusion and, hence, a perception of profile improvement for whites and blacks who

Only half of the patients who had not undergone extraction thought that treatment had improved their profile.

have bimaxillary protrusion.^{22,23,29}

Panels of laypeople and dental practitioners evaluated the pre- and posttreatment profiles of patients who had either extraction or nonextraction treatment.^{23,29} The impact of premolar extraction was shown to be a highly significant function of initial protrusion of the facial profile. Specifically, both panels of evaluators saw extraction as being preferable when, before treatment, the lower lip is more protrusive than 2 to 3 mm behind the Ricketts' E-

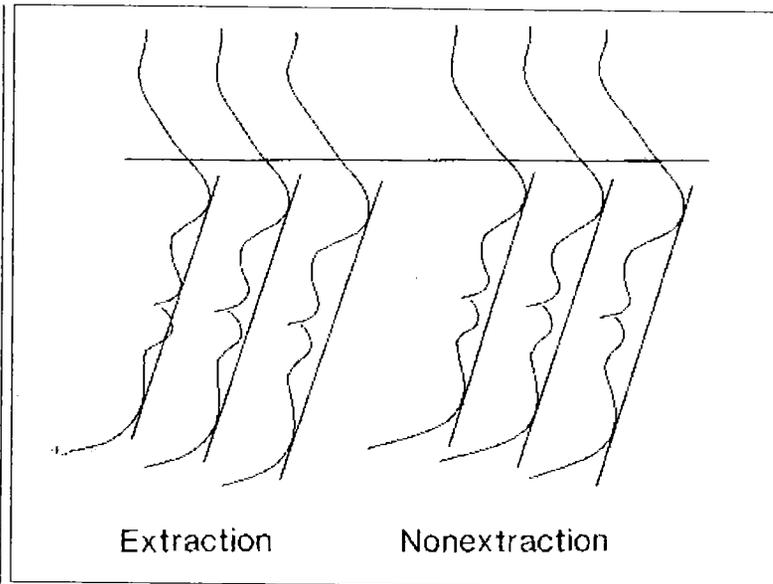


Figure 3. Mean start, finish and recall averaged tracings for extreme (as opposed to borderline) extraction and nonextraction samples. At a post-treatment recall visit, the nonextraction subjects demonstrated "flatter" profiles. (Reprinted with permission of the publisher from Luppanapornlarp and Johnston.²⁹)

plane (the line from the tip of the nose to the most anterior prominence of the chin) for whites²³ and 2 to 4 mm in front of the E-plane for blacks.²⁹

ARE THERE 'EXTRACTION' SMILES OR PROFILES?

Recently, Boley^{32,34} posed an interesting question: is there really a profile or smile that is pathognomonic of premolar extraction? To address this question, he tested "knowledgeable" orthodontists to determine their ability to ascertain the method of treatment used (extraction or nonextraction) simply by examining the patient's posttreatment smile or profile. Two hundred practitioners were shown photos of 100 finished cases, one-half involving extraction and one half not, including 50 color slides of smiling faces and 50 black-and-white profile and

front views. The orthodontists were correct in identifying patients who had had extractions only 52 percent of the time when they evaluated the smiles and only 44 percent of the time when they were shown facial profiles. Again, they could have done about as well simply by flipping a coin.

It is perhaps significant that, during his treatment of these patients, Boley^{32,34} deliberately maintained arch form and intercanine width. In other words, there was no expansion or "arch development." As seen in studies at Saint Louis University^{24,27}; the University of Stellenbosch, Republic of South Africa³⁵; the University of Tennessee³⁶; and the University of Toronto,³⁷ patients who did not undergo expansion seemed to demonstrate more postretention stability than mixed samples of patients who did and did not undergo expansion, such as

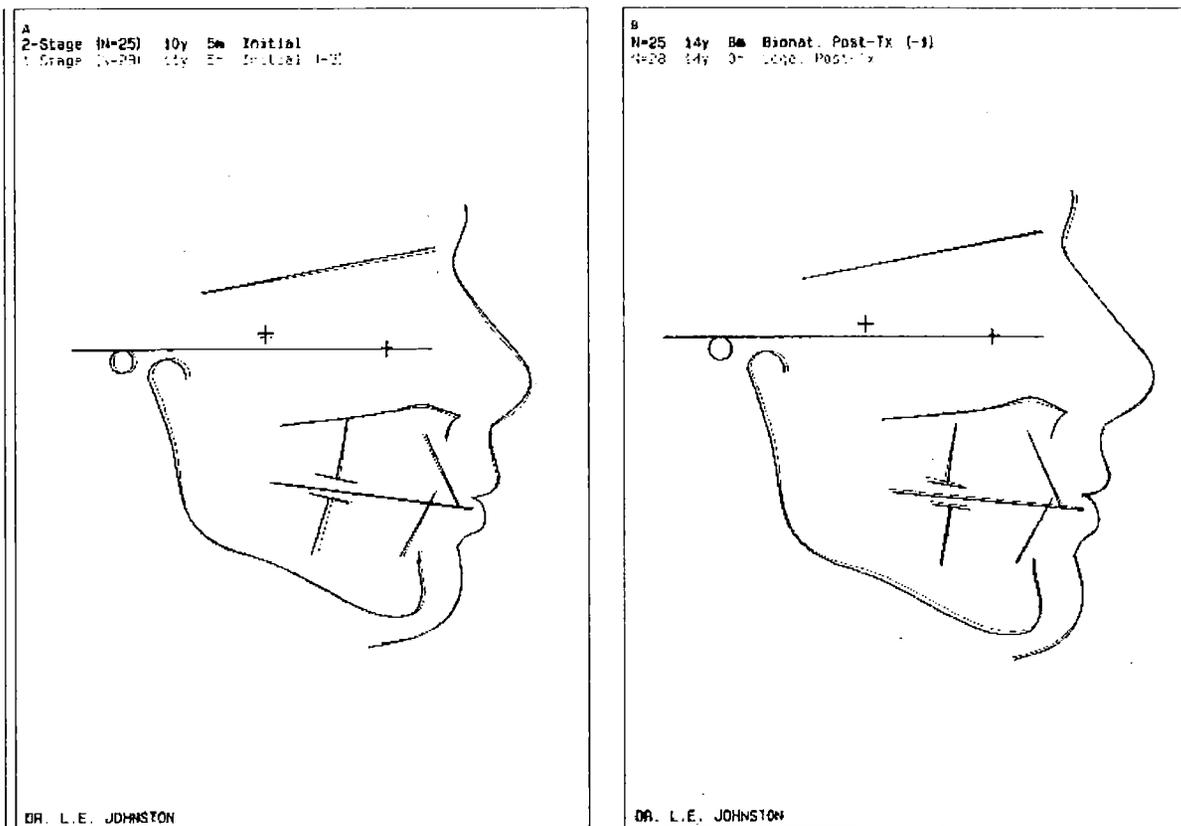


Figure 4. Averaged tracings, magnified to compensate for age-related size differences, of the profiles of Class II patients who received one-stage treatment using fixed appliances and two-stage treatment using a functional appliance and then fixed appliances. A. Initial tracing (magnified 3 percent). B. Tracing done at recall visit (magnified 1 percent). Thin lines represent one-stage treatment; thick lines represent two-stage treatment. Note that, on average, the basic facial form for the groups was the same before and after treatment. (Reprinted with permission of the publisher from Livieratos and Johnston.)

those described by the University of Washington.³⁸

Functional orthodontists, however, do not limit their criticism only to the facial profile. It has been suggested that extraction treatment creates dark intraoral spaces ("negative space") at the corners of the mouth that are said to be obvious during smiling^{2,39} and are ascribed to a narrowing of the dental arch. Johnson and Smith,¹⁹ however, evaluated the outcome of treatment in 60 patients³⁰ who underwent extraction and 30 who did not. A panel of 10 laypeople rated the esthetics of the posttreatment results from frontal

"smile" photographs. Their ratings were unrelated to any measure of width of the dentition or width of the mouth during smiling. The results of this and other studies^{40,41} indicate that there is no predictable negative relationship between the extraction of premolars and the esthetics of the smile. In fact, there was little change reported in the arch dimensions of the maxillary anteriors in either extraction or nonextraction.²⁴ Thus, the claim that dark spaces at the "buccal corridor," or corners of a smile, are a routine result of extraction treatment appears to be mischievous nonsense.

WHAT IS THE 'BUTCHER'S BILL' FOR PREMOLAR EXTRACTION?

On average, the major effect or cost of premolar extraction orthodontics appears to be a flattening of the profile by about 2 millimeters.^{23,27,29,30}

Although a 2-mm reduction is a clinically discernible change, it hardly amounts to "dishing in" the profile. Indeed, it commonly is a welcome change that the patients themselves often seek when they request treatment. In most instances, overflattening is a byproduct of faulty diagnosis and treatment planning, not a failure to rely solely on nonextraction treatment. In



Figure 5. Example of a patient initially treated with the popular goal of "not removing premolars," resulting in bimaxillary protrusion and lip strain.

the end, no treatment is so good that it cannot be misused and misapplied.

THE SEARCH FOR EXTRACTION ALTERNATIVES

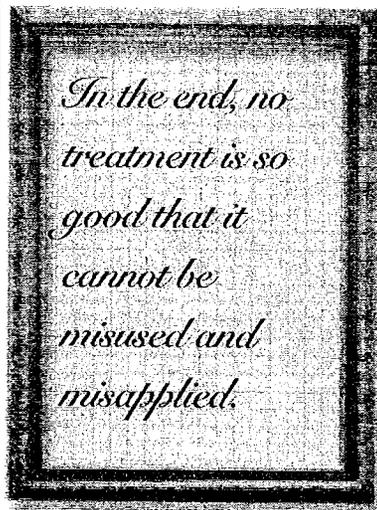
Recently a series of techniques have been promoted as alternatives to premolar extraction (for example, early treatment and functional, arch development and multiphase techniques). As noted by J.M. Broadbent⁴:

"Orthodontists ... who recognize the limitations of traditional treatment are combining arch development using air-rotor reduction and second molar replacement, European active plates and functional jaw orthopedics (FJO) appliances with fixed appliance treatment. ... A synthesis of FJO and fixed appliances may obtain beautiful results which are not possible from fixed appliances alone."

It is easy to make florid claims; however, it is a bit more

of a challenge to produce supporting data.

Although it is possible that functional appliances may alter facial growth, the magnitude of such change appears clinically insignificant and entirely comparable to that produced by more traditional methods.⁴²⁻⁴⁵ In an evaluation of one-stage (fixed) and two-stage (functional/fixed) Class II treatments, investigators at the University of Michigan⁴⁶ found that both treatments produced skeletal and facial changes that left the patients indistinguishable from each other by the type of treatment they had received (Figure 4). In contrast to



the beliefs of the functional orthodontists, an early phase of functional appliance treatment appears to provide no unique benefits.^{46,47} As stated succinctly by Paquette and colleagues,²³ "Given that many of the stated goals and effects of functional orthodontics seem to be based more on wishful thinking than on real-world data, this outcome should come as no surprise."

The concept of "arch development" to avoid extractions and to produce wider-than-normal

smiles also fails to impress, given the numerous reports of frank instability^{35,48-62} and the potential for producing untoward periodontal effects.⁶³⁻⁶⁸ These reports are especially significant, given the existence of more conservative space management alternatives to reduce the percentage of extractions.^{9,69-76} It has been reported that at least 75 percent of crowded cases can be treated without extraction, without expansion and with superior long-term stability by proper management of leeway space.^{9,70-77} Significantly, to provide a substitute for the 5 mm of space in each quadrant produced by premolar extraction, arch development would require 12 mm of stable expansion,⁷⁸ an amount that is nearly an order of magnitude larger than anything that can be inferred from the literature.⁷⁸

CONCLUSION

A review of the refereed literature provides little support for the viewpoint that premolar extraction has a routinely negative impact on facial esthetics and the functional health of the muscles and joints.^{23,29,79,82} Unfortunately, the rules of evidence often are conveniently ignored in today's orthodontic marketplace.⁸³⁻⁸⁵ Given a lack of support in the refereed literature, it may be argued that the groundswell of enthusiasm for nonextraction treatment is a threat to the public's best interests. Consequently, it has been proposed that the patient who has crowding and protrusion may be most at risk of experiencing a poor result by undergoing some type of ineffective nonextraction treatment (Figure 5).^{23,24} I would maintain that the extraction decision should not be a political one, but rather should be designed to



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provide the benefits of esthetics, function and stability in as conservative and timely a manner as possible.

If one believes that the elimination of extraction

treatment is a goal more important than that of addressing the patient's chief complaints concerning protrusion, and if one is unconcerned with the possibility of pushing roots through cortical plates or of poor long-term stability, one can elect to treat all patients without using extraction. However, those who believe in avoiding extraction at all costs should give thought to the possibility that their only ethical option in many patients with crowding and protrusion would be either to refer or to render no treatment at all. In this line of argument, Johnston⁸⁶ has noted, "The take-home message here is not that nonextraction is bad or that extraction is universally good, but that extraction is a really good treatment in the kinds of faces that appear to need extraction (i.e., [those with] crowding and protrusion). Orthodontists are not condemning patients to overly flat faces and a life of TMD by extracting."

In conclusion, skepticism is as important to the selection of treatment methods as it is in weighing the merits of a new bracket or a new practice location. The "facts" as inferred from uncontrolled experience may not represent the truth. As Rushing and colleagues¹³ have counseled, "When something new comes

along, ask, 'what's the catch,' and be persuaded by evidence alone, rather than the strong unsubstantiated claims of people who are in a position to influence us." Failing this, the patient pays a heavy price for our willingness to select treatments without reference either to logic or to evidence.⁸⁷ ■

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TAKING CONTROL OF YOUR DIABETES KNOW-HOW



AGENDA

Friday, October 26, 2012
8 a.m. – 5 p.m.

Carl Sandburg College
Crist Student Center- Building B
2400 Tom Wilson Blvd.
Galesburg, IL 61401

Early Bird Prices:
\$99 Professionals
\$79 CSC Alumni *
\$59 Students

*Includes private reception at 7 a.m.
Sponsored by Carl Sandburg College
Foundation

Price for each attendee includes light continental breakfast, lunch & afternoon refreshments. Early bird prices effective up to 10/19/12. Registrations will be accepted past 10/19/12; however, all prices will be an additional \$10 after this date.

To Register:
Call 309.345.3502 or 888.804.8501
For further details log onto:
<http://www.src.edu/outreach/wcihce/Pages/default.aspx>



8:00 a.m. Diabetes: It's Not As Simple As Don't Eat Sugar

Ruth Fluke, R.N., Coordinator Cardiac Rehab
Certified Diabetic Educator, OSF Holy Family

10:00 a.m. Oral Health Considerations for Persons with Type 2 Diabetes and Cardiovascular Diseases

Pat Lenton, RDH, MA, CCRP
Research Fellow University of Minnesota

*Sponsored by Proctor & Gamble Professional Oral Care

11:30 a.m. Lunch & Networking

12:30 p.m. Oral Health Considerations, Continued

2:00 p.m. The Diabetic Diet: What's the Big Deal?

Chris Willis, M.S., R.D., CDE Dietitian
Certified Diabetes Educator, OSF St. Mary Medical Center

4:00 p.m. 3 Coffeys, No Sugar: The Challenges of Raising Young Children with Diabetes

Brian Coffey, Volunteer, Juvenile Diabetes Research Foundation, Parent of Three Children Living with Type 1 Diabetes

4:45 p.m. Evaluations & Certificates

Who Should Attend: Podiatrists, LPNs, Audiologists, Chiropractors, Dieticians, Speech Pathologists, Nursing Home Administrators, Social Workers, Pharmacists, APNs, Dental Hygienists, Massage Therapists, EMTs, RNs or any Healthcare Professional seeking continuing education.

Attendance at this one-day (8 contact hours) workshop earns a certificate of completion for 0.5 semester hour vocational skills credit (equates to 8 continuing education hours). Please confirm with your professional regulatory agency how this equates to your continuing education requirements. Evaluations will be completed following the final speaker and a certificate of attendance will be distributed at the end of the day.



West Central Illinois Healthcare Continuing Education (WCIHCE) is an organization composed of higher education institutions representing Carl Sandburg College, Graham Hospital School of Nursing, and Spoon River College working together to provide continuing education for healthcare professionals. Our mission is to provide quality educational seminars that are affordable and accessible to healthcare professionals living and working in west central Illinois.

Braness, Christel [IDB]

From: kcreech@sandburg.edu
Sent: Friday, August 31, 2012 4:06 PM
To: Iowa Dental Board [IDB]
Subject: course approval
Attachments: Diabetes Flyer 10-26-12 .pdf

Hello Melanie,

We are offering a continuing education event and would like to know the process of getting the course approved for continuing education hours.

Any information you could provide would be appreciated.

Thanks,

Krisa Creech

Business & Community Education Coordinator
Professional Development, College for Seniors, Kids on Campus
kcreech@sandburg.edu
309.345.3506 Phone
309.221.5250 Mobile
309.345.3526 Fax
2051 Tom L. Wilson Blvd.
Galesburg, IL 61401
www.sandburg.edu



[Check out our Business & Community Education Programs!](#)

RECEIVED

OCT 1 2012

APPLICATION FOR POST APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM DENTAL BOARD

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: Minimally Invasive Dentistry

2. Course Subject:

- Related to clinical practice
- Patient record keeping
 - Risk Management
 - Communication
 - OSHA regulations/Infection Control
 - Other: _____

3. Course date: Nov. 15, 2011 Hours of instruction: 1

4. Provide a detailed breakdown of contact hours for the course or program:

Dr. Craig explained how to do trmt that isn't very
invasive if it doesn't need to be. provided great
info on how to educate pt.

5. Name of course sponsor: Central Iowa Dental Hygiene

Address: 715 Grove St
Perry, IA 50220

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

CK# 1043
\$40

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Dr. ~~At~~ Craig Grangerett DDS
Dr. Craig has been practicing dentistry for many
years & owns his own practice.

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Jody A. Peters RDH

Title: Central Iowa Component Phone Number: 515.321.3353
President

Fax Number: _____ E-mail: jody-peters@Ive.com

Address: 715 Grove St. Perry, IA 50220

Signature: Jody Peters Date: 8.9.12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687

RECEIVED

OCT 1 2012

IOWA DENTAL BOARD

**APPLICATION FOR POST APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: Second Year D.H. Student Presented Table Clinics

2. Course Subject:

Related to clinical practice

- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

3. Course date: March 13, 2012 Hours of instruction: 2 hours

4. Provide a detailed breakdown of contact hours for the course or program:

Students provided information on how to reduce
body fatigue, information on new cosmetic dentistry.

5. Name of course sponsor: CIDHA

Address: 715 Grove St
Perry IA 50220

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

CK# 1043
#40

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____
All Second year DMAcc dental hygiene Students.

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Jody A. Peters RDH
Title: CIDHA President Phone Number: 515.321.3353
Fax Number: _____ E-mail: Jody-peters@IIVE.COM
Address: 715 Grove St. Perry, IA 50220
Signature: Jody Peters Date: 8.9.12

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MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

RECEIVED

OCT 1 2012

IOWA DENTAL BOARD

**APPLICATION FOR POST APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: Education & Legislative Progression of D.H in MN.

2. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control

Other: Increasing job options for dental hygienists.

3. Course date: 1.12.12 Hours of instruction: 2 hours

4. Provide a detailed breakdown of contact hours for the course or program:

Information was provided on how to obtain a
higher level of D.H. education & what other
options are available for practice.

5. Name of course sponsor: Central Iowa Dental Hygiene

Address: 715 Grove St.
Perry, IA 50220

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

CK# 10113
\$40

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Colleen Brickie, RDH, EdD

Colleen was a huge advocate for dental therapist & dental hygiene practitioner program in MN.

8. Please attach a program brochure, course description, or other explanatory material.

N/A - All was done by Web-cast

9. Name of person completing application: Jody Peters RDH

Title: MDHA president Phone Number: 515.321.3353

Fax Number: _____ E-mail: jody-peters@Ive.com

Address: 715 Grove St Perry, IA 50220

Signature: Jody Peters Date: 8.9.12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

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You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

RECEIVED

OCT 13 2012

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD

NO check

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: ISOMS / Oral surgery assoc of Iowa City
Address: 2814 Northgate Drive Suite 2
Phone: 319-338-5484 Fax: 319-338-9413 E-mail: Oralsurgic@gmail.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society ISOMS
Dental School
Dental Hygiene School
Dental Assisting School
Military
Other (please specify): Private Office

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

4. Course Title: Progressive Implant Surgery Strategies for the Anterior & Posterior maxilla

5. Course Subject:

- Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other:

6. Course date: 10/6/12 Hours of instruction: 8

7. Provide a detailed breakdown of contact hours for the course or program:

8:15-10:00 - Treatment Planning
10:15-12:00 - Anterior Implant Surgery: flap design, bone grafting, membranes
12:45-3:30 - Posterior Implant Surgery: sinus bone graft strategies, immediate maxillary molar placement, biologic factors + bone augmentation options

8. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Dr. Paul Fugazzotto received his Doctorate of Dental Surgery from New York University in 1979, and his Certificate of Advanced Graduate Study from Boston University in 1981. Dr. Fugazzotto is a staff member of numerous hospitals. He is currently a visiting lecturer at Tufts University, Boston University, and The University of Ancona in Ancona, Italy. He has over 20 years of experience with implant therapy, published extensively on the subject in a number of scientific journals, both nationally and internationally, and is also the director of the Greater Boston Dental Implant Center, at which he gives training courses in various aspects of implant therapy to dentists from around the world. Dr. Fugazzotto is a fellow of the International Team for Implantology (ITI). The ITI is an international group dedicated to expanding the applicability and predictability of implant therapy, through basic science and clinical research. Fellowship in the ITI is by election only. Dr. Fugazzotto was the first full time clinical periodontist in the Northeastern United States who has been elected to the ITI.

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Rae Ann Hosier

Title: Implant Coordinator Phone Number: 319-338-5484

Fax Number: 319-338-9413 E-mail: raeann0819@hotmail.com

Address: 2814 Northgate Drive Suite 2

Signature: Rae Ann Hosier Date: 10/3/12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

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You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

RECEIVED

OCT 1 2012

IOWA DENTAL BOARD

BOT Connections
Strategic Planning/ Leadership Training weekend

January 12-13, 2012

By Lori Brown, President-Elect

Wow, what a whirlwind weekend it was! I learned that I needed to become adept at wearing several hats very quickly, as I watched and participated in the business your Board of Trustees' accomplished. Each year the IDHA Board of Trustees tries to improve our leadership skills and recruit others to participate in shaping our future by providing a forum for organizational discussion and development. On Friday evening, January 13, the BOT met at the Des Moines Area Community College in Ankeny, where we were able to connect with Dr. Colleen Brickle from Normandale Community College in Minneapolis via Webcast. We wish to thank her again for sharing her fantastic program on Dental Therapist/ Advanced Dental Hygiene Practitioner Education and for her heartfelt dedication to our profession.

The Board reconvened the following day, as President Kelley presided and introductions were made. It was great to see some new faces! Our lobbyist, Tom Cope, gave us a brief update of legislative activities to consider this term, and reminded us all that Lobby Day is coming up quickly – Wednesday, February 29th. We hope to get many members and potential members to participate in this wonderful opportunity to meet with your legislators to educate them about Oral Health issues. It is a lot of fun and you might expand your comfort zone by learning how our legislative process works.

Officer reports were given. Continuing Education Chair, Brenda Platz has been busy lining up speakers for all of our upcoming events, including Annual Session, which will be held at the Prairie Meadows Convention Center in Altoona on May 4th and 5th. Vice-President Jen Pierce is working her magic with all the food, lodging, and conference room arrangements, so watch your email, the Lavender Band, and IDHA's website for registration information.

Nancy Miller and Eileen Cacioppo are continuing their manpower research. They are collaborating in a survey with Allen College in Waterloo to find out what kind of educational needs we have here in Iowa beyond the Associate level. Please complete the survey and return it as soon as possible so we can continue to help address the interests of our colleagues.

The Board also addressed IDHA's Strategic Plan and updated it for the next year. This is the document that drives the activities of our organization. It contains our mission and goals and outlines objectives we would like to achieve in the next few years. Your input and ideas are always welcome and appreciated. And on that note, I would like to remind Components to start gathering names of delegates to Annual Session, and to submit candidates to run for elected offices. Any current Board member would be pleased to describe the duties of their position and answer any questions you might have.

The next BOT meeting will be held Saturday, March 10, 2011 at the Des Moines Area Community College in Ankeny. All IDHA members are invited to attend.

Lori Brown, President-Elect

CK# 1043
\$140



Iowa Dental Hygienists' Association
1490 Kent Avenue
Kanawha, Iowa 50447

Proof of Attendance Certificate

Name: _____

License # _____

Educational and Legislative Progression of Dental Hygienists in Minnesota

Colleen Brickle, RDH, EdD

October 7, 2011

Valley Church ~ West Des Moines ~ Iowa

Brenda Platz, RDH

October 7, 2011

IDHA Continuing Education Chair

Date

RECEIVED

OCT 29 2012

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM IOWA DENTAL BOARD

IOWA BOARD OF DENTAL EXAMINERS

400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
www.state.ia.us/dentalboard

Note: A fee of \$10 is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Susan Rector, DDS

Address: 2305 East 52nd Street Davenport IA 52807

Phone: 563 355 0424 Fax: 563 355 0180 E-mail: drr@mvosqc.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
Dental School
Dental Hygiene School
Dental Assisting School
Military
Other (please specify): Women's dental organization in Iowa/ Illinois and other

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

4. Course Title: Orthodontic Temporary Anchorage Devices

5. Course Subject:

- Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other:

6. Course date: 11-1-12 Hours of instruction: 2

CK# 21499
\$10

Current Trends in Orthodontics

Course Objectives

1. The participant will be able to identify current orthodontic trends
2. The participant will be familiar with the history behind different anchorage devices
3. The participant will be knowledgeable about the use of temporary anchorage devices.

Dr. Maura Vroman is a board certified orthodontist with a private practice in Moline, IL. She has a program of current trends in orthodontics prepared. She will discuss the need for different anchorage devices and the forces distributed with each of them. The history of orthodontics and different kinds of wires and springs used now compared to those used previously will be discussed. The power point presentation has patient cases and timelines to follow. Dr. Vroman will have a TADs system available for participants to see and use on models.

October 3, 2012

Dear Dr.,

It's that time of the year again! The Iowa-Illinois Association of Women Dentists is planning their fall get together! Dr. Catherine Bishop and I are planning a nice evening of drinks and hors d' oeuvres, as well as two hours of continuing education. Our presenter this year is Dr. Maura Vroman who will be discussing "Current Trends in Orthodontics". Please join us for fun, friends, and C.E.!!

Date: Wednesday, November 7th, 2012
Place: Crow Valley Golf Club
4315 E 60th St. Davenport, IA
Time: 6:30 PM
Cost: FREE

Sponsored by: Mississippi Valley Oral Surgery and Dr. Catherine Bishop

Please RSVP by Thursday, November 1st to (563) 355-9424. Looking forward to seeing you there!!

Sincerely,

Susan A. Rector, D.D.S.

RECEIVED

OCT 31 2012

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Kiess Kraft Dental Lab

Address: 6601 S 118th St Omaha, NE 68137

Phone: 402 391-8424 Fax: 402 391-3843 E-mail: cjmillier@kiesskraft.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
Dental School
Dental Hygiene School
Dental Assisting School
Military
Other (please specify): Dental Lab

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

4. Course Title: See Invitation

5. Course Subject:

- Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other:

6. Course date: October 30, 2012 Hours of instruction: 1.5

Handwritten notes: CK# 8398 \$10

7. Provide a detailed breakdown of contact hours for the course or program:

See Attached invitation

8. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

See Attached

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Carol Miller

Title: HR/Marketing Phone Number: 402-391-8424

Fax Number: 402-331-3143 E-mail: cjmiller@kiesskraft.com

Address: 6601 S 118th St Omaha, NE 68137

Signature: Carol J Miller Date: 10/29/12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

DENTAL IMPLANT INNOVATION— ZIMMER® TRABECULAR METAL™ AND ZIMMER TAPERED SCREW-VENT® DENTAL IMPLANTS

Tuesday, October 30, 2012



Douglas W Fain, DDS, MD

Dr. Fain received his DDS degree from Baylor College of Dentistry, completed his OMS residency at Truman Medical Center/UMKC and his MD degree from Baylor College of Medicine. Dr Fain is active in the AAOMS and is a diplomate of the ABOMS. He is in private practice in Prairie Village, Kansas.

COURSE OVERVIEW:

Please join us for an educational evening to introduce Zimmer Dental's innovative new implant, the Trabecular Metal Dental Implant. This new implant incorporates a 3-dimensional, 80% porous material called Trabecular Metal Material. Trabecular Metal Material is truly the The Best Thing Next to Bone™. This lecture will also provide an overview of the Tapered Screw-Vent implant's demonstrated achievement of primary and secondary stability.

COURSE OBJECTIVES:

1. Discuss factors in achievement of primary stability, secondary stability and long term function.
2. Differentiate Trabecular Metal Material from traditional surface technologies.
3. Understand Trabecular Metal Material and its history as a biomaterial in orthopedics.
4. Review Trabecular Metal structure for implant design, research results and clinical experience.

COURSE LOCATION:

Keiss Kraft Dental Lab
6601 S 118th St.
Omaha, NE 68137

COURSE SCHEDULE:

6:00pm to 6:30pm - Registration
6:30pm to 8:00pm - Lecture
Dinner will be provided.

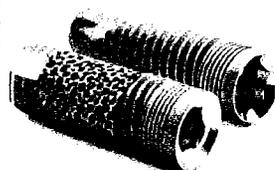
REGISTRATION:

Tim Petrillo
(913)982-6280
tim.petrillo@zimmer.com

DISCLAIMER: Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy.

IMPORTANT: Massachusetts and Vermont laws prohibit manufacturers of dental devices from providing free meals to clinicians under certain circumstances. Please notify your host if you are licensed to practice in either of these states.

LEARN. DO. EXCEL.



TM & TSV Implants



zimmer | dental

**APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: IOWA Dental Assistants Association - SE Dist
 Address: 1765 210th St. Oskaloosa, IA 52577 c/o Jeannene Veenstra
 Phone: 641 673-8894 Fax: 641 673 8894 E-mail: JVlegsa@hotmail.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): Dental Assistants Association

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Understanding the New High: A Look at New Drug Trends

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: Nov 3, 2012 Hours of instruction: 2 hrs.

7. Provide a detailed breakdown of contact hours for the course or program:

12:30 pm - 2:30 pm

8. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Elene Johnson, Prevention Specialist, SIEDA Substance Abuse Services.

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Jeannene Veenstra

Title: ^{SEDA} SE District Trustee . Phone Number: 641 673-8894

Fax Number: 641 673-8894 E-mail: JVlegs@hotmail.com

Address: 1765 210th St, Oskaloosa, IA 52577

Signature: Jeannene Veenstra Date: 10-31-12

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If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED \$10 FEE PER COURSE TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

Dental Shared/ConEd App Prior Approval.doc

Participants who attend this presentation will gain a better understanding of how drug abuse relates to the dental field. Presenters will cover prescription and over-the-counter medication abuse, new tobacco products being used, and will give a brief overview of the new designer drugs people are abusing.

Here is a brief outline, hope this is what you want/need.

1. Trends in drug use- different drugs are popular compared to 10 years ago
2. Over-the-Counter Drugs
3. Prescription Drugs that are Abused
 - a. Pain Killers
 - b. Stimulants
 - c. Depressants
4. Why OTC and Prescription Drugs are more popular
5. How to protect yourself from being a potential target for prescription drug theft
6. Signs/Symptoms of Abuse of Prescription Drugs-physical, social, legal, school/work,
7. New Tobacco Products- potential for abuse
8. New Synthetic Drugs
9. Recommendations For Medical Professionals
10. State of Iowa Efforts

Ilene Johnson

Prevention Specialist

SIEDA Substance Abuse Services

226 West Main St.

Ottumwa, IA 52501

800-622-8340 Ext. 237

ijohnson@sieda.org

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NOV C 2012

IOWA DENTAL BOARD

APPLICATION FOR POST APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: Interdisciplinary Treatment Approaches to the Contemporary Implant Patient

2. Course Subject: Implants and Periodontology

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

3. Course date: October 12, 2012 Hours of instruction: 3.5

4. Provide a detailed breakdown of contact hours for the course or program:

All time was spent instructing us on different clinical situations where implants would be a good treatment plan for the patient and showing us examples of cases that had failed.

5. Name of course sponsor: Southeast Iowa District Dental Society

Address: c/of Luke Lemburg, P.O. Box 366, Hills, IA 52235

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

CK# 1074
\$110

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Dr. Christopher Barwacz-assistant professor in the Dept. of Prosthodontics, U of I

Dr. Derek Borgwardt is a periodontist and an adjunct faculty member at University of Iowa

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Mary Schilling McManis DDS

Title: President of district Phone Number: 319-752-8142

Fax Number: 319-752-4756 E-mail: marymcm1954@yahoo.com

Address: 1727 Deer Run Drive, Burlington, IA 52601

Signature: Mary J. McManis Date: October 12, 2012

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

USA FIRST-CLASS FOREVER



Dr Mary S McManis
1727 Deer Run Dr
Burlington IA 52601-2169

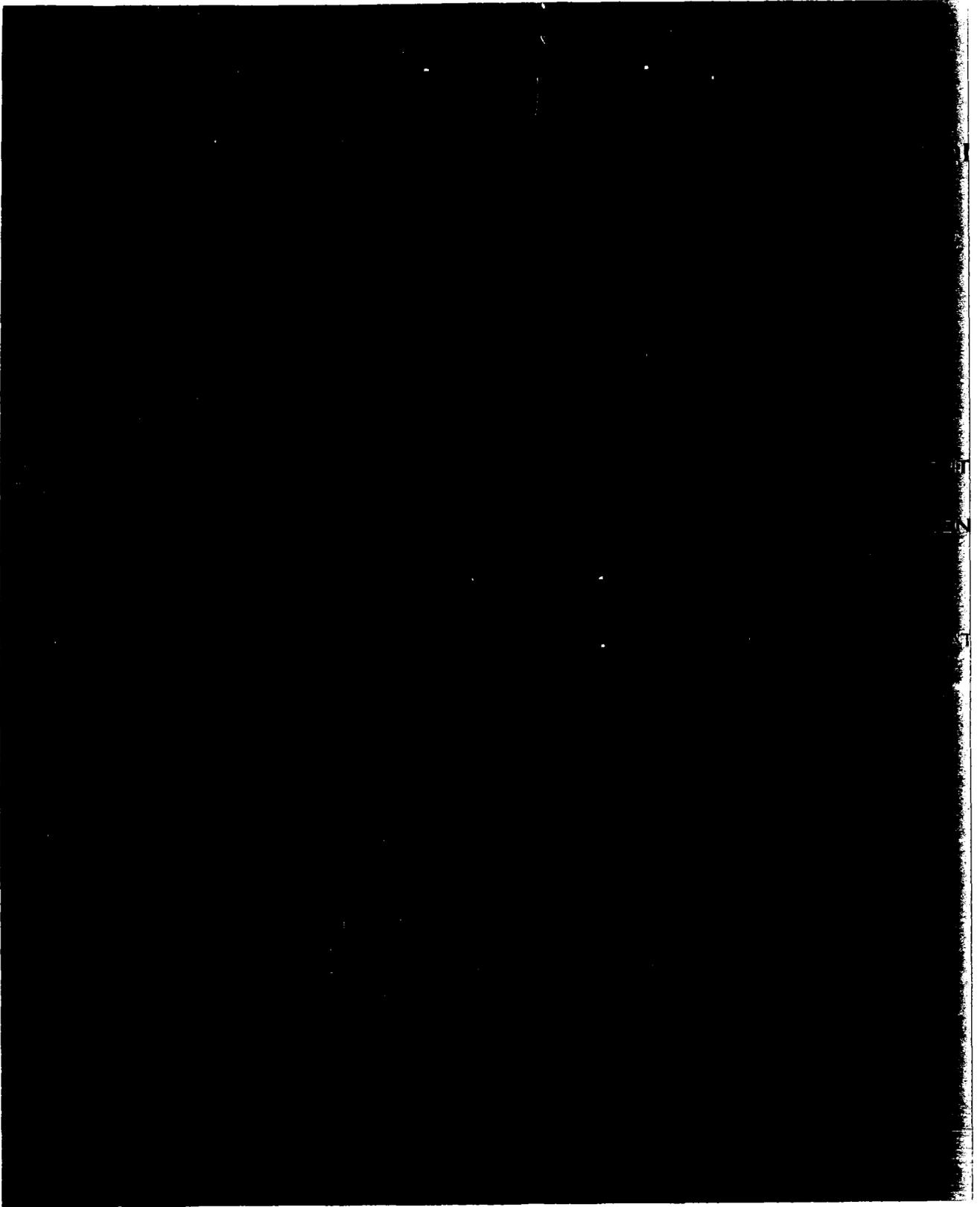
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NOV 8 2012

APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 *per course* is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Iowa Dental Hygienists' Assoc.

Address: 503 Plum St Solon IA 52333

Phone: 319.530.4582 Fax: _____ E-mail: bplatz25@gmail.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): _____

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Forensic Dentistry: The Role of the Dental Professional

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: 10/04/13 Hours of instruction: 3.0 HRS

Forensic Dentistry: The Role of the Dental Professional

Course Description and Objectives:

Forensic Dentistry is that part of science that deals with Dentistry and the Law. All members of the dental field have knowledge and expertise they can contribute to the field of Forensic Dentistry.

Emphasis is placed on the valuable role the dental hygienist and other dental professionals can uniquely and jointly play in gathering, collaborating and interpreting evidence for identifications.

Participants will:

Define the basis and activities of a Multiple Fatality Team:

Identify and value the contributions dental hygienists / professionals have made in multiple fatality disasters

Participants will recall areas of forensic dentistry and avenues to become involved directly and indirectly with Forensic Dentistry.

Course Outline:

- A. Forensic Dentistry
 - Definition
- B. Areas of Involvement
 - Human Abuse
 - Identifications
 - Multiple Fatality Incidents
 - Bite Marks
- C. Multiple Fatality Incidents
 - Protocols
 - Team
 - Ethics
- D. Multiple Fatality Experience
 - US Air Flight 405 3/22/92
 - WTC II 9/11/01
 - AA Flight 587 11/12/01
- E. Involvement
 - Documentation
 - Volunteering
- F. Forensic Organizations

 **See reverse side for speaker information** 

**APPLICATION FOR PRIOR APPROVAL OF
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Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 *per course* is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Iowa Dental Hygienists' Assoc.
Address: 503 PLUM ST SOLON, IA 52333
Phone: 319.530.4582 Fax: _____ E-mail: lpplatz225@gmail.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
 Dental School
 Dental Hygiene School
 Dental Assisting School
 Military
 Other (please specify): _____

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
 Home study (e.g. self assessment, reading, educational TV)
 Participation
 Discussion
 Demonstration

4. Course Title: The Role of the Dental Hygienist in Catastrophe/

5. Course Subject: Bio terrorism Preparedness

- Related to clinical practice
 Patient record keeping
 Risk Management
 Communication
 OSHA regulations/Infection Control
 Other: _____

6. Course date: 10/04/2013 Hours of instruction: 3.0 Hrs

7. Provide a detailed breakdown of contact hours for the course or program:

1 pm - 4 pm course presentation.

8. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

See attached

9. Please attach a program brochure, course description, or other explanatory material. Attached

10. Name of person completing application: BRENDA PLATZ, RDH

Title: Con. Ed. chair Phone Number: 319.530.4582

Fax Number: _____ E-mail: bplatz25@gmail.com

Address: 503 PLUM ST. SOLON, IA 52333

Signature: Brenda Platz Date: 11/05/12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

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You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

The Role of the Dental Hygienist in Catastrophe/Bioterrorism Preparedness

650-25.1(153) Definitions...states that "Continuing dental education" consists of education activities designedupdate knowledge on advances in dental and medical sciences. The objective is to improve the knowledge, skills, and ability of the individual to deliver the highest quality of service to the public and professions.

All members of the dental field have knowledge and expertise they can contribute to Catastrophe/Bioterrorism Preparedness. Emphasis in this course is placed on the valuable role the dental professional can uniquely and jointly play in preparing for a role in responding, identifying, surveillance, and reporting an accidental or deliberate catastrophe. This course will cover types of catastrophic or bioterrorism agents, surveillance of disease characteristics, and professional involvement in preparation and responding, to catastrophic or bioterrorism events.

SPEAKER INFORMATION:

Winnie Furnari, RDH, MS, FAADH, earned a Masters Degree in Biosecurity and Disaster Preparedness from St Louis University. She is a Past President of the New Jersey Dental Hygienists' Association and the Dental Hygienists' Association of the State of New York. She has held numerous positions on the state and local level. She serves on the Access Magazine Editorial Advisory Board, The ADHA Committee on Ethics, The ADHA IOH Scholarship Review Board, New York University Dental Hygiene Advisory Board, Student Affairs Committee and others. She serves as Secretary of the American Academy of Dental Hygiene and has been published in national and international journals.

She is an assistant professor and Assistant Clinical Director at New York University College of Dentistry and teaches the only Forensic Dentistry/Bioterrorism Preparedness course for dental hygienists in a Baccalaureate program in the country. She was awarded the Pfizer/ADHA Award of Excellence, the ADHA Distinguished Service Award and both national and international recognitions for her forensic work. As a member of the New York City Dental Identification Team, she has participated in several multiple fatality incidents. She has had Forensic Education from Armed Forces Institute of Pathology and is an active member of several Forensic organizations.

Her courses have been presented both nationally and internationally along with several articles on the topics. Her courses are developed from her experience as a forensic dental hygienist with the NYS Society of Forensic Dentistry, as a member of the NYC Chief Medical Examiner's Dental Identification Team and her studies in Bioterrorism/Catastrophe Preparedness.

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NOV 15 2012

IOWA DENTAL BOARD

APPLICATION FOR POST APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: 3M Update on Dental Materials

2. Course Subject:

- Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other:

3. Course date: Wednesday Nov 7 2012 Hours of instruction: 1 hr

4. Provide a detailed breakdown of contact hours for the course or program:

New Materials
New studies to support products
Review of existing materials

5. Name of course sponsor: 3M Espe Karlo & Tallman

Address: 3m Espe Dental Products
Clive, Iowa 50325

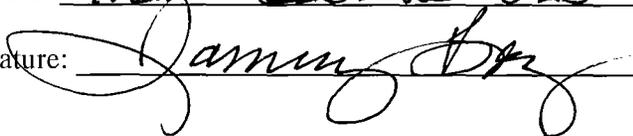
6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

CKH 5433
4/10

7. Provide the name(s) and briefly state the qualifications of the speaker(s):
Karla Stallman Sr. Account Representative

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Tammy Bay
Title: Dental Hygienist Phone Number: 319-626-2300
Fax Number: 319-626-3503 E-mail: bay45@live.com
Address: NLD ~~██████████~~ 525 W. Cherry St. North Liberty, IA
Signature:  Date: 11.13.12 ⁵²³¹⁷

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

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Pursuant to Iowa Administrative Code 650—25.3(6), within 90 days after the receipt of application, the Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

Examples of topics covered in Meeting

Scotchbond™ Universal

Adhesive



Beyond
Versatile

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NOV 15 2012

IOWA DENTAL BOARD

3M ESPE

Clinpro™ 5000 1.1% Sodium Fluoride Anti-Cavity Toothpaste Makes Every Brush Better.

Clinpro™ 5000 1.1% Sodium Fluoride Anti-Cavity Toothpaste contains an innovative Tri-Calcium Phosphate ingredient and provides over 4 times more fluoride than regular toothpaste. It's a better way to fight cavities... every time you brush.

Many factors can increase the risk of tooth decay.

- High sugar and starch diets
- Receding gums
- History of cavities
- Poor oral hygiene
- Orthodontic brackets
- Hundreds of medications that cause dry mouth

Clinpro 5000 toothpaste is a breakthrough in anti-cavity toothpaste technology.

- Helps strengthen teeth better than regular toothpaste to protect them from decay
- Contains a mild abrasive that gently removes stains to help clean and whiten your teeth



Important Patient Information

What is Clinpro™ 5000 1.1% Sodium Fluoride Anti-Cavity Toothpaste and what is it used for?

Clinpro 5000 toothpaste is a prescription fluoride toothpaste.

It is used as part of a professional program for high risk patients to prevent and control tooth decay.

It is usually used once a day in place of your conventional toothpaste unless instructed otherwise by your doctor or dentist.

How do I use Clinpro 5000 toothpaste?

Place a thin ribbon or pea-sized amount of Clinpro 5000 toothpaste on a soft-bristled toothbrush and brush teeth for at least two minutes. After brushing, adults and children 6-16 years old should spit out the toothpaste. Children 6-16 years old should then rinse their mouth thoroughly with water.

What other information do I need to know about Clinpro 5000 toothpaste?

Children under 6 years old should not use Clinpro 5000 toothpaste unless recommended by a dentist or physician.

Do not swallow Clinpro 5000 toothpaste. If more than a pea-sized amount of Clinpro 5000 toothpaste is swallowed, contact your doctor or a poison control center.

Keep out of reach of children under 6 years of age.

Repeated swallowing of high levels of fluoride may cause chalk-like, lacy markings on teeth (dental fluorosis). For this reason, children with baby teeth (developing dentition) require special supervision to prevent swallowing.

Always talk to your health care provider before starting any new medications.

Where should I go for more information about Clinpro 5000 toothpaste?

Talk to your dentist or healthcare provider. Go to www.3MESPE.com or call 1-800-1-800-634-2249.

You are encouraged to report negative side effects of prescription drugs to the FDA. Call 1-800-FDA-1088 or visit www.fda.gov/medwatch.



Advantages and Challenges of Bulk-Fill Resins

Gordon's Clinical Bottom Line: Bulk-fill restorative resins are not a new idea. The concept has been on the minds of practitioners and manufacturers many years, and numerous bulk-fill products have come and gone from the market over the past two decades. Recently, there have been a few new bulk fill resin-based composites introduced, and several manufacturers, seeing the new bulk-fill products gaining some popularity, have brought some of older products back on the market. *As in the past, this is a controversial and evolving topic. To assist in answering the controversy, this report makes clinical suggestions on the new and recently re-introduced products based on in-depth science information, clinical use characteristics, and observations from CR Evaluat*

Filling all of a tooth preparation with composite at one time has obvious advantages, but the disadvantages are also apparent. CR scientists and Clinical Evaluators teamed up to study the previously unknown advantages and disadvantages of nine resin-based composite products that, according to their manufacturers, are capable of being placed in bulk.

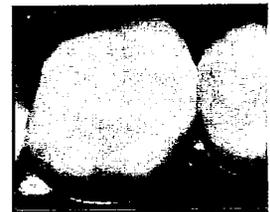
The potential advantages of bulk-filling are:

- Fewer voids may be present in the mass of material, since all of it is placed at one time.
- The technique would be faster than placing numerous increments if curing times were identical.
- It may be easier than placing numerous increments.

The potential disadvantages of bulk-filling are:

- More voids may be present in the mass of the material, since it may be difficult to control the mass placement.
- Making adequate contact areas may be challenging unless adequate matrices are used.
- Effects due to shrinkage stress may be more pronounced when bulk-filled than when placed in increments, since the entire mass polymerizes at one time rather than in small increments.
- Polymerization of resin in deep preparation locations may be inadequate.

After observing the results of the following study, you will be able to accept or reject the investigated bulk-fill brands of resin-based composites and the techniques necessary to use them.



This large Class II restoration v replaced in increments with Herculon Ultra. Would bulk-fill have work

Ideal Bulk-Fill Resin Characteristics *(Please compare with bulk-fill characteristics of products in table below)*

Polymerization shrinkage: Less than conventional composite, incrementally

Cure depth: Cures to the depth of the deepest portion of the restoration with all type lights (*halogen, LED, and plasma*)

Voids: Composite properties that cause fewer voids when placed in bulk than when placed in increments

Contact area: Properties that facilitate creation of adequate contact areas

Characteristics of Bulk-Fill Resins Tested for this Report

CR scientists tested nine resin-based composites that specify bulk-filling or thick increment placement. A conventional composite (*Filtek Supreme Ultra*) was the control for comparison of material properties. The following chart shows the key findings.

Brand Company	Approx. Cost/ml	Viscosity	Volumetric Shrinkage	Maximum Stress Rate (Final Value)	Depth of Light Cure			Occurrence of Voids	Promo for Use Occlu Surface
					Moderate Intensity with Recommended Cure Times	LED Fast Light: Valo (3 sec.)	Plasma Arc Fast Light: Sapphire (5 sec.)		
Low Viscosity "Flowable" Composites									
HyperFIL - DC (Dual Cure) Parkell	\$6	Low	Low viscosity precludes measurement with dilatometer (typically 3-6%)	12 MPa/min (3.2 MPa)	4 mm	2.0 mm	2.0 mm	Infrequent	Yes
SureFil SDR flow Dentsply Caulk	\$36	Low		5 MPa/min (1.6 MPa)	5 mm	2.0 mm	3.0 mm	Occasional	No
Venus Bulk Fill Heraeus Kulzer	\$32	Low		4 MPa/min (2.1 MPa)	4 mm	0.5 mm	0.5 mm	Occasional	No
X-tra base VoCo	\$36	Low		8 MPa/min (2.6 MPa)	4 mm	2.5 mm	3.0 mm	Infrequent	No
High Viscosity "Conventional" Composites									
Alert Pentron	\$21	High	2.4%	12 MPa/min (2.8 MPa)	6 mm	2.5 mm	3.0 mm	Frequent	Yes
QuiXX Dentsply Caulk	\$36	High	1.6%	10 MPa/min (2.3 MPa)	5 mm	5.0 mm	5.5 mm	Occasional	Yes
SonicFill Kerr	\$43	Medium-High	1.8%	13 MPa/min (2.4 MPa)	6 mm	5.0 mm	4.5 mm	Frequent	Yes
Tetric EvoCeram Bulk Fill Ivoclar Vivadent	\$41	High	1.8%	8 MPa/min (2.2 MPa)	4 mm	4.0 mm	4.0 mm	Frequent	Yes
X-tra fil VoCo	\$35	High	1.8%	10 MPa/min (2.5 MPa)	6 mm	5.0 mm	4.5 mm	Frequent	Yes
Filtek Supreme Ultra 3M ESPE (control)	\$58	High	2.4%	6 MPa/min (2.8 MPa)*	3 mm	3.0 mm	3.0 mm	Frequent	Yes

*Values generated using Filtek Supreme Plus

3M™ ESPE™

Retraction Capsule



Extra-fine tip for easy access to the sulcus.

Summary of advantages

- Enables a clean, dry sulcus and robust dental hemostasis
- Effectively opens the sulcus
- Hygienic unit-dose capsule

Versus dental retraction cords:

- Convenient and time-saving retraction process: 50% faster
- Lower risk of hemorrhage after removal
- Gentle on tissue for improved patient comfort

Versus competing pastes:

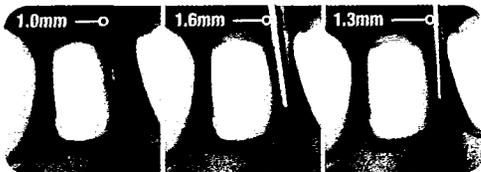
- Easy access into the sulcus
- Better interproximal access due to capsule's extra-fine tip
- Compatible with most composite dispensers

Patented design for easier, more effective retraction.

Unlike gingival retraction cords that can be difficult and time-consuming to place, the 3M™ ESPE™ Retraction Capsule is a fast, convenient and effective solution for gingival retraction. With its extra-fine tip, the 3M ESPE Retraction Capsule delivers a 15% aluminum chloride astringent paste right into the sulcus, pushing the gingival tissue away from the tooth and allowing you to capture a detailed impression of the preparation margin.



The 3M ESPE extra-fine tip fits directly into the sulcus.

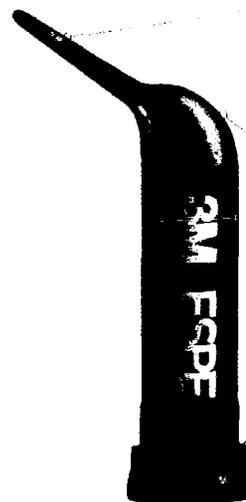


3M™ ESPE™ Retraction Capsule

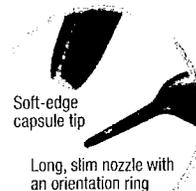
Expasyl®

Traxodont®

The orientation ring corresponds in size and position to the perio probe, making for precise and easy intraoral handling.



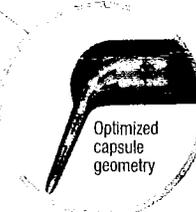
Easy sulcus access and opening



Soft-edge capsule tip

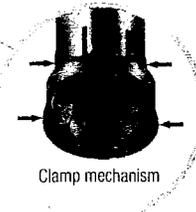
Long, slim nozzle with an orientation ring

Easy extrusion of high-viscous paste



Optimized capsule geometry

Attaches securely to most composite dispensers



Clamp mechanism

3M ESPE

**APPLICATION FOR POST APPROVAL OF
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IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: Ho, Ho, Ho! Here Come the Holidays!

2. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

3. Course date: 11-16-12 Hours of instruction: 1

4. Provide a detailed breakdown of contact hours for the course or program:

Paper attached

5. Name of course sponsor: Iowa Western Community College

Address: 2700 College Road
Council Bluffs, Ia 51503

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

CK # 6354
9/10

7. Provide the name(s) and briefly state the qualifications of the speaker(s):
John Mulvaney, M.D. Ed., Instructor Consultant

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Angela K Collins
Title: RDA Phone Number: 712-328-8892
Fax Number: 712-328-8845 E-mail: acollins@omaxialsurgery.com
Address: 201 Bridge St Suite 308, Council Bluffs, Pa
Signature: Angela K Collins Date: 11-30-12 5:50 PM

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

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Pursuant to Iowa Administrative Code 650—25.3(6), within 90 days after the receipt of application, the Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE** PER COURSE TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**



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DEC 3 2012

IOWA DENTAL BOARD

Continuing Health Education
2700 College Road
Council Bluffs IA 51503
Iowa Board of Nursing Provider #6

TITLE: Ho! Ho! Ho! Here Come the Holidays!!

AUDIENCE: RNs, LPNs, Healthcare Professionals and Administrators

PURPOSE: This workshop is designed for anyone working in healthcare to better understand the process of quality workplace communication for the ultimate benefit of the patient, resident, client and customer.

OBJECTIVES:

- Describe basic communication skills and styles which focus on patient, client and team needs rather than individual agendas
- Identify strategies for communicating effectively with individuals who are unwilling to work toward team goals before it adversely affects staff morale and patient care
- Recognize communication strategies that reinforce positive behaviors from reluctant staff, patients and clients
- Review successful strategies to manage job-related stressors which drain people of job productivity

PRESENTER: John Mulvaney, MS. Ed, Instructor Consultant

DATE: 11/16/12

TIME: 9-4PM

TOWN LOCATION: Council Bluffs, IA-IWCC Campus

FEE: \$70

CONTACT HOURS: .7 CEUs/7 Contact Hours

CO-SPONSOR: none

**APPLICATION FOR PRIOR APPROVAL OF
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IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 *per course* is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Dental Prosthetic Services

Address: 1150 Old Marion Road, NE; Cedar Rapids, Iowa 52402

Phone: 319-393-1990 Fax: 319-393-8455 E-mail: dcurson-vieira@dpsdental.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): Dental Laboratory

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Partnering with Your Lab: Speaking the Same Language Through Photography and Impressions

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: Ongoing—Lunch and Learn Hours of instruction: 1

CRK # 190619
#10

7. Provide a detailed breakdown of contact hours for the course or program:

This program is designed to be a 60-90 minute lunch and learn and will focus on creating better clinical results using photography and impression taking. The photography section addresses how the laboratory uses photographs to build more esthetic restorations. We review which photographs are needed to capture characterization on teeth and how to effectively use shade tabs in photographs to compare shades. We also cover tips and techniques for lighting and patient positioning.

The impression section covers impression taking troubleshooting for fixed restoration and the materials necessary for accurate impressions. We begin by reviewing the leading factors in resulting in poor impressions: trays, working time, temperature, and contamination. We discuss what effect each factor has on impressions and how to avoid common errors. Finally, in this section we review good impression taking techniques and materials.

At the end of the presentation, we discuss digital lab technology and how we use both photography and impressions throughout the digital process, creating a more esthetic and better-fitting restoration.

8. Provide the name(s) and briefly state the qualifications of the speaker(s):

Deborah Curson-Vieira is the Marketing Director for Dental Prosthetic Services. Ms. Curson-Vieira graduated Cum Laude from the University of Dayton with bachelor's degrees in Marketing and Communication and minors in graphic design and management. She has worked for Dental Prosthetic Services for 3 years. During that time she has successfully completed training in the areas of dental esthetics, impression taking, dental sleep medicine, and dental photography, including a full-day dental photography course with Dr. Ed McLaren. She has worked extensively with Dr. Peter Harnois in the areas of dental photography and lab communication.

Troy Schall is the Vice President of Business Development for Dental Prosthetic Services. Mr. Schall has worked for Dental Prosthetic Services for more than 20 years, where he has gained vast knowledge on crafting and seating dental restorations. He has spent the majority of his time supporting dental offices throughout the nation by introducing them to new techniques and products to improve efficiency and efficacy. He also provides training in the areas of shade taking, impression techniques for fixed and removable restorations, dental technology, dental esthetics, and dental sleep medicine.

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Deborah Curson-Vieira

Title: Marketing Director Phone Number: 319-393-1990

Fax Number: 319-393-8455 E-mail: dcurson-vieira@dpsdental.com

Address: 1150 Old Marion Road, NE; Cedar Rapids, Iowa 52402

Signature:  Date: November 27, 2012

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

**APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Iowa Academy of General Dentistry Julie Berger-Moore
Address: 6331 Tanglewood Lane Lincoln NE 68516
Phone: 402-438-2321 Fax: Same E-mail: juliebergermoore@gmail.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): _____

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Fixed Prosthodontics - (Don't have specific title yet but will have content)

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: March 6-10, 2013 Hours of instruction: 6 hrs lecture, 16 hrs participation

7. Provide a detailed breakdown of contact hours for the course or program:

March 8, 2013 - lecture March 9 & 10, 2013 participation
Lecture will be notes & books on full mouth rehab.
participation will be more in depth of actual cases, etc.

8. Provide the name(s) and briefly state the qualifications of the speaker(s):

Dr. Paul Hansen, graduate of UNMC COD in 1975, Board certified in Prosth 1986. See bio on sheet

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Julie Berger-Moore

Title: Executive Director Phone Number: 402-436-2321

Fax Number: same E-mail: juliebergermoore@gmail.com

Address: 6331 Tanglewood Lane Lincoln NE 68516

Signature: Julie Berger-Moore Date: 10-24-12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

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MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

CE Program – Fixed Prosthodontics
Dr. Paul Hansen
Iowa Academy of General Dentistry
March 8-10, 2013

Bio:

Graduate of University of Nebraska School of Dentistry in 1975, Graduate training at Wilford Hall in San Antonio, Texas and the University of Texas at San Antonio 1981-1984. Board Certification in Prosthodontics 1986. Retired from the US Air Force in 1995 after teaching prosthodontics in several of the air force advanced training programs. Directed the graduate program in prosthodontics at the University of Missouri – Kansas City from 1995-2000. Developed and ran a private practice in Kansas City from 2000-2007. Currently Director of the Prosthodontic section University of Nebraska School of Dentistry. Dr. Hansen has a private practice in Lincoln, Nebraska. Dr. Hansen has lectured through out the world on occlusion and rehabilitation.

Overview:

This program will concentrate on the nuts and bolts of the full mouth rehabilitation. Where do we begin? How do we develop the treatment plan? What will be our clinical objectives? What materials should we use to return our patients to proper form and function? This program is clinically oriented using cases Dr. Hansen has completed over the past 30 years.

This program will begin with a brief overview of occlusion and how it relates to the full mouth rehabilitation. We will discuss where to begin and how to develop the big case. Keeping the case temporized and functional during the construction phase is important. We will review how to articulate the large case, and how to keep it simple. We will review anterior guidance and how to develop it in a clinical situation.

This is a very clinically oriented program concentrating on completed cases, how to restore difficult occlusal problems, how to develop anterior guidance and transfer this information to the articulator and the laboratory.

Objectives:

- How to make interocclusal records for the large case.
- Know where to restore the patient, centric relation vs. maximum intercuspation.
- How to develop the treatment plan.
- Basics of how to observe the occlusion.

- How to recognize occlusal problems?
- How do we develop the interocclusal relationships?
- How can we provisionalize the patient for a predictable final result?
- Can we change the VDO safely?
- What materials should we use for our rehabilitations?
- How do we incorporate implants into our restoration?
- What to look for in recalls and how to keep the rehabilitation going for years to come.

Davidson, Angela [IDB]

From: Julie Berger-Moore [juliebergermoore@gmail.com]
Sent: Wednesday, October 24, 2012 11:03 AM
To: Davidson, Angela [IDB]
Subject: Approval for Course in March 2013
Attachments: IBDE Prior Approval Form for Dr Hansen course080.pdf

Importance: High

Hi Angie,

I'm attaching another request for approval for CE for our course in March. I had hoped to get this to you sooner. I had a heart attack on September 21st and had since has some trouble again so I'm a little behind in getting this information to you.

I do hope that this can still be looked at at the meeting coming up this week.

Please let me know if you have any additional questions. I also wanted to let you know that the Iowa AGD will be have a new address as of October 29, 2012. It will be:
6331 Tanglewood Lane, Lincoln, NE 68516.

Please let me know if you have any additional questions.
Thank you for your help!
Julie

Julie Berger-Moore
Executive Director
Nebraska Academy of General Dentistry/Region 10
Iowa Academy of General Dentistry
529 N. 33rd Street
Lincoln, NE 68503
Phone/Fax: 402-438-2321

facebook.

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IOWA DENTAL BOARD

APPLICATION FOR POST APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: CBCT Airway Assessment, management + strategies for treatment

2. Course Subject:

- Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other:

3. Course date: Jan. 31st 2013 Hours of instruction: 2

4. Provide a detailed breakdown of contact hours for the course or program:

6pm to 8pm Thursday Jan. 31st 2013
no breaks. Dinner served before lecture.

5. Name of course sponsor: Dr. Takarashi Miyamoto

Address: 12110 Port Grace Blvd #202
La Vista Ne 68128

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

CK# 1192
\$20

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Mary Burns DMD, MS MA Board Certified
Orthodontist

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Tisha Zabka

Title: Director of marketing Phone Number: 402 614. 7022

Fax Number: 402. 614. 7122 E-mail: tz.mwds@gmail.com

Address: 12110 Port Grace Blvd #202 LaVista Ne 68128

Signature: Tisha Zabka Date: 12.10.2012

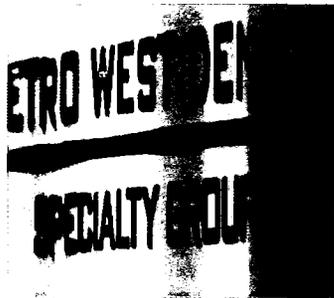
Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED \$10 FEE PER COURSE TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**



METRO WEST DENTAL SEMINARS PRESENTS:

"CBCT Airway Assessment, Management and Strategies for Treatment"



Keynote Speaker:

Mary E Burns, DMD, MS, MA Board Certified Orthodontist

Dr. Mary E. Burns is a Board Certified Orthodontist, who has been in private practice for the past 28 years, 21 of which have been in orthodontics in New Hope, Pennsylvania. Mary has been a member of the American Association of Orthodontics for the past 20 years, a member of the Roth-Williams International Society of Orthodontists since 1995 and a member and faculty of the Orognathic Bioesthetics Institute for 15 years. She has lectured internationally on the topics of TMJ centered Orthodontics, the role of the orthodontist in the treatment of patients with sleep disordered breathing, and the Interdisciplinary Care of Complex Patients. Dr. Burns was a founding member of Cabodent, which is an educational teaching institute that combines the philosophies of bioesthetics, human biology and stabilized joint orthodontics. In addition to her professional endeavors Dr. Burns is an active member of her church and is the mother of three adult children, Erin, Emma and Neil. In her free time she enjoys relaxing with her family, walking with her dog Ty and reading books. Dr. Burns has been involved in several mission outreaches including missions to Cambodia, Peru, Haiti and most recently Vietnam.

Course Description:

This course is an introduction to airway assessment through clinical exam, medical and dental history and the use of CBCT data. In addition to learning how to assess the naso and oropharynx the course will discuss airway management during treatment and treatment strategies to improve the airway.

Educational Objectives:

- To introduce the student to a method using CBCT data for airway assessment
- To instruct the student on parameters of determining airway patency
- To demonstrate methods of examining the patient to assess the oropharynx
- To inform the student of treatment strategies to enhance and improve the airway

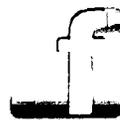
Date: Thursday January 31st 2013

Time: 6:00pm to 8:00pm

Place: TBD

CE Credits: 2 CE Units

RSVP: Email Tisha at tz.mwdsg@gmail.com or Call Tisha at 402-614-7022.



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Updates!

Metro West Dental Specialty Group

Metro West Dental Specialty Group would like to Thank our Sponsor for this Seminar!



METRO WEST DENTAL **SPECIALTY GROUP**

Dr. Takanari Miyamoto (periodontist) Dr. Taera Kim (orthodontist)

Metro West Dental Seminars 2013

Thursday January 31st, 2013

CONTINUING EDUCATION VERIFICATION OF ATTENDANCE

METRO WEST DENTAL SPECIALTY GROUP provides this letter for you for participation in the following continuing education course:

Name of Participant: _____

Title: "CBCT Airway Assessment, Management and Strategies for treatment."

Speaker: Mary Burns, DMD, MS, MA

Educational Method: Lecture

Course Date: January 31st, 2013

Location: Omaha, NE

Duration: 6:00pm to 8:00pm

CDE Hours: 2.0

**Approved by the Nebraska Department of Health and the Iowa Dental Board.

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DEC 19 2012

IOWA DENTAL BOARD

APPLICATION FOR POST APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: Computer Guided Implant Dentistry Symposium Dental Implants in Digital Age

2. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

3. Course date: March 22, 2013 Hours of instruction: 4 hours

4. Provide a detailed breakdown of contact hours for the course or program:

1pm to 5pm, Friday, March 22, 2013.
1 Break for 15mins.

5. Name of course sponsor: Dr. Takamichi Miyamoto

Address: 12110 Port Grace Blvd., Suite #202
LeVista Ne 508128

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

David Guichel DDS

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Tisha Zabka

Title: Director of Marketing Phone Number: 402.801.1141.7022

Fax Number: 402.614.7122 E-mail: tz.mwds@gmail.com

Address: 12110 Port Grace Blvd., #202 LaVista Ne 68128

Signature: Tisha Zabka Date: 11.20.2012

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**



METRO WEST DENTAL SEMINARS PRESENTS:

“Computer Guided Implant Dentistry Symposium Dental Implants in Digital Age.”



Keynote Speaker: David Guichet, DDS, Private Practice Orange County, CA

Dr. Guichet lectures on the subjects of implant dentistry, esthetic occlusal rehabilitation and computers in dental practice. He maintains a full time prosthodontic practice in Orange, California, where he has developed and installed a comprehensive digital clinical records process. He is a member of several prosthodontic organizations and just completed a four year term as the editor of Academy News, the newsletter for the Academy of Osseointegration. Additionally he is a past president of the Osseointegration Foundation. Dr. Guichet completed a Prosthodontic Residency at the Veterans Administration Medical Center Wadsworth in West Los Angeles, a General Practice Residency at the VAMC in Long Beach CA, and received a DDS from the UCLA School of Dentistry.

Takanari Miyamoto DDS-- Dr. Miyamoto serves as Creighton's Department Chairman, Director of Predoctoral Periodontics and adjunctive faculty member at the University of Nebraska Lincoln, College of Dentistry. Dr Miyamoto is a recipient of the Bud and Linda Tarrson Fellowship, offered through the American Academy of Periodontology Foundation, which is the most prestigious career development award offered to academic periodontists in United States. In addition, he has been named an "Evidence-Based Champion" by the American Dental Association and received the Educator Award of Excellence in Teaching and Mentoring Periodontics from American Academy of Periodontology (AAP) and Charles W. Finley Visiting Scholar Award from the American Academy of Periodontology Foundation (AAPF). He has also served as an editorial board for the Journal of Oral Science & a member of Honor Dental Society – Omicron Kappa Upsilon & is diplomate of the American Board of Periodontology.

Course Contents:

- Principle of guided implant treatment
- Basic treatment pathways, including diagnostics for the following case types:
 - Single tooth restorations
 - Partial edentulous (multi-tooth fixed)
 - Edentulous mandible (full arch fixed, removable)
 - Edentulous maxilla (full arch fixed, removable)
 - Implant over-denture & implant supported removable prostheses
- The latest software tools: realistic implants, virtual teeth, measurements, localization of vital structures, collision detection, bone quality and many others.
- Surgical guide types and how to design the right guide for your patient.

Date: Friday March 22nd 2013
Time: 1:00PM to 5:00PM
Place: Joslyn Art Museum Ball Room
Course Fee: \$20
CE Credits: 4 CE Units
RSVP: Email Tisha at tz.mwdsg@gmail.com or Call Tisha at 402-614-7022 **(Seats are limited to 150).**

Metro West Dental Specialty Group would like to Thank our Sponsors for this Seminar!



METRO WEST DENTAL **SPECIALTY GROUP**

Dr. Takanari Miyamoto (periodontist) Dr. Taera Kim (orthodontist)

Metro West Dental Seminars 2013

Friday March 22nd, 2013

CONTINUING EDUCATION VERIFICATION OF ATTENDANCE

METRO WEST DENTAL SPECIALTY GROUP provides this letter for you for participation in the following continuing education course:

Name of Participant: _____

Title: "Computer Guided Implant Dentistry Symposium Dental Implants in Digital Age."

Speaker: David Guichet D.D.S.

Educational Method: Lecture

Course Date: March 22nd, 2013

Location: Omaha, NE

Duration: 1:00pm to 5:00pm

CDE Hours: 4.0

**Approved by the Nebraska Department of Health and the Iowa Dental Board.

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APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 *per course* is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Kiess Kraft Dental Lab

Address: 6601 South 118th St Omaha, NE 68137

Phone: 402-391-8424 Fax: 402-331-3143 E-mail: Cjmillor@KiessKraft.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): Dental Lab

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: _____

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: Jan 16, 2013 Hours of instruction: 2 for Each Seminar
Feb 7, 2013

CKH
1150064
#20

7. Provide a detailed breakdown of contact hours for the course or program:

8. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: _____

Title: _____ Phone Number: _____

Fax Number: _____ E-mail: _____

Address: _____

Signature: _____ Date: _____

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You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**



METRO WEST DENTAL SEMINARS PRESENTS:

"Use of Oral Appliance for Snoring and Obstructive Sleep Apnea"



Keynote Speaker: Dr. Alvin Wee BDS, MS, MPH, FAMS Creighton University Associate Professor and Director of Maxillofacial Prosthodontics

Dr. Wee obtained his dental degree in 1992 from the National University of Singapore. After two years of general dental practice, he was awarded a Rotary International Foundation Ambassadorial Scholarship to continue his studies at the University of Iowa. Dr. Wee completed a Certificate and M.S. degree in the specialty of Prosthodontics in 1997. He spent an additional year at the University of Pittsburgh Medical Center as a Clinical Fellow in Maxillofacial Prosthetics.

His first academic position was at The Ohio State University College of Dentistry and was promoted to Associate Professor with tenure in 2004. Thereafter, Dr. Wee was with the UNMC from 2007 to 2011 as Director of the Division of Oral Facial Prosthetics / Dental Oncology within the Department of Otolaryngology – Head and Neck Surgery. Currently Dr. Wee is Associate Professor in Prosthodontics and Director of Maxillofacial Prosthodontics at Creighton University School of Dentistry. He is also Co-Chief for maxillofacial prosthetic services at the Veterans Affairs Nebraska-Western Iowa health Care System in Omaha where he treats patients with complex oral rehabilitation needs, including those with head and neck cancer, facial trauma, and obstructive sleep apnea.

He is currently serving as Treasurer for the International Academy of Oral and Facial Rehabilitation and Secretary for the American Association for Dental Research Lincoln/Omaha section. He currently sits on the Board of Directors for the American College of Prosthodontist, American Academy of Maxillofacial Prosthetics and the International Society of Maxillofacial Rehabilitation.

Course Objectives:

- The Dentist will be able to explain the various modalities for the treatment for obstructive sleep apnea.
- The Dentist will be able to explain the rationale for use of oral appliance for snoring and obstructive sleep apnea.
- The Dentist will be able to explain how their patient's could best be screened for with snoring and obstructive sleep apnea.
- The Dentist will be able to describe the fundamentals for sleep related breathing disorders.
- The Dentist will be able to explain the treatment protocol for oral appliance therapy for snoring and obstructive sleep apnea.

Date: Thursday February 7th 2013

Time: 6:00pm to 8:00pm

Place: Kiess Kraft Dental Lab

RSVP: Tisha email tz.mwdsg@gmail.com or call 402.614.7022

CE Credits: 2 CE Unites

Metro West Dental Specialty Group would like to Thank our Sponsors for this Seminar!

Kiess KRAFT
Dental Laboratory

VillagePointe
3D Dental Imaging



METRO WEST DENTAL SEMINARS PRESENTS:

“Guided Implant surgeries: Virtual treatment planning for Dental implants & Importance of CBCT interpretation”

Keynote Speaker: Omaid K. Ahmad BDS, MDentSc



Dr. Omaid Ahmad is an Assistant Professor and the Director of Implant Prosthodontics clinic at UNMC College of Dentistry. He is multi-specialty trained; a Board Certified Prosthodontist, Maxillofacial Prosthodontist/ Dental Oncologist and an Oral and Maxillofacial Radiologist. Which makes him the only Dual specialty trained Prosthodontist/ OMF Radiologist in North America. He is practicing Dentistry for the last 11 years. He is involved in teaching and maintains his dental specialist practice at the University Dental Associate at the College of Dentistry. He has vast experience in the diagnostic, surgical and restorative aspect of implant dentistry. His clinical and research interest includes Dental implant reconstructions of the maxillofacial region,

Cone Beam computed tomography, and Computer guided surgery and CAD/CAM prosthesis fabrication. He is a Diplomate of the American Board of Prosthodontics. He is a Fellow of the American College of Prosthodontics and Academy of Dentistry International. He has lectured nationally and internationally, has also served as a reviewer for national and international peer- reviewed journals.

Course Description:

This course will focus on the dental implant treatment from diagnosis to fabrication of prosthesis. The role of new software’s for implant dentistry and their efficiency. The recent technological developments in the field of implant dentistry and digital imaging have remarkably changed the dimension of maxillofacial rehabilitation. The advent of Cone Beam Computed Tomography (CBCT) and sophisticated computer software’s used for diagnostic and treatment planning of Implants, has enabled better and less time consuming approach towards implant planning and placement. In this lecture importance of CBCT scan in implant treatment, basics of CBCT and its interpretation will be discussed.

Educational Objectives:

- **Importance of Cone Beam CT scans, interpretation and role in dental implant treatment.**
- **Understand the basic of dental implant treatment**
- **Understand various implant software’s**
- **Recognize the role of technology in effect implant treatment.**

Date: Wednesday January 16th 2013

Time: 6:00pm to 8:00pm

Place: Kiess Kraft Dental Lab

CE Credits: 2 CE Units

RSVP: Email Tisha at tz.mwdsg@gmail.com or Call Tisha at 402-614-7022.

Metro West Dental Specialty Group would like to Thank our Sponsors for this Seminar!



**APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA DENTAL BOARD
 400 S.W. 8th Street, Suite D
 Des Moines, IA 50309-4687
 515-281-5157
 www.dentalboard.iowa.gov FAX 515-281-7969

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Kiess Kraft Dental Lab

Address: 6601 S 118th St Omaha, NE 68137

Phone: 402-331-8424 Fax: 402 331-3143 E-mail: Cjmillier@KiessKraft.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): dental lab

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: See attached invitation

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: Feb 7, 2013 Hours of instruction: 2

7. Provide a detailed breakdown of contact hours for the course or program:

See Attached invitation

8. Provide the name(s) and briefly state the qualifications of the speaker(s):

see attached invitation

9. Please attach a program brochure, course description, or other explanatory material.

10. Name of person completing application: Carol Miller

Title: HR/Marketing Phone Number: 402-391-8424

Fax Number: 402-331-3143 E-mail: cjmiller@kiesskraft.com

Address: 6601 S 118th St Omaha, NE 68137

Signature: Carol J Miller Date: Dec 19, 2012

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov.

You will be contacted after the Continuing Education Advisory Committee has reviewed your request. Please allow a minimum of two to three weeks for a response.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

Dental Shared/ConEd App Prior Approval.doc



METRO WEST DENTAL SEMINARS PRESENTS:

"Use of Oral Appliance for Snoring and Obstructive Sleep Apnea"



Keynote Speaker: Dr. Alvin Wee BDS, MS, MPH, FAMS Creighton University Associate Professor and Director of Maxillofacial Prosthodontics

Dr. Wee obtained his dental degree in 1992 from the National University of Singapore. After two years of general dental practice, he was awarded a Rotary International Foundation Ambassadorial Scholarship to continue his studies at the University of Iowa. Dr. Wee completed a Certificate and M.S. degree in the specialty of Prosthodontics in 1997. He spent an additional year at the University of Pittsburgh Medical Center as a Clinical Fellow in Maxillofacial Prosthetics.

His first academic position was at The Ohio State University College of Dentistry and was promoted to Associate Professor with tenure in 2004. Thereafter, Dr. Wee was with the UNMC from 2007 to 2011 as Director of the Division of Oral Facial Prosthetics / Dental Oncology within the Department of Otolaryngology – Head and Neck Surgery. Currently Dr. Wee is Associate Professor in Prosthodontics and Director of Maxillofacial Prosthodontics at Creighton University School of Dentistry. He is also Co-Chief for maxillofacial prosthetic services at the Veterans Affairs Nebraska-Western Iowa health Care System in Omaha where he treats patients with complex oral rehabilitation needs, including those with head and neck cancer, facial trauma, and obstructive sleep apnea.

He is currently serving as Treasurer for the International Academy of Oral and Facial Rehabilitation and Secretary for the American Association for Dental Research Lincoln/Omaha section. He currently sits on the Board of Directors for the American College of Prosthodontist, American Academy of Maxillofacial Prosthetics and the International Society of Maxillofacial Rehabilitation.

Course Objectives:

- The Dentist will be able to explain the various modalities for the treatment for obstructive sleep apnea.
- The Dentist will be able to explain the rationale for use of oral appliance for snoring and obstructive sleep apnea.
- The Dentist will be able to explain how their patient's could best be screened for with snoring and obstructive sleep apnea.
- The Dentist will be able to describe the fundamentals for sleep related breathing disorders.
- The Dentist will be able to explain the treatment protocol for oral appliance therapy for snoring and obstructive sleep apnea.

Date: Thursday February 7th 2013

Time: 6:00pm to 8:00pm

Place: Kiess Kraft Dental Lab

RSVP: Tisha email tz.mwdsg@gmail.com or call 402.614.7022

CE Credits: 2 CE Unites

Metro West Dental Specialty Group would like to Thank our Sponsors for this Seminar!

Kiess KRAFT
Dental Laboratory

VillagePointe
3D Dental Imaging

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Oral Surgeons PC Implant Institute
Address: 7400 Fleur Dr. Suite 200 DM 50321
Phone: (515) 281-7773 Fax: 281-7279 E-mail: rceynar@oralsurgeonspc.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
Dental School
Dental Hygiene School
Dental Assisting School
Military
Other (please specify): Implant Study Club

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

4. Course Title: Management of Common Dental Office Medical Emergencies and CPR Review

5. Course Subject:

- Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other:

6. Course date: 4-8-2013 Hours of instruction: 1.5-2h

7. Provide the name(s) and briefly state the qualifications of the speaker(s): Dr. Scott Johnson, DDS, MD

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Ronda Ceynar, RDA, CDA
Title: Professional Relations Coordinator Phone Number: (515) 274-0796
Fax Number: _____ E-mail: rceynar@oralsurgeonspc.com
Address: 3940 Ingersoll Ave. DM 50312
Signature: Ronda Ceynar CDA Date: 12-10-12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

Pursuant to Iowa Administrative Code 650—25.3(5), please submit the application for approval 90 days in advance of the commencement of the activity. The Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed. The Board may be unable to issue a final decision in less than 90 days. Please keep this in mind as you submit courses for prior approval.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**



OSPC

Oral Surgeons, P.C.

www.oralurgeonspc.com

Jeffery A. Schwarzkopf, D.D.S.
John A. Frank, D.D.S.
Scott A. Johnson, D.D.S., M.D.
John D. Janulewicz, D.D.S., M.D.
Ryan A. Marsh, D.D.S.
Luke J. Fremi, D.D.S.

Thursday, December 13, 2012

Program Description:

Management of Dental Office Emergencies

Review of Syncope, Hypertension, Angina, Aspiration, Anaphylaxis and Myocardial Infarction. This course will review the common clinical presentation of these office emergencies, basic intervention and management.

7400 Fleur Dr., Ste. 200
Des Moines, IA 50321
515-287-7773
515-287-7279 fax
800-547-6677

3940 Ingersoll Avenue
Des Moines, IA 50312
515-274-9151
515-274-1472 fax
800-547-6677

107 First Avenue East
Newton, IA 50208
641-792-1500
641-792-2534 fax
877-551-9755

111 NW Ninth Street
Ankeny, IA 50023
515-965-9099
515-965-0400 fax
800-547-6677

3700 Westown Parkway
W Des Moines, IA 50266
515-267-0457
515-267-0459 fax

RECEIVED

DEC 11 2012

IOWA DENTAL BOARD

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Oral Surgeons PC Implant Institute
Address: 7400 Glew Dr. Suite 200 Dm, 50321
Phone: (515) 274-0796 Fax: (515) 274-1472 E-mail: rceynar@oralsurgeonspc.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): Implant Study Club

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Implant Complications

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: 1-14-13

Hours of instruction: 1.5 - 2 hrs

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Dr. John A. Frank, DDS

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Ronda Ceynar, RDA, CDA

Title: Professional Relations Coordinator Phone Number: (515) 274-0796

Fax Number: (515) 274-1472 E-mail: rceynar@oralsurgeonspc.com

Address: 3940 Ingersoll Ave DM 50312

Signature: Ronda Ceynar CDA Date: 12-10-12

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Pursuant to Iowa Administrative Code 650—25.3(5), please submit the application for approval 90 days in advance of the commencement of the activity. The Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed. The Board may be unable to issue a final decision in less than 90 days. Please keep this in mind as you submit courses for prior approval.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**



OSPC

Oral Surgeons, P.C.

www.oralurgeonspc.com

Jeffery A. Schwarzkopf, D.D.S.
John A. Frank, D.D.S.
Scott A. Johnson, D.D.S., M.D.
John D. Janulewicz, D.D.S., M.D.
Ryan A. Marsh, D.D.S.
Luke J. Freml, D.D.S.

December 10, 2012

Program description:

Review of prosthetic and surgical complications related to dental implant restorations.

7400 Fleur Dr., Ste. 200
Des Moines, IA 50321
515-287-7773
515-287-7279 fax
800-547-6677

3940 Ingersoll Avenue
Des Moines, IA 50312
515-274-9151
515-274-1472 fax
800-547-6677

107 First Avenue East
Newton, IA 50208
641-792-1500
641-792-2534 fax
877-551-9755

111 NW Ninth Street
Ankeny, IA 50023
515-965-9099
515-965-0400 fax
800-547-6677

3700 Westown Parkway
W Des Moines, IA 50266
515-267-0457
515-267-0459 fax

RECEIVED

DEC 1 2012

APPLICATION FOR POST APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: Pain Management and Diagnosis

2. Course Subject:

- Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other:

3. Course date: 11-12-12 Hours of instruction: 1

4. Provide a detailed breakdown of contact hours for the course or program:

1 hour of lecture with powerpoint slides

5. Name of course sponsor: Johnson County Dental Society

Address: 1031 Wade St Iowa City IA 52240

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

#1035 \$110
(course & sponsor
app rec'd)

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Dr. Joe Vela, phd and specialist in endodontics

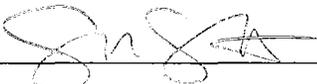
8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Suzanne Stock

Title: sec/tres Phone Number: 319-338-8658

Fax Number: 319-337-2945 E-mail: na

Address: 1031 Wade St Iowa City IA 52240

Signature:  Date: 11-26-12

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Pursuant to Iowa Administrative Code 650—25.3(6), within 90 days after the receipt of application, the Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE** PER COURSE TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

Course Description:

Dr. Vela discussed the anatomical structures and physiological pathways involved in pain sensation. He described a variety of potential sources of pain in both the endodontic and non-endodontic dental patient. He discussed the referrals a general dentist or dental specialist might make when treating a particularly difficult-to-diagnose patient.

**APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

RECEIVED
DEC 20 2012

IOWA DENTAL BOARD

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: CANCUN Study Club
Address: JAMES T. Gimbel D.D.S. PC 5335 EASTERN AVE, STE A, DAVENPOR IA 5280
Phone: (563) 386-0301 Fax: (563) 386-0987 E-mail: DENTIST@NETEXPRESS.NET

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): Study Club

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: MULTIPLE TITLES - SEE ENCLOSED COPY

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: JAN 30 - Feb 23, 2013

Hours of instruction: 30.0

CK# 18986
\$10

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

SEE ENCLOSED COPY OF PRESENTERS AND
MEMBERSHIP FORM

8. Please attach a program brochure, course description, or other explanatory material.

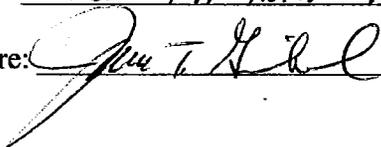
9. Name of person completing application: JAMES T. Gimbel D.D.S. PL

PRES. CANCON Study Club

Title: DENTIST Phone Number: (563) 386-0301

Fax Number (563) 386-0987 E-mail: _____

Address: 5335 EASTERN AVENUE, SUITE A, DAVENPORT IA 5280

Signature:  Date: 12/18/12

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Pursuant to Iowa Administrative Code 650—25.3(5), please submit the application for approval 90 days in advance of the commencement of the activity. The Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed. The Board may be unable to issue a final decision in less than 90 days. Please keep this in mind as you submit courses for prior approval.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE** PER COURSE TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

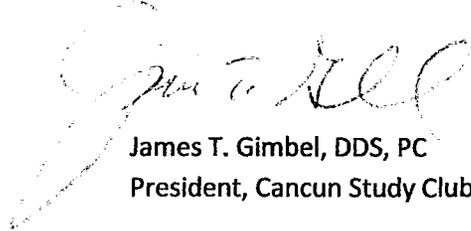


December 18, 2013

To; Iowa Board of Dental Examiners
RE: Cancun Study Club

While we request numerous informative hours of Dental Continuing Education to be granted to the Cancun Study Club..... It is not to be considered our "Mainstay" of continuing education hours required under state law.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim T. Gimbel".

James T. Gimbel, DDS, PC
President, Cancun Study Club

The following topics will be discussed with the Cancun Study Club from January 30, 2013 thru February 23, 2013 Listed are the topic titles, presenters and proposed number of credit hours.

Topic	Presenter	Hours of Credit
Oral Mucosal Pathology Red & white lesions of the oral mucosa Diagnosis & treatment	Dr. Richard Young	2
Lumps & Bumps in the Head & Neck Diagnosis & Treatment of masses found in the head	Dr. Richard Young	2
Odontogenic & Non-Odontogenic Radiolucencies Diagnosis & Treatment of Radiolucent lesions found in the maxilla & mandible	Dr. Richard Young	2
Potpourri of Oral Soft & Hard Tissue Abnormalities Diagnosis & Treatment of oral soft & hard tissue abnormalities & anomalies found in the oral cavity	Dr. Richard Young	2
Tooth Fractures & Avulsions Diagnosis & Treatment of Fractured & Avulsed per- manent teeth	Dr. Richard Young	2
Trauma to the Ora-Facial Structures Diagnosis & Treatment of osseous, dental & soft tissue injuries	Dr. Richard Young	2
Evaluation & Treatment of Ankylosed Tooth	Dr. James Gimbel	2
Retained Primary Molar Treatment	Dr. James Gimbel	2
Lower partial Case Analysis	Dr. Philip Young	2
Review of Guidelines for Infection Control-MMWR	Dr. James Gimbel Dr. Michael Thomas Dr. Philip Young Dr. Richard Young	6

**Military Dental Care
(Panama)**

Overdenture-Restoration of Implants	Dr. James Gimbel	1.5
	Dr. Michael Thomas	1.5
Dental Office Emergencies		
	Dr. Michael Thomas	1.5
Treatment of Oral-Antral Opening		
	Dr. James Gimbel	1.5

CURRENT MEMBERSHIP

James T. Gimbel,BS DDS	President of the Cancun Study Club
Sandra L. Gimbel	Office Management
Michael S. Thomas,BS,DDS	Vice President of the Cancun Study Club Adjunct Faculty, U of I School of Dentistry
Claudia Thomas, BS,MD	Psychiatrist,(Child)
Philip Young,BS,DDS	Treasurer of the Cancun Study Club Interim Director of Broadlawns Medical Center
Pattie Young	Office Management
Eugene W. Young,BS,DDS	Professor Emeritus,U of I School of Dentistry
David Lickteig,BS,DDS	Secretary of the Cancun Study Club/Private Practice
Stephanie Lickteig,BSN	Intensive Care Nurse
Jeffrey Young,BS,DDS	Board Certified Pediatric Dentist Associate Professor, University of Colorado School of Dental Medicine, Director of Sedation Program, Pediatric Dentistry, Children's Hospital Colorado
Janet Young,BS,MS	Office Mangement/Personnel Director
Kimberly Kretsch,BS,DDS	Pediatric Dentistry
Kevin Kretsch,BS,MS	Computer Analyst
Nancy Betz	Human Resource Consultant
Robert Betz	
Richard B. Young,DDS,MS	Oral Surgeon
Carol Young,RN	Nurse

APPLICATION FOR POST APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM

RECEIVED
DEC 26 2012
IOWA DENTAL BOARD

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: How to Communicate & Connect w/ staff & Patients

2. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

3. Course date: _____ Hours of instruction: _____

4. Provide a detailed breakdown of contact hours for the course or program:

This course is designed to assist staff w/ their ability to: Become great listeners, learn how to deal w/ upset patients & how to cultivate relationships w/ patients so they feel welcome

5. Name of course sponsor: DynaFlex

Address: 10403 International Plz Dr.
St. Ann, MO 63074

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

CK #31537
\$10

7. Provide the name(s) and briefly state the qualifications of the speaker(s): Gary Johnson, MA MBA Executive VP of Dynaflex. National Speaker on Practice Management & Communication. Featured writer in Orthodontic Products Magazine, Orthodontic Products US.

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Gary Johnson
Title: Executive Vice President Phone Number: 314-426-4020
Fax Number: 314-429-7575 E-mail: garyj@dynaflex.com
Address: 10403 International Plz Dr, St. Ann, MO 63074
Signature: _____ Date: 12-19-12

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Pursuant to Iowa Administrative Code 650—25.3(6), within 90 days after the receipt of application, the Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE** PER COURSE TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

Mellisa Kennedy

From: Gary Johnson
Sent: Thursday, December 13, 2012 3:34 PM
To: Mellisa Kennedy
Subject: Fwd: How to Connect with Patients approved April 2, 2012
Attachments: Gary Johnson - Dynaflex, How to Communicate & Connect with Patients.pdf; ATT00001.htm; ConEdPostApproval.pdf; ATT00002.htm

Gary Johnson
Executive Vice President
DynaFlex
636.544.2145
Sent from my iPhone

Begin forwarded message:

From: "Johnson, Melanie [IDB]" <Melanie.Johnson@iowa.gov>
To: "Gary Johnson" <garyj@dynaflex.com>
Cc: "Topspn@aol.com" <Topspn@aol.com>, "Braness, Christel [IDB]" <Christel.Braness@iowa.gov>, "Davidson, Angela [IDB]" <Angela.Davidson@iowa.gov>
Subject: RE: How to Connect with Patients approved April 2, 2012

Hi Gary,

I have looked in to your questions related to your application for approval of a continuing education course held on April 20, 2012 entitled "How to Communicate and Connect with Patients." This is what we have on file for this application:

- Feb. 21, 2012 Rec'd Application for Prior Approval of Continuing Education Course or Program for "How to Communicate and Connect with Patients"; course scheduled for April 30, 2012 (location not stated in application). Requesting 2 hours credit.
- Please note:* the PowerPoint presentation you included with your 11/29/12 email to Dr. Rovner was not part of the application materials submitted to the Board office.
- Feb. 22, 2012 Board office staff sent application to Chair of Continuing Education Advisory Committee for review.
- Mar. 30, 2012 Committee Chair approved 1 hour rather than 2 hours of credit. She indicated that "communications of office management is not recognized for continuing education credit."
- Apr. 2, 2012 Board office sends letter to your attention indicating that the course has been approved for 1 hour of continuing education credit.

Board rules (excerpt below) provide an appeal process in the event of denial, in whole or part, of any application for approval of a program. No appeal was received.

650—25.6 (153) Hearings. In the event of denial, in whole or in part, of any application for approval of a continuing education program or credit for continuing education activity, the applicant, licensee, or registrant shall have the right, within 20 days after the sending of the notification of the denial by ordinary mail, to request a hearing which shall be held within 60 days after receipt of the request for hearing. The hearing shall be conducted by the board or a qualified hearing officer designated by the board. If the hearing is conducted by a hearing officer, the hearing officer shall submit a transcript of the hearing with the proposed decision of the hearing officer. The decision of the board or decision of the hearing officer after adoption by the board shall be final.

Effective July 1, 2012 all applications for prior, or post, approval of a continuing education course or program are reviewed at public meetings of the Board's 7-member Continuing Education Advisory Committee. The Committee submits its recommendations for approval or denial of applications to the Iowa Dental Board at the Board's regular quarterly meeting. The next meeting of the Committee will be sometime in January. The next Board meeting is scheduled for January 30- February 1, 2013.

With regard to the course held on April 30, 2012 – if, in fact, you used the PowerPoint presentation that you emailed to Dr. Rovner and you would like the Committee to consider authorizing an additional hour based on the new materials, we would need you to submit an application for *post* approval. I have attached the application form for your convenience. Upon receipt of a completed application and the \$10 fee, staff (Christel Braness and Angie Davidson, copied on this email) that work with the Con. Ed. Committee will make arrangements for it to be reviewed at the next Committee meeting.

Please feel free to contact me if you have any questions.

Sincerely,

Melanie

From: Gary Johnson [<mailto:garyj@dynaflex.com>]
Sent: Thursday, November 29, 2012 5:55 PM
To: Johnson, Melanie [IDB]
Cc: Topsn@aol.com
Subject: Re: How to Connect with Patients approved April 2, 2012

Great...thanks for your response...

Gary Johnson
Executive Vice President
DynaFlex
636.544.2145
Sent from my iPhone

On Nov 29, 2012, at 5:31 PM, "Johnson, Melanie [IDB]" <Melanie.Johnson@iowa.gov> wrote:

Mike and Gary,

This is to confirm receipt of your email inquiry about the number of hours awarded for the continuing education course identified below. I will need some time to look into the matter with my staff who work with the Continuing Education Advisory Committee.

I'll be in touch as soon as I have information to share. I am providing my contact information below, Gary, if you need to reach me directly.

Sincerely,

Melanie

MELANIE JOHNSON, J.D.

Executive Director, Iowa Dental Board
400 SW 8th St, Suite D
Des Moines, IA 50309

General Phone #: 515-281-5157

Direct Phone #: 515-281-6935

E-mail Address: melanie.johnson@iowa.gov

Web site: www.dentalboard.iowa.gov

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From: Topsn@aol.com [<mailto:Topsn@aol.com>]

Sent: Thursday, November 29, 2012 5:15 PM

To: garyj@dynaflex.com

Cc: Johnson, Melanie [IDB]

Subject: Fwd: FW: How to Connect with Patients approved April 2, 2012

Hi Gary,

My receptionist shared the email below with me. I'm very sorry I was unable to grab your phone call. We were in the midst of our busiest time in the day -- after school hours in an orthodontic office! I understand your question, but I do not have an answer for you myself. The continuing education issues are reviewed by our continuing education committee. I usually do not see any of it before the committee chairperson presents the recommendations to the rest of the board during our quarterly meetings.

With that having been said, the best avenue to get you some answers is for me to share this communication with our executive director, Melanie Johnson. If she should be able to answer your questions directly. Otherwise, she will know who would best address this matter. I trust you will receive some response from her shortly.

I'm sorry I cannot be of more help to you, but if you'd still like to discuss the matter with me, my cell is 515 988-3889. Please feel free to call.

Mike Rovner

From: jill@ciortho.com
To: Topsn@aol.com
Sent: 11/29/2012 4:38:20 P.M. Central Standard Time
Subj: FW: How to Connect with Patients approved April 2, 2012

-----Original Message-----

From: Gary Johnson [<mailto:garyj@dynaflex.com>]
Sent: Thursday, November 29, 2012 4:20 PM
To: Jill Smith
Subject: How to Connect with Patients approved April 2, 2012

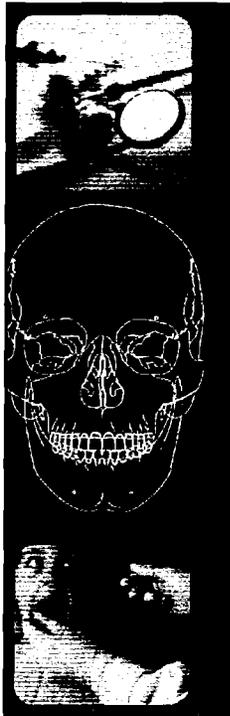
Dr. Rovner,

There seems to be some confusion, on our part. We submitted and were approved for continuing education for my course on How to Communicate and Connect with Patients (but only approved for 1 hour, I just noticed it was only 1 hour versus the customary 2 hour approval)The entire course was modified to meet requirements of patient focused communication. However, one of our past seminar flyers from years ago included several topics no longer covered. I included a copy of my powerpoint for you to use a reference. This course has been approved in every other state I have presented in for 2.0 hours.

I am hoping we can have this changed since the entire focus of the meeting is improving the staff's and doctors ability to communicate with the patient....

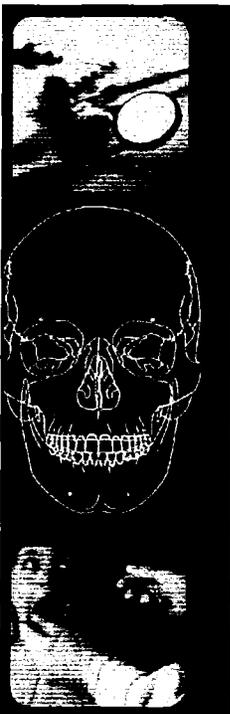
This email message and its attachments may contain confidential information that is exempt from disclosure under Iowa Code chapters 22, 139A, and other applicable law. Confidential information is for the sole use of the intended recipient. If you believe that you have received this transmission in error, please reply to the sender, and then delete all copies of this message and any attachments. If you are not the intended recipient, you are hereby notified that any review, use, retention, dissemination, distribution, or copying of this message is strictly prohibited by law.

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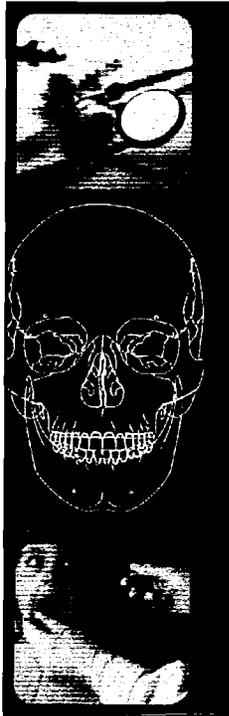
How to Communicate and Connect with Your Staff and Patients

The Three Key Principles to
Connectivity



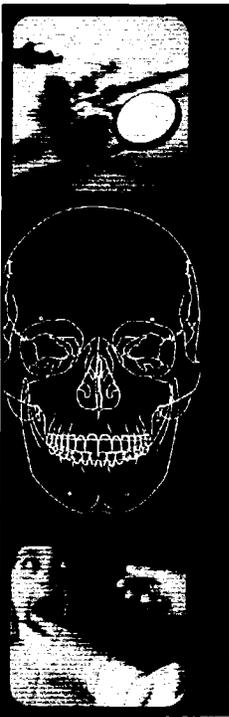
Ground Rules

- 1. Have Fun*
- 2. Approximately 1.5 hours*
- 3. Put cell phones on vibrate*
- 4. Commit to involvement*
- 5. Hold off on side
conversations*



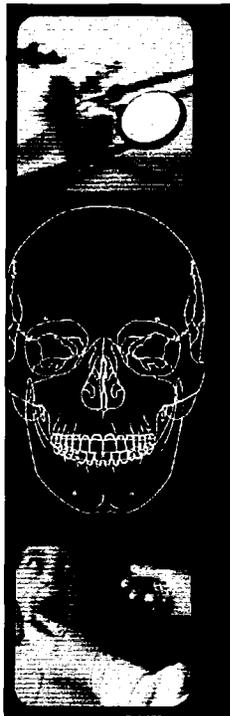
Ice Breaker

- Stand Up
 - Ask the person next you:
 - Their middle name
 - Their mother's maiden name
 - Name and age of their children

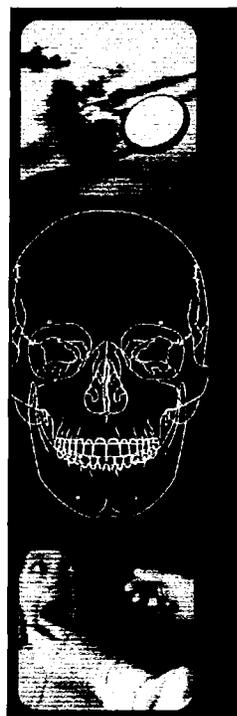
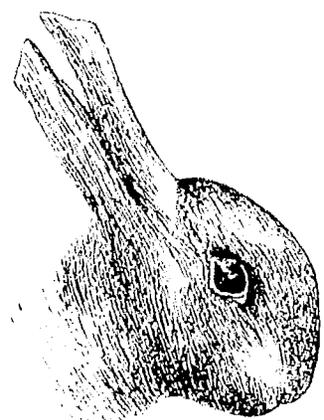


Ice Breaker

- Now, go ahead and sit down...
 - But before you do, repeat back what they told you and see if you got it right.....

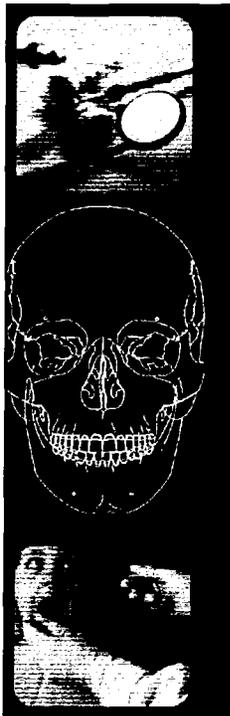


Your Perception is Your Reality



Do You Think Our Perceptions Color Our Reality?

- Does the way we perceive someone, impact how we interact with them?
- Does it impact our willingness to listen to them?

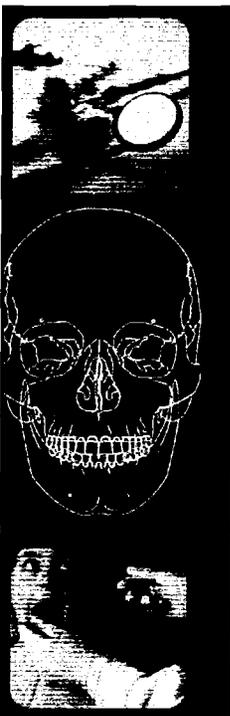


Principle #1 We Must First Understand Before We Try to Be Understood

- According to John C. Maxwell, there are 5 things that determine who we are:

1. **Genetics**-No choice on this one, but the other four are up to you.....
2. **Self-Image**-As T.S. Eliot observed, "Half the harm that is done in this world is due to people who want to feel important. They do not mean to do harm. They are absorbed in the endless struggle to think well of themselves." People are like water, they find their own level. People with negative self image will expect the worst, damage relationships and find others who are similarly negative. People with a positive self image will expect the best, are likely to be successful and gravitate toward other successful people.

"We tend to feel most comfortable with people whose self-esteem level resembles our own."-Dr. Nathaniel Branden



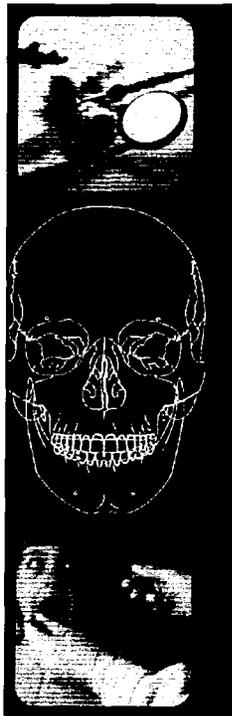
Principle #1 We Must First Understand Before We Try to Be Understood

- According to John C. Maxwell, there are 5 things that determine who we are:

3. **Experiences in Life**

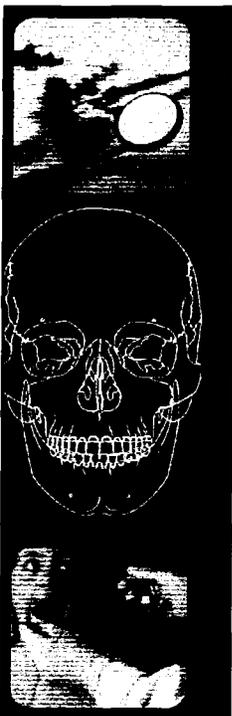
The story of the young shepherd

People respond to what they are
prepared to believe



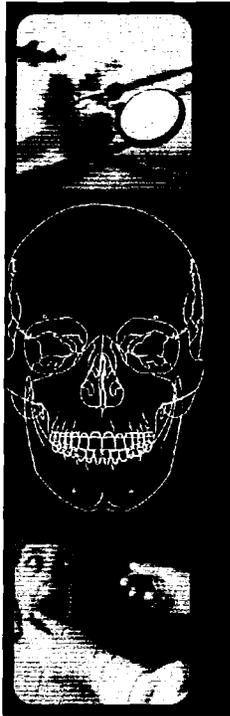
Principle #1
We Must First Understand Before We Try
to Be Understood

- Rewire Yourself for Listening
 - Remember earlier when we looked at the pictures of the rabbit/duck? Be aware of the filters you use as they may cloud your ability to listen. Things like:
 - Gender
 - Age
 - Race
 - Education
 - Appearance
 - Keep in mind that listening is a challenging skill that requires considerable effort and focus



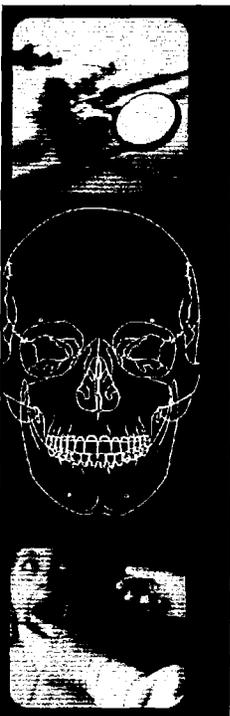
Principle #1
We Must First Understand Before We Try
to Be Understood

- Break into teams and discuss the following:
 - What things do great listeners do?



Principle #2
Remember Hurting People Hurt People

- Can people come to us already in a sour mood?
- Let me share with you a story originally told by Zig Ziglar about "Mr. B"

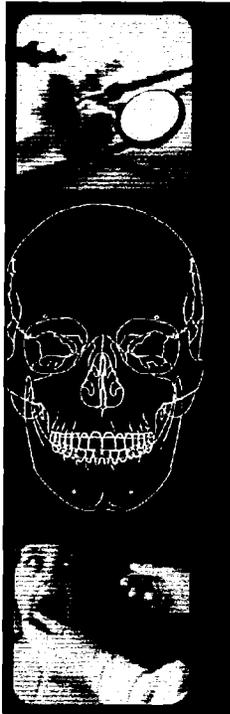


Principle #2
Remember Hurting People Hurt People

- So what do we do when we encounter someone who has had their cat kicked?



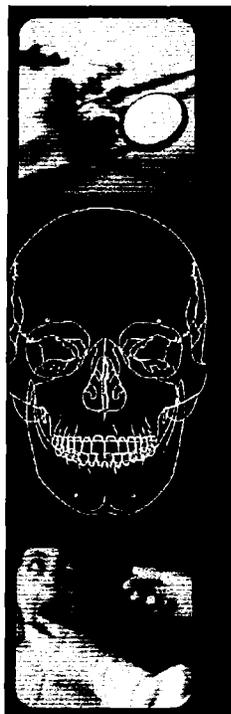
- Several key things must happen that can best be illustrated this way...



Principle #3
The Gardening Principle: All Relationships Need Cultivation

“It is more rewarding to resolve a situation than to dissolve a relationship”

» John C. Maxwell

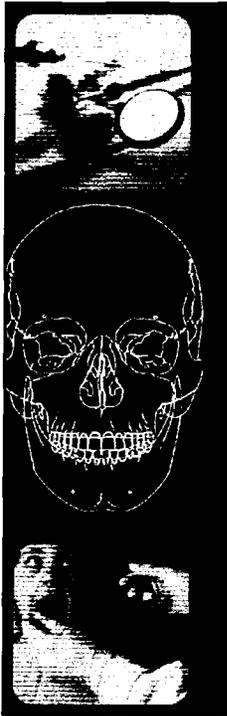


Principle #3
The Gardening Principle: All Relationships Need Cultivation

- Break back into teams

Discuss the following question:

- What things cause a relationship to deteriorate?



Summary

- Be More Interested than Interesting
- Constantly Work on Your Listening Skills
- Remember, Hurting People, Hurt People
- Relationship Only Work if You Work at Them
- It All Starts With Me



701 10th Street SE
Cedar Rapids, IA 52403
www.hallperrinecancercenter.org
(319) 365-HOPE (4673)

December 28, 2012

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4687

Dear Sir or Madam:

This is a request of the Iowa Dental Board to approve 2 hours of continuing education credits for dentists, dental assistants, and dental hygienists for this upcoming educational program: 2013 Spring Cancer Care Update for Dental Health Professionals. Enclosed is the conference agenda, bio information on Vincent Reid, MD and the \$10.00 application fee. The program is scheduled for February 6, 2013 and will be repeated on February 15, 2013. These identical programs will both be held at Mercy Medical Center in Cedar Rapids, IA. , and I am asking permission to offer continuing education approval for both dates.

The purpose of this program is to offer dental health professionals the opportunity to learn about current issues involved in the care of patients who have a diagnosis of oral/ head and neck related cancer.

I would appreciate your consideration for approval of this continuing dental education application. If you need additional information or have questions, please call me at (319) 221-8771.

Sincerely,

Celeste Barkley, RN, OCN
Hall Perrine Cancer Center
Outreach Coordinator

2013 Spring Cancer Care Update for Dental Health Professionals
Wednesday evening, February 6, 2013 or Friday mid-day, February 15, 2013
Hallagan Education Center • Mercy Medical Center • 701 10th Street SE •
Cedar Rapids, IA

2/6/13	Program Agenda	2/15/13
5:30 pm	Registration & Refreshments	11:30 am
6:10 pm	Welcome/Introductions	12:10 pm
6:15 pm	"Dental Lifesavers": Recognizing the Top Five Most Common Oral/Head and Neck Cancers <i>Vincent Reid, MD</i>	12:15 pm
7:15 pm	Break/Desserts	1:15 pm
7:30 pm	"Dental Lifesavers": Recognizing the Top Five Most Common Oral/Head and Neck Cancers (continued) <i>Vincent Reid, MD</i>	1:30 pm
8:30 pm	Evaluation & Adjournment	2:30 pm

Intended Audience

Dentists, dental hygienists, dental assistants and other dental professionals.

Purpose and Objectives

Dental Health Professionals are an integral part of the team involved in the care of cancer patients. The purpose of this program is to offer dental health professionals the opportunity to learn about current issues involved in the care of patients who have a diagnosis of cancer.

Upon completion of this program, participants will be able to:
 Recognize current diagnostic methods for the Top Five Most Common
 Oral/Head and Neck Cancers

Faculty

Vincent Reid, MD
 Medical Director of Surgical Oncology
 Hall-Perrine Cancer Center
 Cedar Rapids, Iowa

Vincent J. Reid

1119 Howard Street
Union NJ, 07083
(917) 691-9395
vreid@mercyare.org
vreidmd@gmail.com

PERSONAL DATA

Birthplace- Kingston, Jamaica
Married with 2 children-Tyler (10) and Kyle (8)
Wife: Darline

WORK EXPERIENCE

Director of Surgical Oncology
Mercy Medical Center, Cedar Rapids, IA 52403 July 2012-Present

Attending Surgeon, division of Surgical Oncology February 2008-June 2012
South Nassau Communities Hospital, Oceanside, NY 11572

Surgical Residency Site Program Director
South Nassau Communities Hospital, Oceanside, NY 11572

Clinical Assistant Professor of Surgery
Hofstra North Shore-LIJ School of Medicine, New York. 2010-2012.

EDUCATION

University of Cincinnati College of Medicine- Cincinnati, OH June 1999
M.D. Degree

City College- City University of New York - New York, NY June 1992
B. S. Biochemistry, *cum laude*

POST GRADUATE TRAINING

The Memorial Sloan Kettering Cancer Center July 2005- December 2007
New York, N.Y.
Fellow in Head and Neck oncology
July 2005- December 2007

Maimonides Medical Center
 Brooklyn, N.Y.
 Surgery Resident

July, 1999 – June 2005

Albert Einstein College of Medicine, Dept. of Surgery July 2001-June 2002
 Bronx, N.Y.
 Postdoctoral Research Fellow, Primary Investigator: Thanjuvar S. Ravikumar, M.D

CERTIFICATION/LICENSURE

New York State medical license #251098
 American Board of Surgery

AWARDS AND AFFILIATIONS

2012 Faculty Teacher of the year (Nassau University Medical Center/ South Nassau Communities Hospital)
 2005 Chief Resident of the year (MMC)
 2003 Bertram Cohn Memorial Award for outstanding junior resident –MMC
 2003 Best PGY-3 award- given by graduating Chief Residents (MMC)
 2000 Intern of the year-Maimonides Medical Center (MMC)
 1992 Jonas Salk Scholarship –City College of New York (CCNY)
 1992 Phi Beta Kappa Award (CCNY)
 1992 Chemistry Honors (CCNY)
 1992 Jerome & Isabella Karle in Biochemistry (CCNY)
 1992 Baskerville Memorial Award in Chemistry (CCNY)
 1989-1992 Minority Access to Research Careers (MARC) Fellowship (CCNY)

RESEARCH AREAS

Lysosomal-mediated degradation of apoptotic thymocytes by thymic nurse cells.
 Vincent Reid, Mark Pezzano, Jerry Guyden. 1998-1999.

B like T lymphocytes that overexpress the C μ gene from an amplified genome.
 City College 1989-1990

SV40 transformed Thymic Nurse Cells that bind and internalize thymocytes at the CD4⁺/CD8⁺ stage of development
 City College 1989-1992

Insertion of the Adenosine Deaminase gene in retro-viral vectors
 U. C. College of Medicine 1992-1993

Hepatocyte growth factor like protein
 U. C. College of Medicine 1993-1994

Characterization of minor MHC antigens
 U.C. College of Medicine 1994-1995

Characterization of the immune response after Radiofrequency Ablation in a Mouse Colon Cancer Model

Albert Einstein College of Medicine 2000-2001
Principal Investigator: Thanjavur S. Ravikumar

Cryo-Injury induced Apoptosis via disruption of Mitochondrial integrity in a Human Colorectal Cancer Cell Line

Albert Einstein College of Medicine 2000-2001
Principal investigator: Thanjuvar S. Ravikumar

POSTERS AND PRESENTATIONS

The Characterization of a SV40 Immortalized Thymic Nurse Cell Line. National Institute of Health/Minority Access to Research Careers/Minority Biomedical Research Support Programs Meeting. Nashville, TN. October 1990.

B-like T lymphocytes that Overexpress the C μ gene from an Amplified Genome. Minorities and Cancer Sponsored by National Institute of Health & MD Anderson Cancer Center. Houston, TX. November 1990.

Characterization of a Temperature Sensitive Thymic Nurse Cell Line. National Institute of Health/Minority Access to Research Careers/Minority Biomedical Research Support Programs Meeting. Washington, D.C. October 1991.

Laparoscopic Ventral Hernia Repair-Single institution experience
International conference of the SAARC Surgical Care Society
August 13-17, 2003, Kandy, Sri Lanka

Oncolytic Herpes Simplex Virus-1 (NV1023) Effectively Treats Anaplastic Thyroid Cancer in an Orthotopic Murine Model.
Clinical Forum: American College of Surgeons, Chicago Illinois, 2006

Malignant melanoma of the paranasal sinuses: Two case presentations.
A Gasparyan MD, C Sticco, DO, T Alam DO, V. Reid MD, S Shah MD, R Datta MD
FACS
NUMC and SNCH

The Utility of Random CA19-9 Testing in Cases of Hepatobiliary Malignancies
Cristina Insumran, Ryan Sobel MD, Vincent Reid MD, Rajiv Datta MD.
South Nassau Communities Hospital

Recurrent Superficial Lymphatic Malformations of the Abdominal Wall
Marlys Howarth MS III, Vincent Reid MD, Rajiv Datta MD.
South Nassau Communities Hospital

Desmoid Fibromatosis in Familial Adenomatous Polyposis negative patients :
presentation of two new cases.

D Paley MD, V. Reid MD, D Joseph MD, R Datta MD FACS
South Nassau Communities Hospital

Facial Nerve Management in Parotid Gland Malignancy

Charles Sticco DO, Jason Panchamia MS III, Vincent Reid MD, Rajiv Datta MD
South Nassau Communities Hospital

Radiofrequency Ablation Therapy for GIST Liver Metastases: A Case Study

H.Leighton MSIII, S. Sotirovic MD, S.Wu MD, V.Reid MD, R.Datta MD FACS
South Nassau Communities Hospital

Metastatic adrenocortical carcinoma presenting with spontaneous hemoperitoneum,
massive liver metastases and diffuse subcapsular hematoma: A Case Presentation

J. Moseson DO, D. Tantawi MD, V. Reid MD, R. Datta MD.
South Nassau Communities Hospital

The Clinical Utility of Random CA 19-9 Levels as a Screening Tool for Hepatobiliary
Malignancy: A Retrospective Review of a Comprehensive Community Oncology Center
A Michel, M Chan, C Insumran, M Jung, R Datta, V Reid

Clinically Inactive Giant Parathyroid Adenoma: Literature Review & Report of a Case
M Chan, T Kelker, Y Chen, R Datta, V Reid

Endorectal Gel as a Contrast Enhancing Agent during Rectal MRI for Tumor Staging
M Chan, R Datta, V Reid, A Steiner

Case Report: High Grade Distal Ileal Obstruction Secondary to Ingestion of Foreign
Body

B. Doyle, O. King, R. Datta, V. Reid.

Chronic Pelvic Pain From Ovarian Herniation Into 5 mm Trocar Site

Karen S. Woo DO, Rajiv Datta MD, Orinthia King MS111, Vincent Reid MD, and Ann
Buhl MD.

Malignant Melanoma masquerading as a Subdermal cyst: a case report

Amajoyi, Robert, MD; Vohra, Priya, MS; Reid Vincent, MD; Datta Rajiv, MD.
South Nassau Communities Hospital

PUBLICATIONS

M. Pezzano., D. Philip., S. Stevenson., Y. Li., V. Reid., R. Mailta., and J. Guyden.
Thymic Nurse Cells Exclusively Bind and Internalize CD4⁺ and CD8⁺ Thymocytes.
Journal of Cellular Immunology. 140, 495-506 (1992)

Y. Li., M. Pezzano., D. Philip., **V. Reid**, and J. Guyden. Positive Selection by Thymic Nurse Cells Requires IL-1 β and is associated with increased *BCL-2* Expression. Journal of Cellular Immunology. 169, 174-184 (1996)

V. Reid, T. Daskalakis., D.L. Solnick and K.P. Sheka
Management of Bronchovascular Mucormycosis in a Diabetic: A Surgical Success
Annals of Thoracic Surgery, October 2004

L.S. Cummings., **V.J. Reid** and K.P. Sheka
Elastofibroma: A diagnostic dilemma
Surgical Rounds 2004

V. Reid, Z. Yu, T. Schuman, S. Li, P. Singh, Y. Fong and R. Wong. Efficacy of oncolytic Herpes Viral therapy for Salivary Gland Carcinomas. International Journal of Cancer . August, 2007.

C. Riedl, P. Brader, P. Zanzonico, **V. Reid**, Y. Woo, B. Wen, C. Ling, H. Hricak, Y. Fong and J. Humm. Tumor hypoxia imaging in orthotopic liver tumors and peritoneal metastasis : Comparative study featuring dynamic ^{18}F -MISO and ^{124}I -IAAZG PET in same study cohort. European Journal of Nuclear Medicine and Molecular imaging. September, 2007.

B. Schonmyr, A. Wong, **V. Reid**, F. Gewalli, P. Cordeiro, B. Mehrara. The effect of hyperbaric oxygen treatment on squamous cell cancer growth and tumor hypoxia.
Annals of Plastic Surgery. January, 2008

Y. Woo , **V.Reid** , A. Bhargava, P. D. Carlson, Z. Yu, K. Kelly, K. Hendershott, C. Riedl, R. Wong and Y. Fong. Enhanced green fluorescent protein expressing Herpes virus, NV1066 detects premalignant lesions and prevents progression of disease. Cancer Research (Submitted)

V. Reid, C. Reidl, Z. Yu, YY. Huang, D. Carlson, S. Li, M. Dabrowska, V. Ponomarev, Y. Fong, RJ. Wong. Oncolytic Herpes Simplex Virus-1 (NV1023) Inhibits The Growth of Anaplastic Thyroid Cancer in an Orthotopic Murine Model. Clinical Cancer Research (Submitted).

BOOK CHAPTER

Complications of Head and Neck Surgery
Complications of Surgery of the Oral Cavity:
Jay Boyle, MD, Vincent Reid, MD

APPOINTMENTS

1994 Summer Research Programs for Minority Students—Coordinator

- U. C. College of Medicine
- 1993-1994 Biochemistry Tutor
U. C. College of Medicine
- 1992-1993 Biology Tutor
City College
- 1992-1993 Physics Tutor
City College
- 1991-1992 Caribbean Students Association- Political Affairs Officer
- 1990-1991 National Student Representative to the Steering Committee of the
Minority Access to Research Careers (MARC) Program

PROFESSIONAL ORGANIZATIONS

American College of Surgeons(ACS)
New York Head and Neck Society
New York Surgical Society
Society of American Gastrointestinal Endoscopic Surgeons (SAGES)
Society of Surgical Oncology (SSO)
Society of Black Academic Surgeons (SBAS)

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Delta Dental of Minnesota
Address: 500 Washington Ave. So., Suite 2060, Mpls, MN 55415
Phone: 612-224-3339 Fax: 612-224-3156 E-mail: areyes@deltadentalmn.org

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
Dental School
Dental Hygiene School
Dental Assisting School
Military
Other (please specify): insurance company

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
Home study (e.g. self assessment, reading, educational TV)
Participation
Discussion
Demonstration

4. Course Title: Putting Oral Pathology to Work in Your Practice EVERY DAY

5. Course Subject:

- Related to clinical practice
Patient record keeping
Risk Management
Communication
OSHA regulations/Infection Control
Other:

6. Course date: Feb. 15, 2013

Hours of instruction: 7

CK# 1000003902
\$10

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Professor Michael Rohrer DDS, MS - diplomate of the American Board of Oral & Maxillofacial Pathology and a past president of the Board and of the American Academy of Oral & Maxillofacial Pathology. He is a professor at the Univ. of Minnesota.

8. Please attach a program brochure, course description, or other explanatory material.

attached

9. Name of person completing application: Aida Reyes

Title: Exec. Asst. Phone Number: 612-224-3239

Fax Number: 612-224-3156 E-mail: areyes@deltadentalmn.org

Address: 500 Washington Ave. So., Suite 2060

Signature:  Date: 12/20/12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

Pursuant to Iowa Administrative Code 650—25.3(5), please submit the application for approval 90 days in advance of the commencement of the activity. The Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed. The Board may be unable to issue a final decision in less than 90 days. Please keep this in mind as you submit courses for prior approval.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**



DELTA DENTAL OF MINNESOTA

RECORDED

DEC 31 2012

IOWA DENTAL BOARD

December 28, 2012

Ms. Melanie Johnson, J.D.
Executive Director
Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4687

Dear Ms. Johnson:

Delta Dental of Minnesota will once again be offering our annual dental Forum on Friday, February 15, 2013. In the past years, we have had attendees from Iowa and hope to do so again. The Forum begins at 8:00 a.m., immediately after registration ends and will conclude at 4:30 p.m. with an hour for lunch. Delta is requesting to offer six clinical continuing education credits to attendees from Iowa.

This year's presenters will be Dr. Michael D. Rohrer, DDS, MS and Professor at the University of Minnesota School of Dentistry. Attached is the program brochure with the presenter's bio, program agenda and course objectives.

Also attached is the completed continuing education course program application form along with the \$10 fee.

Please let me know if you need additional information. My e-mail address is: areyes@deltadentalmn.org. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Aida Reyes".

Aida Reyes
FORUM Coordinator

enclosures

SPACE IS LIMITED

Go Online, Fax or Mail Your Registration Form
by February 8, 2013!

Fees:

- \$50 per person for participating providers
- \$50 per person for staff
- \$125 per person for non-participating providers

Payment Options:

1. Online at www.deltadentalmn.org
2. If by check, make check payable to **Delta Dental of MN**
3. Cash
4. Visa, MasterCard, Discover, American Express

PLEASE PRINT CLEARLY AND IN CAPITAL LETTERS

Credit Card No. _____
CCard Type _____ Exp. Date: _____ Amt. _____
Name on Card _____
Signature _____
E-mail _____
Billing Address _____

City _____
State _____ Zip Code _____

Cancellations:

Cancellations **before 2/8/2013** receive a full refund. Cancellations must be made in writing. Substitutions welcome in lieu of cancellations. Please e-mail your cancellations, substitutions or questions to Aida Reyes at areyes@deltadentalmn.org.

Hotel Reservations:

The rate of \$139 plus applicable tax is available through the Minneapolis Airport Marriott Hotel, 2020 American Blvd. East, Bloomington, Minnesota 55425 between 2/14/13 through 2/16/13. Reservations must be made on or before 1/24/13 by calling **1-800-228-9290** (1-800-MARRIOTT). The group name is "**Delta Dental Forum.**"

DELTA DENTAL OF MINNESOTA

forum

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Putting Oral Pathology to Work in Your Practice EVERY DAY

Presenter:

Professor Michael D. Rohrer, D.D.S., M.S.

Friday, February 15, 2013
Minneapolis Airport Marriott
2020 American Blvd. East
Bloomington, MN

DELTA DENTAL OF MINNESOTA

P.O. Box 9304
Minneapolis, MN 55440-9304

Presenter:

Michael D. Rohrer, D.D.S., M.S.



Professor Michael Rohrer received his undergraduate and dental degrees from the University of Michigan as well as Master of Science in Oral Pathology following service in the Army and

several years in general practice. He is a Diplomate of the American Board of Oral and Maxillofacial Pathology and a past president of that Board as well as a past president of the American Academy of Oral and Maxillofacial Pathology. Professor Rohrer is a Fellow of the American Academy of Oral and Maxillofacial Pathology and the American College of Dentists. He has received outstanding faculty awards from eight dental classes at the University of Oklahoma and the University of Minnesota. While at the University of Oklahoma he was named a Presidential Professor, the first from the College of Dentistry. In 2009 he received the Century Club Professor of the Year award from the University of Minnesota School of Dentistry.

Professor Rohrer has four patents in the field of sterilization by microwaves, has published over 120 research articles and has received 55 research grants and contracts. For 27 years he has been very active in research in dental implants and bone substitutes with collaborations around the U.S.A. and the world. Professor Rohrer has an active oral pathology practice.

AGENDA

Friday, February 15, 2013

7:30 a.m. – 8:20 a.m.	Registration Complimentary Breakfast
8:20 a.m. – 8:30 a.m.	Welcome Dr. Richard Pihlstrom – Dental Professions Management Advisory Council
8:30 a.m. – 10:00 a.m.	Presenter Dr. Michael D. Rohrer Will this red or white spot become cancer? What “Danger Signals” should I be aware of? Is HPV causing all the oral cancer?
10:00 a.m. – 10:15 a.m.	Break
10:15 a.m. – 10:45 a.m.	Which pigmented lesions should I worry about? Can you get freckles or melanomas in the mouth? How can I tell the difference?
10:45 a.m. – 12:00 p.m.	Lumps and Bumps – What’s hiding under the surface? Which common bumps should I worry about the most? Which is more dangerous, a bump on the upper lip or lower lip?
12:00 p.m. – 1:00 p.m.	Lunch
1:00 p.m. – 2:15 p.m.	How can I come up with a differential diagnosis for radiopaque and radiolucent lesions? Which should I worry about more, radiopaque or radiolucent lesions? Is pulp testing worthwhile?
2:15 p.m. – 2:30 p.m.	Break
2:30 p.m. – 4:00 p.m.	Cold Sores, Canker Sores and Other Sores How can I nail the diagnosis? Do I need to biopsy all these lesions? How can I make my patients with ulcers friends for life?
4:00 p.m.	Q & A
4:30 p.m.	Adjourn



REGISTRATION FORM

Registration Options:

1. Online at www.deltadentalmn.org, or
2. Fax to 612-224-3156, or
3. Mail registration and payment information to:
Delta Dental of Minnesota
Attn: Aida Reyes
P.O. Box 9304
Minneapolis, MN 55440-9304

Questions: Call 612-224-3239

Clinic Name _____

Address _____

City _____

State _____ Zip Code _____

Attendees From Your Clinic:

- Dr./Ms./Mr. _____

Registration No. _____
(For Delta Dental’s use only)

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Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: Dental Implant Surgery + Advanced Implant Bone Grafting

2. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

3. Course date: Oct 8-2012 Hours of instruction: 48 hrs

4. Provide a detailed breakdown of contact hours for the course or program:

See sheet enclosed - week schedule

5. Name of course sponsor: Biomet 3i LLC

Address: 4555 Riverside drive

Palm Beach Gardens FL 33410

ph 800-443-8166

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

*CK# 8609
\$10*

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Robert M. London, DDS, Assistant Professor
Specialty Certificate, Periodontics, University of Washington
DDS, UCLA School of Dentistry, 1979
BA - Biology, UCLA, 1975

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Nicholas J Fangman DDS

Title: _____ Phone Number: 712-792-2630

Fax Number: 712-792-5547 E-mail: dr-fangman@corraedentalassociates.com

Address: 1406 N Hwy 71 Corrae Ia 51401

Signature: Nicholas J Fangman DDS Date: 1/2/2013

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

Pursuant to Iowa Administrative Code 650—25.3(6), within 90 days after the receipt of application, the Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687

School of Dentistry
Dr. London

SCHOOL OF DENTISTRY

UNIVERSITY of WASHINGTON

Improving Dental Care. It's the Washington Way.

Clinical Professor

Background

- Specialty Certificate, Periodontics, University of Washington, August, 1981
- DDS, UCLA School of Dentistry, June, 1979
- BA Biology, UCLA, March, 1975

Contact Information

Robert M. London, DDS

Box: 357444

Office: D-580

Email: rlondon@uw.edu

Phone: 206.616.4883

Interests

- Technology applied to surgical outcomes: Computer generated surgical guides; technology to aid fabrication of bone graft matrices; materials to enhance radiography for implant case planning.
- Software for planning and for 3-D rendering; CAD-CAM software for designing surgical aids and for milling surgical instrumentation

Current Courses

- Adult Orthodontics – periodontal implications
- Foundations of Implant Dentistry
- Hands-on implant surgical training
- Various periodontal seminars

Publications

1. **London, RM**, Hong, SK, Mizuha, B. Supra-crestal bone grafting success with a novel application of an absorbable space-maintaining material. Accepted for publication in *Clinical Advances in Periodontics*, with an acceptance date of 08-Jun-2011

2. Kretschmar, S, Yin, Lei, Roberts, F, **London, R**, Flemmig, T, Arushanov, D, Kaiyala, K, and Chung, W. Protease inhibitor levels in periodontal health and disease. *J Periodontal Res.* 2011 Oct 27. doi: 10.1111/j. 1600-0765.2011.01425.x. [Epub ahead of print]
3. **London, R.** Periodontal Flap Surgery Dear Doctor. *Dentistry & Oral Health* 2010 vol 4(3) 56-62
4. Park, C, Raigrodski, A, Rosen, J, Spiekerman, C, and **London, RM.** Accuracy of implant placement using precision surgical guides with varying occlusogingival heights: An in vitro study. *J Prosthet Dent.* 2009 Jun;101(6):372-81



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Palm Beach Gardens, FL 33410
800-443-8166

BIOMET 3i LLC verifies that

Dr. Nicholas Fangman

Licentiate's Name

7225 Ia.

Licentiate's Number

Has attended the Continuing Dental Education (Educational Method) Course:

BIOMET 3i Innovations Seminar:

Implant Surgery: Fundamentals To Details/London Course

On: 10/08/2012
Location: Seattle, WA
Presented By: Dr. Robert London
For: 48 CE Credit Hours

Nicholas J Fangman D.D.S.
Licentiate's Signature

Anne Dorow
Anne Dorow
Manager, Professional Education

PARTICIPANTS: Continuing Education credits awarded for participation in the CE activity may not apply toward license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board(s). Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

AGD Sponsor: 81657
AGD Subject Code: 690482
Participation: 26
Lecture: 22
Total Hours: 48

Please mail form to: (only if you are a member)
Academy of General Dentistry
211 East Chicago Avenue, Suite 1200
Chicago, IL 60611-2670

London Institute 6-Day Implant Surgical Course

page 3

----- Week Schedule: Implant Surgery – Fundamentals to Details -----						Bone Grafting
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Registration and Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Advanced Surgical Procedures Breakfast
Morning 1	Implant fundamentals review Patient examination – screening and detail	Advanced radiographic interpretation Surgical anatomy – innervation, vasculature, surgical planes and space	Patient preparation anesthesia pre and post op medications sterility Implant drilling sequence	Surgical pitfalls Bleeding Contamination Nerve damage / paresthesia Infection	Anatomy review Cadaver procedure and protocol run-down	Surgical anatomy – innervation, circulation, surgical planes, with special focus on sinus, chin, and ramus regions Complication management Bleeding Contamination Nerve damage / paresthesia Infection Bone adjuncts, membranes, grafts
	Morning coffee	Morning coffee	Morning coffee	Morning coffee	Morning coffee	Morning coffee
Morning 2	Elements of case planning I – case types and implant location	Radiographic and surgical guide design, fabrication, and utilization	Case Discussions mandible	Case Discussions maxilla	Hands-On 8 Cadaver 1	Adv. Cadaver Practicum 1 Donor bone harvesting ramus and chin
	Luncheon discussion	Luncheon discussion	Luncheon discussion	Luncheon discussion	Luncheon discussion	Luncheon discussion
Afternoon 1	Surgical instrumentation and technique	Hands-On 2 Prosthetic components Guide fabrication	Hands-On 4 Implant placement technique mandible Exercise case plan standard diameters Drill & place 3 standard implants	Hands-On 6 Implant placement maxilla	Hands-On 9 Cadaver 2 Implant placement mandible	Adv. Cadaver Practicum 2 Osteotome Sinus elevation Maxillary anterior ridge split
	Afternoon tea	Afternoon tea	Afternoon tea	Afternoon tea	Afternoon tea	Afternoon tea
Afternoon 2	Hands-On 1 Incision technique exercises	Hands-On 3 Suturing exercises Management of soft tissue splitting de-tensioning basic grafting	Hands-On 5 Wide diameter implants Drill & place 2 wide diameter implants	Hands-On 7 Special drilling situations – angles and narrow ridges Bone drilling exercise	Hands-On 10 Cadaver 3 Implant placement maxillary anterior – standard or immediate	Adv. Cadaver Practicum 3 Caldwell-Luc sinus elevation Flap advancement, de-tensioning, suturing

The London Institute
Seattle, Washington, USA

Hereby certifies that

Nicholas J Fangman DDS

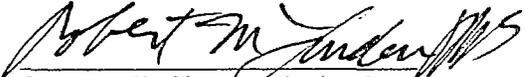
has displayed significant dedication to the field of Dentistry
by completing a full 48 hours of advanced training in

Dental Implant Surgery

Fundamentals to Details and

Advanced Implant Site Development

October Thirteenth of the year Two Thousand and Twelve


Robert M. London, D.D.S.
Course Director

Dental Implant Surgery Fundamentals to Details

including

Advanced Implant Site Development Bone Grafting

Robert M. London, D.D.S.
Clinical Professor
University of Washington School of Dentistry
Graduate Periodontics



The London Institute
Email: Info@LondonInWA.com • 206-683-0655 • fax: 206 232-8965
www.LondonInWA.com

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London Institute 6-Day Implant Surgical Course

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London Institute Participant Directory

October 8-13, 2012

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Surgical Instrumentation - Discussion

General concepts regarding instrumentation

“Completeness vs. neatness”

Visual vs. tactile

Quality, sources

Nomenclature in front of patients

Instrument Groups

Diagnostic

Probe, pocket markers

Mirror

Explorer/furcation probes

Extraction

Periotomes for less trauma to surrounding tissues (i.e. papillae and buccal bone)

Elevators, forceps

Incision

Scalpel handles, scalpel blades

Gingivectomy knives

Rotary gingivoplasty burs

Scissors, nippers

Retraction

Mirrors, Prichard paddle, Minnesota

Debridement

Curettes, scalers, ultrasonics, chisels, forceps

Osseous Recontouring

Rotary: carbide burs, diamonds; high vs. low speed

Hand instruments: chisels, wedelstadts, files

Root Instrumentation

Hand instruments: scalers, curettes

Finishing burs, ultrasonics

Closure

Needle holders, tissue forceps

Miscellaneous

Sterilization canisters, suction tips, photo equipment



Fax Cover Sheet

N. J. Fangman, DDS.

712-792-2630 Phone

1406 N. Hwy 71

712-792-5547 Fax

Carroll, IA 51401

Attention: *JDB - Staff*

Fax No. *515-281-7969*

Comments: *He wants to know if this course
he took would qualify for C.E.U.'s towards
his license? Please respond!
e-mail = dr-fangman@carrolldentalassociates.com
or phone or fax*

No of pages *2*

Thank You

Mary

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IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157
www.dentalboard.iowa.gov

NOTE: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Course Title: _____

2. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

3. Course date: _____ Hours of instruction: _____

4. Provide a detailed breakdown of contact hours for the course or program:

5. Name of course sponsor: _____

Address: _____

6. Which of the following educational methods were used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: _____
Title: _____ Phone Number: _____
Fax Number: _____ E-mail: _____
Address: _____
Signature: _____ Date: _____

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

Pursuant to Iowa Administrative Code 650—25.3(6), within 90 days after the receipt of application, the Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE** PER COURSE TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

Dr. Fangman

From: Barb Blough [Barb.Blough@IowaDental.org]
Sent: Wednesday, November 14, 2012 2:06 PM
To: drfangman@carrolldentalassociates.com
Cc: Larry Carl
Subject: Request for CEU Credit Clarification

Dr. Fangman: We are in receipt of your fax regarding CEU credits for a course that you took. This is a question for the Iowa Dental Board. They are the regulatory board that determines what courses are eligible for continuing education credit in Iowa.

You can reach them by fax at 515/281-7969.

Barb Blough
Assistant Director
Iowa Dental Association
5530 West Parkway, Ste. 100
Johnston, IA 50131
515.986.5605, ext. 105
515.986.5626 Fax

barb.blough@iowadental.org

Received Time: Dec. 31, 2012 8:41AM No. 1017
www.iowadental.org



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BIOMET 3i LLC verifies that

Dr. Nicholas Fangman

Licentiate's Name

7225 Ia.

Licentiate's Number

Has attended the Continuing Dental Education (Educational Method) Course:

BIOMET 3i Innovations Seminar:

Implant Surgery: Fundamentals To Details/London Course

On: 10/08/2012
Location: Seattle, WA
Presented By: Dr. Robert London
For: 48 CE Credit Hours

Nicholas J. Fangman DDS
Licentiate's Signature

Anne Dorow

Anne Dorow
Manager, Professional Education

PARTICIPANTS: Continuing Education credits awarded for participation in the CE activity may not apply toward license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board(s). Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

AGD Sponsor: 81657
AGD Subject Code: 690482
Participation: 26
Lecture: 22
Total Hours: 48

*Please mail form to: (only if you are a member)
Academy of General Dentistry
211 East Chicago Avenue, Suite 1200
Chicago, IL 60611-2670*

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JAN 4
IOWA DENTAL BOARD

**APPLICATION FOR PRIOR APPROVAL OF
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IOWA DENTAL BOARD
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Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 *per course* is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Spring Park Dental Implant Study Club

Address: 5345 Spring Street, Davenport, IA 52807

Phone: 563/359-1601 Fax: 563/355-7111 E-mail: sposgk@hotmail.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): DENTAL IMPLANT STUDY CLUB

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: "DIEM2: Solutions for Immediate Full Arch Rehabilitation in One Day"

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: 1.10.2013

Hours of instruction: 2.5

7. Provide the name(s) and briefly state the qualifications of the speaker(s):
Wayne Szara, CDT
Please see enclosed brochure

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Paul R. Smith, DDS
Title: DDS Phone Number: 563/359-1601
Fax Number: 563/355-7111 E-mail: prs.spoms@hotmail.com
Address: 5345 Spring St., Davenport, IA 52807
Signature: Paul R Smith Date: 1-2-12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

Pursuant to Iowa Administrative Code 650—25.3(5), please submit the application for approval 90 days in advance of the commencement of the activity. The Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed. The Board may be unable to issue a final decision in less than 90 days. Please keep this in mind as you submit courses for prior approval.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE** PER COURSE TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

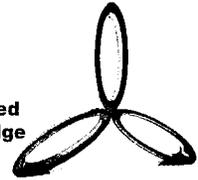
Spring Park Oral Surgery Presents:

DIEM2: Solutions For Immediate Full Arch Rehabilitation In One Day*



Presented by Wayne Szara, CDT

Enhanced
Knowledge



Course Description

Many patients seek full arch rehabilitation to quickly regain their confidence and quality of life. You can help these patients by offering DIEM[®] 2, solutions for immediate full arch rehabilitation. **BIOMET 3i** previously offered options for immediate full arch rehabilitation in the mandible with the original DIEM[®] guidelines. This has now been expanded with NEW DIEM[®] 2 to offer rehabilitation for both arches utilizing innovative products to deliver provisional prostheses in as little as one day. This course is designed to provide practical and innovative solutions for placing up to six implants in the full arch utilizing Low Profile Angled Abutments on the provisional prosthesis the day of implant placement.

Participants will learn the DIEM[®] 2 protocol essential for patient care, additionally they will learn how DIEM[®] 2 may improve practice productivity and efficiency by reducing chargside visits for each case.

Course Objectives:

Each participant should be able to:

- Be able to identify the patients who are excellent candidates for the immediate full arch provisional restoration process
- Understand the pre-operative steps necessary to prepare the patient for the procedure
- Understand the step by step process to convert a denture to a full arch provisional restoration
- Be able to identify the necessary equipment and instruments that are essential for this process

Date

Location

Time

1/10/2013

Spring Park Oral Surgery

6pm-8:30pm

Please R.S.V.P. to Glenna at Spring Park (563) 359-1601 or sposgk@hotmail.com

Spring Park Oral Surgery Presents:

DIEM2: Solutions For Immediate Full Arch Rehabilitation *In One Day**



Speaker: Wayne Szara, CDT

Wayne Szara is an Emerging Technologies Specialist with BIOMET 3i. A graduate of Triton College and Southern Illinois University with degrees in dental technology and vocational education, Wayne has a broad knowledge of laboratory procedures and the skills to present new information in a clear and interesting manner.

A published author, Wayne's technical articles have appeared in peer reviewed journals. He is recognized by the U.S. Army as an outstanding seminar leader in their professional development program for dentists and dental technicians. Wayne's field of expertise is "complete dentures". Wayne has been an accredited certified dental technician since 1991.

Wayne has been working with BIOMET 3i for almost 9 years as a Senior Territory Manager presenting numerous seminars including hands-on programs regarding implants and implant prosthetics throughout the Chicago area and United States. His programs are presented to Oral Surgeons, Periodontists, General Dentists, Dental Technicians and even patients. Daily, he helps dentists and dental technicians with their questions on restoring dental implants.

Wayne's current position focuses on working with Specialists, General Dentists and Laboratory Technicians specific to Intra Oral Scanning of dental implants and DIEM2: "Solutions For Immediate full Arch Rehabilitation In One Day." Wayne has extensive experience treatment planning, restoring and following through to the final restoration in over 150 plus immediate single and full arch restorations.

Wayne has over 24 years experience in the dental field which included 11 years as a technical specialist with Sterngold specializing in dental attachments, implants, prosthetics and 5 years as a Territory Representative with 3M ESPE, which is one of the world leaders in restorative dentistry.

**APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM**

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

Note: A fee of \$10 *per course* is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Karin A. Southard DDS, MS

Address: 420 Lexington Ave; Iowa City IA 52246

Phone: 319-337-6337 Fax: 319-363-8886 E-mail: K.Southard@mchsi.com
319-400-3126

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): Private Practice, Parks and Schmit Orthodontics
Cedar Rapids IA 52402

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Periodontal Considerations in Orthodontic Treatment and Implications
Related to Bone Health and Use of Bisphosphonates

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: To Be Determined

Hours of instruction: 2

7. Provide the name(s) and briefly state the qualifications of the speaker(s):
Karin A. Southard DDS, MS
Professor Emeritus, University of Iowa College of Dentistry
18 years full-time academics at U. of Iowa
4 years full-time academics at U. of Tennessee, Memphis

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Karin A. Southard
Title: Professor Emeritus Phone Number: 319-400-3126; 319-363-3575
Fax Number: 319-363-8886 E-mail: k.southard@mchsi.com
Address: 420 Lexington Ave; Iowa City IA 52246
Signature: Karin A Southard Date: 1/3/13

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

If the course was offered by a Board approved sponsor, you should contact the sponsor directly for approval information, rather than submitting this form. A list of approved sponsors and contact information is available on the Board website at www.dentalboard.iowa.gov. Continuing education guidelines and rules are also available on the Board's website. A course is generally acceptable and does not need to go through this formal approval process if it is directly related to clinical practice/oral health care.

Pursuant to Iowa Administrative Code 650—25.3(5), please submit the application for approval 90 days in advance of the commencement of the activity. The Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed. The Board may be unable to issue a final decision in less than 90 days. Please keep this in mind as you submit courses for prior approval.

MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE** PER COURSE TO:

Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687

COURSE DESCRIPTION

Periodontal Considerations in Orthodontic Treatment and Implications Related to Bone Health and Use of Bisphosphonates

This lecture will include the many aspects in which periodontal health affects orthodontic treatment. We will examine the differential diagnosis and etiology of gingival height discrepancies, the effects of supracrestal fibers in tooth movement and relapse and the use of a supracrestal fiberotomy. We will also examine patients with severe isolated lower incisor gingival recession to determine who is and who is not a candidate for a lower incisor extraction and we will consider some guidelines for managing patients with stable moderate to severe bone loss including biomechanical limitations. All discussions are case-based with clinical examples of diagnostic and treatment principles. Additionally, we will examine the basic pathophysiology of age-related bone loss, how this seems to correlate with loss of oral bone and how the pervasive use of bisphosphonates should modify our health history taking and orthodontic treatment procedures.

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Phone: 319-337-6337 Fax: 319-363-8886 E-mail: K.Southard@mchsi.com
319-400-3126

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): Private Practice, Parks and Schmit Orthodontics
Cedar Rapids IA 52402

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Managing Patients with Missing Teeth
(including using implants for anchorage)

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: To Be Determined Hours of instruction: 2
(approximately April 2013)

7. Provide the name(s) and briefly state the qualifications of the speaker(s):
Karin A. Southard DDS, MS
Professor Emeritus, University of Iowa College of Dentistry
18 years full-time academics at U. of Iowa
4 years full-time academics at U. of Tennessee, Memphis

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Karin A. Southard
Title: Professor Emeritus Phone Number: 319-400-3126; 319-363-3575
(office)
Fax Number: 319-363-8886 E-mail: K.Southard@mchsi.com
Address: 420 Lexington Ave; Iowa City IA 52246
Signature: Karin A Southard Date: 1/3/13

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Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687

COURSE DESCRIPTION

Managing Patients with Missing Teeth

This lecture will include examination of malocclusions with missing teeth or unique situations, rationale for appropriate scenarios for management, based on specific case type including cephalometric diagnosis, facial analysis, arch length analysis, and available anchorage. The lecture will include examination of options for treating patients with missing canines, premolars, incisors or molars, indications for space closure and substitution versus prosthetic replacement. Case attributes that favor each scenario will be examined along with basic necessary orthodontic biomechanics including the use of temporary anchorage devices (TADs). All discussions are case-based with documentation of treatment and with scientific citations when appropriate.

RECEIVED

DEC 13 2012

IOWA DENTAL BOARD

My previous application for approval of this course was denied. I am hopeful that additional explanation of what the class will entail will make it clear that the course will be beneficial for clinical practice.

Dentists, dental hygienists, and dental assistants often encounter patients who present with conditions that are influenced by masticatory function. These can include bruxism, aberrant facial growth patterns, or temporomandibular joint problems. A better understanding of the masticatory system and its interaction with other parts of the facial skeleton is beneficial to understanding the underlying cause and possible treatment options for these conditions.

The goal of this lecture is two-fold. First, Dr. Holton will provide an overview of masticatory anatomy. This will include a discussion of skeletal anatomy, muscles of mastication and innervation, all of which are critical to understanding clinical abnormalities of the masticatory system. During the second part of the lecture, Dr. Holton will provide an overview of current research on the masticatory system. In particular, Dr. Holton will discuss how facial form and masticatory function are related and how understanding changes in masticatory function through time can help us understand common problems faced by clinicians today.

CK# 25916
#10

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www.dentalboard.iowa.gov

Note: A fee of \$10 per course is required to process your request. PLEASE TYPE OR PRINT.

1. Name of organization or person requesting approval: Suzanne Stock

Address: 1031 Wade St, Iowa City, IA 52240

Phone: 319-338-8658 Fax: 319-337-2945 E-mail: dr.ss@southeastiowaorthodontics.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): private practitioner

3. Which of the following educational methods will be used in the program? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV)
- Participation
- Discussion
- Demonstration

4. Course Title: Topics in Human Head and Neck Anatomy

5. Course Subject:

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: _____

6. Course date: April 4, 2013* Hours of instruction: 2

*tentative, subject to
space availability
and approval of this form

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____

Dr. Nathan Holton, phd physical anthropology,
instructor of human gross anatomy course for
dental students (also my husband)

8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Suzanne Stock

Title: Orthodontist Phone Number: 319-338-8658

Fax Number: 319-337-2945 E-mail: dr.ssc@southeastiowaorthodontics.com

Address: 1031 Wade St, Iowa City, IA 52240

Signature:  Date: 12-10-12

Board rules specify that the following subjects are NOT acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

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MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

SPONSOR RECERTIFICATION APPLICATION

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IOWA DENTAL BOARD

OCT 9 2012

400 S.W. 8th St, Suite D • Des Moines, IA 50309-4687

Phone (515) 281-5157 • www.dentalboard.iowa.gov

IOWA DENTAL BOARD

All board-approved sponsors of continuing education must submit a sponsor re-certification record biennially and pay the biennial renewal fee of \$100. Please complete this application and return it to the Board office by August 31.

1. Official Name of Sponsor Group: Hawkeye Community College

Contact Person: Elizabeth Cummings Phone: 296-4456 Fax: 296-1674

Address: 1801 East Orange Rd. Waterloo, IA 50704 E-mail: elizabeth.cummings@hawkeyecollege.edu

2. Name of Current Officers, Title, Address, Phone:

Sarah Turner Consultant to VP of Academic Affairs
(319) 296-4432

3. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the board's website.

Name: Elizabeth Cummings Phone: 319-238-4456 Fax: 319-296-1674

Full Address: 1501 East Orange Rd Waterloo, IA 50704

Internet Address: _____ E-mail: elizabeth.cummings@hawkeyecollege.edu

4. How many courses, meetings or programs did your organization sponsor last year? 1

5. How many courses, meetings or programs do you anticipate sponsoring this year? 2

6. Which of the following educational methods does your organization use? Please check all applicable.

- Lectures
- Home study (e.g. self assessment, reading, educational TV, internet courses)
- Participation
- Discussion
- Demonstration

7. Course Subjects Offered: (check all applicable)

- Related to clinical practice
- Patient record keeping
- Risk Management
- Communication
- OSHA regulations/Infection Control
- Other: Radiography renewal

#1152345 \$100

8. List all educational programs or courses conducted during the preceding 24-month compliance period. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours
9/11/12	Infection Control	Jody Miller	HCC Tama Hall	4 hrs.
	Radiography Renewal	Cathy VanWinkle	Waterloo, Iowa	
10/5/12	Infection Control	Jody Miller	HCC Tama Hall	2 hrs
	Radiography Renewal	Cathy VanWinkle	Waterloo Iowa	

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects, which are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the board rules for planning and providing continuing education.

Name of person completing this application: Elizabeth Cummings

Address: 1501 E. Orange Rd. Waterloo, IA 50604 Phone: 296-4456

Elizabeth Cummings Signature Date 9/18/12

Please note: The biennial renewal fee of \$100 must accompany this Recertification Application.

RETURN TO:
 IOWA DENTAL BOARD
 ADVISORY COMMITTEE ON CONTINUING EDUCATION
 400 S.W. 8th Street, Suite D
 Des Moines, IA 50309-4687

INFECTION CONTROL RENEWAL FOR IOWA REGISTERED DENTAL ASSISTANTS FOR 2011-2013

Credit: 2 CEUs

Cathy Van Winkle, CDA, RDA, B.S.

Methods of Instruction:

Lecture

Power Point

Handouts

Objectives:

Upon completion of this program the registered dental assistant will be able to:

1. Know the role of each member of the dental team in maintaining an OSHA training and exposure control program.
2. Identify the various methods of handling occupational exposures in the dental office.
3. Know the use and purpose of barrier protection in standard precautions used in infection control practices.
4. Know how to determine occupational exposures.
5. Know how to keep accurate and up-to-date records.
6. Know the required OSHA documents to post in the dental office.
7. Understand OSHA engineering controls for the dental office.
8. Apply OSHA Bloodborne Pathogen Standards to each type of dental office.
9. Identify staff risk issues in the dental office.
10. Know the methods of compliance with mandatory immunizations required of members of the dental team.

Program Description: The registered dental assistant will be able to implement OSHA Bloodborne Pathogen Standards as a vital and important member of the dental team.

INFECTION CONTROL RENEWAL FOR REGISTERED DENTAL ASSISTANTS

WORKING AS A DENTAL TEAM

- Team players are essential for infection control protocol to be successful in your dental office.
- Builds a bridge for complete dental health care.
- Develop safety precautions that will allow the office you are employed in to be recognized for it's team approach to dentistry.

OSHA Bloodborne Pathogens

- The most important Infection Control Law in Dentistry is the Bloodborne Pathogen Standards (Section 1910. 1030)
- This applies to all occupational exposure to blood or other potentially infectious materials. (OPIM)

Goals of Infection Control

- Eliminates cross-contamination
- Reduce susceptibility to dental team members by developing an exposure control plan, training program, record keeping.
- Use of barriers in the operatory
- Use of work practice controls at chairside
- Use of Standard Precautions as established by OSHA and recommended by the CDC .

STANDARD PRECAUTIONS

- All human blood and other potentially infected materials are to be treated as if known to be infectious from HBV, HIV or other bloodborne pathogens.
- The CDC and OSHA have various rules and recommendations relating the dental healthcare setting .

OSHA RECOMMENDATIONS

- Compliance in Iowa is mandatory since 1993.
- These items are listed as guidelines, & recommendations.
- Guidelines for Infection Control in Dental Health Care Settings was updated in 2003.
- This is necessary to ensure the health & safety of patients & dental team members.
- Guidelines available at;
<http://www.state.ia.us/dentalboard>

Personal Protective Equipment

- OSHA bloodborne pathogen standard states that control shall be examined, maintained or replaced on a regular schedule to ensure the effectiveness of the PPE's being used.
- Should be worn at chairside during procedures.
- Should be worn when decontaminating the operatory.
- Should be worn when in the sterilization area.
- Should be worn when preparing chemicals.
- Should be worn when cleaning blood or other body fluid spills.

GLOVES

- Protect hands
- Prevent cross-contamination
- Gloving does not replace hand washing
- Avoid long nails & jewelry
- Cover cuffs of lab jacket with gloves so that skin is not exposed
- Check for latex hypersensitivity for both patients & staff
- Types: latex, vinyl, nitrile & sterile surgical gloves

Protective Eyewear

- To prevent infection or injury to eyes
- To prevent damage to eyes when preparing and using chemicals
- Should also be worn by patients
- Safety glasses must have side shields or can be included with a face shield.

Face Masks

- Reduces inhalation of potentially infectious aerosol particles
- Protects mouth and mucosa from direct contamination
- Must be worn when aerosol or splatter is generated when using handpieces or ultrasonic scalars
- Must fit snugly
- A new masks must to used with each new patient
- Remove mask by elastics band or stings when treatment is over

Gowns/Lab Jackets

- To avoid contamination of street clothing or scrubs
- Prevents cross-contamination to family members
- Should not be worn outside the dental office
- Should be changed daily or when soiled
- Must cover arms and fit snugly around neck
- Should not be worn when eating or drinking in lunch room or lounge
- Must be laundered on the premises or by a laundry service (OSHA engineering controls)

Work Practice Controls

- Engineering controls reduce exposure by removing the hazard or isolating the dental team members from it: examples are needle recapping, HVE, dental dam
- Reduce chance of exposure by changing the way a task is performed: examples are handwashing technique, using sharps containers correctly, or personal habits such eating in the office.

Basic Handwashing

- This is mandatory before treatment, between patients, after glove removal and after a needle stick.
- Should last at least 3 minutes.
- Wash with warm & rinse with cool water.
- Use antimicrobial liquid handsoap.
- Dry hands thoroughly using disposable paper towels.
- Use touchless faucets or a paper towel to turn on & off faucet.

**ALL TEAM MEMBERS ARE RESPONSIBLE
IN AVOIDING CROSS-CONTAMINATION**

Dental Team Risk Issues

- Category I- Dental team members routinely exposed to blood & saliva are at risk
- Category II- Dental team members not usually involved with blood & saliva are not at risk.
Examples: office managers and receptionist

DECONTAMINATION

Barriers

- Use covers on ALL touch and transfer surfaces.
- Saves on equipment damage from chemicals.
- Surface disinfect barrier area only if there is evidence of it being compromised.
- Barriers should be removed after the patient leaves the operatory to prevent cross contamination.
- Always use nitrile utility gloves when removing barriers.
- Time-saving alternative to between patient cleaning & disinfection. (SWS)
- Use fluid impervious barriers on surfaces prone to contamination.

CDC Instrument Classification

- Critical- touches bone or penetrates soft tissue (Sterilize)
- Semicritical- touches mucous membrane (Sterilize or use high level disinfectant as a sterilant)
- Noncritical- has contact with intact skin (intermediate level or low level disinfectant)

Cleaning Operatory

- Nitrile utility gloves must be worn.
- Gather together ALL barriers and dispose of in a non-biohazard container.
- Remove instrument tray and place in sterilization area.
- When necessary clean environmental surfaces daily which are not points of cross-contamination (use mild detergent & water or commercially available cleaner containing no alcohol, bleach or ammonia).
- Do not leave a soapy film.
- Minimize handling loose contaminated equipment or instruments during transport to sterilization area.
- This is your first step in decontamination.

Ultrasonic Cleaning

Most popular method of cleaning instruments

- Place in basket
- Set for appropriate time (varies with size of load and if a cassette is used).
- Rinse thoroughly when they have been removed and place on towel to air or pat dry.
- Use correct solution in ultrasonic cleaner
- Discard solutions daily

Disinfection

- There is no single surface disinfectant that is ideal.
 - Use when barriers have been compromised.
 - Should be used once at the end of the day on splash & splatter surfaces when they have been visibly contaminated.
 - Always follow manufactures instructions for correct use of product and that it is EPA approved.
 - Check the "kill time" on the disinfectant you are using.
- Disinfectants kill a variety of microbes, including TB bacillus, but does not kill spore forming organisms. (Check product labels)

Types of Disinfectants

- High level – Glutaraldehydes are EPA registered sterilant and disinfectants since they are sporicidal.
- Should not be used as a disinfectant on environmental surfaces in the operatory. (clinical contact)
- Intermediate level- Hospital grade disinfectant that are EPA registered and kill a broad spectrum of microbes. Examples are Complex phenolic compounds, iodophors and hypochlorites.
- Low level- may kill TB bacillus and should only be used on areas not indirect contact with touch or transfer surfaces.

Sterilization

- Heat sterilization is recommended on critical and semi-critical items. (Any item entering the oral cavity)
- Single use disposables are recommended whenever possible.
- Steam under pressure (Autoclave)
- Dry Heat (Driclave oven)
- Chemical Vapor (Chemiclave)
- Ethylene Oxide
- Liquid chemical sterilants

Packaging of Instruments

- Pouches are the most popular wrap used. (paper/plastic)
- Cassettes are also popular, but be sure the correct type of sterilizer is used.
- Use internal chemical indicators in each pouch.
- Use indicator tape on the outside of each prepared package.
- Use biological monitors. (use correct type of monitor in each package & sterilizer to ensure effectiveness.
- Use biological monitors weekly or more frequently if indicated.

Storage of Sterilized Items

- Implement the practice of storing sterilized instruments & devices on a date and event related use according to their shelf life.
- Even in event related packing, place the date of sterilization.
- If multiple sterilizers are used state which one was used on the outside of the packs to facilitate the retrieval of processed items in the event of sterilization failure.

Unwrapped Items

- Clean & dry unwrapped instruments prior to the unwrapped sterilization cycle.
- Use a chemical indicator for each unwrapped cycle
- After instruments have cooled and dried do not store unwrapped.
- Do not sterilize implant devices unwrapped.
- Critical instruments for immediate use can be sterilized unwrapped if they are maintained sterile during removal from sterilizer & transport to the point of use.

STERILIZATION EFFECTIVENESS

- Asepsis must be adhered to after sterilization to prevent break in chain of sterility.
- Store instruments in closed cabinets or drawers.
- Check to be sure each package has not been compromised.

Water Quality

- Use water that meets regulatory standards set by the EPA for drinking water for routine dental treatment output water.
- Dental unit water lines need to be purged for 30 seconds after each procedure.
- Self contained water systems are suggested.
- Research shows that if water lines are not treated, water becomes contaminated with bacteria as a result of the accumulation of biofilm.
- Consult with the dental unit manufacturers on the need for periodic maintenance of antiretraction mechanisms.

SOP'S

- When the dental assistant cares for equipment, instruments, and supplies, each member of the dental team should follow the same program.
- Every office has their own methods of performing standard procedures.
- These are important when new members of the dental team are hired.
- Post sop's in the lab area where all team members can reference them whenever necessary.
- If changes occur, change your sop's.

Training Program

- Review OSHA standards
- Use of PPE'S
- Review OSHA standard precautions
- Prevention of HBV, HIV, HCV
- Proper work practices
- Procedures for exposure incidents
- Label and handling of infectious waste
- Mandates 2 hours of initial training & one hour yearly updates

Immunizations

- Immunizations will reduce susceptibility to many viruses
- TB screening at least every 2 years
- Influenza (seasonal)
- HBV- receive 10 days from the day you begin employment
- Tetanus –every 5 years
- MMR

Exposure Control Plan

- Use standard precautions
- Proper handwashing
- Use of PPE'S
- Laundry for PPE'S
- Cleaning and decontaminating
- Housekeeping procedures
- Engineering and work practice controls (needle stick safety)
- Regulated waste containment

Waste Management

- Regulated medical waste includes sharps and extracted teeth
- Sharps in puncture resistant container with biohazard label
- Medical waste in RED leakproof plastic bag
- Haulers must meet EPA waste haulers standards with paper work showing their final disposal site
- There are Federal, state & local requirements

Handling Other Office Waste

- If there is compressed blood that would be released or dried blood it would then be regulated waste.
- Contaminated dental office waste—Does not need to use RED bags since it is considered non-regulated waste.
- Place in lined and covered receptacles.
- Infectious waste- Must have universal biohazard symbol which includes bags for contaminated laundry, sharps and trays used in holding contaminated instruments.

RECORD KEEPING

- Employee medical record
- Employee training record
- HBV vaccine for all employees at risk & decline form if necessary
- Annual evaluation of new devices to prevent needlesticks
- Posters & Regulations
- Record of employee who refuses post exposure medical evaluation & follow-up (not a OSHA requirement)

Needlestick Safety

- Document: employees involved
- Document the process by which the input was requested and make a copy.
- Document meeting minutes and record responses from other employees.
- Copies of all examinations, medical testing, and follow-up procedures with written opinion from the health care professional involved.

IF EXPOSURE OCCURS

- Following a report of an exposure incident, the dentist shall make available a confidential medical evaluation and follow up.
- The report should include exposure information i.e. routes and circumstances of the incident. Also identify & document the individual that is the source of the exposure.
- Test the person for HIV & HBV ASAP . Document if consent is not obtained.

CONTINUED

- Make results available to employee and respect confidentiality of source status.
- Provide post-exposure prevention treatment when medically recommended.
- Provide counseling
- Evaluate illnesses that are reported in the first 12 weeks after exposure.
- A written opinion from the participating HCP within 15 days and if further evaluation or treatment is necessary.

Employee Medical Record

- A medical record is required for all employees with risk of occupational exposure
- Must be confidential and separate from personal file.
- Contents should include social security number
- Record may be kept in the dental office or the health care provider's office.
- HBV and other vaccines should be included as well as the dates received.
- Record should be retained the duration of your employment plus 30 years.

Required Documents

- Form 2203-OSHA Poster
- 29 CFR 1910.1200 – Hazard Communication Standard
- 29 CFR 1910.1030 – OSHA Bloodborne Pathogens Standard
- 29 CFR 1910.0020 – Access to employee Exposure and Medical Records
- Form 101 – log of individual injuries if over 11 employees.

Employee Training Record

- Document each training session
- Retain by your dentist for 3 years.
- This record must include; dates of training, summary of contents of training, name of qualified trainer and names of attendees and their job title.

All members of the dental team
need to follow good infection
control practices !

References

-
- Infection Control & Management of Hazardous Materials for the Dental Team by Chris H. Miller & Charles John Palenik
- OSHA Bloodborne Pathogens Standard (Section 1910-1030)

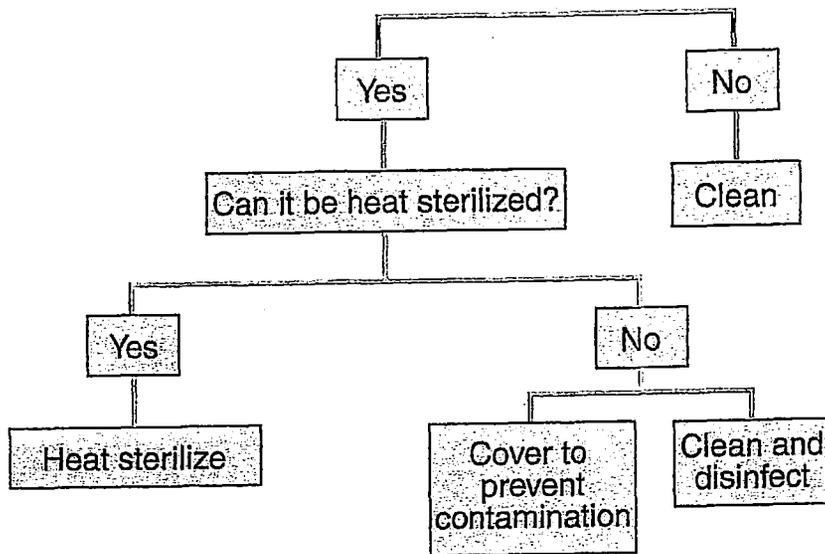


FIGURE 12-12
 Management of equipment that will not be used in a patient's mouth but that may become contaminated by touching or by spatter.

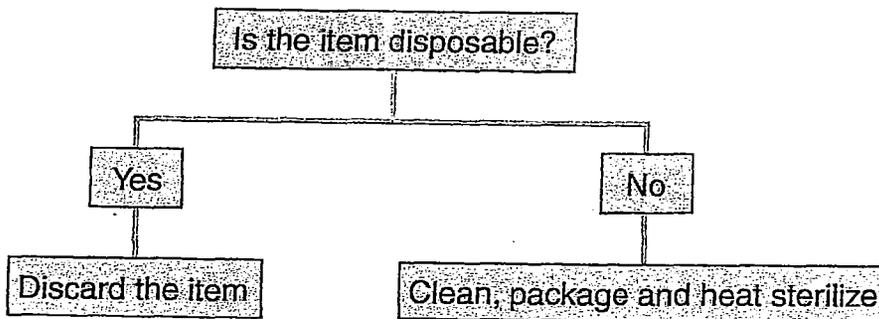


FIGURE 12-10
 Management of equipment that will penetrate soft tissue or tooth structure.

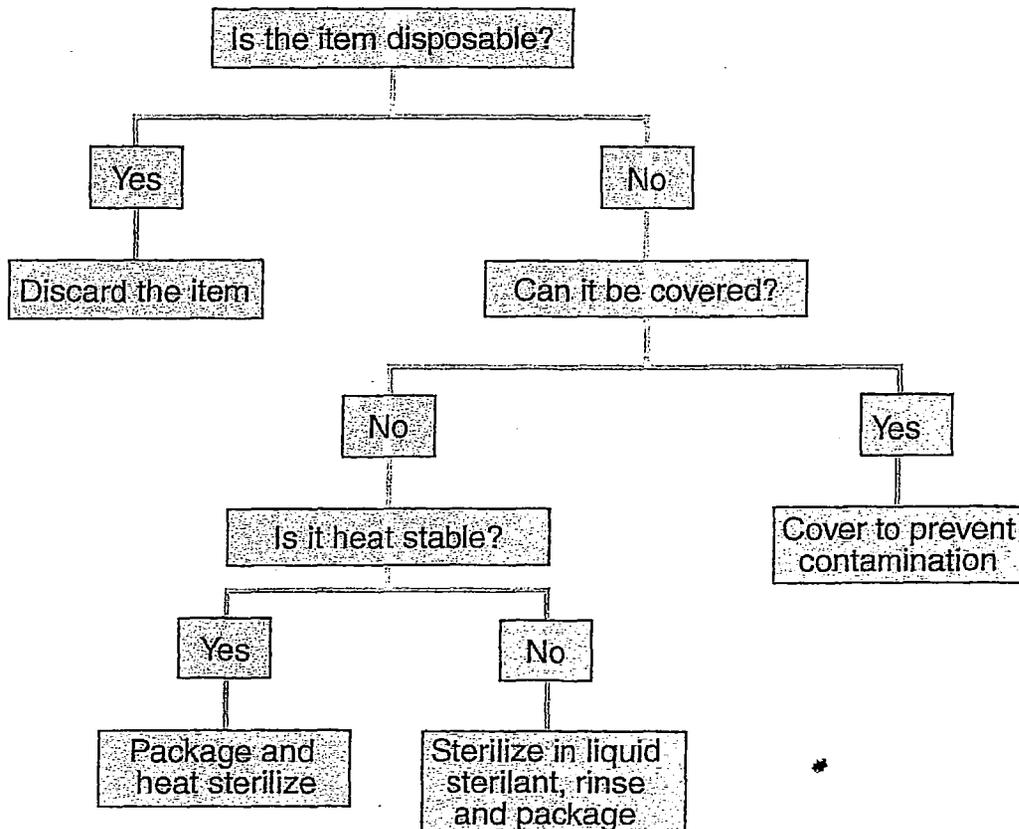


FIGURE 12-11
 Management of equipment that will be used in a patient's mouth but will not penetrate soft tissue or

RADIOGRAPHY RENEWAL FOR IOWA REGISTERED DENTAL ASSISTANTS
RENEWAL PERIOD 2011-2013
INSTRUCTOR : JODY MILLER CDA,RDA,B.S.
COURSE OUTLINE PART 2

This course meets the requirement for Registration renewal in Radiography and is approved by the Iowa Dental Board.

Instructional Methods: lecture, visuals, discussion

Review the effects of ionizing radiation
Review and discuss standards for Patient and Operator protection from ionizing radiation
Discuss intra-oral radiography challenges
Define Special Care Dentistry (SCD)
Review and discuss Legal and Ethical responsibilities
Identify and discuss advantages of CCD and PSP digital radiography

- I Ionizing Radiation
- II Selected Radiographic Technics
- III Managing Patients with special needs
- IV Dental legalities
- V Digital radiography

References:

Essentials of Dental Radiography, Johnson, Thompson
Dental Radiography Principles and Techniques, Haring, Lind
Journal of the American Dental Assistants Association 2009-2010-2011
American Society of Radiologic Technologists
JADA vol 137, #9, 1304-1312
www.dentalradiography.net www.dentalproductsreport.com www.osha.gov
www.dp europe.com www.newscientist.com

RADIOGRAPHY RENEWAL FOR IOWA REGISTERED DENTAL ASSISTANTS
RENEWAL PERIOD 2011-2013
INSTRUCTOR JODY MILLER CDA,RDA,B.S.
PART 2

IONIZING AND NON IONIZING RADIATION

Non ionizing has just enough energy to move atoms in a molecule or cause them to vibrate low frequency, long wavelengths

Ionizing has enough energy to remove tightly bound electrons from atoms creating ions. High frequency, short wavelengths

Radio sensitive/radio resistant

Genetic cells reproductive cells, all others somatic cells

Most sensitive to cells and tissue to least sensitive

- | | |
|-------------------------|----------|
| 1 white blood | 6 bone |
| 2 red blood | 7 nerve |
| 3 immature reproductive | 8 brain |
| 4 epithelial | 9 muscle |
| 5 connective tissue | |

STANDARDS FOR PATIENT AND OPERATOR PROTECTION FROM IONIZING RADIATION

National Council on Radiation Protection and Management set standards for operators and patients

Patient protection, selection criteria, exposure time, collimation, filtration, protective equipment

Operator protection

Follow NCRP recommendations

Continuing education, have an office radiation protection program, know MPD s and lifetime exposure limits, wear personal protective equipment, use barrier shielding, wear personal monitoring device.

PDB position
barrier

distance

INTRA-ORAL RADIOGRAPHY CHALLENGES

2

Tactile Stimuli

Tori

Ankloglossia

Narrow palate

Malpositioned teeth

Edentulous patient

Partial denture patient

Endodontic patient

SPECIAL CARE DENTISTRY (SCD)

Managing Patients with special needs is the delivery of dental care tailored to the individual needs of the patients who have disabling medical or mental conditions or psychological limitations that require consideration beyond routine approaches.

Some but not all of the challenges

Elderly

Wheel chair bound/physically disabled

Visually impaired

Hearing impaired

Cultural barriers

LEGAL AND ETHICAL RESPONSIBILITIES

The dental radiographer must respect the law governing the use of ionizing radiation and be informed regarding the Code of Ethics on the use of ionizing radiation. ADAA for dental assistants.

The Board rules for Iowa Dental Assistants can be found in the Iowa Administrative code 650-chapter 22

The Dental Assistant in Iowa must receive radiology qualification from the Iowa Dental Board.

To obtain the qualification, the Assistant must

Make application on the official board form

Be at least 18 years of age

Be a HS graduate or equivalent

Successfully complete a written Board examination in radiography or submit proof of passing the DANB radiation exam given after Jan 1, 1986

Provide evidence of successful completion, of a Board approved course of study in dental radiography The course of study may be taken by the applicant on the job while under trainee status, using board curriculum

Or at a Board-approved postsecondary school or from another program with prior-approval by the Board

Pay the required application fee

Have application form notarized

Renewal

Risk management

Patient communication

Informed consent

Liability

Documentation

Confidentiality

ownership

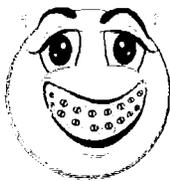
ADVANTAGES OF CCD AND PSP DIGITAL RADIOGRAPHY

CCD charge coupled device sensor connected to computer

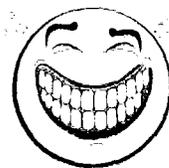
PSP Photo Stimulable Phosphor rare earth phosphor coated plates, uses conventional x-ray unit, PSP plate stimulated by a laser scanning device which converts the signal to a digital image

Advantages to digital

disadvantages



Notes



CONTINUING EDUCATION SPONSOR APPLICATION

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OCT 17 2011

IOWA DENTAL BOARD

400 S.W. 8th St, Suite D • Des Moines, IA 50309-4687
Phone (515) 281-5157 • www.dentalboard.iowa.gov

IOWA DENTAL BOARD

Groups or organizations wanting to obtain status as a board-approved sponsor of continuing education must complete this application and enclose the sponsor fee of \$100.

1. Official Name of Sponsor Group: Fr Dodge Oral + Maxillofacial Surgery P.C.
Contact Person: Jonathan DeJong Phone: 515-576-8727 Fax: 515-576-7076
Address: 804 Kenyon Rd Ste 120, Fr Dodge, 50501 E-mail: facefixer@mchs.i.com

2. Type of organization (attach bylaws if applicable):
 Constituent or component society Dental School
 Dental Hygiene School Dental Assisting School
 Other (please specify): Oral Surgery Group Practice

3. If applicable, approximate number of active members 3

Name of Current Officers	TITLE	ADDRESS	PHONE
<u>Eric Pearson</u>	<u>President</u>	<u>Same as above</u>	
<u>Eric Knox</u>	<u>Vice-President</u>	<u>"</u>	<u>"</u>
<u>Jonathan DeJong</u>	<u>Sec/Treasurer</u>	<u>"</u>	<u>"</u>

5. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the Board's website.
Name: Jonathan DeJong Phone: 515-576-8727 Fax: 515-576-7076
Full Address: 804 Kenyon Rd Ste 120, Fort Dodge, IA 50501
Internet Address: www.fortdodgeoralsurgery.com E-mail: facefixer@mchs.i.com

6. Approximately how many courses, meetings or programs does your group or organization sponsor each year? 3

7. Average number of attendees at each course or meeting: 25

8. How many courses, meetings or programs do you anticipate sponsoring this year? 3

9. Which of the following educational methods does your organization use? Please check all applicable.
 Home study (e.g. self assessment, reading, educational TV, internet courses)
 Lectures
 Participation
 Discussion
 Demonstration

#17468 \$100

10. Course Subjects Offered: (check all applicable)

- Related to clinical practice
- Risk Management
- OSHA regulations/Infection Control
- Other: _____
- Patient record keeping
- Communication

11. List all educational programs or courses offered during the preceding two years. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours
10/18/2011	Integrating Dental Implants	Dr. DeJong	Ft Dodge CC	2
11/1/2011	Current Dental Implant Technologies	Dr. DeJong	Ft Dodge CC	2
11/29/2011	Simplicity, Reliability, Esthetics	Dr. DeJong	Ft Dodge CC	3

12. Please attach a program brochure, course description, or other explanatory material to describe a "typical" yearly program sponsored by your organization.

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the Board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the Board rules for planning and providing continuing education.

Name of person completing this application: Jonathan DeJong

Address: 804 Kenyon Rd Ste 120, Ft Dodge, IA 50501 Phone: 515-576-8227

J DeJong
Signature Date 10/16/2012

Please note: The sponsor application fee of \$100 must accompany this application. You will be contacted after the Continuing Education Advisory Committee and Iowa Dental Board has reviewed your application.

RETURN TO:
IOWA DENTAL BOARD
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687

Tuesday October 18, 2011

Program Description:

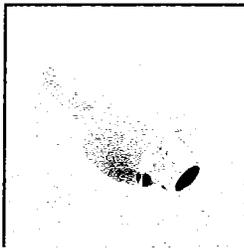
Most dentists who have not become involved with implant dentistry have made this decision based on the following assessment: Although implants appear to offer some clear restorative advantages over some conventional options, the restorative process is too complex, effort intensive and time-consuming to obtain the desired benefits, when compared to the conventional options. This problem is the primary barrier that has prevented both dentists and their patients from realizing the benefits of dental implant treatment. The Straumann team understood this, and specifically designed the restorative methods for the Straumann System with the goal of solving these exact problems, achieving a level of restorability comparable to conventional, natural tooth methods. This course will describe and simplify the various abutment options available for both cement and screw-retained final restorations. Clinicians will have the opportunity to experience hands-on training for both the fully and partially edentulous patient, utilizing various components of the Straumann Dental Implant system.



Program Objectives:

Upon completion of this program the participant will be able to:

- Understand the different abutment options for both Bone Level and Tissue Level Straumann Dental Implants.
- Understand the pros and cons of cement vs. screw-retained implant final restorations.
- Feel confident in ordering implant parts for patients ready to complete restorative treatment.
- Improve their communication with the Dental Laboratory in regards to the restorative options available for implant cases.



Location: Fort Dodge Country Club
370 Country Club Drive
Fort Dodge, IA 50501

Tuition: Complimentary

CE: 2 Hours

Date: Tuesday October 18, 2011

RSVP: Fort Dodge Oral Surgery
Phone: 515-576-8727

Time: 5:30 pm (Registration)
6:00 pm – 8:00 pm (Lecture/Hands-On)

Sponsored by:



You are invited to
Simplicity, Reliability, Esthetics



Course content

For many clinicians and their patients, dental implants are quickly becoming the preferred treatment of choice for tooth replacement. As the paradigm continues to shift with implants becoming the standard of care, there is more demand for not only functional, but esthetic treatment outcomes.

This evening program will discuss the role of implant design, biomechanics, and abutment options for achieving optimal results. The importance of simplicity and reliability for successful long-term outcomes will also be presented. A comprehensive review of implant design and abutment options will be provided so you can understand how to achieve predictable restoration of teeth, even when treating patients with poor bone quality.

At the completion of this course, participants will be able to:

- Recognize the options available for the replacement of a single tooth predictably and esthetically.
- Become familiar with options for implant-supported restorations.
- Understand the rationale for abutment selection.

Astra Tech is committed to new and innovative knowledge, however, some presentations may include controversial material. Sponsorship by Astra Tech does not necessarily imply endorsement of a particular philosophy, procedure or product.

Registration/information

To register or request more information on this program, contact John Smith at 123-456-7891.

Please respond as soon as possible as space is limited.

Astra Tech is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Astra Tech designates this activity for **3 continuing education credits.** **ADA CERP**® | Continuing Education Recognition Program



Date Tuesday, November 29, 2011
Time 4:00 - 7:00 pm *Presentation and dinner*
Location **Fort Dodge Country Club**
370 Country Club Drive
Fort Dodge, IA 50501
515-955-8508
Tuition Complimentary
No refunds will be issued as this is a tuition-free course.
CE credits 3 hours

Speaker

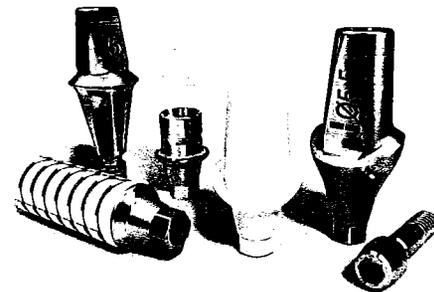


Dr. John DeJong graduated from the University of Iowa College of Dentistry in 2006. There he was active in dental implant materials research with the aid of a Dows Dental Research Award. He was given an American Association of Dental Research Fellowship and presented at their meeting. Dr. DeJong was a member of the dental school admissions committee, Delta Sigma Delta, and was elected to membership in the Omicron Kappa Upsilon dental honor society. He was also presented with the American Association of Oral And Maxillofacial Surgeons Dental Implant Student Award.

Dr. DeJong then completed a residency in Oral and Maxillofacial Surgery at the University of Iowa Hospitals and Clinics. he was Chief Resident from 2009-2010. Dr. DeJong's clinical interests include dental implants, pediatric surgery, orthognathic surgery, and maxillofacial pathology and trauma.

Your local Astra Tech representative:

Greg Loeffelholz
319-321-9661
greg.loeffelholz@astratech.com



CONTINUING EDUCATION SPONSOR APPLICATION

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IOWA DENTAL BOARD

400 S.W. 8th St, Suite D • Des Moines, IA 50309-4687
Phone (515) 281-5157 • www.dentalboard.iowa.gov

DEC 1 2012

IOWA DENTAL BOARD

Groups or organizations wanting to obtain status as a board-approved sponsor of continuing education must complete this application and enclose the sponsor fee of \$100.

1. Official Name of Sponsor Group: Johnson County Dental Society

Contact Person: Suzanne Stock Phone: 319-338-8658 Fax: 319-337-2945

Address: 1031 Wade St, Iowa City, IA 52240 E-mail: na

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Other (please specify): county dental group

3. If applicable, approximate number of active members 600

4. Name of Current Officers TITLE ADDRESS PHONE

Name of Current Officers	TITLE	ADDRESS	PHONE
Garrick Jones	President	1041 Arthur St IC IA 52240	319-338-9219 319-645-0018
Adrienne Gunstream	VP	2441 Coral Ct Ste #5 Coralville IA 52241	
Suzanne Stock	Sec/Treas	1031 Wade St IC IA 52240	319-338-8658

5. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the Board's website.

Name: Suzanne Stock Phone: 319-338-8658 Fax: 319-337-2945

Full Address: 1031 Wade St Iowa City IA 52240

Internet Address: na E-mail: na

6. Approximately how many courses, meetings or programs does your group or organization sponsor each year? 3

7. Average number of attendees at each course or meeting: 25

8. How many courses, meetings or programs do you anticipate sponsoring this year? 3

9. Which of the following educational methods does your organization use? Please check all applicable.

- Home study (e.g. self assessment, reading, educational TV, internet courses)
- Lectures
- Participation
- Discussion
- Demonstration

#1035 \$110
(course + sponsor app
rec'd)

10. Course Subjects Offered: (check all applicable)

✓Related to clinical practice

Risk Management

OSHA regulations/Infection Control

Other: _____

Patient record keeping

Communication

11. List all educational programs or courses offered during the preceding two years. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours
11-12-12	Pain Dx & Management	Dr. J. Vela	Holiday Inn	1
2-13-12	Pharmacology / Rx update	Dr. C. Marek	Holiday Inn	1
11-1-11	Real vs. Ideal Fixed Pros	Dr. J. Dunne	Holiday Inn	1

12. Please attach a program brochure, course description, or other explanatory material to describe a "typical" yearly program sponsored by your organization.

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the Board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the Board rules for planning and providing continuing education.

Name of person completing this application: Suzanne Stock

Address: 1031 Wade St Iowa City IA 52240 Phone: 319-338-8658

 Signature 11-26-12 Date

Please note: The sponsor application fee of \$100 must accompany this application. You will be contacted after the Continuing Education Advisory Committee and Iowa Dental Board has reviewed your application.

RETURN TO:
IOWA DENTAL BOARD
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687

Our typical year involves meetings in September, November, February, and April. Our September meeting is what I would call a "social meeting" and would not count for any continuing education credit. The remaining meetings are on clinical topics. Presenters are often specialists and may work either in private practice or at the University of Iowa College of Dentistry. If the Johnson County Dental Society is approved as a sponsor, a member could attend the November, February, and April meetings and receive one continuing education credit at each, for a total of three per year.

CONTINUING EDUCATION SPONSOR APPLICATION

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 Phone (515) 281-5157 • www.dentalboard.iowa.gov

JUN 22 2012

IOWA DENTAL BOARD

Groups or organizations wanting to obtain status as a board-approved sponsor of continuing education must complete this application and enclose the sponsor fee of \$100.

1. Official Name of Sponsor Group: Compliance Training Partners / HPTC LLP
 Contact Person: Karson Carpenter Phone: 888.388.4782 Fax: 248.919.5528
20793 Farmington Road
 Address: Farmington Hills, MI 48336 E-mail: KCarpenter@HPTCINC.com

2. Type of organization (attach bylaws if applicable):
 Constituent or component society Dental School
 Dental Hygiene School Dental Assisting School
 Other (please specify): Education and Training Company

3. If applicable, approximate number of active members _____

4. Name of Current Officers	TITLE	ADDRESS	PHONE
<u>Karson L. Carpenter, President</u>		<u>20793 Farmington Road - 888.388.4782</u> <u>unit # B</u> <u>Farmington Hills, MI 48336</u>	
<u>Sylvia Finnegan</u>	<u>Director of Training</u>	<u>Same as Above</u>	

5. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the Board's website.
 Name: Sylvia Finnegan Phone: 888.388.4782 Fax: 248.919.5528
 Full Address: 20793 Farmington Road Farmington Hills, MI 48336
 Internet Address: www.HPTCINC.com E-mail: SFINNEGAN@HPTCINC.com

6. Approximately how many courses, meetings or programs does your group or organization sponsor each year? 32

7. Average number of attendees at each course or meeting: 15

8. How many courses, meetings or programs do you anticipate sponsoring this year? 65

9. Which of the following educational methods does your organization use? Please check all applicable.
 Home study (e.g. self assessment, reading, educational TV, internet courses)
 Lectures
 Participation
 Discussion
 Demonstration

#41160 \$100

10. Course Subjects Offered: (check all applicable)

- Related to clinical practice
- Risk Management
- OSHA regulations/Infection Control
- Other: HIPAA
- Patient record keeping
- Communication

11. List all educational programs or courses offered during the preceding two years. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours
<u>See ATTACHED</u>				

12. Please attach a program brochure, course description, or other explanatory material to describe a "typical" yearly program sponsored by your organization.

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the Board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the Board rules for planning and providing continuing education.

Name of person completing this application: Karson Carpenter
unit #8

Address: 20793 Farmington Road Farmington Hills, MI 48336 Phone: 888.388.4782

[Signature] 6-18-2012
 Signature Date

Please note: The sponsor application fee of \$100 must accompany this application. You will be contacted after the Continuing Education Advisory Committee and Iowa Dental Board has reviewed your application.

RETURN TO:
IOWA DENTAL BOARD
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687



Annual OSHA Safety Training Course, Biomedical Waste, CDC Infection Control Recommendation and Infection Control Guidelines

OSHA requires employers to train ALL exposed employees annually. Many offices try to teach this information during their lunch hour. With all that is required, you will see that impossible to accomplish during that time. In a setting conducive to learning you and the rest of your office are going to find this both educational and enjoyable. OSHA safety for the dental team is more than infection prevention - Safety also includes chemical safety, fire and emergency safety, radiation safety, and post exposure protocol should there be an accident. This seminar will review the current OSHA safety requirements and provide an annual training review for your entire dental team. You will receive an OSHA Checklist, websites for OSHA forms and training resources to keep and use in your office.

The checklist is not intended to serve as a complete assessment and does not constitute a complete list of all areas of compliance.

- Do you have an updated written Compliance Plan?
- Do you have updated written policies and procedures for day to day operations?
- Have all employees received the required initial and annual training?
- Do you have training documentation for the past three years?
- Do you have updated Exposure Control Plan, Hazard Communication, and Emergency Action Plan?
- Are your employees prepared for an OSHA inspection or a needle stick?
- Does your organization place importance on compliance in all aspects of its operations?

This is to confirm your annual OSHA training that I will conduct in your office.

Date _____

OSHA Training time _____

Trainer: _____

Telephone: _____

Training Outline OSHA

1. Review 29CFR1910.1030 and explain its content.
2. Explanation of the epidemiology and symptoms of bloodborne diseases.
3. Explanation of mode of transmission of bloodborne pathogens.
4. Explanation of Exposure Control Plan and how to obtain a copy.
5. Explanation of appropriate methods for recognizing tasks that involve exposure to blood and saliva.
6. Explanation of the use engineering controls. Work practices and personal protective equipment (PPE).
7. Information on personal protective equipment (PPE). This is to include types of PPE, location, removal, handling, decontamination, and disposal.
8. Explanation of the basis for selection of personal protective equipment.
9. Information on the hepatitis B vaccine.
10. Information on appropriate actions to take and persons to contact in an emergency involving blood or saliva.
11. An explanation of the procedure to follow if an exposure incident occurs. This should include how to report the incident and the medical follow-up that will be made available.
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
13. An explanation of the signs, labels, and color coding for regulated waste. This would include refrigerators containing blood and containers for shipping or storage of regulated waste or blood.
14. 29CFR1910.1200 Subparts C through Z.
15. CDC Guidelines.
16. Information on Hazcom Law, labeling, MSDS, chemical clean-up.
17. A "question and answer" period with the person conducting the training session.

Practice Name	Training Date	Instructor	Location	Hours
Spavinaw Dental	1/7/2011	Sam Barry	Sunnyside, WA	4
Gary Arnold / Averil Mearnic	1/24/2011	Margaret Shooshanian	Brighton, MI	4
Bright Dental	2/24/2011	Ron O'Shea	Worchster, MA	4
Brian Beaudreau	3/28/2011	Frauke Aarnink	Savannah, GA	4
Hunt & Piech Dental	3/30/2011	Ryan Archambault	Amherst, MA	4
Kamilla Sztanko	4/20/2011	Patty Call	Palm Harbor, FL	4
Kiela Hilton	4/26/2011	Todd Alguire	San Antonio, TX	4
Ernest Votolato	5/2/2011	Donna Laptew	Providence, RI	4
Eric Nelson	5/6/2011	Sam Barry	Wapato, WA	4
Norman McCart	6/10/2011	Kathy Miller	Taylor, MI	4
Kids, Teeth & More	6/10/2011	Kelly Merced	Edinboro, PA	4
Karen Woodard	6/23/2011	Paul Currie	Northport, AL	4
Joshua Goldknopf	7/7/2011	Kim Gillette	Jacksonville Beach, FL	4
Coastal Orthodontics	7/21/2011	Steve Davenport	Wareham, MA	4
Albert Kanter	8/16/2011	Cindy Saddle	Mayfield, OH	4
McCullough & Stevens	8/23/2011	Paul Currie	Trussville, AL	4
Franklin Dental Care	9/2/2011	Cathy Roberts	Peebles, OH	4
Motter & Wilson	9/21/2011	Rachael Sutton	Lyndhurst, OH	4
Chris Cappetta	10/13/2011	Christy Stransky	Boerne, TX	4
Richard Oslen	10/27/2011	Kevin Van Osten	Medford, NJ	4
Beth Weinstein	11/14/2011	Linda Zalkin	Huntington Station, NY	4
Dirk Newman	11/30/2011	Jeff Walker	Mauston, WI	4
Randall J. Monnes	12/2/2011	Tom Hastings	Gresham, OR	4
Miller Motte Community College	12/9/2011	Aleida Mackey	Wilmington, NC	4

Practice Name	Training Date	Instructor	Location	Hours
ABS Dental	2/9/2012	Zheng Zhu	Houston, TX	4
University Dental Associates	2/15/2012	Margaret Shooshanian	Rochester, MI	4
Fine Dentistry by Design	2/21/2012	Matt Rice	Rockville, MD	4
Dr. Jimmy Hill & Tim Armentrout	2/23/2012	Yvonne Thompson	Lexington, KY	4
Madison Family Dentistry	2/23/2012	Jessica McNair	Madison, AL	4
Stephen Kane	3/20/2012	Christine Gerard	Marshfield, MA	4
Kevin Sakai	4/5/2012	Christine Valdes	Puyallup, WA	4
Yellowhawk Tribal Health Center	4/14/2012	Sam Barry	Pendleton, OR	4
Terry Mick	4/18/2012	Jim Haston	Quincy, FL	4
Associates in Dentistry	4/20/2012	Mark Oltman	Peoria, IL	4
Pacific Hills Dental	4/23/2012	Seth Barrett	Omaha, NE	4
Refresh Dental - Poland	4/27/2012	Ken Elias	Poland, OH	4
Thomas DeMayo	4/27/2012	David Kratochvil	Virginia Beach, VA	4
Kott Pediatric Dentistry	5/9/2012	Jason Whitlow	Boulder, CO	4
The Village Dentist	5/10/2012	Julie Isaacson	Prairie Village, KS	4
Kenneth Rigden	5/23/2012	Tammy Dean	St. Louis, MO	4
Susan Jarakian	5/28/2012	Annie Pava-Carreno	Reseda, CA	4
Erin Sain	6/1/2012	Brad Fine	Silverthorne, CO	4
Mark Wojciechowski	6/12/2012	Denise Casey	Libertyville, IL	4
Children's Dentistry BWP	6/15/2012	Robert Liesz	Chicago, IL	4
Stephanie Graham	6/20/2012	Eric Johnson	Sparta, IL	4
Hossein Vaez	6/21/2012	Pia Nielsen	Goffstown, NH	4



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

November 27, 2012

Compliance Training Partners
Attn: Karson Carpenter
20793 Farmington Rd.
Farmington Hills, MI 48336

Dear Ms. Carpenter,

Your application for approval as a sponsor of continuing education courses and programs was submitted to the Continuing Education Advisory Committee for review.

This is to advise you that the Continuing Education Advisory Committee has asked for additional information prior to making a final recommendation on your application for sponsor status. Specifically, the committee is interested in reviewing additional information about the course development, including the education and background of those individuals, who developed the curriculum, and information about the course instructors. Please refer to IAC 650—25.3(3) for Board guidelines.

Iowa Administrative Code 650—25.3(153) Approval of programs and activities. A continuing education activity shall be qualified for approval if the board determines that:

25.3(1) It constitutes an organized program of learning (including a workshop or symposium) which contributes directly to the professional competency of the licensee or registrant; and

25.3(2) It pertains to common subjects or other subject matters which relate integrally to the practice of dentistry, dental hygiene, or dental assisting which are intended to refresh and review, or update knowledge of new or existing concepts and techniques; and

25.3(3) It is conducted by individuals who have special education, training and experience to be considered experts concerning the subject matter of the program. The program must include a manual or written outline that substantively pertains to the subject matter of the program.

I have also enclosed a copy of IAC 650—Chapter 25, Continuing Education, for your reference.

Please forward any information you think may be relevant to the Board office. The Continuing Education Advisory Committee is scheduled to meet on January 18, 2013. Information received by January 8, 2013 will be included at this meeting. You may email the information to IDB@iowa.gov, or fax it to my attention at 515-281-7969.

If you have any questions or concerns, please feel free to contact me at 515-242-6369, or via email at IDB@iowa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Christel Brans". The signature is written in a cursive, flowing style.

Christel Brans
Program Planner

/cb

Enclosure: IAC 650—Chapter 25

Braness, Christel [IDB]

From: Braness, Christel [IDB]
Sent: Tuesday, November 27, 2012 3:24 PM
To: 'kcarpenter@hptcinc.com'
Subject: Sponsor Application - Additional Information Requested
Attachments: CTP_Ltr.pdf - Adobe Acrobat Pro

Importance: High

Attached is the formal response from the committee regarding your sponsor application. I apologize for the delay getting this out to you. A hard copy will be going out in the mail tomorrow.

You may access a copy of Iowa Administrative Code 650—Chapter 25, Continuing Education at <http://www.legis.state.ia.us/aspx/ACODocs/chapterList.aspx?pubDate=09-19-2012&agency=650>.

Let me know if you have any questions or concerns.

Christel Braness, Program Planner
Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309
Phone: 515-242-6369 | Fax: 515-281-7969 | www.dentalboard.iowa.gov

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RECEIVED
DEC 19 2012
IOWA DENTAL BOARD

December 6, 2012

Dear Ms. Braness:

I am in receipt of your letter dated November 27, 2012 regarding our application as a provider of continuing education in the state of Iowa.

Specifically regarding Iowa Administrative Code 650-25.3 (3) I have enclosed a copy of the training workbook used by all instructors when conducting our OSHA Compliance and infection control training. Please let me know if you will require more copies

I would also like to mention that our instructors all have considerable experience in the dental industry and are personally trained by me before being allowed to conduct courses. I have been providing OSHA and infection control training/consulting services since 1987 and have very extensive experience in these areas.

Thank you again for contacting me. I will await your response to see if any additional materials are needed by your committee.

Best regards,

A handwritten signature in black ink, appearing to read 'Karson L. Carpenter', with a large, stylized circular flourish at the end.

Karson L. Carpenter D.D.S

President

OSHA SAFETY TRAINING

BACK TO BASICS



OSHA MADE EASY FOR DENTISTRY

OSHA and Infection Control Made Easy for Dentistry

Version 121 A

Provided by: HPTC/Compliance Training Partners
Compliance Training Partners

Why Do We Train Our Employees?

- To fulfill the requirements set by state and federal law
- To provide a safe and healthy working environment
- To increase awareness in areas of safety
- To show new techniques
- To educate and share information

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Topics That Will Be Discussed

- OSHA regulations that affect the healthcare professions
- Infection control and infectious disease
- Centers for Disease Control and Prevention (CDC) Guidelines
- Local and/or State Laws regulating biomedical waste
- Federal Laws as they pertain to the Environmental Protection Agency (EPA)

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OSHA HAZARD COMMUNICATION STANDARD

OSHA's Hazard Communication Standard

- Known as the "Employee's Right to Know Law" 1910.1200
- OSHA's Hazard Communication Standard is based on the simple concept that employees have both a need and a right to know the hazards and identities of the chemicals they are exposed to when working
- Employees also must know what protective measures are available to prevent adverse effects from these chemicals

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Training Requirements

- Workplace-specific training must be completed before an individual is assigned to tasks w/potential exposure to hazardous chemicals
- Must be done for all employees that are exposed to potentially hazardous chemicals
- Performed annually thereafter

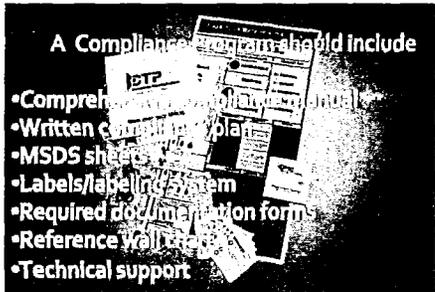
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Employer Requirements

- Develop/implement a written Hazard Communication Plan
- Develop and maintain a list/inventory of hazardous chemicals
- Ensure each container of hazardous chemicals is properly labeled
- Provide appropriate Personal Protective Equipment (PPE)
- Maintain copies of Material Safety Data Sheets (MSDS) * Must be readily accessible
- Provide safety training to employees

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Compliance System



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Material Safety Data Sheets

Prepared by the chemical manufacturer or importer and describes:

- Physical hazards, such as fire and explosion
- Health hazard, such as signs of exposure
- Routes of entry
- Precautions for safe handling and use
- Emergency and first-aid procedures
- Control measures

Sheets must be maintained for 30 years. Electronic storage of current M.S.D. Sheets is allowed, but Compliance Training Partners recommends maintaining hard copies for those materials currently in use.

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Labeling

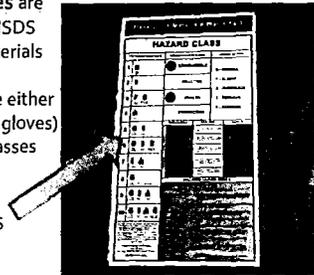
The red, yellow and blue categories are rated numerically as:

- Zero (no hazard)
- One (minimal hazard)
- Two (slight hazard)
- Three (moderate hazard)
- Four (extreme hazard)

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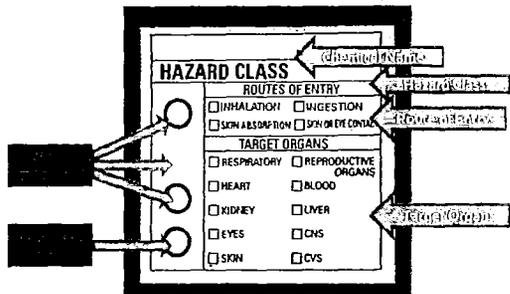
Labeling

- Protective measures are determined from the MSDS and the Hazardous Materials Wall Chart.
- Most chemicals require either five (safety glasses and gloves) or six (gloves, safety glasses and mask)



Protective Measures

Hazard Communication Labeling



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Completed Label



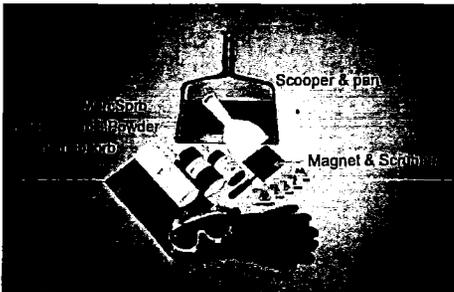
Chemical Spill Cleanup

If you are unsure of the chemical you are cleaning up, refer to the MSDS for that product. For all common spills, follow the following instructions:

- Wear the proper protective equipment
- Dilute vapors with proper ventilation
- Confine the spill using the chemical clean-up kit
- Clean spill area with appropriate cleaner
- Dispose of waste properly

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Master Spill Kit



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OSHA Bloodborne Disease Pathogens Standard

What Are Bloodborne Pathogens?

Microorganisms that are carried in the blood and are able to cause disease in humans

Common Bloodborne Pathogens are:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)

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Bloodborne Disease Pathogens Transmission

- In a dental setting
 - Needle stick or puncture wound
 - Blood or saliva contact with mucous membranes (inside of mouth, nose or eyes), or non-intact (cut, scraped, etc.) skin
- HBV is the strongest organism with the highest chance of transmission
- HCV is similar to HBV, but is not as easily transmitted

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Hepatitis B Virus (HBV, HepB)

- Viral liver disease causing severe liver damage, liver cancer, & potential death
- Incidence in US is dropping due to vaccination program
- Chronic infection: 1.25 million chronically infected Americans
- 30% infected individuals show no symptoms
- For those who do show symptoms, the onset is generally between 5-6 months
 - Jaundice (skin, eyes become yellow)
 - Dark urine
 - Abdominal pain



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Occupational Hepatitis B Exposures

- Needle sticks are a real concern. Between 6-30% of people who experienced a needle stick from a patient known to have Hepatitis B became infected
- Can be transmitted by surface contact with dried blood or other potentially infectious material (tissue, etc.) since it can live greater than 1 week outside of the body
- Risk exists for infection from splash onto non-intact skin or mucous membrane (has a greater risk than other bloodborne pathogens)

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How To Prevent Hepatitis B Infections In Dental Facilities

- Get vaccinated!
 - OSHA's Bloodborne Pathogens Standard requires that employees with potential exposure be offered the vaccine at no cost
 - Occupational infections have decreased 95% since the Hep B vaccine became available in 1982
- Use Standard Precautions (treat everyone as if they were infected)
- Personal Protective Equipment (PPE)
- Housekeeping/disinfection important
- Engineering controls (mechanical devices)
- Work practice controls (workplace behaviors)

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Hepatitis B Vaccination Requirements

- Must make available, free of charge to all employees at risk of exposure within 10 working days of initial assignment unless:
 - employee has had the vaccination
 - antibody testing reveals immunity
- The vaccination must be performed by a licensed healthcare professional



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The Hepatitis B Vaccine

- Safe – now given to newborns – 10 million Americans are vaccinated
- Three doses required (initial, 1 month, 6 months)
- Very effective (~95%)
- Boosters may be required in the future but not recommended at this time
- Must have record of vaccine status or declination letter for all who refuse the vaccine

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Hepatitis C Virus (HCV, HepC)

- Hepatitis C infection is the most common chronic bloodborne infection in the U.S.
 - Approximately 4.1 million persons, or 1.6% of the total U.S. population, are infected with hepatitis C.
 - Of those infected with Hepatitis C:
 - 85% will remain infected for life; of those:
 - 60 - 70% will develop chronic liver disease
 - 10 - 20% will develop cirrhosis (scarring of the liver)
 - 1 - 5% will develop liver cancer
- Slow onset of symptoms (greater than 6 months) which include:
- Jaundice (skin, eyes become yellow)
 - Dark Urine
 - Abdominal pain
 - Flu-like symptoms



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Occupational Hepatitis C Exposures

- Needle sticks are the primary route...2.7% to 6% of people exposed to a needle stick from a known Hep C patient became infected
- Has the ability to live for some time outside of the body
- Risk of infection from splash onto non-intact skin or mucous membranes is real... but a lower risk than for Hep B

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How To Prevent Hepatitis C Infections At Work

- Standard precautions
 - NO VACCINE AVAILABLE
 - Treatment difficult – no post-exposure treatment generally given
- Housekeeping/disinfection important because the virus may be able to survive on hard surfaces for some time
- Personal protective Equipment (PPE)
- Engineering controls (mechanical devices)
- Work practice controls (workplace behaviors)

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HIV

- CDC: Greater than 1 million people in the United States are currently infected
- One of every five people living with HIV has not had their infection diagnosed, let alone reported
- Adult or adolescent males accounted for nearly three-quarters of new HIV diagnoses
- More than two-thirds were infected through male-to-male sexual contact
- Heterosexual contact accounted for 15% of new infections among men and 84% among women

HIV

- Attacks the immune system
- Destroys white blood cells
- Leaves patient immune suppressed
- A retrovirus—constantly changing
- Many people show no symptoms for years
- Eventually leads to the development of AIDS (acquired immune deficiency syndrome)

Early signs and symptoms very similar to flu:

- ❖ Fever
- ❖ Headache
- ❖ Fatigue
- ❖ Enlarged lymph nodes

Treatment focuses on ways to lower blood levels of the virus

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Occupational HIV Infections

- Only 57 documented (130 possible) occupational infections in the healthcare professions in the U.S.
 - 48 were from needle sticks
 - 8 were from splashes to eyes, nose or mouth
 - 1 unknown – worked w/concentrated HIV in a lab setting
- Risk of getting HIV after:
 - Needle stick exposure ~ 0.3% (~1 in 300)
 - Mucous membrane exposure ~ 0.09% (~1 in 1000)
- Risk of infection from splash onto non-intact skin is quite low
- Not transmitted by surface contact with dried blood

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If HIV Is Such Low Risk, Why Worry?

- No cure – eventually fatal
- NO VACCINE
- Some HIV strains are resistant to therapy
- Post-exposure therapy costly & has side effects

Additional information may be found at www.aidsmed.com

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How To Prevent HIV Infections At Work

- Engineering controls (engineered devices)
- Work practice controls (behavior based)
- Use of Personal Protective Equipment
- Standard precautions (treat all as if they were infected)

Exposure Control Plan

- A written plan that identifies jobs and tasks where occupational exposure to blood or other potentially infectious materials occurs
- Required for OSHA compliance
- Describes how the employer will:
 - Use engineering and work practice controls
 - Assure use of personal protective equipment
 - Provide training
 - Provide medical surveillance (post-exposure)
 - Provide hepatitis B vaccinations
 - Use signs and labels for prevention

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Exposure Control Plan

- A written plan is required
- Plan must be reviewed at least annually to reflect changes in:
 - tasks, procedures, or assignments which affect exposure, and
 - technology that will eliminate or reduce exposure
- An annual review must document the employer's consideration and implementation of "safer medical devices"
- Must solicit input from potentially exposed employees in the identification, evaluation and selection of engineering and work practice controls
- This plan must be accessible to employees

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Standard Precautions

- Treat everyone as if infected with a pathogenic microorganism
- Handle every contaminated item as if carrying a bloodborne infectious agent
- Make your exposure control program procedure specific (not based upon the known or unknown disease status of the patient)

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Engineering Controls

Engineered devices used to isolate or remove hazards from the employee. These should always be the first-line of defense. Examples include:

- Sharps containers
- Scalpel blade removers
- Needle re-cappers
- Cassette systems
- Ultrasonic or instrument washing machines

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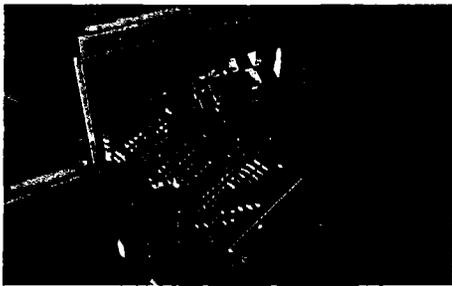
Needle Re-Capping Device



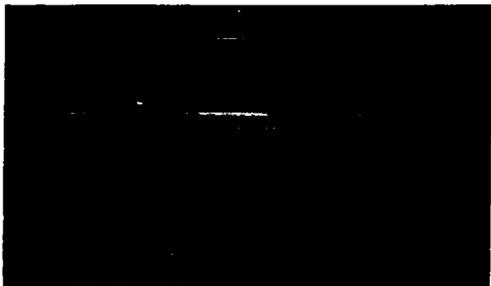
Cassettes



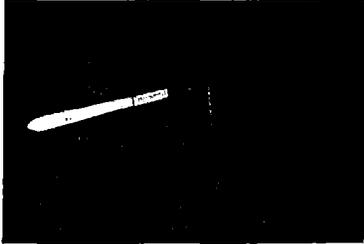
Instrument Washer



Ultrasonic Cleaner



Scalpel Blade Remover



Work Practice Controls

This is behavior based. It means changing the way someone performs a task, to remove or lessen the exposure, as opposed to the use of a physical device, such as an engineering control

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Work Practice Controls Examples

- Not eating, drinking or smoking in work areas where blood or other potentially infectious materials are present
- No food or drink in refrigerators or cabinets where blood or other potentially infectious materials are present
- No two-handed needle recapping
- Hand washing



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Personal Protective Equipment

- Specialized clothing or equipment worn by an employee for protection
- Must be properly cleaned, laundered, repaired, and disposed of at no cost to employees
- Must be removed when leaving the treatment area or upon visible contamination



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Housekeeping

Must develop a written schedule for cleaning and decontamination at the work site based on:

- Location within the facility
- Type of surface to be cleaned
- Type of barrier cover to be used
- Tasks or procedures being performed

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Housekeeping

Work surfaces must be decontaminated with an appropriate disinfectant:

- After completion of procedures
- When surfaces are contaminated
- At the end of the work shift



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Regulated Waste

Must be placed in closeable, leak-proof containers built to contain all contents during handling, storing, transporting or shipping and be appropriately labeled or color-coded.



Every state is different when it come to regulated waste disposal. Please know what your state requires of you!

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Biohazard Warning Labels

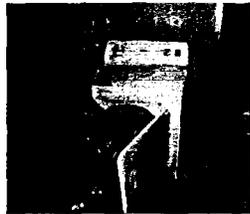
- Warning labels required on:
 - Containers of regulated waste
 - Waste containers in each operatory
 - Refrigerators and freezers containing blood or other potentially infectious materials
 - Other containers used to store, transport, or ship blood and other potentially infectious materials



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Laundry

- Must be bagged at the location where it is used
- Must have biohazard label on bag it is placed in
- Should be handled as little as possible
- Cleaned by a professional service or cleaned in-house
- Must not be taken home



What To Do If An Exposure Occurs?

- Wash exposed area with soap and water
 - Flush splashes to nose, mouth, or skin with water
 - Irrigate eyes with water or saline
 - Report the exposure
 - Direct the worker to a healthcare professional
 - If needed, call National Clinicians' Post-Exposure Prophylaxis Hotline. They provide around-the-clock expert guidance in managing health care worker exposures to HIV and Hepatitis B and C. Callers receive immediate post-exposure prophylaxis recommendations.
- Call 1-888-448-4911

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Post-Exposure Follow-Up

- Document routes of exposure and how the exposure occurred
- Record injuries from contaminated sharps in a sharps injury log
- Obtain consent from the source individual and the exposed employee and test blood as soon as possible after the exposure incident
- Send the employee for risk counseling and post-exposure protective treatment in accordance with current U.S. Public Health Service guidelines
- Written opinion of findings will be sent to the employer and employee within 15 days of the evaluation

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CDC INFECTION CONTROL GUIDELINES

CDC Infection Control Guidelines for Dentistry

CDC guidelines and recommendations are not to be confused with OSHA regulations. OSHA and State licensing agencies MAY adopt all or part of CDC guidelines as a regulation if they feel that those guidelines would better protect the employee.

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CDC Infection Control Guidelines for Dentistry

CDC guidelines and recommendations are broken up into several areas including:

- Management of occupational exposure
- Work restrictions
- Contact dermatitis and latex sensitivity
- Current concepts in hand hygiene
- Immunization
- Environmental surface infection control
- Sterilization/disinfection of instruments
- Selection of devices to prevent sharps injury
- Oral surgery procedures
- Dental unit water quality
- Program evaluation

Hand Hygiene Methods

- For routine exams and non-surgical procedures either a plain or antimicrobial soap should be used
- If the hands are not visibly contaminated, an alcohol hand scrub containing 60-95% alcohol may be used instead
- For surgical procedures, an antimicrobial soap (e.g., chlorhexidine, iodine, chloroxylenol or triclosan) should be used

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Hand Hygiene

- Waterless alcohol gel
 - May use if hands are not visibly soiled
 - Very effective against microorganisms
 - Convenient, and cheap
 - Gentler to skin than soap, water, paper towels
 - Takes less time than soap/water
 - Recommended by CDC



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Other Hand Care Recommendations

- Select hand lotions and antiseptic products that are compatible with latex
- Fingernails should be less than ¼ inch
- Wearing of hand and arm jewelry is discouraged
- A strong recommendation is made for using disposable soap dispensing systems or closed containers that are washed and dried before refilling them.

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An Immunization Program for the Practice

- Develop a written comprehensive policy for the immunization of employees
- Have a referral arranged to a qualified health care professional or the employees own health care provider for all appropriate immunizations
- Develop a list of recommended immunizations

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An Immunization Program for the Practice

Strongly recommended Immunizations include the following:

- HBV
- Influenza
- Measles
- Mumps
- Rubella
- Varicella



CDC Guidelines for Preventing the Transmission of TB

- OSHA enforces these guidelines, even though they are written by the CDC
- They enforce them under a section of the OSHA regulation called the General Duty Clause

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Tuberculosis

- Bacterial infection
- Caused by *Mycobacterium tuberculosis* (also called *tubercle bacillus*)
- Is either latent (non-infectious) or active (infectious)
- Can be fatal if not treated properly
- Foreign-born people have a rate 10 times greater than US-born



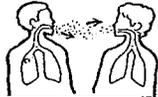
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TRANSMISSION of TB

- TB spreads through the air when a person
 - Coughs
 - Speaks
 - Laughs
 - Sneezes
- Transmission occurs when another person breathes in the bacteria (called droplet nuclei) and becomes infected
- In most people, the immune response kills the bacteria
- In some people the bacteria remain viable for years. This is called "latent TB infection." These people are not infectious
- About 10 % of these people develop "active infection". They are infectious

<http://www.cpmc.columbia.edu/resources/tbcpp/abouttb.html>

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Signs and Symptoms of TB

- Fever
- Productive and persistent cough
- Weight loss
- Night sweats
- Loss of appetite
- Fatigue
- Bloody sputum

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Controlling TB In Your Facility

- If a patient is coughing and/or sneezing, provide tissue and ask them to use it
- Dispose of tissue in no-touch receptacles
- Do not treat those you suspect of having TB. Ask them to wear a mask, place them in a separate room and refer them to your local hospital
- These patients may be treated after being declared non-infectious

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TB Risk Categories

- In a low risk facility, patients with TB are unlikely to be seen. Most dental offices are considered low risk
- A medium risk facility is likely to see patients with TB
- A potential for ongoing transmission facility has evidence of ongoing person-person transmission of TB

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TB Testing

- New IGRA is the best test available and is recommended. Older TST may still be used
- Baseline testing is recommended for all risk categories
- Low risk facilities only need a baseline test. This includes most dental offices.
- Medium risk facilities also need annual testing
- Potential ongoing transmission facility employees must be tested every 8-10 weeks until evidence of transmission has ceased
- Positive tests will require further evaluation

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Sterilization Update

Instrument processing area should separate the four main areas of activity:

1. Receiving, cleaning, and decontamination
2. Preparation and packaging
3. Sterilization
4. Storage



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Sterilization Update

Critical Items:

- Penetrate soft tissue or bone
- Must be heat sterilized (autoclave or dry heat) if heat stable
- FDA approved chemical sterilant/disinfectant if not heat stable

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Sterilization Update

Semi-Critical Items:

- Touch mucous membranes
- Should be heat sterilized if possible
- High-level disinfection is acceptable if not heat stable, but must use an FDA approved sterilant/disinfectant



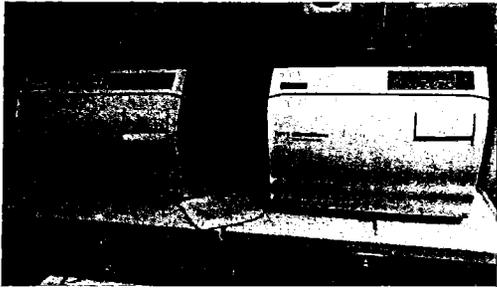
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Sterilization Update

- Chemical indicators use sensitive chemicals to assess the correct conditions during sterilization. They must be put **INSIDE** and **OUTSIDE** of each pouch or cassette to be sterilized to insure the sterilizing agent has penetrated the packaging
- Biological monitoring must be performed weekly
- Mechanical monitoring involves observing gauges, displays or printouts for correct temperature, pressure, and time
- Must have adequate back-up capacity in case of autoclave failure

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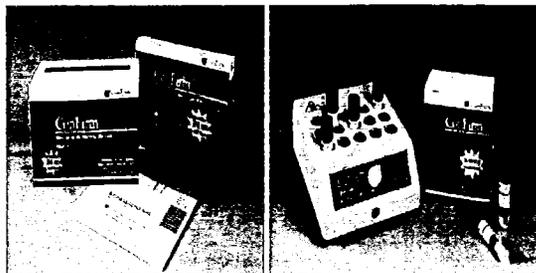
Adequate Autoclave Capacity



Inside/Outside Chemical Indicators



Biological Monitoring



Environmental Surface Infection Control

- Clinical contact surfaces may include light handles, switches, x-ray equipment, chairside computers, drawer handles, faucet handles, countertops, pens, telephones and doorknobs
- Housekeeping surfaces include floors, walls and sinks

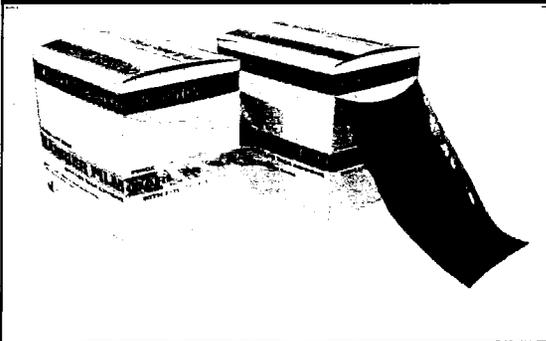


Clinical Contact Surfaces

- An impervious barrier (plastic wrap, sheets tubing, etc.) must be used on surfaces that are difficult to clean/disinfect
- Must be done between patients
- An EPA registered low-level disinfectant or an EPA registered intermediate-level disinfectant must be used between patients on areas not barrier protected
- If there is visible contamination with blood or saliva, use an intermediate-level disinfectant, not a low-level

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Barrier Films



Environmental Surface Infection Control

- **Asepsis:** the absence of infection or infectious materials; the prevention of contact with microorganisms
- **Sterilization:** the destruction all microbial life, including bacterial endospores
- **Disinfection:** the process of microbial inactivation, generally less lethal than sterilization, which eliminates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial spores)

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Environmental Surface Infection Control

- **High-level disinfection:** A process that inactivates vegetative bacteria, mycobacteria, fungi, and viruses, but not necessarily high numbers of spores
- **Intermediate-level disinfection:** A process that inactivates vegetative bacteria, most fungi, mycobacteria, and most viruses, but not bacterial spores
- **Low-level disinfection:** A process that inactivates most vegetative bacteria, some fungi, and some viruses, but cannot be relied on to kill resistant microorganisms

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Environmental Surface Infection Control

- **Methicillin Resistant Staphylococcus aureus (MRSA)**, is arguably one of the most adaptable microorganisms. It is able to survive for weeks to months on surfaces
- **Viruses** such as HBV tend to demonstrate a great potential to survive on surfaces because of their minimal metabolic activity and resistant structural components. They will live for up to a week on surfaces. Influenza and rhinovirus strains can survive for hours or even days

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Intermediate Level Cleaner/Disinfectant



Environmental Surface Infection Control

The principles of environmental infection control have not changed. Cleaning remains the necessary first step—clean hands before donning gloves, clean instruments before sterilization, and clean contaminated environmental surfaces before disinfection.

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Chair-side Marketing Of Your Infection Control/Sterilization Program

- Always open the package of sterile instruments in front of the patient
- All staff members should be able to explain your infection control and sterilization system to the patient
- "Show-off" your sterilization center!
- Remind patients that, "This office follows all OSHA regulations and CDC infection control guidelines"
- Place this information on phone messages, brochures, etc.

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Frequently asked questions

- **When should I have a hepatitis B vaccine booster?** *There is no recommendation for a booster at this time*
- **Must I bag all instruments?** *Yes, unless items are transported immediately and aseptically for immediate use*
- **What are infection control recommendations for patients with HIV and HCV?** *Use "standard precautions". The very same methods you are using for all patients*

© Compliance Training Partners

Frequently asked questions

- **Can I sterilize disposable items and/or instruments?** *A disposable device is only intended to be used on one patient and then discarded*
- **Can I wear a short sleeve lab jacket when it is hot?** *"Sleeves should be long enough to protect the forearms when the gown is worn as PPE, when spatter and spray of blood, saliva, or other potentially infectious material (OPIM) are anticipated"*

© Compliance Training Partners

CDC Recommendations

Develop a written plan in the following areas:

- Policies, procedures, and guidelines for education and training of employees
- Immunizations
- Exposure prevention and post-exposure management
- Medical conditions, work-related illness, and associated work restrictions
- Contact dermatitis and latex hypersensitivity
- Maintenance of records, data management and confidentiality

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CDC Recommendations

- Change mask between patients or during patient treatment if mask becomes wet
- Change PPE if visibly soiled or contaminated
- Remove barrier protection, including gloves, mask, eyewear, and gown before departing the work area
- Wear sterile surgeon's gloves when performing surgical procedures
- Have non-latex gloves available



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CDC Recommendations

- Allow packages to dry in the sterilizer before they are handled to avoid contamination/perforation
- Minimize handling of loose contaminated instruments and carry instruments in covered containers such as cassettes
- Use automatic cleaning equipment (ultrasonic, instrument washer) to remove debris and improve cleaning effectiveness
- Wear puncture and chemical resistant heavy duty nitrile utility gloves for instrument cleaning and decontamination procedures

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How Comfortable Are You With Your Infection Control program?

Is there anything you can change to improve your protocol for infection control?

- Are there better/faster/easier disinfectants?
- Are all employees performing infection control procedures with consistency?
- Is the sterilizer capacity as well as ultrasonic/instrument washer capacity adequate/effective enough to process instruments even on the busiest day?
- Is there a back-up system for sterilization?

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Standard Operating Procedures (SOP)

Do you have a written SOP plan for your office?

- Are all employees following proper infection control guidelines?
- Do all employees follow proper cleaning and sterilization guidelines?
- Do all employees know what to cover with barriers vs. what to spray/disinfect?
- Do all employees know when to change the solutions and test the sterilizer?

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Water Quality

- Potable water:
 - Less than 500 colony forming units (CFU's) per ml. of water
- Dental unit water can be 10,000 CFU or more!
- Why? Dental unit design is ideal for growth!
- The American Dental Association statement and challenge to industry:
 - Develop methods to control biofilms in dental unit water systems
 - Bacteria levels to not exceed 200 CFU/ml

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Sources of Dental Unit Water Line Contamination

- Source water. This is not universally controlled. Some areas will have higher CFU/ml than other areas
- Retracted oral fluids. All new dental units have anti-retraction valves built in, but they can wear out. Many older units have no anti-retraction valves
- Biofilms. These will always form in dental unit waterlines-- it's the nature of the beast

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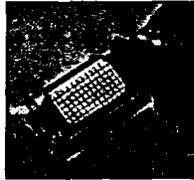
Conditions That Facilitate Biofilm Formation In The D.U.W.L.

- Microbes are continually enter the line/tubing
- Nutrients are continually being supplied via the incoming water
- Stagnation of water in the tubing facilitates accumulation/growth
- The waters natural flow rate is low near the tubing walls
- The tubes small diameter creates a large surface-to-volume-ratio—perfect for growth

© Compliance Training Partners

Water Test Kit

It is important to test the quality of the water coming from your dental unit. With an increased number of patients with compromised immune systems, keeping you bacteria count low is extremely important



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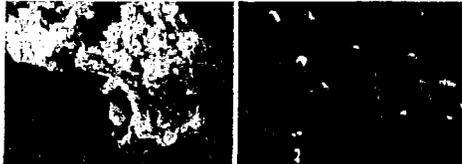
Solutions

- Follow manufacturers guidelines for maintenance/disinfection of dental unit water
- Check/replace anti-retraction valves
- Run all water containing devices (high-speed handpiece, ultrasonic scaler, 3-way syringe) for several minutes at the beginning of the day and between patients
- Periodically test water for bacteria levels (Compliance Training Partners recommends quarterly) and document results

© Compliance Training Partners

Before & After Treatment

- Actual SEM (Scanning Electron Micrograph) of a dental unit waterline before and after treatment.
TREATING YOUR WATERLINES REALLY WORKS!!



Untreated

Treated

The Sterilex® Corporation

Surgical Irrigation

- Sterile saline or water should be used as a coolant/irrigant in the performance of oral surgical procedures
- Delivery devices such as sterile bulb syringes or single-use sterile waterlines should be used to deliver sterile water



**SUBPARTS OF THE OSHA
REGULATIONS**

Applicable Subparts of the OSHA Regulations

Subpart D – Walking and Working Surfaces
Subpart E – Means of Egress
Subpart G – Noise Exposure
Subpart H – Hazardous Materials
Subpart I – Personal Protective Equipment
Subpart K – First Aid
Subpart L – Fire Safety
Subpart S – Electrical Safety
Subpart Z – Record keeping
Subpart Z – Hazard Communication Standard and Bloodborne Disease Pathogens Standard

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Subpart D Walking and Working Surfaces

- All areas are to be kept clean, orderly and sanitary
- Aisles and hallways must free of clutter
- Floors must be clean and dry
- Stairways must have railings and guardrails
- Ladders must meet specs set by OSHA

© Compliance Training Partners

Subpart E Means of Egress

- Unobstructed escape
- No locks or fastening devices that might prevent escape
- Illuminated or "glow-in-the-dark" exit signs
- Artificial lighting if power fails
- Fire alarms
- Should have at least two means of egress



Subpart G Occupational Noise Exposure

- Whenever noise exposure reaches or exceeds an 8-hour time weighted average of 85 decibels, preventive measures must be taken.
- It has been documented that noise levels in dental facilities are below this level. Simply offer disposable ear plugs to employees who request them

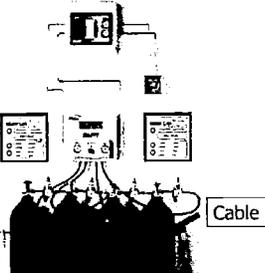
© Compliance Training Partners



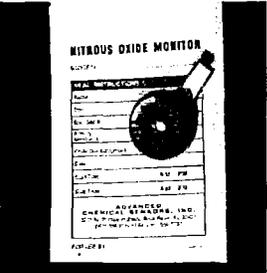
Subpart H Hazardous Materials

- Label tanks and flow meters
- Secure tanks in an upright matter with cable or chain
- Quarterly nitrous oxide testing advised

© Compliance Training Partners



Nitrous Oxide Monitoring



Levels must be maintained below 50ppm

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Subpart I Personal Protective Equipment (PPE)

- When is PPE necessary
- What PPE is required
- How to properly adjust and wear PPE
- The limitations of PPE
- Proper care, maintenance, and disposal of PPE



Subpart K First Aid Training

- First Aid Kit
- Employee training
- Eye wash station
- Written report of accidents
- Emergency plan in writing



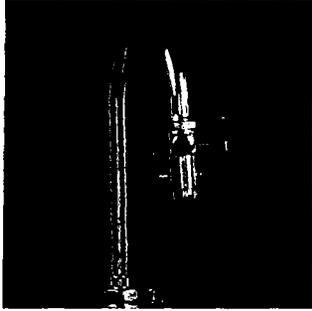
© Compliance Training Partners

First Aid Kit

Where is yours located?



Eyewash Station



Subpart L Fire Safety

- Know what is combustibile
- Fire extinguishers
- Fire alarms
- Written evacuation plan
- Fire drill
- Safe meeting location



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Subpart S Electrical Safety

- Do not use extension cords
- Check for warm plugs
- Never handle cords with wet hands
- Make sure to untangle cords
- Replace cracked or worn cords
- Grounded plugs and GFI's

© Compliance Training Partners

Subpart Z Record Keeping

- Employee's hepatitis B vaccination status
- Results of work related examinations, medical testing, and post-exposure evaluation
- Employee medical records must be kept confidential and not disclosed or reported without the employee's written consent
- Medical records must be maintained for the duration of employment plus 30 years

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Subpart Z Ionizing Radiation

- Quarterly monitoring recommended
- Operator must stay out of the path of the central ray when exposing radiographs
- Never hold films for patients
- Employees must be trained how to properly operate radiographic equipment

© Compliance Training Partners

Luxel Plus Monitors



- Quarterly monitoring recommended
- Monthly monitoring recommended for pregnant workers

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650—20.13(153) Unlawful practice. A dental assistant who assists a dentist in practicing dentistry in any capacity other than as a person supervised by a dentist in a dental office, or who directly or indirectly procures a licensed dentist to act as nominal owner, proprietor or director of a dental office as a guise or subterfuge to enable such dental assistant to engage directly or indirectly in the practice of dentistry, or who performs dental service directly or indirectly on or for members of the public other than as a person working for a dentist shall be deemed to be practicing dentistry without a license.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

650—20.14(153) Advertising and soliciting of dental services prohibited. Dental assistants shall not advertise, solicit, represent or hold themselves out in any manner to the general public that they will furnish, construct, repair or alter prosthetic, orthodontic or other appliances, with or without consideration, to be used as substitutes for or as part of natural teeth or associated structures or for the correction of malocclusions or deformities, or that they will perform any other dental service.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

650—20.15(153) Expanded function training approval. Expanded function training shall be eligible for board approval if the training is offered through a program accredited by the Commission on Dental Accreditation of the American Dental Association or another program prior-approved by the board, which may include on-the-job training offered by a dentist licensed in Iowa. Training must consist of the following:

1. An initial assessment to determine the base entry level of all participants in the program. At a minimum, participants must be currently certified by the Dental Assisting National Board or must have two years of clinical dental assisting experience as a registered dental assistant;
2. A didactic component;
3. A laboratory component, if necessary;
4. A clinical component, which may be obtained under the personal supervision of the participant's supervising dentist while the participant is concurrently enrolled in the training program; and
5. A postcourse competency assessment at the conclusion of the training program.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

These rules are intended to implement Iowa Code chapter 153.

[Filed 4/9/79, Notice 10/4/78—published 5/2/79, effective 6/6/79¹]

[Filed 8/3/79, Notice 6/27/79—published 8/22/79, effective 9/26/79]

[Filed 3/20/86, Notice 9/11/85—published 4/9/86, effective 5/14/86]

[Filed 4/28/88, Notice 3/23/88—published 5/18/88, effective 6/22/88]

[Filed 11/19/93, Notices 6/9/93, 8/18/93—published 12/8/93, effective 1/12/94]

[Filed 11/2/95, Notice 8/16/95—published 11/22/95, effective 12/27/95]

[Filed 10/23/00, Notice 8/9/00—published 11/15/00, effective 1/1/01]

[Filed 7/27/01, Notice 5/30/01—published 8/22/01, effective 9/26/01]

[Filed emergency 6/21/02—published 7/10/02, effective 7/1/02]

[Filed 1/30/03, Notice 11/13/02—published 2/19/03, effective 3/26/03]

[Filed 8/29/03, Notice 5/14/03—published 9/17/03, effective 10/22/03]

[Filed 7/1/04, Notice 5/12/04—published 7/21/04, effective 8/25/04]

[Filed 4/22/05, Notice 2/2/05—published 5/11/05, effective 6/15/05]

[Filed emergency 6/30/05—published 7/20/05, effective 7/1/05]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

[Filed 1/10/08, Notice 11/7/07—published 1/30/08, effective 3/5/08]

[Filed ARC 7789B (Notice ARC 7575B, IAB 2/11/09), IAB 5/20/09, effective 6/24/09]

[Filed ARC 8369B (Notice ARC 8044B, IAB 8/12/09), IAB 12/16/09, effective 1/20/10]

[Filed ARC 0265C (Notice ARC 0128C, IAB 5/16/12), IAB 8/8/12, effective 9/12/12]

[Filed ARC 0465C (Notice ARC 0170C, IAB 6/13/12), IAB 11/28/12, effective 1/2/13]

¹ The Administrative Rules Review Committee at their May 21, 1979, meeting delayed the effective date of Chapters 20 and 21 70 days.

APPLICATION FOR PRIOR APPROVAL OF EXPANDED FUNCTION TRAINING

Iowa Board of Dental Examiners
400 SW 8th St., Suite D
Des Moines, IA 50309-4687
<http://www.state.ia.us/dentalboard>
515-281-5157

Note: A fee of \$10 is required to process your request. PLEASE TYPE OR PRINT.

Name of organization or person requesting approval: Fleur Dentistry, LLP
Address: 4551 Fleur Drive, Des Moines, IA 50321
Phone: 287-2493 Fax: 287-7948 Email: _____
Signature: Carol Cleaver DDS Date: 6-2-05

Expanded function course you are submitting for review:

- Taking Occlusal Registrations
- Placement and Removal of Gingival Retraction
- Taking Final Impressions
- Fabrication and Removal of Provisional Restorations
- Applying Cavity Liners and Bases, Desensitizing Agents and Bonding Systems
- Placement and Removal of Dry Socket Medication
- Placement of Periodontal Dressings
- Testing Pulp Vitality
- Monitoring Nitrous Oxide

Name of instructor providing training: Carol Cleaver • John Kearns
Educational background: (Attach a copy of curriculum vitae) _____

Course objectives: See attached sheet

1. Plan for initial assessment: RDA + currently all our assistants are certified

2. Resources used for didactic materials. Include a copy of the didactic materials for Board review.

Enclosed -

Assistants will read didactic materials prior to clinical component.

3. Will lab training be provided? YES NO If yes, detail lab experience: _____

Practice placing cavity varnish, bases, + bonding agents on a prepared typodont.

4. Describe your plan for the clinical component of training. Be specific. _____

As the clinical situation arises with a prepared tooth, the appropriate bonding agent or base, desensitizing agents, will be placed by the RDA. Following application, Dr. Keavns or Dr. Cleaver will evaluate proper placement of material.

5. Plan for post-course competency assessment: _____

Written Test for didactic portion
Competency will be evaluated at placement
of each individual patient experience.

6. Provide a detailed breakdown of the dates and times for the entire course: The time schedule
depends on if + when this outline + materials are approved.

Date ? : 6-8 pm at our office

6-7:15 - Didactic - lecture - answer questions

7:15-8:00 - Lab training + Post Op Written Test

Ongoing clinical experience per patient experiences

7. Where do you intend to offer the course? At our office -

Fleur Dentistry - 4551 Fleur Drive, Des Moines

8. Who are the intended recipients of the course? Our RDA who are currently
certified by the Dental Assisting National Board.

9. How many credit hours of continuing education are you requesting? 2

If available, please include a copy of the course brochure.

A copy of the didactic materials must also be included with your request.

You will be contacted after the Iowa Board of Dental Examiners has reviewed your request.

MAIL COMPLETED APPLICATION, ALONG WITH A FEE OF \$10 FOR PRIOR APPROVAL OF CONTINUING EDUCATION HOURS, TO:

Iowa Board of Dental Examiners
Expanded Function Committee
400 SW 8th St., Suite D
Des Moines, IA 50309-4687

Cavity Liners, Bases, Desensitizing Agents and Bonding Systems

Continuing Education Credit Hours Awarded: 4

General Instructions

According to the Board rule, training programs MUST consist of all of the following:

1. An initial assessment to determine the base entry level of all participants in the program. At a minimum, participants must be currently certified by the Dental Assisting National Board or must have 2 years of clinical dental assisting experience;
2. Didactic component;
3. Laboratory component, if necessary;
4. Clinical component, which may be obtained under the personal supervision of the participant's supervising dentist while the participant is concurrently enrolled in the training program; and
5. A post-course competency assessment at the conclusion of the training program.

Conduct an initial assessment to determine base entry level of all participants in the program.

Didactic

Required Reading

Phinney & Halstead, Dental Assisting, A Comprehensive Approach, published by Delmer (Thompson) ISBN 1-4018-3480-9, p 586-591, 692-697

Suggested reference to supplement didactic component:

Bird & Robinson: *Modern Dental Assisting*, Published by Torres & Ehrlich

Objectives

1. Identify cavity preparations and how they relate to the need for cavity liners, bases and bonding systems.
2. Identify cavity liners- Uses, examples of and how to utilize and manipulate materials
3. Identify Cavity Varnishes- Uses, examples of how to utilize and manipulate the material
4. Identify Cement Bases- Uses, examples of how to utilize and manipulate the materials
5. Identify Bonding Agents-Uses, examples of how to utilize and manipulate the materials
6. Understand dentin vs. enamel bonding
7. Identify desensitizing agents-Uses, examples of how to utilize and manipulate material

Criteria for rule 650-20.16(153) for Cavity Liners, Bases and Desensitizing Agents and Bonding Systems

4 Hours

- 1. Initial Assessments: All dental assistants are registered and certified.**
- 2. Didactic Component: Assistants will be required to read didactic and required reading prior to Dr. Cleaver presenting didactic portion of training.
2 HOURS**
- 3. Lab component: Dr. Kearns will be presenting the lab component of this training.
2 HOURS**
- 4. Clinical Component: Dr. Kearns and Dr. Cleaver will be monitoring this portion of training.**
- 5. Post Course competency: A written test will be administered by Dr. Cleaver.**

Cavity Liners, Bases, Desensitizing Agents and Bonding Systems

Cavity Preparation/Pulpal Involvement-

- A. Ideal Level- Preparation does not involve the pulp but is through the enamel and just in the dentin.
- A base is not required.
 - If a composite is going to be placed, a bonding agent can be placed.
Some dentists place a glass ionomer liner or calcium hydroxide over the exposed dentin.
If an amalgam is placed, bonding agents can be placed. Some dentists will place cavity varnish over the dentin.
- B. Beyond Ideal- More enamel and dentin are removed, but the preparation is not close to the pulp.
- If a composite is going to be placed, a bonding agent can be placed.
 - The level of the dentin can be restored with a cement base.
 - With an amalgam, bonding agents can be placed. Some dentists would place varnish to seal the dentin tubules and then place a layer of a cement base. Another option is to place a reinforced ZOE base, a glass ionomer.
- C. Near Exposure- This involves a large amount of enamel and dentin being removed, but the pulp is not exposed.
- The closer the cavity preparation comes to the pulp, the more precautions are needed.
 - When a cavity liner is placed over a near pulp exposure, it is referred to as an indirect pulp cap
 - If a composite is going to be placed, a bonding agent can be placed. A cavity liner like a polycarboxylate or glass ionomer cement can be used to cover the near exposure.
 - If amalgam is to be placed, a bonding agent can be placed. A cavity liner like calcium hydroxide, glass ionomer, or ZOE can be placed first over the deepest portion of the prep in dentin, and then varnish.
- D. Pulp Exposure- Enough enamel and dentin have been removed to expose a portion of the pulp. There could be blood in the cavity preparation.
- The dentist must decide if endo is indicated at this point, or if an attempt to save the vitality of the tooth is appropriate. A direct pulp cap is performed if vitality of the tooth is attempted.
 - Calcium hydroxide, glass ionomer, or a polycarboxylate can be placed to see if the pulp is going to heal followed by a bonding agent, and then a restoration.

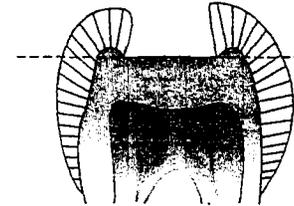
TABLE 28-5 Depth of Cavity Preparations and Pulpal Relation

Pulpal Involvement

Illustration

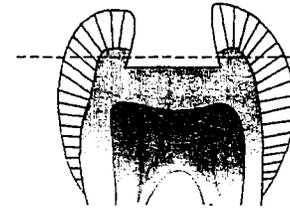
1. Ideal level

This preparation does not involve the pulp but is through the enamel and just in the dentin. It is large enough to retain a restoration.



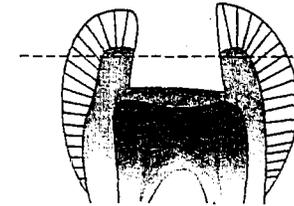
2. Beyond ideal

More enamel and dentin are removed, but the preparation is not close to the pulp.



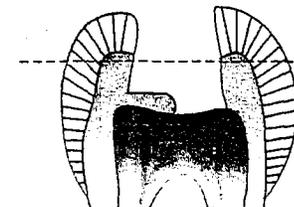
3. Near exposure

This cavity preparation involves a large amount of enamel and dentin being removed, but the pulp is not exposed. The floor of the preparation may be slightly pink due to the proximity of the pulp.



4. Pulp exposure

Enough enamel and dentin have been removed to expose a portion of the pulp. There will be blood in the cavity preparation.



Cavity Liners-

- Examples of cavity liners are calcium hydroxide, zinc oxide eugenol and glass ionomer.
- Cavity liners are placed in the deepest portion of the cavity preparation. They are designed to protect the pulp from chemical irritations and provide therapeutic effects to the tooth.

Procedure: The tooth is prepared by the dentist.

The dental assistant will maintain a dry field:

1. Examine the preparation. Determine the deepest portion of the cavity.
2. Clean and dry the preparation.
3. Prepare the liner to be used. Dispense and if needed mix according to directions.
4. Place the liner in a thin layer in the deepest portion of the preparation using a ball-ended instrument. Be careful not to touch the sides of the preparation. Use an explorer to remove excess material off of walls of the tooth preparation.
5. Use the curing wand if the material is light cured, or give the liner adequate time to set up if not light activated.

Cavity Varnish-

- Varnish is used to seal the dentin tubules to prevent acids, saliva and debris from reaching the pulp.
- It is used under amalgam restorations to prevent microleakage and under zinc phosphate cements to prevent penetration of acids to the pulp.

Procedure: The tooth is prepared by the dentist.
The dental assistant will maintain a dry field:

1. Wash and dry the tooth
2. Using 2 small cotton pellets, dip them in the varnish and remove excess varnish in a piece of gauze.
3. Using cotton pliers pick up one cotton pellet and paint a thin layer of varnish on the dentin.
4. Allow varnish to dry for 30 seconds
5. Apply another coat using the second cotton pellet.
6. Never re-dip the cotton pellet in the bottle of varnish
7. If excess varnish was placed on the enamel surface, remove it with varnish solvent and a small applicator.

Cement Bases-

- Cement Bases are used to protect the pulp and are usually thicker than cavity liners.
- Examples are glass ionomers, zinc phosphate and polycarboxylate.

Procedure: The dentist will prepare the tooth:

The dental assistant will maintain a dry field:

1. Decide where and the size of area to place base using the guidelines previously discussed .
2. Rinse and dry the tooth.
3. Prepare the cement according to manufacturers instructions.
4. Using a small condensing end of an instrument or a ball burnisher, place the base in the appropriate area of preparation.
5. Evaluate placement. The base should cover the floor of the cavity preparation .
6. Remove any excess material with a spoon excavator or explorer.

Bonding Agents

Bonding Agents are also known as **adhesives and bonding resins**. These materials are used to improve the retention between the tooth structure and the restoration. These materials bond enamel and dentin to porcelain, resins, precious and non-precious metals, composites, and amalgams.

Bonding agents are low-viscosity that may or may not contain fillers, and some contain fluoride. These materials can be light cured or dual cured.

Bonding agents vary with manufacturer. Some need an acid etch prior to placement of the bonding system. Some materials are self etching. Follow manufacturer's instructions.

Enamel Bonding- Adhesion of dental materials to enamel is accomplished by using 30-40% phosphoric acid. The etch alters the enamel and creates microscopic undercuts between the enamel rods. Low-viscosity unfilled resin bonding agents then penetrate into undercuts and mechanically lock into them. The restorative material then bonds to this layer and becomes a solid unit.

Dentin Bonding- It is more difficult to bond dentin than enamel because

- Dentin has a high water content, which interferes with bonding
- Composition of dentin is more organic than inorganic and contains water.
- When dentin is cut with a bur, it forms a smear layer. This layer of debris lies on the cavity floor and prevents contact between the intact dentin and the bonding agent, and so that is why an etchant is used to remove a smear layer. When this smear layer is removed, when an adhesive is used it creates a mechanical bond with the dentin.

Procedure- The dentist prepares the tooth.

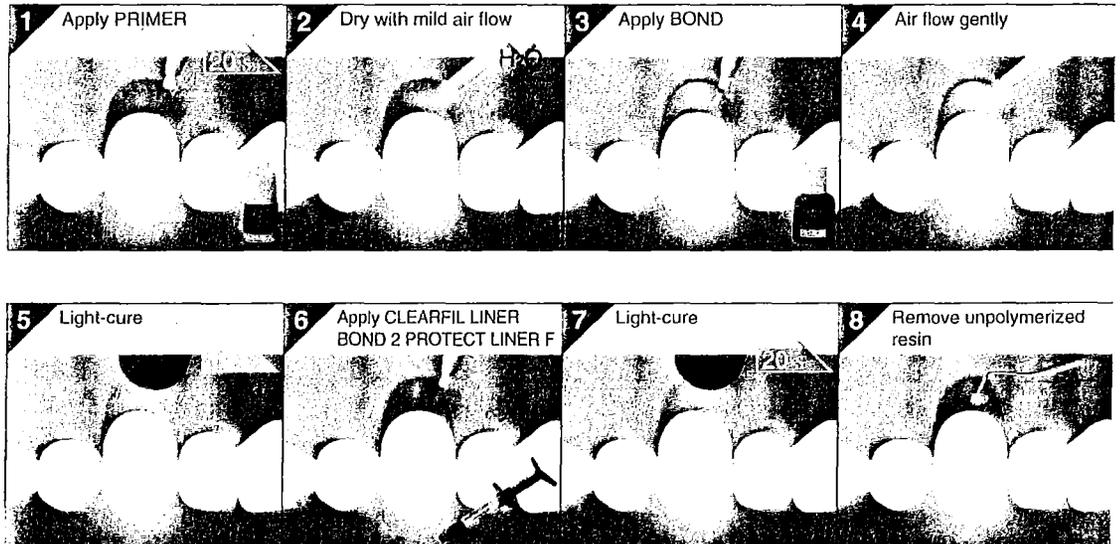
The dental assistant maintains a dry field.

- If etch is required, dentist places it, and the assistant rinses it off for specified amount of time.
- If the bonding system involves both the enamel and dentin, a primer step is included. The primer is placed with small applicator tips. This material wets the dentin and penetrates the dentin tubules.
- The bonding resin is then applied using a different applicator tip and the curing light is used to harden the material.

CLEARFIL™ SE BOND Flow Chart Sheet
RESIN-BASED DENTAL ADHESIVE SYSTEM

Case C Treatment of hypersensitive and/or exposed root surfaces

 KURARAY MEDICAL INC.
1621 Sakazu, Kurashiki,
Okayama 710-8622, Japan
See Instructions
for Use



Desensitizing Agents-

HOW SUPERSEAL™ WORKS

SuperSeal™ is a unique formula that removes the smear layer, seals the tubules and desensitizes in one step. No pumice cleaning or rinsing required.

Because of its acidic nature **SuperSeal™** demineralizes the smear layer (both organic and mineral debris) and the peritubular dentin (outermost ring of very hard mineralized dentin of each tubule complex).

Reacts with the calcium hydroxyapatite to form a fine granular calcium oxalate precipitate within seconds both within the dentinal tubules and on the surfaces of the vital dentin, enamel and cementum.

This precipitate is an acid-resistant liner that is biologically and chemically complexed with the underlying substrate of the vital dentin.

SuperSeal™ guarantee.

If you are not completely satisfied, just return the unused portion for a complete refund.

Directions for Use

Note: For best results Super Seal™ should be placed onto the entire area to be treated prior to any other agents.

1. Place 1 to 2 drops of SuperSeal™ in the small end of a clean Dappen dish. More may be needed depending on the area to be treated.
2. Using cotton forceps, take a new, very small sterile cotton pellet and saturate the cotton pellet with SuperSeal™.
3. Gently rub or dab the saturated cotton pellet onto the entire preparation for at least 30 seconds. (DO NOT BRUSH) Be sure to saturate the area well. Super Seal™ may be applied to a damp or dry surface. It may be dabbed around the crown margins following use of astringents, onto root cementum, and onto exposed roots that are sensitive to cold or air stimuli. **Do not rinse.** Super Seal™ will **not** harm soft tissue.
4. Use gentle air to evaporate the solution from the treated area. Do not use a hard blast of air because it will remove the material from the site. When dry, you may note a frosty-white surface or precipitate. This is the acid-resistant mineral layer that blocks fluid movement and dentin sensitivity to cold and air stimuli.

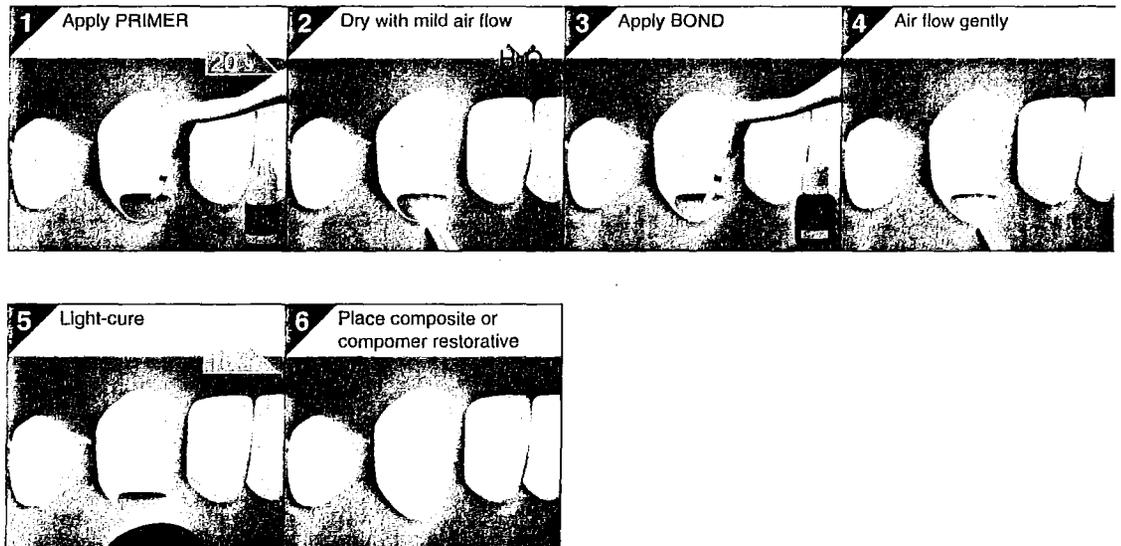
NOTE:

Studies have shown that with most bonding systems, etching is required before applying Super Seal™. Call for details.

CLEARFIL™ SE BOND Flow Chart Sheet
FLUORINATED DENTAL ADHESIVE SYSTEM

 KURARAY MEDICAL INC.
1621 Sakazu, Kurashiki,
Okayama 710-8622, Japan
See Instructions for Use

Case A Direct filling restorations using light-curing composite or compomer



S1970EU-02

are reduced to create low viscosities for cementation purposes.

Properties. Most resin cements are radiopaque and exhibit adequate strength and wear resistance for luting. These materials are insoluble in oral fluids but are irritating to the pulp; thus, a protective cement is required. Some of the products contain fluoride.

Manipulation Considerations. Resin cements do not adhere directly to metal or ceramic materials; these materials must be roughened with etchants to produce mechanical bonding or the tissue surfaces of ceramics are treated with a silane coupling agent to produce a chemical bond with the resin cements. Sometimes, a wire mesh or undercuts may be added to the tissue side of the prosthesis to aid in retention.

Self-cured materials come with an initiator and an activator. These are mixed on a paper pad for twenty to thirty seconds. Excess cement must be removed before the material is set completely to prevent any marginal leakage. Light-cured materials come in syringes and must be cured for at least forty seconds. Dual-cured materials come in two component systems that are mixed together for twenty to thirty seconds. Once mixed, these materials begin to set slowly, allowing for placement of the cement on the prosthesis and the prosthesis to be seated in the oral cavity. Once in position, the visible light unit is activated to harden the cement.

Resin-Reinforced Glass Ionomer Cement

Resin-reinforced glass ionomer cement has been modified to include resin. This cement is stronger and more water insoluble and adheres to the tooth structure better than conventional glass ionomer cement. Like glass ionomer cement, it releases fluoride to protect the enamel against decalcification and demineralization.

Compomer Cement

Compomer cements are basically polyacid modified composites. They are like composites and do not contain water and have properties similar to resin cements. Compomers release fluoride, have self-adhesive properties, and come in light-cured and self-cured versions. They are used to cement all types of dental restorations.

BONDING AGENTS

Bonding agents are also known as adhesives and bonding resins. These materials are used to improve the retention between the tooth structure (enamel and dentin) and the restoration. These materials come in many forms and are often complete systems (Figure 26-17). These materials bond enamel and dentin to porcelain, resins, precious and non-precious metals, composites, and amalgam.

The bonding materials are low-viscosity resins that may or may not contain fillers. Some of the bonding agents contain additives with adhesive enhancers, and some contain fluoride. These materials are mainly light cured or dual cured.

Enamel Bonding

Adhesion of dental materials to enamel is accomplished by acid etching with phosphoric acid. This solution alters the surface of the enamel and creates microscopic undercuts between the enamel rod (Figure 26-18). Low-viscosity, unfilled resin bonding agents then penetrate into these undercuts and mechanically lock into them. The restorative material then bonds to this layer and becomes a solid unit. Bonding to enamel is required before placement of composite restorations, pit and fissure sealants, veneers, resin-cemented crowns and bridges, and orthodontic brackets.

The acid etching process involves the use of thirty to forty percent phosphoric acid solution. The etchant comes in liquid or gel form and is supplied in bottles or syringes. The liquids are placed with small cotton pellets, sponges, brushes, or disposable applicators.

Dentin Bonding

Dentin bonding is more of a challenge than enamel bonding. Some of the obstacles include:

- ▶ Dentin has a high water content, which can interfere with the bonding to the tooth.
- ▶ The composition of the dentin is more organic than inorganic and contains water. These factors make dentin difficult to bond to.
- ▶ Dentin is directly above the pulp, so the operator must take care not to injure the pulp.

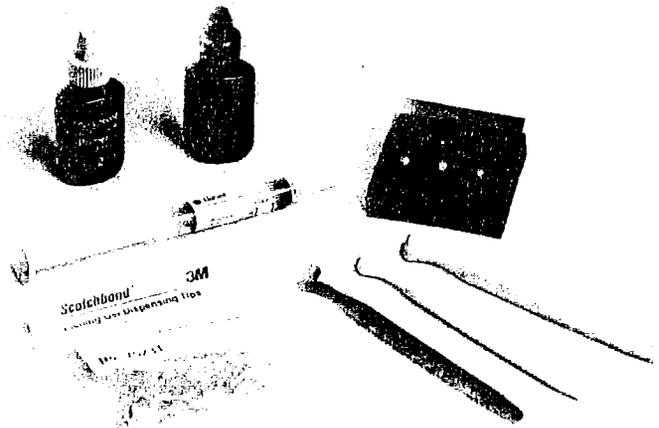


FIGURE 26-17 Bonding agents and systems.

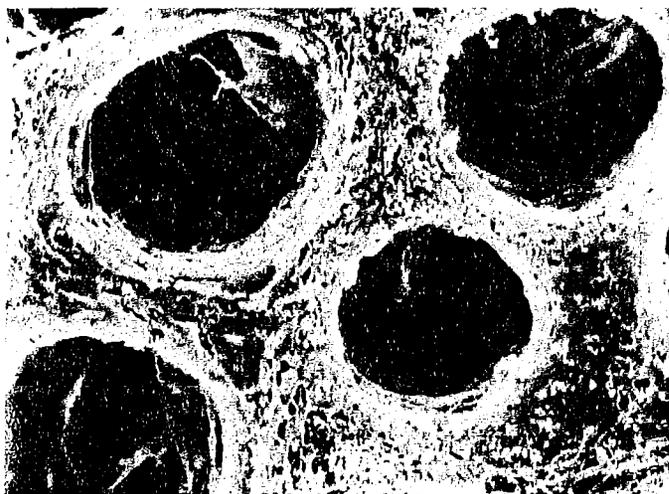


FIGURE 26-18 Microscopic view of etched dentin. (Courtesy of Kerr Corporation)

- ▶ When the dentin is cut with a bur during the cavity preparation, it forms a **smear layer**. This layer of debris lies on the cavity floor and walls and prevents contact between the intact dentin and the bonding agent/adhesive.

The current dentin bonding materials use an etchant to remove the smear layer, because the smear layer is not attached firmly and is unreliable. When the smear layer is removed, the adhesives achieve a mechanical bond with the dentin. Many of the bonding agents are suitable for both enamel and dentin surfaces because of the application of the acid etchant.

RESTORATIVE DENTISTRY

Restorative dentistry, also known as operative dentistry, involves various materials and techniques. There are many reasons a tooth needs to be restored, including decay, fracture, abrasion, esthetics, and attrition. Restorative materials such as amalgam and composites are used to restore the tooth. These materials are called **direct restorative materials** because they are mixed and placed directly in the cavity preparation in one appointment.

Reasons for restoring teeth include:

- ▶ Arresting the loss of tooth structure. Stopping the decay process early allows the preparation to be conservative and small restorations to be stronger.
- ▶ Preventing the recurrence of decay by placing margins that can be reached easily for cleaning. This is known as **extension for prevention**.

PROCEDURE 26-9

Placing Etchant



The dental assistant prepares the materials and isolates the area. The dentist places the etchant. When the allotted time has passed, the dental assistant thoroughly rinses the tooth.

EQUIPMENT

- ▶ Acid etchant, usually a thirty to forty percent solution
- ▶ Isolation materials (rubber dam or cotton rolls)
- ▶ Applicator (syringe, cotton pellets, or small applicator tips)
- ▶ Dappen dish
- ▶ Air-water syringe
- ▶ Timer

PROCEDURE STEPS (Follow aseptic procedures)

1. Isolate the area.
2. Clean the surface thoroughly.
3. Prepare the etchant applicator or syringe.
4. Place the etchant on the surface for fifteen to thirty seconds depending on manufacturer's directions.
5. Rinse the tooth after the designated time for fifteen to twenty seconds with the air-water syringe and evacuate thoroughly for ten to twenty seconds.

NOTE: The etched surface will have a frosty appearance. This surface needs to be isolated until the cementation is complete. If saliva or other fluids contact the surface, the etching process must be repeated.

P R O C E D U R E 26-10

Placing Bonding Agent



Steps in the application of bonding agents vary with manufacturers, so follow the directions that come with the product. The dental assistant prepares the materials for each step and keeps the area dry and free of debris (sometimes, cavity cleaners are used).

EQUIPMENT AND SUPPLIES

- ▶ Bonding system that contains acid etchant, primer or conditioner, adhesive material
- ▶ Applicators (disposable tips or brushes)
- ▶ Dappen dish
- ▶ Isolation means
- ▶ Air-water syringe
- ▶ Curing light and shield
- ▶ Timer

PROCEDURE STEPS (Follow aseptic procedures)

1. If the cavity preparation is near the pulp, place calcium hydroxide or glass ionomer lining cement over the area.

2. The etchant is placed on the enamel and the dentin for the specified amount of time, usually fifteen to twenty seconds. Usually, the etchant is placed on the enamel first and then the dentin, because the dentin is more sensitive to the etchant.
3. Rinse the tooth as soon as the time is up. Continue to rinse for at least five to ten seconds. Move quickly to prevent bacterial contamination of the dentin.
4. If the bonding involves both the enamel and dentin, a primer step is included. The primer or conditioner is placed with a brush or an applicator. This material wets the dentin and penetrates the dentin tubules.
5. The bonding resin is then applied, and the curing light is used to harden the material.
6. Cleanup involves disposing of applicator tips or brushes.

- ▶ Restoring the contour of the tooth (the shape and design of the crown of the tooth). The proper contour prevents food impaction and gingival irritation.
- ▶ Restoring the function of the tooth and establishing occlusion with opposing teeth for mastication of food.
- ▶ Restoring or improving the esthetic look of the teeth.

Classification

Dental caries are classified to simplify the examination, charting, diagnosis, and patient communication. There are several ways to classify cavities and restorations (see Chapter 7, Dental Charting). The classifications include Black's classification, which identifies areas of decay according to the surfaces they are located on, such as Class I for occlusal caries on the posterior teeth and Class III for dental caries on the mesial or distal of anterior teeth where the incisal edge is not involved. Another classification is according to the number of surfaces involved, for example simple, compound, and

complex. A third method of classifying dental caries is according to whether the caries are pit and fissure areas or smooth surface areas.

Cavity Detection

Cavities can be detected with radiographs, probing with an explorer, or the use of a special dye. This dye detects caries by distinguishing between good, sound, hard dentin and dentin that is infected with bacteria and softened. The dye is placed in the preparation early in the procedure to keep from removing too much tooth structure. The dye is applied for about ten seconds and then rinsed off. Burs and spoon excavators usually remove all the stained dentin. This process is repeated until no caries remain. This material also can be used to identify cracks and root canals.

Cavity Cleaners/Disinfectants

Cavity cleaners/disinfectants can be used in the cavity preparation. Like any body wound, the cavity should be

PROCEDURE 28-12 (continued)

with the spray from the air-water syringe and the evacuator.

- ▶ Apply disclosing solution to detect any areas of plaque or stain that were missed.
- ▶ Using the mouth mirror and the air syringe, inspect each surface for any remaining soft deposits and/or stains. Note these areas on the patient's chart or paper for future reference.
- ▶ Polish the areas missed with a prophy cup and/or brush.
- ▶ Rinse the patient's mouth to remove all the abrasive agent.

- ▶ Inspect the teeth for a lustrous shine showing no debris or extrinsic stains. The soft tissues should be free of abrasion or trauma. The patient is ready for a fluoride treatment. The dentist may want to see the patient before he or she is dismissed.

6. Chart the coronal polish. It is the dental assistant's responsibility to record the coronal polish completely and accurately on the patient's dental chart. The entry is recorded in ink, dated, and signed or entered into the computer system. Include any comments about the condition of the patient's mouth and the type(s) of material(s) used.

PLACING CAVITY LINERS, CAVITY VARNISH, AND CEMENT BASES

OBJECTIVES

The student should strive to meet the following objectives and demonstrate an understanding of the facts and principles presented in this chapter:

1. Classify cavity preparations according to their relationships with the pulp.
2. Explain the different options for protecting the pulp with cavity liners, cavity varnish, and cement bases.
3. Describe the purpose of using cavity liners. List types of materials that can be used and explain the placement procedure.
4. Describe the purpose of using cavity varnish and explain the placement procedure.
5. Describe the purpose of using cement bases. List types of materials that can be used and explain the placement procedure.

KEY TERMS

axial walls

cavity liners

cavity preparation

cavity varnish

cement bases

direct pulp capping
(DPC)

high-strength bases

indirect pulp
capping

low-strength bases

OUTLINE

Introduction

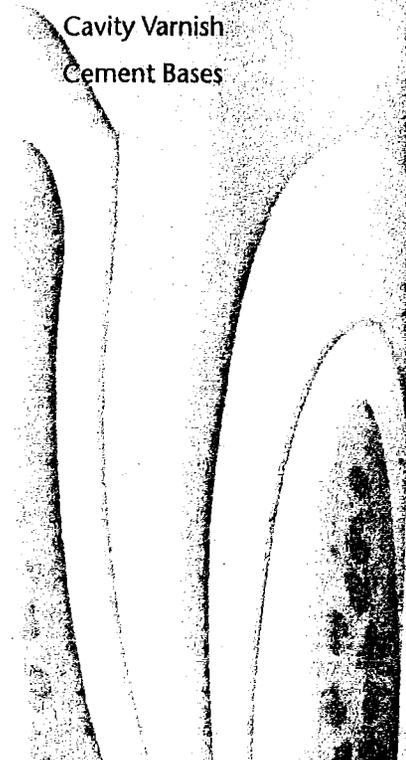
Cavity Preparation/Pulpal
Involvement

Treatment of Cavity
Preparations

Cavity Liners

Cavity Varnish

Cement Bases



INTRODUCTION

The dental assistant should be familiar with and knowledgeable about the properties and preparation of cavity liners, varnishes, and cement bases (refer to Chapter 26, Chairside Restorative Materials). Cavity preparation and terminology also should be familiar so that the dental assistant can plan ahead and be ready to prepare and place the materials the dentist asks for. Not all states allow dental assistants to place bases, liners, and cavity varnish, but the dental assistant does assist the dentist during this step of restorative procedures.

**CAVITY PREPARATION/
PULPAL INVOLVEMENT**

The cavity preparation for a restoration depends on the amount of decay, the location of the decay, and the type of materials used to restore the tooth. If the dental

assistant is placing the liners, base, or varnish, he or she should examine the cavity preparation to assess pulpal involvement (Table 28-5).

TREATMENT OF CAVITY PREPARATIONS

The treatment of the cavity preparations varies with the amount of enamel and dentin removed and how near the prep is to the pulp. Using the categories from Table 28-5, possible treatments are as follows:

1. Treatment of the ideal cavity preparation:
 - ▶ A base is not required because only a minimal amount of enamel and dentin has been removed. Some dentists place only the restoration, while others prefer to place a fluoride-releasing liner. If an amalgam restoration is going to be placed, two thin layers of cavity varnish are often placed over the dentin.

TABLE 28-5 Depth of Cavity Preparations and Pulpal Relation

Pulpal Involvement	Illustration
<p>1. Ideal level</p> <p>This preparation does not involve the pulp but is through the enamel and just in the dentin. It is large enough to retain a restoration.</p>	
<p>2. Beyond ideal</p> <p>More enamel and dentin are removed, but the preparation is not close to the pulp.</p>	
<p>3. Near exposure</p> <p>This cavity preparation involves a large amount of enamel and dentin being removed, but the pulp is not exposed. The floor of the preparation may be slightly pink due to the proximity of the pulp.</p>	
<p>4. Pulp exposure</p> <p>Enough enamel and dentin have been removed to expose a portion of the pulp. There will be blood in the cavity preparation.</p>	

PROCEDURE 28-13

Placing Cavity Liners



This procedure is performed by the dentist or an expanded-function dental assistant. The preparation of the cavity has been completed, and this procedure begins the restorative process.

EQUIPMENT AND SUPPLIES

- ▶ Cavity liner (calcium hydroxide, glass ionomer, zinc oxide eugenol)
- ▶ Application instrument or explorer
- ▶ Gauze sponges and cotton rolls
- ▶ Mixing pad and spatula, if material is mixed
- ▶ Curing light (if material is light cured)

PROCEDURE STEPS (Follow aseptic procedures)

1. Examine the cavity preparation. Determine the deepest portion of the cavity preparation and access to that area.
2. Clean and dry the cavity preparation. Remove any debris from the cavity preparation. Wash and dry the area with the air-water syringe.
3. Prepare the liner to be used. Dispense and mix according to directions. **Note:** Usually, light-cured materials do not have to be mixed but are placed directly in the preparation.
4. Place the liner in the cavity preparation. Using a small, ball-ended instrument, place the material in the deepest portion of the cavity preparation in a thin layer. Be careful not to touch the instru-

ment to the sides of the preparation. The material will flow into the area and can be spread by pushing the liner in the direction desired with the small ball of the instrument.

5. Complete the placement. Remove the instrument, wipe it clean with a gauze, and repeat this procedure until the liner covers the deepest portion of the cavity preparation (Figure 28-53).
6. If the liner is self-curing, hold the tooth to harden. If the liner is light curing, the light is held over the tooth and activated to cure the material for the appropriate time (usually ten to twenty seconds).
7. Examine the cavity preparation. After the liner has cured, examine the preparation. If any material is on the enamel walls, remove it with an explorer.

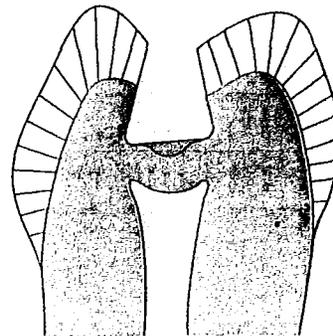


FIGURE 28-53 Placement of the cavity liner in the preparation.

preparation to raise the level of the floor of the preparation to the ideal height. There are several different types of cements that can be used for bases. These include glass ionomers, hybrid ionomers, reinforced zinc oxide eugenol, zinc phosphate, and polycarboxylate. The

preparation, sensitivity of the pulp, and type of restoration indicate which cement to use (See Chapter 26, Restorative Materials, for specific uses of each material mentioned). These materials are often referred to as **high-strength bases**.

PROCEDURE 28-14

Placing Cavity Varnish



This procedure is performed by the dentist or the expanded-function dental assistant. The preparation of the cavity has been completed, and this procedure is part of preparing the tooth for the restoration.

EQUIPMENT AND SUPPLIES

- ▶ Cavity varnish (varnish and solvent)
- ▶ Cotton pliers
- ▶ Application instruments (cotton balls or cotton pellets, sponge applicators, brush applicators)
- ▶ Gauze sponges

PROCEDURE STEPS (Follow aseptic procedures)

1. Prepare two very small cotton balls or pellets about 2 mm in size to look like small footballs.
2. Evaluate the cavity preparation to determine access, visibility, and placement of liners or bases.
3. If the tooth has not been washed and dried, do so at this time with the air-water syringe.
4. To prevent contamination of the varnish, pick up both cotton pellets or balls with the sterile cotton pliers and place in the varnish. Then, place the cotton on gauze to remove excess varnish.
5. Using the cotton pliers, pick up one cotton ball or pellet and paint a thin layer of varnish on the dentin

in the cavity preparation. A sterile disposable brush or sponge may also be used (Figure 28-54).

6. Allow the cavity to dry for thirty seconds. Place a second coat of varnish. Using the cotton pliers, pick up the second cotton pellet or ball from the gauze and apply a second layer of varnish (this prevents any voids). To prevent contamination, never place an applicator that has been used in the mouth back in the bottle of varnish.
7. Clean up after the procedure. If any excess varnish was placed on the enamel surface, remove it with varnish solvent and a small applicator.

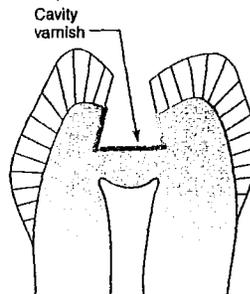


FIGURE 28-54 Placement of cavity varnish in the preparation.

PROCEDURE 28-15

Placement of Cement Bases



This procedure is performed by the dentist or the expanded-function dental assistant. The preparation of the cavity has been completed, and this procedure is part of preparing the tooth for the restoration.

EQUIPMENT AND SUPPLIES

- ▶ Cement base materials, usually powder/liquid
- ▶ Mixing pad
- ▶ Cement spatula
- ▶ Gauze sponges
- ▶ Plastic filling instrument
- ▶ Explorer or spoon excavator

(continues)

PROCEDURE 28-15 (continued)

PROCEDURE STEPS (Follow aseptic procedures)

1. Determine the previous treatments and decide where to place the base and the size of area. Evaluate access and visibility.
2. Prepare the preparation area. Remove any debris with the air-water syringe and HVE.
3. Prepare the cement base materials according to manufacturer's instructions. Mix the cement base to a thick putty consistency and gather into a small ball.
4. Collect the base on the blade of the plastic filling instrument. Place the base in the cavity preparation.
5. Using the small condensing end of the plastic filling instrument, condense the base into place on the floor of the cavity prep (Figure 28-55). If the material is sticky, place a small amount of powder on the mixing pad and dip the end of the condenser as needed. Continue until a sufficient base layer is placed.

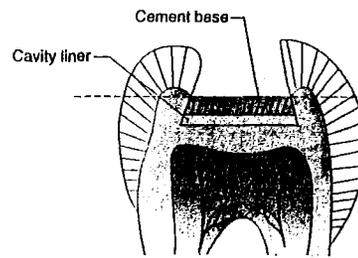


FIGURE 28-55 Placement of cement base in the cavity preparation.

6. Evaluate the placement. The base should cover the floor of the cavity preparation, leave enough room for the restorative materials, and should not be on pins or in retentive grooves.
7. Remove any excess materials with a spoon excavator or an explorer.
8. Clean up the mixing materials. Remove cement from the spatula as soon as possible and remove the paper from the pad.

SUTURE REMOVAL

OBJECTIVES

The student should strive to meet the following objectives and demonstrate an understanding of the facts and principles presented in this chapter:

1. Explain the function of sutures and when they are placed.
2. List the equipment and supplies needed for suture removal.
3. Determine and identify the location and number of sutures and how to evaluate the healing process.
4. Identify the following suture patterns: simple, continuous simple, sling, continuous sling, horizontal, and vertical mattress.
5. List the basic criteria for suture removal.
6. Explain the steps of removal for identified suture patterns.
7. Explain postoperative patient care.

OUTLINE

Introduction

Procedures Prior to Removal of Sutures

Prepare Suture Removal Equipment and Supplies

Review the Patient's Chart

Examine the Suture Site

Consult with the Dentist

Types of Suture Patterns

Simple Suture

Continuous Simple Suture

Sling Suture

Continuous Sling Suture

Mattress Sutures

Suture Removal Criteria

Suture Removal

Post Suture Removal

KEY TERMS

continuous simple suture

continuous sling suture

debride

horizontal mattress suture

simple suture

sling suture

vertical mattress suture

TEST FOR CAVITY LINERS, BASES, DESENSITIZING AGENTS AND BONDING SYSTEMS

- 1. T or F In an ideal cavity preparation a cement base should always be used?**
- 2. T or F With all bonding agents, you have to use a 30-40 % phosphoric acid?**
- 3. T or F Cavity varnishes are used with amalgam restorations?**
- 4. T or F A direct pulp cap is when the pulp is exposed and you place cavity varnish over the exposed nerve to seal it before an amalgam is placed?**
- 5. T or F It is easier to bond dentin than it is enamel?**
- 6. T or F Before placing a bonding agent, you need to dry the tooth as much as possible? (dessicate the tooth)**
- 7. T or F Bonding Agents main purpose are to keep the amalgam from shrinking?**
- 8. T or F Desensitizing agents are used to help generalized sensitivity throughout a patients mouth!**
- 9. T or F If desensitizing agents touch the gingival tissue they can cause burning of the tissues.**

APPLICATION FOR PRIOR APPROVAL OF EXPANDED FUNCTION TRAINING

Iowa Board of Dental Examiners
400 SW 8th St., Suite D
Des Moines, IA 50309-4687
<http://www.state.ia.us/dentalboard>
515-281-5157

Note: A fee of \$10 is required to process your request. PLEASE TYPE OR PRINT.

Name of organization or person requesting approval: Fleur Dentistry, LLP
Address: 4551 Fleur Drive, Des Moines, IA 50321
Phone: 287-2493 Fax: 287-7948 Email: _____
Signature: Carol L Cleaver DDS Date: 6-2-05

Expanded function course you are submitting for review:

- Taking Occlusal Registrations
- Placement and Removal of Gingival Retraction
- Taking Final Impressions
- Fabrication and Removal of Provisional Restorations
- Applying Cavity Liners and Bases, Desensitizing Agents and Bonding Systems
- Placement and Removal of Dry Socket Medication
- Placement of Periodontal Dressings
- Testing Pulp Vitality
- Monitoring Nitrous Oxide

Name of instructor providing training: Carol Cleaver, DDS; John Kearns, DDS
Educational background: (Attach a copy of curriculum vitae) _____

Course objectives: See Attached Sheet

1. Plan for initial assessment: RDA and currently all
our assistants are certified

2. Resources used for didactic materials. Include a copy of the didactic materials for Board review.

Enclosed - Assistants will read didactic
materials prior to clinical component

3. Will lab training be provided? YES NO If yes, detail lab experience: _____

Assistants will cut and pack retraction cord
on a hypodont prior to any clinical
component.

4. Describe your plan for the clinical component of training. Be specific. _____

As the clinical situation arises with a
prepared tooth, the dentist will decide which
retraction cord to be placed and while direct
supervision is being done, the assistant will
pack the retraction cord.

At least 4 patients under direct supervision
prior to assistant doing procedure on their
own without direct supervision.

5. Plan for post-course competency assessment: _____

Written test completed & didactic materials read,
Clinical - all prescribed criteria must be met.

6. Provide a detailed breakdown of the dates and times for the entire course: _____

The time schedule depends on if & when this outline and materials are approved.
2 hours didactic + lab component
2 hours - 4 patients for clinical exposure

7. Where do you intend to offer the course? _____

Our Office

8. Who are the intended recipients of the course? _____

Our RDA who are currently certified by the DANB.

9. How many credit hours of continuing education are you requesting? _____

4

If available, please include a copy of the course brochure.
A copy of the didactic materials must also be included with your request.

You will be contacted after the Iowa Board of Dental Examiners has reviewed your request.

MAIL COMPLETED APPLICATION, ALONG WITH A FEE OF \$10 FOR PRIOR APPROVAL OF CONTINUING EDUCATION HOURS, TO:

Iowa Board of Dental Examiners
Expanded Function Committee
400 SW 8th St., Suite D
Des Moines, IA 50309-4687

Placement and Removal of Gingival Retraction Cord

Continuing Education Credit Hours Awarded: 4 Hours

General Instructions

According to the Board rule, training programs MUST consist of all of the following:

1. An initial assessment to determine the base entry level of all participants in the program. At a minimum, participants must be currently certified by the Dental Assisting National Board or must have 2 years of clinical dental assisting.
2. Didactic component.
3. Laboratory component, if necessary;
4. Clinical component, which may be obtained under the personal supervision of the participant's supervising dentist while the participant is concurrently enrolled in the training program; and
5. A post-course competency assessment at the conclusion of the training program.

Conduct an initial assessment to determine base entry level of all participants in the program.

Didactic

Required Reading

Phinney & Halstead, Dental Assisting, A Comprehensive Approach, published by Delmer(Thompson) ISBN 1-4018-3480-9, p. 704-707

Suggested reference to supplement didactic component:

Bird & Robinson: Modern Dental Assisting, Published by Torres & Ehrlich ISBN 0-7216-9529-9, p 493-495

Objectives

1. Identify different types of retraction.
2. Identify uses of different types of retraction.
3. Identify purposes of retraction.
4. Describe procedure for placing retraction cord.
5. Describe procedure for removing retraction cord.

Placement and Removal of Gingival Retraction Cord

The purpose of gingival retraction is to ensure that an impression can be obtained with clear margins and/or tissues are displaced so a margin for a restoration can be placed.

Tissues must be retracted horizontally to allow room for sufficient impression material and displace vertically to expose the margin completely. Caution must be taken though, because over packing may cause tearing of the gingival attachment leading to irreversible recession.

Retraction can be done by:

1. chemically
2. mechanically
3. surgically
4. combination of any of the above

Retraction Cords- Retraction cords come in a variety of sizes, configurations can be twisted, braided or woven and some even have small wires in them to help them hold their shape. Some cords are impregnated with chemicals.

Chemical Retraction: -

Chemical retraction can be obtained by using a topical hemostatic solution that has astringent and is dispensed using a plastic luer lock syringe. The solution is placed around the margin of a crown preparation by using a bent disposable metal tip. It stays in place for a few minutes and then it is washed away. The solution causes a temporary coagulum seal that doesn't allow any seepage of blood. An example of this type of material is Espasyl.

Retraction cord can also be impregnated with aluminum chloride or astringent of aluminum salts for chemical retraction. This causes a shrinking of the tissues or ischemia. Epinephrine is the substance that causes this ischemia and is a vasoconstrictor. It provides hemostasis and shrinks the tissues by constricting the blood vessels. Epinephrine is contraindicated for a patient with heart disease, diabetes, or hyperthyroidism or a patient taking certain drugs.

Mechanical Retraction -

Mechanical retraction can be obtained with the use of retraction cords. If the retraction cord doesn't have drugs impregnated in them, tissue shrinkage or hemostasis will not occur, but the tissue will be pushed back to allow access to the margin. A non-impregnated cord needs to be placed in the sulcus of a healthy and inflamed free gingival tissue. It is left in place for 10-15 minutes (instead of the 5 minutes as the chemical retraction cord would be left in place).

Surgical-

There are 3 ways to obtain surgical retraction-

1. Surgical Knife
2. Electro-Surge
3. Laser

Surgical Knife- The dentist will excise the tissue and expose the margin of the preparation. This usually causes bleeding and area may need additional treatment to get a good impression or even another appointment to let tissue heal prior to a final impression.

Electro- Surge- An electrosurgery unit passes high-frequency current to a small electrode that passes through the tissue. Usually a metal wire or loop tip is used on the tissue. As the tissue is removed it is cauterized and so there is no bleeding.

Laser- This is the newest form of surgical retraction. The soft tissue is removed via the laser without any bleeding and so an impression can be taken immediately.

Procedure for Placing Retraction Cord

The dentist prepares the tooth for a crown and selects the retraction cord(s) to be used:

1. Rinse and dry the tooth-do not over dessicate tooth as it may cause tooth sensitivity.
2. Isolate the tooth with cotton rolls
3. The length of the retraction cord is determined by the circumference of the prepared tooth
4. Use cotton pliers to loop the cord around the margins of the prepared tooth and tighten slightly. Normally the ends of the cord are toward the buccal/facial surface for easy access.
5. The retraction cord is packed around the cervical area starting in the interproximal area. The packing instrument should be angled towards the tooth.
6. If excess cord is present, cut it.
 - *If a one cord technique is used, leave the tip of the cord showing out of the sulcus in order for easy removal just before taking the impression.
 - *If a two cord technique is used, pack the first cord completely into the sulcus. The dentist will re-marginate the prep and then a second cord will be placed.
7. The cord is left in place for 5 minutes if using a chemical retraction cord. If using a mechanical retraction cord, leave in place for 10-15 minutes.

Removal of Retraction Cord

The end of the retraction cord is grasped and removed in a circular motion just before the impression material is placed.

If doing a 2 cord technique – the last cord placed is removed just prior to the impression material being placed. After the impression has set up, the first cord is removed. Make sure all pieces of the cord are accounted for.

POST SUTURE REMOVAL

If there was bleeding when the sutures were removed, apply pressure with gauze sponge for a few minutes until the bleeding stops. Check the patient's mouth for any debris, and wipe around the outside of the patient's mouth if necessary. After the sutures are removed, the dental assistant should instruct the patient to continue with a soft diet and rinse with warm saltwater for several days. Before the patient is dismissed, the dental assistant should document the procedure on the patient's chart. The chart entry should include any complications encountered and the degree of healing of the suture site. The dentist should examine the patient after the sutures are removed.

Summary of Steps of Suture Removal

1. Review patient's chart and medical history.
2. Prepare armamentarium.
3. Seat the patient.

4. Explain the procedure and ask whether the patient has had any problems or has any questions.
5. Examine the suture site for healing.
6. Check the number and type of sutures.
7. Consult with the dentist.
8. Debride the suture site to prepare for suture removal.
9. Evaluate the sutures to determine where to make the cuts.
10. Gently secure and lift the sutures to position for cutting.
11. Using suture scissors or sharp, pointed surgical scissors, cut the sutures.
12. Remove the sutures and place on a gauze.
13. Blot the suture area if there is blood.
14. Count the sutures on the gauze.
15. Instruct the patient regarding care of the suture area.
16. Document the procedure on the patient's chart.
17. Call the dentist to check the patient.
18. Dismiss the patient.

GINGIVAL RETRACTION

OBJECTIVES

The student should strive to meet the following objectives and demonstrate an understanding of the facts and principles presented in this chapter:

1. Explain the function of gingival retraction.
2. Describe the different types of gingival retraction.
3. Explain the steps of placing and removing gingival retraction cord.

KEY TERMS

electrosurgery unit ischemia
gingival retraction

OUTLINE

Introduction

Types of Gingival Retraction

Mechanical Retraction

Chemical Retraction

Surgical Retraction



TYPES OF GINGIVAL RETRACTION

Mechanical Retraction

gingival retraction with clear access, all hemi- and soft tissue must be clean and dry, or above the margin, or below the gingiva. Retraction cord is placed in the sulcus of healthy and inflamed free gingiva. The cotton cord is left in place for ten to fifteen minutes (instead of the five minutes as it would be with the chemical retraction cord).

of sizes, configuration 28-64). The easy use. The hold its shape.

Mechanical retraction can be accomplished in a number of ways. Without the use of drugs, tissue shrinkage or hemostasis will not be accomplished; however, the tissue can be displaced to allow access to the margin. Retraction cord is placed in the sulcus of healthy and inflamed free gingiva. The cotton cord is left in place for ten to fifteen minutes (instead of the five minutes as it would be with the chemical retraction cord).

If any of the cords is placed too deep, the crevice opens at the bottom but is narrow at the top (Figure 28-65A). The operator may be able to get the impression material

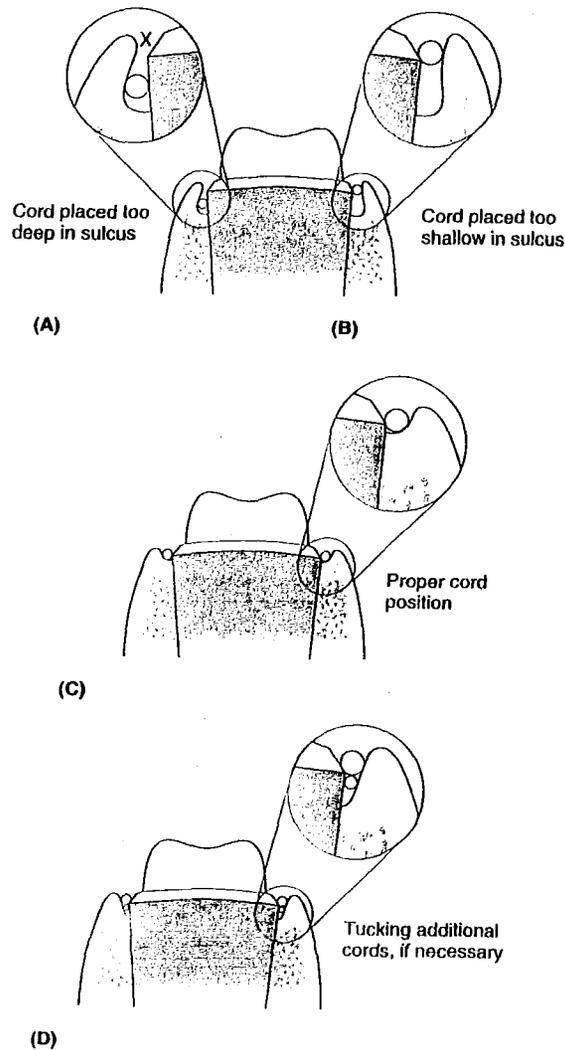


FIGURE 28-65 (A) Retraction cord placed too deep. (B) Retraction cord placed too shallow. (C) Retraction cord placed properly. (D) Double retraction cords placed properly.



d. (B) Tissue

INTRODUCTION

After a tooth is prepared for a crown, gingival retraction is done to ensure that an impression with clear margins can be obtained. During this process, all hemorrhage must be arrested and all the hard and soft tissue the operator wants to reproduce must be clean and dry. The margins ideally are supragingival, or above the gingiva, but many may be subgingival, or below the gingiva. The tissue must be retracted horizontally to allow room for sufficient impression material and displaced vertically to expose the margin completely. Retraction may be done chemically, mechanically, surgically, or a combination of these.

Retraction cord is available in a variety of sizes, configurations, and chemical treatments (Figure 28-64). The cord comes in a dispensing package for easy use. The cord may be twisted, braided, or woven to hold its shape.



FIGURE 28-64 (A) Various types of retraction cord. (B) Tissue management gel kit. (Courtesy of Pascal, Co., Inc.)

TYPES OF GINGIVAL RETRACTION

Mechanical Retraction

Mechanical retraction can be accomplished in a number of ways. Without the use of drugs, tissue shrinkage or hemostasis will not be accomplished; however, the tissue can be displaced to allow access to the margin. Retraction cord is placed in the sulcus of healthy and inflamed free gingiva. The cotton cord is left in place for ten to fifteen minutes (instead of the five minutes as it would be with the chemical retraction cord).

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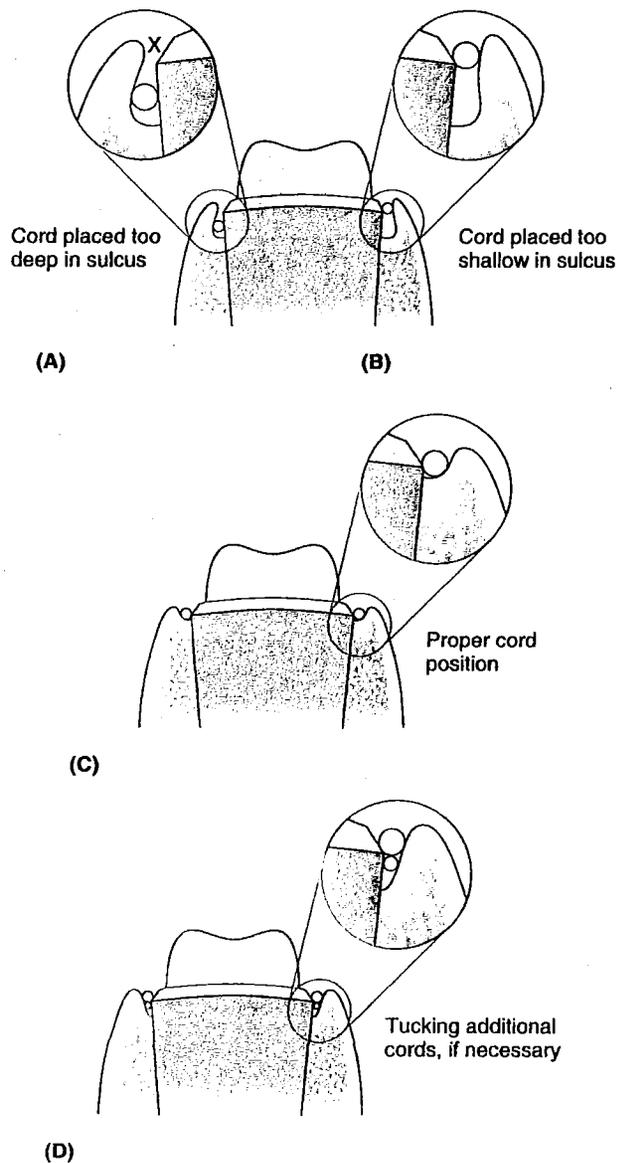


FIGURE 28-65 (A) Retraction cord placed too deep. (B) Retraction cord placed too shallow. (C) Retraction cord placed properly. (D) Double retraction cords placed properly.

into the crevice after the cord is removed, but the material has a tendency to fracture near the edge of the preparation. If the cord is placed too shallow in the crevice, the space is inadequate to allow an accurate reproduction of the margin of the preparation (Figure 28-65B). The proper position of the tucked cord is 1 to 3 mm into the V-shaped crevice (Figure 28-65C). The dentist may want two cords placed to retract the gingival tissues. The crevice is V shaped, and this dictates the size of cords to use. The smaller cords are placed at

the depth of the crevice, and the larger cord is placed on top (Figure 28-65D).

Another means of mechanical retraction is accomplished by lengthening a temporary crown form to cause tissue displacement and taking the impression at a later date. Another method uses a dental dam clamp and rubber dam to displace the tissue. The clamp and rubber dam are placed and then removed just before taking the final impression. Both of these techniques may cause the tissue to bleed and the impression to be distorted.

PROCEDURE 28-19

Placing and Removing the Retraction Cord



This procedure is performed by the dentist or the expanded-function dental assistant. After the tooth has been prepared, the retraction cord is placed. The equipment and supplies are included as part of the crown/bridge tray setup. The specific items needed to place and remove the retraction cord are listed.

EQUIPMENT

- ▶ Basic setup: Mouth mirror, explorer, cotton pliers
- ▶ HVE tip and air-water syringe tip
- ▶ Scissors
- ▶ Hemostat
- ▶ Retraction cord(s)
- ▶ Retraction cord placement instrument or plastic instrument
- ▶ Cotton rolls, 2 × 2 gauze sponges

PROCEDURE STEPS (Follow aseptic procedures)

1. The dentist prepares the tooth for the crown.
2. Rinse and dry the area in preparation for placement of the retraction cord.
3. Cotton rolls are placed on the facial and, if mandibular, on the lingual surface. The area is carefully dried.
4. The dentist selects the retraction cord(s) to be placed around the tooth.
5. The length of the cord needed is determined by the circumference of the prepared tooth. *Note:* The desired length is determined by wrapping the

cord around the small finger for an anterior tooth and around a larger finger for a molar.

6. The cord is cut to the appropriate length.
7. Twist the cord ends to compress the fibers together.
8. The cord is looped and placed in a hemostat or cotton pliers.
9. The cord is looped around the margin of the prepared tooth and tightened slightly (Figure 28-66). This aids in slipping the cord into the sulcus area. Normally, the ends of the cord are toward the buccal surface for easy access.
10. The hemostat or cotton pliers is/are released, leaving the cord in the sulcus.

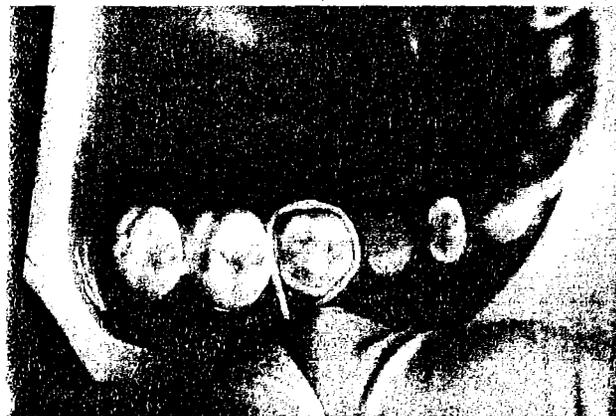


FIGURE 28-66 Retraction cord looped around the prepared tooth for placement in the gingival sulcus.

PROCEDURE 28-19 (continued)

11. The retraction cord is packed into position with a packing instrument or a plastic instrument.
12. The cord is gently packed around the cervical area, apical to the preparation.
13. The cord is packed around the tooth and overlaps, usually on the facial surface.
14. A tip of the cord is left showing out of the sulcus in order for easy removal just before taking the impression (Figure 28-67).
15. The retraction cord is left in place for five minutes when chemical retraction cord is used and for ten to fifteen minutes for mechanical retraction.
16. The end of the retraction cord is grasped and removed in a circular motion just before the impression material being placed.

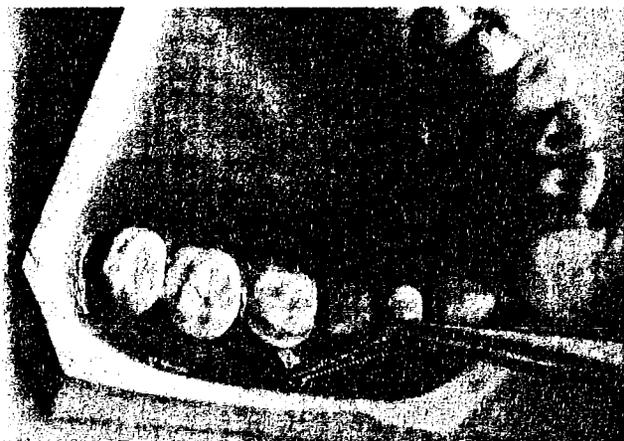


FIGURE 28-67 Retraction cord around the prepared tooth with a tag left out for easy removal.

Chemical Retraction

Chemical retraction may be done prior to the placement of the cord or by impregnating the cord and then placing it, or both ways. One of the newer ways is to use a topical hemostatic solution, astringent with dento-infusion tubes, and a plastic lure lock syringe. The solution is placed using a disposable metal tip bent to the desired area. As the solution is placed, the blood and the solution merge together and are washed away with the air-water syringe. What is left in the tissue is a temporary coagulum seal that does not allow any seepage. The tissue may appear slightly darkened, but this technique allows hemorrhage to be arrested. A retraction cord of interwoven cotton with or without solution is packed vertically to expose the prepared margin. This packing of the cord allows for horizontal retraction to allow for sufficient bulk of impression material to flow around the margin.

The retraction cord could also be impregnated with aluminum chloride or astringent of aluminum salts for chemical retraction. This technique causes a shrinking of the tissues, or *ischemia*, to obtain clear access to the margin of the preparation. A substance used to obtain this result is epinephrine, which is an astringent and a vasoconstrictor. It provides hemostasis and shrinks the tissues by constricting the blood vessels. Epinephrine brings on an increase in the heart beat, or *tachycardia*, for the patient. The epinephrine definitely is contraindicated for a patient with heart disease, diabetes, or hyperthyroidism or a patient taking certain drugs.

Note: The dental assistant should watch for patients who exhibit hypertension, knowing that most hyperthyroid and diabetic patients are usually

hypertensive. Normally, the dentist prefers to use chemical retraction cord, so the patient's medical history should be reviewed carefully.

Surgical Retraction

Instead of retraction, the dentist may choose to remove the tissue around the preparation. This approach is accomplished by using a surgical knife or by performing electrosurgery. With the surgical knife, the dentist excises the tissue and exposes the margin of the preparation. The area where the tissue has been removed may bleed and cause additional treatment in order to get a good impression of the area.

The dentist may decide to use an electrosurgery unit, which cauterizes the tissues as it removes them. Therefore, the tissue is removed without bleeding. The unit passes high-frequency current to a small electrode passing through the tissue. The tip of the unit appears as a metal wire or loop. As the tip touches the tissue, the unit is activated to remove the tissue. It is especially important with this treatment that soft tissue anesthesia is maintained. Electrosurgery is not used with patients who are receiving radiation therapy, have cardiac pacemakers, or have any diseases that slow healing.

Constant use of a non-metal HVE tip during the surgery is important due to the odor given off as the tissues are cauterized. The evacuator reduces the odor if it is placed near the surgical site. After the tissue is removed, the sulcus is cleaned with a hydrogen rinse. Immediately following the procedure, the final impression is taken.

Test for Placement and Removal of Retraction Cord

1. **T or F** **The electosurge is a chemical means of retraction?**
2. **T or F** **Mechanical retraction uses aluminum chloride or astringent of aluminum salts on the retraction cord?**
3. **Retraction can be done by?**
 - a. **Chemical**
 - b. **Mechanical**
 - c. **Surgical**
 - d. **Voodoo**
 - e. **a,b,c**
4. **Which type of retraction should a patient NOT have if they are at high risk for cardiac arrest and use nitroglycerin on a daily basis and shouldn't have epinephrine for their anesthetic?**
 - a. **Chemical**
 - b. **Mechanical**
 - c. **Surgical**
 - d. **Any of above**
5. **T or F** **Chemical retraction is usually left in place for 5 minutes whereas mechanical retraction is left in place for 10-15 minutes.**
6. **T or F** **Tissues must be retracted horizontally to allow room for sufficient impression material and displaced vertically to expose the margins completely.**
7. **T or F** **You want to push the retraction cord as far down in the sulcus as you can.**
8. **What could cause gingival recession?**
 - a. **Overpacking of retraction cord**
 - b. **Repeated use of cord in sulcus**
 - c. **None of the examples**
 - d. **Both of the examples**

Iowa Dental Board
400 SW 8th. Street Suite D
Des Moines, Iowa 50309

RECEIVED
DEC 26 2012
IOWA DENTAL BOARD

December 20, 2012

Gentlepeople,

Now that I am retired from practicing dentistry, I would like to share an observation and a suggestion with the Board.

When I retired from private practice I continued to maintain my license so I could volunteer overseas with medical/dental missions. From those seven week long missions and my travels in third world countries I was shocked by the overwhelming need for basic health care. During my missions in Belize I was fortunate to work with dentists from around the country. I learned that several states "award" continuing education credit for participating in volunteer work. These state boards realize the need for dental care in many areas and understand the time and expense involved for dentists is prohibitive for many others who would consider volunteering. Our neighbor to the north, Minnesota, generously allows 20 hours of credit for 2 weeks services.

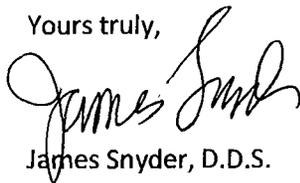
Surely, the Board is aware of the untapped wealth of experienced, retired dental practitioners in Iowa. These men could provide a valuable, critical health service overseas with a little encouragement. I don't expect c.e. credit for those men still in private practice. However, for your consideration consider awarding c.e. credits and special licensure for dentists no longer in private practice. The treatment most often provided in clinics overseas is limited to prevention, sealants, restorative and simple extractions. The purpose of continuing education for those still in private practice is to insure that dentists are keeping up-to-date for the benefit of Iowa's citizens. These courses usually cover advanced endodontics, periodontics, implants and such while very valuable are not utilized in missionary care.

I was still in private practice when I made my first two missions. The expense of each mission was tax deductible and supplies were taken from my office inventory. Foreign countries require an active dental license for visiting practitioners and even require at times visa fees. The expense of the license was "covered" by my practicing. Conservatively, the cost for 30 hours of continuing education credits is \$3500 every two years and actual license is another \$350. For the retired dentist without a private income this expense added to the cost for a one week mission (about \$3000) is a great financial burden.

I have served on several state boards and commissions, so I am aware of difficulties posed by administrative rules and the Iowa Code. Yet, I do feel you could work around the present requirements of continuing education credits. The license fee and active C.P.R. renewal should remain. Should the Board grant 20 hours C.E. credit every two years in return of proof of 2 weeks volunteer dental mission work overseas that would leave the prospective volunteer with just the cost of 8 credits. This "special" license could be over stamped in red with the word "VOLUNTEER" and would be invalid for private practice.

I do appreciate your considering this proposal. I would welcome the opportunity to meet with the Board for further discussion. The critical need for health care around the world is shocking. Retired Iowa dentists hold a potential wealth of care giving if only allowed to participate. I feel the time has arrived for Iowa to join other states in encouraging volunteer work overseas.

Yours truly,

A handwritten signature in cursive script that reads "James Snyder".

James Snyder, D.D.S.

275 Doe Court

Dubuque, Iowa 52003

djs0544@aol.com

563-556-1407 (text only)

Braness, Christel [IDB]

From: djs0544@aol.com
Sent: Wednesday, September 12, 2012 3:27 PM
To: Braness, Christel [IDB]
Subject: RE: Dental Renewal - Continuing Education

Gentlepeople and Christel

I wish to withdrawal my appeal for relicensure. I have to accept full responsibility for the two INR courses that were denied for continuing education credit.

I have never checked for approval for any course I have taken I realize it was my responsibility to check.

I am terribly sorry for all the trouble I caused. Once I thought about the situation and discussed with my family we all agree that 7 overseas missions were more than my share. In addition all the volunteer work in sealant programs, free clinics and other Visiting Nurse Association programs along with clinic days at Northteast Iowa Community College's Dental Assistant Program took alot iof time, money and energy.

I do feel that the Board should take a position similar to surrounding states and give some credit to those practitioners who do week long volunteer missionary clinics overseas. This will perhaps encourage other dentists to participate in these valuable endeavors.

I have informed the San Pedro Holy Cross Angelican School and the other dentists of my decision. I simply thought it best not to keep everyone "hanging". This way there is a chance a substitute can be found.

Please return the check for renewing my license.

Best regards,

James Snyder

-----Original Message-----

From: Braness, Christel [IDB] [IDB] <Christel.Braness@iowa.gov>
To: Snyder, Dr. James <djs0544@aol.com>
Sent: Thu, Sep 6, 2012 11:02 am
Subject: RE: Dental Renewal - Continuing Education

I have forwarded your email to the executive director. I will update you as soon as I have a response.

Christel Braness, Administrative Assistant Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309
515-242-6369; Fax: 515-281-7969

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-----Original Message-----

From: djs0544@aol.com [mailto:djs0544@aol.com]
Sent: Thursday, September 06, 2012 11:01 AM

To: Braness, Christel [IDB]
Subject: RE: Dental Renewal - Continuing Education

please advise did you receive my appeal letter and di you forward

would like to know whats happening the belize trip scheduled for November is in limbo the team needs to know if i will be there as
licensed dentist the children have to be scheduled

best

jim snyder

-----Original Message-----

From: Braness, Christel [IDB] [IDB] <Christel.Braness@iowa.gov>
To: Snyder, Dr. James <djs0544@aol.com>
Sent: Thu, Aug 30, 2012 11:23 am
Subject: RE: Dental Renewal - Continuing Education

I wanted to pass along a suggestion made by another staff member when discussing this. It appears that you have not completed any home-study courses in relation to your continuing education. You are allowed to complete 12 hours of continuing education via home-study courses. This might be a good way for you to complete some hours in fairly short order. You can find a full list of approved sponsors at <http://www.dentalboard.iowa.gov/Forms/ApprovedSponsors.pdf>. You are not restricted to this list; however, it provides contact information if you need to locate courses. Proctor and Gamble is one of the approved sponsors. Their website is www.dentalcare.com. This site would allow you to get up to 12 hours in a short amount of time. I hope this helps you out. Let me know if you have any other questions.

Christel Braness, Administrative Assistant Iowa Dental

Board 400 SW 8th St., Suite D Des Moines, IA 50309 515-242-6369; Fax:

515-281-7969 CONFIDENTIAL NOTICE: This email and the documents accompanying this electronic transmission may contain confidential information belonging to the sender, which is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reference to the contents of this electronic information is strictly prohibited. If you have received this email in error, please notify the sender and delete all copies of the email and all attachments.

Thank you.

From: Braness, Christel [IDB]
Sent: Tuesday, August 28, 2012 4:28 PM
To: Snyder, Dr. James
Subject: Dental Renewal - Continuing Education
Importance: High

I was reviewing your application for renewal. Iowa Administrative Code 650—25.2(1) requires you to complete 30 hours of continuing education in order to maintain an active license in Iowa. (For details, please refer to <http://www.legis.state.ia.us/asp/ACODocs/DOCS/6-13-2012.650.25.pdf>)

I understand that you lost some of your proof of attendance in a fire.

Unfortunately, Board rules require you to maintain proof of attendance.

This may require you to contact the sponsors where you obtained your continuing education and ask them to provide you replacements on your certificates of attendance. Your application was selected for continuing education audit.

Unfortunately, you have not provided evidence of 30 hours of continuing education. The breakdown is as follows:

· CPR Recertification – 3 hours
· Food Addictions – INR – Denied credit for continuing education
· Clinical Pathologic Conference – UIA College of Dentistry – 2 hours
· Advanced Techniques: Implants/Impressions – Oral Arts Dental Lab – 2 Hours
· Endodontics – Oral Arts Dental Lab – 6 hours
· Successful Aging, Rejuvenation, and Longevity – INR – Denied continuing education credit hours
· Controlling Parafunctional Forces – Oral

Arts Dental Lab -? hours. Volunteer Work – there is no provision in Board rules granting continuing education hours for volunteer work.

If you want to claim continuing education credit for the course "Controlling Parafunctional Forces" presented by Oral Arts Dental Lab, you will need to provide some sort of course outline or brochure indicating what was covered during the course. Based on the title alone, I cannot determine eligibility for continuing education credit pursuant to Board rules. Please email or fax proof of the additional hours of continuing education before 4:30 p.m. on August 31. If the proof of additional continuing education is not received by close of business on Friday, August 31, your renewal will be returned to you and you will be subject to late fees. Also, please provide proof of completion of your mandatory reporter training.

You reported completing this in 2010. Let me know if you have any questions. Christel Braness, Administrative AssistantIowa Dental

Board400 SW 8th St., Suite DDes Moines, IA 50309515-242-6369;

Fax: 515-281-7969 CONFIDENTIAL NOTICE: This email and the documents accompanying this electronic transmission may contain confidential information belonging to the sender, which is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reference to the contents of this electronic information is strictly prohibited. If you have received this email in error, please notify the sender and delete all copies of the email and all attachments.

Thank you.

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Braness, Christel [IDB]

From: Braness, Christel [IDB]
Sent: Friday, September 21, 2012 4:02 PM
To: Snyder, Dr. James
Subject: RE: Out of Office: Dental Renewal - Continuing Education

I apologize for the delay getting back to you. I have received your request and intend to return the renewal paperwork and payment to you.

Let me know if you need anything further.

Christel Braness, Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309
515-242-6369; Fax: 515-281-7969

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-----Original Message-----

From: djs0544@aol.com [mailto:djs0544@aol.com]
Sent: Friday, September 21, 2012 4:01 PM
To: Braness, Christel [IDB]
Subject: Re: Out of Office: Dental Renewal - Continuing Education

On my way to Canada for a month. Have not received a response from my email to you 10 days ago requesting that you withdraw my appeal and return the license fee. My family convinced me that after all those missions overseas I have done enough. Again thanks for letting me appeal.

Best regards
please acknowledge
James Snyder

-----Original Message-----

From: Braness, Christel [IDB] [IDB] <Christel.Braness@iowa.gov>
To: Snyder, Dr. James <djs0544@aol.com>
Sent: Wed, Sep 12, 2012 3:27 pm
Subject: Out of Office: Dental Renewal - Continuing Education

I will be out of the office on Wednesday, September 12, 2012. If you need immediate assistance, please email IDB@iowa.gov, or call 515-281-5047.

Thank you.

This email message and its attachments may contain confidential information that is exempt from disclosure under Iowa Code chapters 22, 139A, and other applicable law. Confidential information is for the sole use of the intended recipient. If you believe that you have received this transmission in error, please reply to the sender, and then delete all copies of this

message and any attachments. If you are not the intended recipient, you are hereby notified that any review, use, retention, dissemination, distribution, or copying of this message is strictly prohibited by law.



Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

DANB's 2013 Recertification Requirements

Dental Assisting National Board, Inc.

444 N. Michigan Ave., Suite 900, Chicago, IL 60611-3985

1-800-367-3262 Fax: 312-642-3550 Email: dbridgeman@danb.org

www.danb.org

Overview of DANB's Recertification Requirements

DANB recognizes the dynamic and emerging roles of DANB certificants in providing quality care to patients in a dental setting. DANB assists certificants who hold Certified Dental Assistant (CDA), Certified Orthodontic Assistant (COA), Certified Preventive Functions Dental Assistant (CPFDA), Certified Restorative Functions Dental Assistant (CRFDA), Certified Oral and Maxillofacial Surgery Assistant (COMSA) and Certified Dental Practice Management Administrator (CDPMA) certification in meeting these ever-changing roles by requiring Continuing Dental Education (CDE) credits to maintain these DANB certifications.

DANB patterns its definition of CDE after that of the American Dental Association (ADA). CDE consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental assisting education and training, and to update knowledge on advances in scientific, clinical and non-clinical practice-related subject matter, including evidence-based dentistry. The objective is to improve the clinical knowledge of the individual to provide the highest quality of service to the public and the profession. All CDE should strengthen the habits of critical inquiry and balanced judgment that are associated with the truly professional and scientific person and should make it possible for new knowledge, as it becomes available, to be incorporated into the practice of dental assisting.

DANB requires a minimum of 12 CDE credits annually (for those who hold one DANB certification), which is consistent with states that have mandatory CDE requirements for dental assistants. The yearly CDE requirement enhances the continued competence of DANB certificants. Requiring yearly CDE credits emphasizes the importance of lifelong professional learning and development. DANB's certifications are known in the dental community as a *Mark of Dental Assisting Excellence*TM. This measure of excellence can be maintained only if each DANB certificant is able to demonstrate competence.

Release of Information

I understand DANB verifies to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, including Certified Dental Assistant (CDA), Certified Orthodontic Assistant (COA), Certified Preventive Functions Dental Assistant (CPFDA), Certified Restorative Functions Dental Assistant (CRFDA), Certified Dental Practice Management Administrator (CDPMA) or Certified Oral and Maxillofacial Surgery Assistant (COMSA); any DANB certificates of knowledge-based competency, including Radiation Health and Safety (RHS), Infection Control (ICE), Coronal Polish (CP), Sealants (SE), Topical Anesthetic (TA), Topical Fluoride (TF), Anatomy, Morphology and Physiology (AMP), Impressions (IM), Temporaries (TMP) and Isolation (IS); in addition to or as well as any state-specific certificates administered by DANB on behalf of a state regulatory body, including the Arizona Radiologic Proficiency Certificate, Arizona Coronal Polishing Certificate, Oregon Radiologic Proficiency Certificate, Oregon Expanded Functions Dental Assistant Certificate and Oregon Expanded Functions Orthodontic Dental Assistant Certificate. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any of the DANB-administered credentials listed above and the effective dates for each. Online verification through DANB's website may consist of online display of my name, the DANB-administered certifications and certificates I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB.

I understand that if I do not want DANB to display my city and state of residence as part of the online certification verification process, I must submit a written request for omission of this information to the following address: DANB Marketing Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. (I understand that my name, DANB certifications and certificates earned [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.)

DANB asks that the *Request for Credential Verification* form be completed before providing an official verification letter to DANB certificants, those who hold DANB certificates, or employers.

I further understand and agree that DANB may provide my name and address along with the names and addresses of certificants and those holding DANB certificates of competency to dentists interested in hiring a DANB individual from their area, and to providers of continuing education opportunities. I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release.

I understand that by providing my email address to DANB, I am consenting to receive email messages from DANB and its affiliates related to their products and services or news affecting the dental assisting profession. I understand that DANB agrees not to provide my email address to any third party without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at <http://www.danb.org/Terms-and-Conditions.aspx>.

2013 CDE Requirements and Categories

DANB's Board of Directors revised *DANB's 2013 Recertification Requirements* to make renewing your DANB certification a simpler process. With fewer CDE categories, it will be easier to determine how you can earn CDE credits.

As of January 1, 2012, DANB certificants must hold current DANB-accepted CPR certifications, but DANB no longer counts CDE credits for CPR toward meeting DANB's Recertification Requirements.

The table below outlines the maximum number of annual credits DANB certificants can earn in each of the four CDE categories. See full descriptions and requirements of each CDE category.

2013 Continuing Dental Education Categories and Maximum Annual Credits*						
CDE Category	CDA	COA	CPFDA	CRFDA	COMSA	CDPMA
1. Clinical Practice	12	12	12	12	12	5
2. Dental Office Management	3	3	3	3	3	6
3. DANB and Other Dental-Related Exams	12	12	12	12	12	6
4. Volunteer Service or Scholarly Activity	3	3	3	3	3	3

*CDE has a two-year life span. Any credits that are earned in excess of the number required in that year can be carried over to the next renewal period. When you are carrying over credits, proof of participation must be provided for the year the credits were earned and the year being audited. For example, a DANB certificant with one certification must show proof of 24 CDE credits for the two-year period if audited.

Relevance to the Practice of Dentistry or Dental Assisting

All CDE must directly relate to the practice of dentistry or dental assisting to maintain or improve dental assisting clinical knowledge. CDE does not need to be preapproved by DANB in order to be accepted as meeting *DANB's 2013 Recertification Requirements*. Call DANB prior to participation in education if you have questions about content.

Length of Program

Programs must be at least 45 minutes in length to qualify for CDE credit. Credits for CDE courses are calculated in 15-minute increments (e.g., 1 hour = 1 CDE credit, 2 $\frac{3}{4}$ = 2.75 credits).

Online CDE

All CDE may be earned using online (Web-based) providers.

Pre-Certification CDE

Education dated prior to a DANB certificant's initial certification date cannot be used to meet DANB CDE requirements. DANB certificants must earn the appropriate number of CDE credits during their first year of certification to maintain DANB certification.

Multiple Certifications

It is possible to be DANB certified in each of these five areas: CDA, COA, CPFDA, COMSA, CRFDA and CDPMA. Renewal requirements are set at an approximately 50 percent increase over basic requirements for each additional certification maintained.

Refer to the **2013 Continuing Dental Education Categories and Maximum Annual Credits** table on page 3 for more information on category maximums.

CATEGORY 1: CLINICAL PRACTICE

CDE earned in this category must be directly related to the clinical practice of dentistry or dental assisting. This category includes but is not limited to:

1. Attendance at or participation in clinical professional development lectures, courses (including home study courses) and/or table clinics that are directly related to clinical knowledge and chairside duties: dental materials, four-handed dentistry, infection control, radiology, expanded functions, canine and feline dentistry and others.

Proof: Certificate of completion, letter of attendance/completion on sponsor letterhead or including sponsoring organization name and contact information, meeting badge/program page (table clinics or free on-site lecture), CDE printout from meeting or similar documentation.

Credits: One (1) CDE credit for each clock hour that you attend/participate in a session.

2. Viewing video from dental meeting seminars on clinical topics.

Proof: A 250-word essay highlighting the meeting, course name and presenter.

Credits: Two (2) CDE credits for each 250-word video summary submitted.

3. Reading articles or textbooks on clinical topics.

Proof: A 250-word article or textbook summary, including the name of the article, author and source. Educators may submit a copy of a completed publisher's evaluation form for any materials evaluated for adoption.

Credits: Two (2) CDE credits for each 250-word article/book summary submitted.

4. Completing scientific-oriented college courses.

Proof: Official transcript or grade report, or letter from instructor on school or organization letterhead, verifying attendance.

Credits: For each scientific-oriented college credit/unit successfully completed:

- Three (3) college credits/units = twelve (12) CDE credits
- Two (2) college credits/units = six (6) CDE credits
- One (1) college credit/unit = three (3) CDE credits

CATEGORY 2: DENTAL OFFICE MANAGEMENT

CDE earned in this category must be directly related to allowable duties for dental assistants. This category includes but is not limited to:

1. Attendance at or participation in dental office management lectures, courses (including home study courses) and/or table clinics that are directly related to dental office management and practice communication services: practice management, HIPAA, stress management, patient and staff motivation, computer courses (e.g. college courses, software training), insurance, claims/billing, foreign language studies and American Sign Language.

Proof: Certificate of completion, letter of attendance/completion on sponsor letterhead or including sponsoring organization name and contact information, meeting badge/program page (table clinics or free on-site lecture), CDE printout from meeting or similar documentation.

Credits: One (1) CDE credit for each clock hour that you attend and/or participate in a session.

2. View video from dental meeting seminars on dental office management topics.

Proof: A 250-word essay highlighting the meeting, course name and presenter.

Credits: Two (2) CDE credits for each 250-word video summary.

3. Read articles or textbooks on dental office management.

Proof: A 250-word article or textbook summary, including the name of the article, author and source. Educators may submit a copy of a completed publisher's evaluation form for any materials evaluated for adoption.

Credits: Two (2) CDE credits for each 250-word article/textbook summary

4. Complete dental office management-related college courses.

Proof: Official transcript or grade report, or letter from instructor on school or organization letterhead, verifying attendance.

Credits: For each dental office management-related college credit/unit successfully completed at the following levels:

- Two (2) college credits/units = six (6) CDE credits
- One (1) college credit/unit = three (3) CDE credits

CATEGORY 3: DANB EXAMS AND OTHER DENTAL-RELATED EXAMS

1. Successful completion of any DANB-administered exam, excluding the first time a certification is passed. These exams include any DANB national exam or any DANB state or agency-contracted exam. Certificants can earn twelve (12) CDE credits for successful completion of any DANB Professional Development Examination Program (PDEP) module.

Proof: Provide the name and date of the DANB exam you successfully completed.

Credits: For successful completion of a DANB-developed and DANB-administered exam of at least 100 questions and for any DANB PDEP module, you will earn twelve (12) CDE credits. For successful completion of a DANB-developed and DANB-administered exam consisting of fewer than 100 questions, you will earn six (6) CDE credits.

2. Successful completion of non-DANB-developed, dental-related, professionally proctored exams consisting of at least 100 questions.

Proof: Provide the certificate or score report of the exam you completed, along with a description of the exam from the organization that delivers the exam (must include the date the exam was taken and/or scored).

Credits: You will earn hour-for-hour credit for the amount of time designated for the completion of the exam. If no time is specified, one hour will be allowed for every 100 questions.

CATEGORY 4: VOLUNTEER SERVICE OR SCHOLARLY ACTIVITY

Certificants may earn a maximum three (3) CDE credits by participating in dental-related community volunteer service or by providing CDE.

1. Examples of volunteer service include: international/national mission work, voluntary clinic work or dental health presentations to students or groups. Volunteer service also includes serving on a DANB Exam Committee. Community service does not include activities such as serving on a dental assisting program advisory committee or as an officer and/or committee chair for a national, state or local dental assisting organization.

Proof: Certificate of completion, letter of attendance/participation or similar documentation, on letterhead of the sponsoring service organization or including sponsoring organization contact information. DANB will verify participation of DANB Exam Committee members.

Credits: For each clock hour of participation in volunteer dental-related community service, you may earn one (1) CDE credit, for a maximum of three (3) CDE credits in this category.

2. Examples of scholarly activity include: teaching a professional course directly related to dentistry or dental assisting that is outside the certificant's normal employment teaching responsibilities, presenting a CDE program that is outside the certificant's normal employment teaching responsibilities, or authoring a published article in a recognized dental assisting journal.

Proof: Certificate of completion, letter of attendance/participation or similar documentation, on letterhead of the sponsoring service organization or including sponsoring service organization contact information. For proof of a published article, submit a copy of the article including the name of the journal in which it was published, the article title and date of publication.

Credits: Three (3) CDE credits will be earned for scholarly activities.

Steps to Renew Your DANB Certification

Step 1: Earn your Continuing Dental Education credits.

Start earning your CDE credits as soon as your renewal period begins. This will help you to avoid the renewal late fee. For DANB certificants who just earned DANB certification, your renewal period begins upon earning your certification. For DANB certificants who have held DANB certification for one or more years, your annual renewal period begins on the anniversary of the date you earned and last renewed your DANB certification. The number of required CDE credits and renewal fee depends upon the number of certifications you hold. Keep track of your CDE credits on the *CDE Recording Form* on page 10 of this packet. Current DANB-accepted CPR is required for annual renewal of DANB certification; see page 8 for a complete listing.

Number of Certifications	Required CDE Credits	2013 Renewal Fees (\$15 late fee added if paid after expiration date)
1	12 credits (plus CPR)	\$60
2	18 credits (plus CPR)	\$85
3	24 credits (plus CPR)	\$105
4	30 credits (plus CPR)	\$130
5	36 credits (plus CPR)	\$150
6	42 credits (plus CPR)	\$170

Step 2: Receive your renewal notice.

Six weeks before your certification expiration date, you will receive a renewal notice. Upon receiving your renewal notice, review the CDE credits you have earned and your CPR to ensure you have met DANB's requirements. If you have not yet earned all the required credits, including current DANB-accepted CPR, this is the time to complete these requirements!

Step 3: Complete your renewal online or by mail.

You will be asked to sign and date your renewal notice, attesting that you have earned the required and appropriate CDE credits, currently hold DANB-accepted CPR and have answered DANB's background questions honestly. You will then pay your renewal fee. Fees are the same whether renewing online with a credit card or by regular mail with a check.

Online (credit card): Visit <http://danb.org/My-Account/My-Certifications/Online-Renewal.aspx>. You must have your renewal notice with you.

(Receive your new certificate and wallet card in one to two weeks when renewing online.)

Regular Mail (check or money order): Complete the renewal notice and send it to:

Dental Assisting National Board, Inc.
444 N. Michigan Ave., Suite 900
Chicago, IL 60611-3985

(Receive new certificate and wallet card in four weeks when renewing by mail.)

Step 4: DANB reviews your renewal.

Upon receiving your renewal information, DANB will process your payment and verify you have completed and attested to the information listed in Step 3 above.

Step 5: DANB audits a percentage of recertification applications.

If you are selected for an audit, you will receive a letter by mail requesting proof of all CDE credits you earned during your renewal period and proof of DANB-accepted CPR. Proof must be submitted to DANB within 30 days of audit notification.

Step 6: Receive your new certification and wallet card.

DANB will mail your new certificate and wallet card after receiving your payment and verifying the information provided approximately one to two weeks after receiving your online payment or four weeks after receiving

DANB Renewal and Reinstatement Policies

If you do not renew your DANB certification within three months of its expiration date:

1. You are no longer DANB certified.
2. You may not use DANB certification designations or registered certification marks (CDA, COA, CPFDA, CRFDA, COMSA, or CDPMA).
3. You will no longer benefit from the greater earning power, career mobility, peer recognition and overall enhanced employment opportunities that more than 35,000 DANB certificants enjoy.
4. To protect against misuse of DANB certification marks, DANB sends reports of DANB certificants whose certifications have lapsed to the state regulatory agencies on a regular basis.
5. Misuse of any DANB certification or service mark is grounds for discipline under *DANB's Disciplinary Policies and Procedures*; to receive a copy of *DANB's Disciplinary Policies and Procedures* or *DANB's Complaint and Investigation Procedures* document, call 1-800-367-3262, ext. 451; visit www.danb.org; or email danbmail@danb.org.

How do I reinstate my DANB certification if I allowed it to lapse?

Lapsed DANB certifications can be reinstated, depending how long certification has been expired. If your DANB certification has lapsed and you would like to reinstate the certification, please contact DANB's Re-certification Senior Coordinator at 1-800-367-3262, ext. 451.

Review and Appeal Policy and Procedures

A copy of *DANB's Review and Appeal Policy and Procedures* is available at www.danb.org.

Renewal Timing and Certification Expiration

A three-month CDE grace period is granted if the required CDE credits are not accumulated and the appropriate fee is not received by the expiration date. An individual is considered DANB certified during this three-month CDE grace period; however, a late fee of \$15 will be assessed. If DANB does not receive a response to renewal notice(s) within three months of the DANB certification's expiration date, the individual is no longer certified and cannot use the CDA, COA, CPFDA, CRFDA, COMSA or CDPMA certification marks. DANB's certification marks are registered with the U.S. Patent and Trademark Office, and only those individuals who have earned and maintained the marks are legally authorized to use them.

Misrepresentation of DANB Certification Marks

Misuse of any DANB certification mark is grounds for discipline under *DANB's Disciplinary Policy and Procedures*. Contact DANB for a copy. For reinstatement of a certification mark, contact DANB by phone at 1-800-367-3262 (dial option 2) or by email at danbmail@danb.org.

DANB-Accepted CPR Providers

Current DANB-accepted CPR is required for annual renewal of DANB certification. DANB accepts CPR certifications from the providers below. Course must be for CPR, and a hands-on exam must be taken. CPR from other providers or courses will not be accepted. CPR does not count toward the required number of CDE credits.

Accepted Documentation

Copy of front and back of a current CPR card from one of the organizations listed below; the card must be dated and signed, or imprinted with the instructor's name, and have the certificant's name or signature on the card.

DANB-Accepted CPR Providers

American Environmental Health and Safety
American Heart Association
American Red Cross
American Safety and Health Institute
Canadian Red Cross
Emergency Care and Safety Institute
Emergency First Response
Emergency Medical Training Associates
Emergency University*

EMS Safety Services
Medic First Aid
Military Training Network
National Safety Council (Green Cross)
ProCPR*
Saudi Heart Association

*Not all courses include the hands-on exam, so check with provider before taking course to be sure it will be accepted by DANB.

Audit

Each year, a percentage of DANB certificants are selected for audit of CDE credits and DANB-accepted CPR to verify the signed renewal statement. While most audits are random, some may be at DANB's discretion. Should you be asked to participate in DANB's audit process, you must provide proof of CDE credits earned and current DANB-accepted CPR. Those selected for audit will be considered DANB certified during the audit process. Specific instructions will be sent to those being audited. Upon successful completion of the audit, certification will be instated for the full renewal year.

CDE has a two-year life span. Documentation (proof of CDE) should be retained for two years, in the event of subsequent audit. It is the responsibility of the DANB certificant to obtain and retain documentation that verifies attendance at or participation in all CDE activities that will be used for renewal credit, including a current DANB-accepted CPR card (mandatory). See page 10 for a convenient form to track your CDE. Remember to keep appropriate documentation with this form.

Once DANB has reviewed and approved the audit, the certificant receives a new certificate within one to two weeks after DANB receipt of all required audit documentation.

If the submitted credits do not comply with the appropriate number of credits per category or do not meet *DANB's Recertification Requirements*, or if proof of CDE credit is not provided, the certificant receives an Incomplete Audit documentation letter indicating deficiency in the audit. The certificant is encouraged to submit the additional proof, or, in some cases, use the grace period to earn additional credits to comply. Once the audit is approved, a new certificate and wallet card are processed.

There are several additional reasons a certificant might fail a DANB audit:

- Failing to include proof of CDE credits
- Submitting credits earned outside the renewal period being audited
- Submitting proof of attending courses not compliant with *DANB's Recertification Requirements*

If a certificant “fails” the audit, materials will be returned with a letter indicating what steps are to be taken in order to pass the audit. If these steps are not taken, the individual is no longer DANB-certified.

Emeritus Status

DANB certificants (holding CDA, COA, CPFDA, CRFDA, COMSA or CDPMA certification) may apply for “Emeritus” status if they have maintained continuous current certification for four (4) of the five (5) years immediately preceding application and have:

- Become totally and permanently disabled or
- Retired from the field of dentistry/dental assisting at the age of 60 years or older or
- Retired from the field of dentistry/dental assisting with 35 years of continuous (without any breaks) DANB certification.

Retirement

Must submit two (2) letters stating that he/she has retired and the date of retirement:

- One from the assistant requesting Emeritus status and signed by the assistant
- One from the assistant’s employer on letterhead and signed by the employer (or the assistant can provide proof of receiving Social Security benefits).

Disability

Must submit two (2) letters stating that he/she is no longer working in the dental field due to disability:

- One from the assistant requesting Emeritus status and signed by the assistant
- One from the assistant’s physician on his/her office letterhead stating that the assistant is physically and permanently unable to perform any duties required.

If a certificant holds more than one certification, the certificant will only earn Emeritus status for those credentials that the certificant maintained continuous current certification for four (4) of the five (5) years immediately preceding application.

Policies



American Dental Association is an ADA CERP
Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

ADA CERP (Continuing Education Recognition Program)

- [ADA CE Online](#)
- [Author an ADA CE Online Course](#)
- [JADA Continuing Education Program](#)
- [ADA CERP Approved Provider Course Listing](#)
- [ADA CERP \(Continuing Education Recognition Program\)](#)

[Recognition Standards, Procedures and Recognition Process](#)

[List of Recognized Providers](#)

[CERP Complaints Policy](#)

[Resources for Providers](#)

- [CELL Seminar Series](#)
- [Licensure for Professionals](#)

Recognizing the need to offer its members and the dental community a way to select continuing dental education (CE) with confidence and to promote the continuous improvement of CE, the American Dental Association Continuing Education Recognition Program (ADA CERP) was established in 1993.

Through an application and review process, the ADA CERP evaluates and recognizes institutions and organizations that provide continuing dental education. The program assists regulatory agencies and organizations that have CE requirements to identify CE providers whose activities are acceptable for credit. However, ADA CERP does not approve the specific courses or the credit hours that recognized providers offer. Nor does ADA CERP maintain a registry of CE credits. It is the responsibility of the CE provider to maintain records of participants in its educational activities. It is the responsibility of participants to retain documentation verifying participation in CE activities and to submit copies to their individual licensing boards as required.

Providers of continuing dental education are evaluated in 14 aspects of CE program quality by the ADA CERP. Only providers that can meet ADA CERP standards and procedures are granted approval and are authorized to use the ADA CERP logo and recognition statement. Once approved, providers are held accountable for maintaining those same high standards through periodic reevaluation.

ADA CERP is administrated by a standing committee of the Council on Dental Education and Licensure that includes representatives of the American Dental Association, American Association of Dental Boards, American Society of Constituent Dental Executives, American Dental Education Association, and organizations representing the recognized dental specialties.

Organizations interested in applying for ADA CERP recognition are encouraged to read the information on the ADA CERP Recognition Standards and Procedures process.

News and Announcements

- [ADA CERP Provider Newsletter Fall 2012 \(PDF\)](#)
- [ADA CERP Provider Newsletter Spring 2012 \(PDF\)](#)
- [ADA CERP Provider Newsletter Fall 2011 \(PDF\)](#)
- [Proposed Revisions to CERP Eligibility Criteria - Comment Period Extended \(October 2011\) \(PDF\)](#)
- [ADA CERP Provider Newsletter Spring 2011 \(PDF\)](#)
- [FAQs on Scientific Content in CE \(May 2011\) \(PDF\)](#)
- [New Criteria Related to Scientific Content in CE \(February 2011\) \(PDF\)](#)
- [ADA CERP Provider Newsletter Summer 2010 \(PDF\)](#)
- [New Criteria for Self-Instructional Activites \(August 2010\) \(PDF\)](#)
- [Standard Revisions \(February 2010\)](#)

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Contact Information

ADA CERP
American Dental Association
211 E Chicago Ave.
Chicago, IL 60611-2678
[Email Us](#)
Telephone: 312-440-2869
ADA Members: call the toll-free number, ext. 2869

☛ [Return to Top](#)



211 East Chicago Ave.
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312 - 440 - 2500

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RECOGNITION
STANDARDS AND PROCEDURES

May 2012

AMERICAN DENTAL ASSOCIATION
CONTINUING EDUCATION RECOGNITION PROGRAM
211 East Chicago Avenue
Chicago, Illinois 60611

The ADA CERP Recognition Standards and Procedures are subject to modification from time to time by the ADA at its discretion. The most current edition of this document can be accessed at:
http://www.ada.org/sections/educationAndCareers/pdfs/cerp_standards.pdf

ADA CERP RECOGNITION STANDARDS AND PROCEDURES

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ADA CERP *Recognition Standards and Procedures*

Approved: February 1993

Revised: March 1994, March 1995, March 1996, April 1997, October 1997, April 1998, April 1999, November 2000, October 2001, November 2001, April 2002, November 2002, April 2003, January 2006, January 2007, November 2007, April 2008, April 2009, November 2009, April 2010, November 2010, May 2012

How to Apply for ADA CERP Recognition

Providers or sponsors of continuing dental education wishing to apply for the American Dental Association's Continuing Education Recognition Program (ADA CERP) recognition should:

1. Review the ADA CERP eligibility criteria and standards to determine whether recognition should be pursued, or whether program adjustments should be made prior to applying for recognition. Additional detailed information about the procedures and regulations governing ADA CERP is included in this document following the standards.
2. For information about the ADA CERP or to obtain an ADA CERP application, go to: www.ada.org/cerp or contact the ADA CERP offices at 312-440-2869.
3. Complete the application for recognition as directed. Review the ADA CERP application form and applicant checklist to determine that all information and supporting documentation required to demonstrate compliance with the eligibility requirements and standards is available.
4. Submit three typed copies of the completed ADA CERP *Application for Recognition* and requested documentation with the required application fee. More specific directions for preparing the application are included in the application materials.

ELIGIBILITY: _____

The ADA CERP approves providers as defined in the Lexicon of Terms in the ADA CERP *Recognition Standards and Procedures*. The ADA CERP recognizes providers of continuing dental education (CDE), not individual courses. Institutions, organizations or major units or departments within an institution/organization (e.g., an oral and maxillofacial surgery department of a medical center) are eligible to apply for recognition. Any provider of CDE meeting the ADA CERP standards and criteria and the following requirements will be eligible for recognition. CDE providers submitting an application must meet the following eligibility criteria:

1. The CDE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the Lexicon of Terms. The CDE provider must demonstrate oversight by an independent advisory committee. The provider must have offered a planned program of CDE activities for at least 12 months
2. A CDE provider must ensure that all courses offered for continuing education credit have a sound scientific basis in order to adequately protect the public. ADA CERP reserves the right to require that the applicant provide documentation that courses offered by the provider have a sound scientific basis and proven efficacy in order to ensure public safety.
3. The CDE provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the continuing education program consistent with the definition of provider in the Lexicon of Terms.
4. The CDE provider must ensure that the educational methods are appropriate to the stated objectives for the activity and, when participation is involved, enrollment must be related to available resources to assure effective participation by enrollees.
5. The CDE provider must ensure that the facilities selected for each activity are appropriate to accomplishing the educational method(s) being used and the stated educational objectives.

Although ADA CERP may not directly benefit some smaller groups, such as local CE study clubs, such groups are encouraged to explore possible affiliation agreements with their local or state dental societies.

ADA CERP STANDARDS AND CRITERIA FOR RECOGNITION

To obtain recognition, applicant continuing dental education providers must demonstrate compliance with the following standards and criteria for recognition. These published standards and criteria address 14 different areas and are accompanied in most areas by recommendations. Recommendations offer suggestions to improve the provider's continuing dental education program; they are not requirements for recognition. The ADA CERP standards and criteria are subject to review and modification from time to time by the ADA at its discretion. To retain recognition, continuing dental education providers must comply with ADA CERP standards and criteria as modified.

STANDARDS AND CRITERIA

STANDARD I. MISSION/GOALS _____

CRITERIA

1. The provider must develop and operate in accordance with a written statement of its broad, long-range goals related to the continuing dental education program.
2. The continuing education goals must relate to the health care needs of the public and/or interests and needs of the profession.
3. The individual or authority responsible for administration of the continuing education program must have input into development of the overall program goals.
4. There must be a clear formulation of the overall mission and goals of the providing institution or organization.
5. A mechanism must be provided for periodic reappraisal and revision of the provider's continuing education goals. The periodic review must be conducted by the advisory committee.

RECOMMENDATIONS

- A. The goals of the continuing education program should be consistent with the goals and mission of the organization or institution.
- B. The goals of the continuing education program should be relevant to the educational needs and interests of the intended audience.

STANDARD II. NEEDS ASSESSMENT _____

CRITERIA

1. Providers must use identifiable mechanisms to determine objectively the current professional needs and interests of the intended audience, and the content of the program must be based upon these needs.
2. The administrative authority must be responsible for carrying out or coordinating needs assessment procedures.
3. Identified needs/interests must be developed from data sources that go beyond the provider's own perceptions of needs/interests and must include input from the provider's advisory committee.
4. The provider must document the process used to identify needs/interests.

5. The provider must state the needs/interests identified and indicate how the assessment is used in planning educational activities.
6. The provider must involve members of the intended audience in the assessment of their own educational needs/interests.

RECOMMENDATIONS

- A. The needs assessment method used is not critical, provided it serves the purpose of consulting (or otherwise gaining insight into) the needs and interests of the potential audience. Advisory committees representing a cross section of the intended audience or constituency can be effective. Surveys may be conducted by mail, phone, or electronic media, or during specific CDE activities.
- B. Cooperative efforts to gather and/or use needs assessment data are recommended, if appropriate. Where intended audiences are the same, use of another organization's needs assessment data may provide better information than the provider's resources would otherwise allow.
- C. Consistent use of needs assessment data from multiple sources is recommended for use in planning continuing education activities.

STANDARD III. OBJECTIVES

CRITERIA

1. Explicit written educational objectives identifying the expected learner outcomes must be developed for each activity.
2. The administrative authority must be ultimately responsible for ensuring that appropriate objectives are developed for each activity. The educational objectives may, however, be prepared by the instructor, course director or administrative authority.
3. Educational objectives that provide direction in selecting specific course content and choosing appropriate educational methodologies to achieve the expected learner outcomes must be developed for each activity.
4. The written educational objectives must be published and distributed to the intended audience as a mechanism for potential attendees to select courses on a sound basis. For conventions and major dental meetings that involve multiple course topics and speakers presented during a multi-day period, it is sufficient to publish detailed course descriptions that enable participants to select appropriate course offerings.
5. Educational objectives must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.

RECOMMENDATIONS

- A. Educational objectives should form the basis for evaluating the effectiveness of the learning activity.
- B. Specific educational objectives may include, but are not limited to, the following categories:
 1. Changes in the attitude and approach of the learner to the solution of dental problems; corrections of outdated knowledge;
 2. Provision of new knowledge in specific areas;
 3. Introduction to and/or mastery of specific skills and techniques;
 4. Alteration in the habits of the learner; accurate educational objectives succinctly describe the education that will result from attending the course.

STANDARD IV. EVALUATION

CRITERIA

1. The provider must develop and use activity evaluation mechanisms that:
 - a. Are appropriate to the objectives and educational methods;
 - b. Measure the extent to which course objectives have been accomplished;
 - c. Assess course content, instructor effectiveness, and overall administration.
2. The provider must use an evaluation mechanism that will allow participants to assess their achievement of personal objectives. Such mechanisms must be content-oriented and must provide feedback to participants so that they can assess their mastery of the material. This is especially important if the activity is self-instructional, including electronically mediated activities.
3. The provider must use an evaluation mechanism that will help the provider assess the effectiveness of the continuing education activity and the level at which stated objectives were fulfilled, with the goal being continual improvement of the provider's activities.
4. The provider must periodically conduct an internal review to determine the effectiveness of its continuing education program. The review must evaluate:
 - a. The extent to which the overall goals of the continuing dental education program are being achieved
 - b. The extent to which activity evaluation effectively and appropriately assesses:
 - i. Educational objectives
 - ii. Quality of the instructional process
 - iii. Participants' perception of enhanced professional effectiveness
 - c. Whether evaluation methods are appropriate to and consistent with the scope of the activity
 - d. How effectively activity evaluation data are used in planning future continuing education activities
5. The advisory committee must be involved in the provider's periodic assessment of the effectiveness of its continuing dental education program.

RECOMMENDATIONS

- A. The evaluation mechanisms should allow participants to assess course content with regard to whether it was practically useful, comprehensive, appropriate, and adequately in-depth.
- B. The provider should give feedback to the instructor concerning the information produced by evaluation of the continuing education activity.

STANDARD V. COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST _____

In 1997 the U.S. Food and Drug Administration (FDA) issued a policy statement entitled “Guidance for Industry: Industry Supported Scientific and Educational Activities.” This policy states that activities designed to market or promote the products of a commercial company (staffed exhibits, live presentations, advertisements, sales activities) are subject to FDA regulation under the labeling and advertising provisions of the Federal Food, Drug and Cosmetic Act.

Activities that are independent of commercial influence and non-promotional are not subject to FDA regulation. In this context, the ADA CERP standards and criteria are designed to ensure separation of promotional activities from continuing dental education (CDE) activities in the following ways: 1) CDE providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and 2) CDE providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants.

CRITERIA

1. CDE providers must assume responsibility for ensuring the content quality and scientific integrity of all continuing dental education activities. Educational objectives, content development, and selection of educational methods and instructors must be conducted independent of commercial interest.
2. CDE providers must ensure that continuing dental education activities promote improvements in oral healthcare and not a specific drug, device, service or technique of a commercial entity.*
3. Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing dental education activities. Live promotional activities (staffed exhibits, presentations) or enduring promotional activities (print or electronic advertisements) must be kept separate from CDE. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided during CDE activities.*
 - a. For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CDE activity. Providers cannot allow representatives of commercial interests to engage in sales or promotional activities while in the space or place of the CDE activity.
 - b. For print CDE activities, advertisements and promotional materials will not be interleaved within the pages of the CDE content. Advertisements and promotional materials may face the first or last pages of printed CDE content as long as these materials are not related to the CDE content they face and are not paid for by the commercial supporters of the CDE activity.
 - c. For electronically mediated/computer based CDE activities, advertisements and promotional materials will not be visible on the screen at the same time as the CDE content and not interleaved between computer ‘windows’ or screens of the CDE content
 - d. For audio and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no ‘commercial breaks.’
 - e. Educational materials that are part of a CDE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
 - f. Print or electronic information distributed about the non- CDE elements of a CDE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.
4. **CDE providers that also offer activities designed to promote drugs, devices, services or techniques must clearly disclose the promotional nature of the activity in publicity materials and in the activity itself. Promotional activities must not be designated for CDE credit. The CDE hours awarded must not include the promotional hours.**

* Adapted from the Accreditation Council for Continuing Medical Education Standards for Commercial Support.

5. CDE providers must operate in accordance with written guidelines and policies that clearly place the responsibility for program content and instructor/author selection on the provider. These guidelines must not conflict with ADA CERP standards and criteria for recognition. Each CDE learning experience offered must conform to this policy.
6. The ultimate decision regarding funding arrangements for continuing dental education activities must be the responsibility of the CDE provider. Continuing dental education activities may be supported by funds received from external sources if such funds are unrestricted. External funding must be disclosed to participants in announcements, brochures or other educational materials, and in the presentation itself.
7. CDE providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the provider and the commercial supporter.
8. Arrangements for commercial exhibits or advertisements must not influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CDE activities.*
9. CDE providers must disclose to participants any monetary or other special interest the provider may have with any company whose products are discussed in its CDE activities. Disclosure must be made in publicity materials and at the beginning of the educational activity.
10. CDE providers must ensure that a balanced view of all therapeutic options is presented in CDE activities. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.
11. CDE providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.
12. CDE providers must assume responsibility for taking steps to protect against and/or disclose any conflict of interest of the advisory committee, CDE activity planners, course directors and instructors/authors involved in planning or presenting courses. Signed conflict of interest statements must be obtained from all advisory committee members, CDE activity planners, course directors and instructors/authors.
13. The advisory committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and instructors/authors may have.
14. Providers must disclose to participants in CDE activities any relevant financial relationships that the planners and instructors/authors of a continuing education activity may have that may create conflicts of interest. Disclosure must include the name of the individual, the name of the commercial entity, and the nature of the relationship the individual has with each commercial entity. Disclosure must not include the use of a trade name or product message. For individuals that have no relevant financial relationships, the provider must disclose to participants that no relevant relationships exist. Disclosure must be made before the start of the continuing education activity and must be made in writing, either in publicity materials, course materials, or audiovisual materials.

RECOMMENDATIONS

- A. The following are examples of outside or commercial support that is customary and proper:
 - Payment of reasonable honoraria
 - Reimbursement of out-of-pocket expenses for instructors/authors
 - Modest meals or social events held as part of the educational activity
- B. The CDE provider and the commercial supporter or other relevant parties should each report to the other on the expenditure of funds each has provided, following each subsidized continuing dental education activity.

* Adapted from the Accreditation Council for Continuing Medical Education Standards for Commercial Support.

STANDARD VI. EDUCATIONAL METHODS

CRITERIA

1. Educational methods must be appropriate to the stated objectives for the activity.
2. The continuing education administrative authority must be responsible for choosing the educational methods to be used in consultation with advisory committees, instructors, educational advisors, or potential attendees.
3. Educational methods must be appropriate to the characteristics or composition (especially skill level) of the intended audience.
4. Educational methods must be appropriate to the facilities and instructional medium used for the activity.
5. The continuing education administrative authority must have a written description of the methods to be used, which will assist in effective planning as well as evaluation of the activity.
6. Participants must be cautioned about the potential risks of using limited knowledge when incorporating techniques and procedures into their practices, especially when the course has not provided them with supervised clinical experience in the technique or procedure to ensure that participants have attained competence.
7. For participation activities (activities in which at least 30% of course time involves practice of skills) group size must be limited in coordination with the nature of available facilities and the number of instructors/evaluators. Very careful attention to group size is mandatory when planning an activity that requires participants to perform complex tasks requiring supervision and evaluation.
8. For self-instructional activities:
 - a. Provision must be made for participant feedback and interchange with individuals having expertise in the subject area. Interaction with instructors and subject matter experts may be facilitated through a variety of methods such as voicemail, e-mail, chat rooms, etc. A mechanism by which the learner can assess his/her mastery of the material must be supplied.
 - b. Self-instructional activities that are primarily audio or audiovisual in nature must be augmented by additional written materials that serve the purpose of summarizing, further explaining, or clarifying the audio or audiovisual material. All self-instructional activities, including electronically mediated, must include references that can be pursued for further study in the subject.
 - c. Providers who plan self-instructional activities, including electronically-mediated, must ensure the input of individuals having technical expertise in both media and self-directed learning techniques, and the application of these techniques to adult learning.
 - d. Providers that offer self-instructional activities must review the activities at least once every three years, or more frequently if indicated by new scientific developments, to ensure that content is current and accurate.
 - e. Providers that offer self-instructional activities must publish the following information on publicity materials for the activity and in the activity itself:
 - i. Original release date;
 - ii. Review date (if activity is reviewed and rereleased);
 - iii. Expiration date (a maximum of 3 years from the original release date or the last review date, whichever is most recent).
9. For electronically mediated learning, whether live or self-instructional:
 - a. A documented technology plan that includes electronic security measures must be in place and operational to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, firewalls).
 - b. Participants must have access to technical assistance throughout the duration of the course. The

- technical design of the course should support easy navigation, and all program features should be functional.
- c. Participant interaction with lecturer/author and other participants is an essential characteristic and must be facilitated through a variety of methods such as voice mail, e-mail or chat rooms.
 - d. Embedded advertising and direct commercial links are inappropriate within the educational content and must be avoided.
10. For on-site/in-office participation courses (long-term CDE participation courses involving in-office practice of techniques without direct supervision):
- a. Formal course sessions must include both lecture and demonstration of procedures to be learned.
 - b. A bibliography of current literature on the subject being taught must be provided to course participants.
 - c. Written instructions must be given to participants for individual in-office requirements.
 - d. Instructor/author consultation and feedback must be available to participants when they perform required techniques in their offices.
 - e. For patient procedures performed as part of the in-office portions of on-site/in-office participation courses, providers must require participants to maintain the following records:
 - i. Patient informed consent and release form;
 - ii. Preoperative medical/dental history;
 - iii. Preoperative radiographs, if indicated;
 - iv. Preoperative mounted diagnostic casts, if applicable;
 - v. Preoperative photographs;
 - vi. Preoperative dental charting;
 - vii. Records of treatment rendered, materials, methods, etc;
 - viii. Mounted treatment casts, if applicable;
 - ix. Photographs of treatment progress;
 - x. Radiographs taken during treatment, if indicated;
 - xi. Photographs of completed treatment;
 - xii. Postoperative radiographs, if indicated.
 - f. The provider must be responsible for ensuring that the on-site teaching facilities are appropriate for the activities and comply with state and local regulations.
 - g. Following completion of the in-office portion of on-site/in-office participation courses, providers must convene participants for complete case presentation and critique.

RECOMMENDATIONS

- A. For self-instructional activities, audiovisual materials may offer valuable learning experiences when their usefulness as a means, rather than an end, is appreciated.
- B. The size of the potential audience for any continuing education activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work and patient treatment) have been shown to provide more effective learning experiences. The appropriate use of films, slides, television, and other teaching aids can support and enhance other teaching methods if they are integrated into a planned educational program, rather than used as the sole method of instruction.
- C. Providers are encouraged to give attendees resource materials and references to facilitate post-course practical application of course content, as well as continued learning.
- D. For electronically mediated courses:
 1. Courses should include resources, references and information to aid participants in securing relevant material through online sources (e.g. electronic databases, interlibrary loans, government archives, news services).
 2. Questions directed to course personnel should be answered quickly and accurately. A structured system to address participant complaints should be in place.

3. Feedback to participants about assignments and questions should be constructive and provided in a timely manner.
4. Courses should provide participants with flexibility to access and review course materials on demand during the period of announced availability.
5. Providers should use current best practices to aid participants in locating courses via multiple search engines.
6. When appropriate, providers should use the unique characteristics of the electronic media to engage the participants in analysis, synthesis, and evaluation as part of their course and program requirements.
7. Whenever possible, educational software should be designed in accordance with ANSI/ADA Specification 1001 for the Design of Educational Software.

STANDARD VII. INSTRUCTORS

CRITERIA

1. CDE providers must ensure that instructors chosen to teach courses are qualified by education and experience to provide instruction in the relevant subject matter.
2. The number of instructors employed for a continuing education activity must be adequate to ensure effective educational results.
3. Providers must ensure that instructors support clinical recommendations with references from the scientific literature whenever possible. References must have a sound scientific basis, as defined in the Lexicon of Terms. References should be provided to participants in the language in which the CDE activity is presented.
4. The number of instructors assigned to any activity must be predicated upon the course objectives and the educational methods used.
5. The instructor-participant ratio is most critical in participation courses. CDE providers must ensure that close supervision and adequate direct interchange between participants and instructors will take place. The instructor-to-attendee ratio should not exceed 1:15 during any hands-on activities.
6. Providers must assume responsibility for communicating specific course objectives and design to instructors.
7. CDE providers that utilize one instructor to present 50% or more of the provider's CDE activities must submit a Curriculum Vitae containing complete information on the instructor's education, professional training, positions held, and publication and presentation history when applying for ADA CERP recognition.
8. CDE program providers must assume responsibility for taking steps to ensure that images presented in courses have not been falsified or misrepresent the outcome of treatment. Signed affidavits of image authenticity must be obtained from all faculty members.
9. Providers must develop clearly-defined policies on honoraria and expense reimbursement for instructors/authors.

RECOMMENDATIONS

- A. Providers should be responsible for working closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.
- B. A wide variety of sources should be explored and used to select qualified instructors.
- C. The teaching staff for any continuing education program should consist of dentists and other professionals in related disciplines who have demonstrated ability, training and experience in the relevant fields.

- D. Instructors should possess the demonstrated ability to communicate effectively with professional colleagues, as well as an understanding of the principles and methods of adult education.
- E. Expertise and assistance in development and use of instructional materials and aids, when needed, should be available to support the teaching staff.

STANDARD VIII. FACILITIES/INSTRUCTIONAL MEDIA_____

CRITERIA

1. Facilities and instructional media selected for each activity must be appropriate to accomplish:
 - a. The intended educational method(s)
 - b. The stated educational objectives
2. The CDE provider must be responsible for ensuring that facilities/instructional media and equipment (including those borrowed or rented) are adequate and in good working condition, so that instruction can proceed smoothly and effectively.
3. Adequate space and equipment must be provided to accommodate the size of the intended audience.
4. For participation courses, sufficient space and equipment (and patients, if used) must be available to allow active participation by each learner without any learner experiencing undue idle time.
5. If participants are required to provide materials and equipment, the provider must make this requirement clear to potential enrollees, and the provider must provide enrollees with specific descriptions of all equipment and materials required.

STANDARD IX. ADMINISTRATION

CRITERIA

1. Administration of the program must be consistent with:
 - a. The goals of the program;
 - b. The objectives of the planned activities.
2. The CDE program must be under the continuous guidance of an administrative authority and/or individual responsible for its current and future content and its quality.
3. The CDE provider must obtain input from an advisory committee regarding the goals, objectives and content of the CDE program. A majority of the advisory committee must be dentists who are independent from other responsibilities for the provider. The advisory committee must be broadly representative of the intended audience or constituency, including the members of the dental team for which the courses are offered. The committee is required to maintain minutes from its meetings.
4. To maintain continuity, the provider must develop specific procedures for personnel changes, particularly with regard to the administrative authority.
5. The administrative authority must commit sufficient time to planning and conducting the continuing education program relative to its planned size and scope of activity.
6. Where the size or extent of the continuing education program warrants, there must be provision for adequate support personnel to assist with program planning and implementation.
7. The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.
8. The CDE provider must develop and operate in accordance with written policies, procedures or guidelines designed to ensure that all clinical and/or technical CDE activities offered include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.

Where the scientific basis for a clinical and/or technical CDE activity is evolving or uncertain, the presentation will describe the level of scientific evidence that is currently available and what is known of the risks and benefits associated with the clinical and/or technical CDE activity.

9. For CDE activities that are repeated, the provider must be able to demonstrate that it has a process in place to ensure that the activities continue to meet all ADA CERP standards and criteria, including requirements to include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.
10. The administrative authority must be responsible for maintaining accurate records of participants' participation and for retaining information on the formal planned activities offered, including needs assessment, methods, objectives, course outlines, and evaluation procedures.
11. CDE providers must assume responsibility for the compliance by participants with applicable laws and regulations. The provider must ensure that participation in its program by dentists not licensed in the jurisdiction where the program is presented does not violate the state practice act. Unless malpractice coverage for attendees participating in clinics is arranged by the CDE provider, notice must be given to participants to obtain written commitments of coverage from their carriers.
12. The CDE provider must be responsible for:
 - a. Establishing clear lines of authority and responsibility
 - b. Conducting a planning process
 - c. Ensuring that an adequate number of qualified personnel are assigned to manage the program
 - d. Ensuring continuity of administration

13. The CERP recognized provider assumes responsibility for the planning, organizing, administering, publicizing, presenting, and keeping records for the planned continuing dental education activity. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest solely with the ADA CERP-recognized provider. Whenever the provider acts in cooperation with providers that are not recognized by the ADA CERP, letters of agreement between the co-sponsoring parties must be developed to outline the responsibilities of each party for the program and must be signed by all parties.
14. When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. Letters of agreement between the co-sponsoring parties must be developed to outline the responsibilities of each party for the program and must be signed by all parties.
15. The CDE provider is responsible for ensuring that the curriculum developed, including goals, objectives, and content, is based on best practices as defined in the Lexicon of Terms and does not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.
16. Continuity of administration and planning is necessary for the stability and growth of the program. It is required that members of the advisory committee be selected for a term of longer than one year and serve staggered terms of office.

RECOMMENDATIONS

- A. The administrative authority should have background and experience appropriate to the task.

STANDARD X. FISCAL RESPONSIBILITY_____

CRITERIA

1. Fiscal resources must be sufficient to meet the goals of the program and the objectives of the planned activities.
2. Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program.
3. In instances where continuing education is only one element of a provider's activities, resources for continuing education must be a clearly identifiable component of the provider's total budget and resources.
4. The provider must maintain a budget for the overall continuing education program, to include all costs and income, both direct (e.g., honoraria, publicity costs, tuition fees, refunds, or foundation grants) and indirect (e.g., use of classroom facilities or equipment, unpaid instructor time, etc.).
5. Resources must be adequate for the continual improvement of the program.

RECOMMENDATIONS

- A. Separate budgets for each activity should be prepared, but institutional or organizational policies requiring that each individual activity to be presented be self-supporting tend to restrict the quality of the continuing education program unduly, and are discouraged.

STANDARD XI. PUBLICITY

CRITERIA

1. Publicity must be informative and not misleading. It must include:
 - a. The name of the provider prominently identified
 - b. The names of any joint sponsors
 - c. The course title
 - d. A description of the course content
 - e. The educational objectives
 - f. A description of teaching methods to be used
 - g. The names of any entities providing commercial support
 - h. The costs and contact person
 - i. The course instructor(s) and their qualifications and any conflicts of interest
 - j. Refund and cancellation policies
 - k. Location, date, and time for live activities; original release date, review date (if applicable), and expiration date for self-instructional activities.
 - l. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement
 - m. The number of credits available using the authorized credit designation statement
2. For effective presentation and assimilation of course content, the prior level of skill, knowledge, or experience required (or suggested) of participants must be clearly specified in publicity materials.
3. Publicity on continuing education activities must provide complete and accurate information to the potential audience.
4. Providers must avoid misleading statements regarding the nature of the activity or the benefits to be derived from participation.
5. Accurate statements concerning credits for the activity and the provider's recognition status must be included. CE providers must ensure that such statements follow the wording prescribed by the agency granting the credits or recognition so that participants do not misinterpret them.
6. The terms "accredited," "accreditation," "certification" or "endorsed by" must not be used in reference to ADA CERP recognition. Providers must not make statements implying ADA CERP approval or endorsement of individual courses.
7. Publicity for CDE activities must not conflict with or appear to violate the ADA Principles of Ethics and Code of Professional Conduct.

RECOMMENDATIONS

- A. The attendees' expectations concerning course content and anticipated learning are based on course publicity. Complete and detailed publicity materials will help ensure that those who want and need the course will attend, and that they will be motivated to learn. Materials containing less than complete and accurate information will almost always result in disappointment and dissatisfaction on the part of all or some attendees.

STANDARD XII. ADMISSIONS

CRITERIA

1. In general, continuing education activities must be available to all dentists.
2. If activities require previous training or preparation, the necessary level of knowledge, skill or experience must be specified in course announcements.
3. If previous training or preparation is necessary for learners to participate effectively in the activity, the provider must (1) provide a precise definition of knowledge, skill or experience required for admission; (2) demonstrate the necessity for any admission restriction, based on course content and educational objectives; and (3) specify in advance, and make available a method whereby applicants for admission may demonstrate that they have met the requirement. Such methods must be objective, specific and clearly related to the course content and stated requirements.

RECOMMENDATIONS

- A. Where activities are offered at an advanced level, providers are encouraged to provide sequentially planned instruction at basic and intermediate levels, to allow participants to prepare for the advanced activity.
- B. Though providers are not obligated to provide continuing education activities for all dental occupational groups, admission policies that discriminate arbitrarily among individuals within an occupational group, without sound educational rationale, are not acceptable. Where restrictive registration requirements have been determined to be necessary on the basis of the foregoing standards and criteria, course applicants might demonstrate compliance with the requirements through documentation of attendance at CDE activities, submission of patient treatment records, or actual demonstration of required skills or knowledge.

STANDARD XIII. PATIENT PROTECTION

CRITERIA

1. Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:
 - a. The provider must seek assurance prior to the course that participants and/or instructors possess the basic skill, knowledge, and expertise necessary to assimilate instruction and perform the treatment techniques being taught in the course
 - b. Informed consent from the patient must be obtained in writing prior to treatment
 - c. Appropriate equipment and instruments must be available and in good working order
 - d. Adequate and appropriate arrangements and/or facilities for emergency and postoperative care must exist
2. Participants must be cautioned about the potential risks of using limited knowledge when integrating new techniques into their practices.
3. The provider must assume responsibility for ensuring that participants and/or instructors treating patients (especially those from outside the state/province where the course is held) are not doing so in violation of state dental licensure laws.
4. The provider must ultimately be responsible for ensuring that informed consent of all patients is obtained.
5. Patients must be informed in non-technical language of:
 - a. The training situation
 - b. The nature and extent of the treatment to be rendered
 - c. Any benefits or potential harm that may result from the procedure
 - d. Available alternative procedures
 - e. Their right to discontinue treatment
6. There can be no compromise in adequate and appropriate provisions for care of patients treated during continuing education activities. Aseptic conditions, equipment and instruments, as well as emergency care facilities, must be provided.
7. Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently.
8. The provider must assume responsibility for completion of treatment by a qualified clinician, should any question of the course participant's competence arise.
9. The provider must assume responsibility for providing any necessary post course treatment, either through the practitioner who treated the patient during the course, or through some alternative arrangement.
10. Providers, instructors and participants must have liability protection.

RECOMMENDATIONS

- A. In order to meet course objectives, patients should be screened prior to the course to ensure the presence of an adequate number of individuals with conditions requiring the type of treatment relevant to the course content.
- B. Providers should consult with legal counsel regarding informed consent requirements in their locale and appropriate procedures for obtaining patient consent.

STANDARD XIV. RECORD KEEPING

CRITERIA

1. Providers must issue accurate records of individual participation to attendees.
2. Documentation must not resemble a diploma or certificate. Documentation must not attest, or appear to attest to specific skill, or specialty or advanced educational status. Providers must design such documentation to avoid misinterpretation by the public or professional colleagues.
3. Credit awarded to participants of a recognized provider's educational activity must be calculated as follows:
 - a. For participation in formal structured lectures delivered in real time, whether in person or electronically mediated via teleconference or web-based seminar, credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods). No credit should be awarded if the course is less than one hour in duration.
 - b. For courses in which at least 30% of course content involves the participant in the active manipulation of dental materials or devices, the treatment of patients or other opportunities to practice skills or techniques under the direct supervision of a qualified instructor, participation credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods).
 - c. For CDE activities that involve on-site and in-office participation components, credit must be awarded based on contact hours. Credit for the in-office portion may not exceed credit awarded for the lecture and demonstration portions.
 - d. For participation in audio or audiovisual self-instructional programs, credit must be awarded based on the actual length of the audiovisual instructional time plus a good faith estimate of the time it takes an average participant to complete all required elements of the activity, including the self-assessment mechanism. Such courses must offer a minimum of one credit hour. Audio visual self-instructional activities include, but are not limited to:
 - i. Audio- or audio-visual activities delivered via tape, CD, DVD, pod cast, on-line, etc.
 - ii. Multi-media activities comprised of audiovisual elements in combination with written materials.
 - e. For participation in self-paced self-instructional programs, the provider must award credit based on a good faith estimate of the time it takes an average participant to complete the program. Such courses must offer a minimum of one credit hour. Self-paced self-instructional activities include, but are not limited to, written self-study activities such as journals or monographs, either print-based or electronically mediated.
4. Verification of participation documentation must clearly indicate at least:
 - a. The name of the CDE provider
 - b. The name of the participant
 - c. The date(s), location and duration of the activity
 - d. The title of the activity and/or specific subjects
 - e. The title of each individual CDE course the participant has attended or successfully completed as part of a large dental meeting or other similar activity (and number of credits awarded for each)
 - f. The educational methods used (e.g., lecture, videotape, clinical participation, electronically mediated)
 - g. The number of credit hours awarded (excluding breaks and meals)
 - h. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement.
 - i. Notice of opportunity to file complaints.
5. Providers must maintain records of the individual participants at each educational activity, including their names, addresses and telephone numbers, for a period of at least six years.

RECOMMENDATIONS

- A. Providers should be aware of the professional and legal requirements for continuing dental education that may affect their participants.
- B. Providers should cooperate with course participants and with regulatory or other requiring agencies in providing documentation of course participation, as necessary.
- C. Each attendee is responsible for maintaining his/her own records and for reporting his/her CDE activities to all appropriate bodies in accord with any jurisdictional and/or membership requirements.
- D. The provider should provide a course completion code at the end of each educational activity or educational session.

ADA CERP APPLICATION, EVALUATION AND RECOGNITION POLICIES AND PROCEDURES

VOLUNTARY NATURE OF THE PROGRAM

The ADA Continuing Education Recognition Program is voluntary. Continuing education providers are not required to obtain ADA CERP recognition. Any decision not to participate in the program will be respected.

An official list of ADA CERP-recognized providers is posted online at ADA.org. State dental boards, constituent dental societies, allied dental organizations and other dental professional organizations may use the results of the ADA CERP program and recognize the ADA CERP-recognized providers in various manners to fulfill their CE interests or obligations.

CONFIDENTIALITY

The Continuing Education Recognition Program will not release in any form the name of any continuing dental education provider that has:

1. Initiated contact with the ADA CERP Committee concerning application for recognition;
2. Applied for recognition but has not yet been apprised of a decision;
3. Applied for and been denied recognition.

Further, the ADA CERP Committee will not confirm that a CE provider has not applied for recognition, or provide details regarding any weaknesses of an ADA CERP-recognized provider. All inquiries as to the recognition status of a specific provider will be answered by referral to the published, official list of ADA CERP-recognized providers.

The Continuing Education Recognition Program reserves the right to notify members of its participating organizations in the event that a provider's recognition is withdrawn, if a provider's recognition status changes, or if a provider uses false or misleading statements regarding its ADA CERP recognition.

RECOGNITION

ADA CERP recognition is based on a provider's demonstration of compliance with ADA CERP standards and criteria. A standing committee of the Council, the ADA CERP Committee, reviews all applications and determines if a provider can be approved. To apply for recognition, the CE provider/sponsor must complete the ADA CERP *Application for Recognition*, a form that relates to each of the 14 standards addressed in the ADA CERP standards and criteria. The application, together with any required documentation or pertinent data, is submitted to the ADA CERP Committee for evaluation.

ADA CERP recognized continuing dental education providers shall be designated "recognized providers" for the length of their period of recognition which shall be two, three or four years. New applicants (providers that are not currently recognized by ADA CERP) will be eligible for an Initial Recognition period of two years. For all other providers, the terms of recognition will be based on the level of compliance and complaint history of the provider.

If the ADA CERP Committee determines that more information is required to make a decision regarding recognition status, or that the provider only minimally meets the standards and criteria, action to determine recognition status may be postponed definitely pending submission of additional information or a new application, or, recognition may be granted, contingent upon submission of a progress report within six months to one year. Recommendations for improvement or concerns noted during the review will be identified and transmitted to the provider.

Recognition of a provider does not imply recognition or approval of that provider's satellite or parent organizations, parent company, subsidiaries, cooperating agencies or divisions.

The ADA CERP Standards and Criteria are subject to review and modification from time to time by the ADA at its discretion. To retain recognition, continuing dental education providers must comply with ADA CERP standards and criteria as modified.

ADA CERP does not approve lecturers, individual courses or credit hours. Further, the terms "accreditation" or "accredited" must not be used in conjunction with ADA CERP recognition. Providers must inform participants on how comments or complaints may be filed with ADA CERP.

REGULATIONS GOVERNING THE RECOGNITION PROCESS

1. All providers interested in recognition by ADA CERP must complete an ADA CERP Application for Recognition and submit it to the ADA CERP Committee of the Council on Dental Education and Licensure for consideration. Published application deadlines shall fall approximately two months prior to meetings of the committee.
2. Within 30 days after receipt of the ADA CERP Application for Recognition, it will be reviewed to determine completeness of information submitted. If problems are identified, the provider will be notified that certain required information is missing from the application which must be submitted prior to consideration by the ADA CERP Committee.
3. The application will be considered at the next regularly scheduled meeting of the ADA CERP Committee. If the committee determines that the application does not provide adequate information on which to base a recommendation for recognition, the committee may seek additional information from the applicant provider or from alternative sources.

The ADA CERP Committee reserves the right to seek additional information from the provider, including but not limited to course evaluation forms completed by participants and the names, addresses and telephone numbers of all course participants. The committee also has the right to seek information from alternative sources including, but not limited to, surveys of program participants, on-site visits, observation of the provider's CE activities, review of the CE providers' web site, or other means considered necessary to determine whether the CE provider is in compliance with the standards and criteria.

4. New applicants (providers that are not currently recognized by ADA CERP) will be eligible for an Initial Recognition period of two years. After the Initial Recognition period, providers will be eligible for continued recognition. Recognition terms of two, three or four years will be awarded based on the provider's level of compliance with the Recognition Standards and the complaint history of the provider.

Recognition is effective the first day of the month of May or November after action is taken by the ADA CERP Committee. In no case will recognition be granted retroactively or prior to action taken by the Committee. The length of recognition, i.e., two (2), three (3) or four (4) years, will be clearly stated in the letter that transmits the Committee's action to the provider.

If recognition is granted, the provider will be provided with the following information:

- a. The effective dates and length of the recognition
- b. A statement that must be used to announce or publicize ADA CERP recognition
- c. Responsibilities and procedures for documenting participation in CE activities
- d. Procedures regarding expiration of recognition and reapplication
- e. Requirements and recommendations for improvements in the provider's CE program

Recognition may be contingent on the submission of one or more progress reports at specified intervals. The ADA CERP Committee reserves the right to reevaluate a provider at any time by surveying participants in the provider's CE activities, by reviewing activities in person, or by requiring additional information concerning the provider and/or its activities.

Recognized providers have an obligation to ensure that major changes or additions to the program, such as implementing patient treatment courses or adding a new educational method, must conform with ADA CERP standards and criteria. Major changes must be reported in keeping with the ADA CERP Policy on Substantive Changes.

5. Recognized providers must use the following statements regarding recognition status, credit designation and notice of opportunity to file complaints on materials related to their continuing education activities.

a. Publicity materials

The following authorized recognition and credit designation statements must be used on publicity materials related to the provider's continuing education courses:

<<Name of provider>> is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

<<Name of provider>> designates this activity for <<number of credit hours>> continuing education credits.

b. Course materials and verification of participation forms

The following authorized recognition statement and notice of opportunity to file complaints must be published by recognized providers in course materials available to participants during the activity, such as program guides, evaluation forms, instructions for self-study activities, etc., and on all verification of participation documents issued by the provider for continuing dental education activities:

<<Name of provider>> is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

c. Joint sponsorship

When an ADA CERP recognized provider jointly sponsors a CDE activity with one or more other CE providers, the CERP recognized provider must inform participants of the joint sponsorship arrangement using the statement below:

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between <<Name of CERP recognized provider>> and <<Name of joint sponsor.>>

This statement must be used in conjunction with the authorized recognition statements on publicity and course materials and on verification of participation documents, as described in 5a-b above. (See also ADA CERP Joint Sponsorship Policy and the Lexicon of Terms.)

6. All ADA CERP recognized providers must submit an annual report of current contact information to ADA CERP. Contact information must include the provider's name, address, phone, fax, Web address, and the names and contact information for the chief administrative authority and the person with primary day-to-day responsibility for administration of the provider's continuing dental education program.
7. Use of the ADA CERP logo (or name) in connection with advertisements and written course materials associated with continuing education activities by a recognized provider must conform to the following criteria:
- It shall not be used to imply that any CE activities or CE credit hours have been approved or endorsed by ADA CERP or the American Dental Association
 - It shall not be used on letterheads or in any fashion that would imply that the organization is affiliated with ADA CERP or the American Dental Association, other than as a recognized provider

- c. It may not be displayed in a type size larger than the provider organization's name, or given greater prominence than the provider organization's name
 - d. It shall not be published in conjunction with any statement or material that, in the ADA's judgment, may be harmful to the ADA's good will or may tend to undermine the ADA's credibility
 - e. It shall only be used in conjunction with the authorized statement that the organization is a recognized provider
8. **Recognition will be denied or withdrawn** if there is non-compliance with the ADA CERP standards and criteria for recognition. If recognition is denied or withdrawn, the applicant provider will be provided with the following by certified mail:
- a. Identification of the specific standards and criteria with which the Committee found noncompliance
 - b. Requirements and recommendations for alterations and/or improvements in the provider's continuing dental education program
 - c. Rules and mechanisms governing resubmission of an application
 - d. Procedures for reconsideration
9. **Recognition will be withdrawn** by the ADA CERP Committee for any of the following reasons:
- a. A voluntary request is received from the recognized provider.
 - b. A finding of noncompliance with the ADA CERP standards and criteria for recognition. Specific reasons for the action will be identified.
 - c. The provider submits false and/or misleading information.
 - d. The provider fails to submit documentation requested in writing in a timely manner.
 - e. CE activities have not been offered to dentists for a period of two years or more.
 - f. Required fees have not been paid.
 - g. The provider fails to sign and comply with terms of the ADA CERP License Agreement.
 - h. The provider fails to submit an annual report of current contact information.
10. The ADA CERP standards and criteria are subject to review and modification from time to time by the ADA at its discretion. To retain recognition, continuing dental education providers must comply with ADA CERP standards and criteria as modified. ADA CERP will notify recognized providers of any program updates and changes to the ADA CERP standards and criteria. Notifications will be sent via email and announcements posted online at www.ada.org/cerp. The most current version of the ADA CERP Recognition Standards and Procedures is always available at http://www.ada.org/sections/educationAndCareers/pdfs/cerp_standards.pdf. If, as a result of any modification, a recognized provider is no longer in compliance with the ADA CERP standards and criteria, then by the date of the provider's next regularly scheduled review, or the date specified by ADA CERP, whichever is earlier, the provider must either bring its continuing dental education program back into compliance with the new ADA CERP standards and criteria or it must voluntarily request to withdraw from the ADA CERP program.

CONTINUED RECOGNITION OF PREVIOUSLY RECOGNIZED PROVIDERS _____

The re-recognition process begins about twelve months prior to the designated recognition expiration date. The ADA CERP Committee notifies recognized CE providers and sends them information about the re-recognition procedures, including a specific schedule. Application deadlines shall be regularized and published, and shall fall approximately two months prior to meetings of the committee.

Providers must complete and submit an ADA CERP *Application for Recognition* by the specified deadline prior to the date when the provider's recognition will expire. In addition to the Application form, the provider must submit any other specifically identified materials documenting its continued compliance with the CERP standards and criteria for recognition, as well as improvements in any previously-identified areas of deficiency or weakness. Recommendations for improvements shall be evaluated under the ADA CERP standards and criteria in effect at the time of the evaluation.

FEES

All ADA CERP-recognized providers are required to pay an annual (or 12-month) fee, as well as an application fee. ADA CERP fees are based on the operating expenses of the program. A schedule of current fees is published at www.ada.org/cerp.

The non-refundable application/re-application fee must be paid when the application form for initial recognition or continued recognition is submitted. ADA CERP-recognized providers are billed for the annual fee when the review process is completed and recognition has been awarded. The annual fee will subsequently be due at 12-month intervals.

Non-payment of all required fees within the established deadline(s) will be viewed as a decision by the ADA CERP-recognized provider to voluntarily withdraw from the Continuing Education Recognition Program. The name of the previously recognized provider will be removed from the current list of ADA CERP recognized providers when it is next published. Any provider wishing to reinstate its recognition following discontinuation for non-payment of fees will be required to submit an ADA CERP Application and follow the established procedures for recognition.

COMPLAINTS POLICY

COMPLAINTS

Formal written complaints about recognized CE providers will be considered by the ADA CERP Committee if the complaint documents substantial noncompliance with the ADA CERP standards and criteria for recognition or established recognition policies. Complaints can be forwarded to the committee by course participants, course faculty, other ADA CERP approved CE providers, constituent dental societies, state boards of dentistry and other interested parties. Upon receipt of such a formal complaint, the committee will initiate a formal review of the provider's recognition status. Any such reviews will be conducted in accord with the ADA CERP policy on complaints, in a manner that ensures due process.

A recognized provider may also be reevaluated at any time if information is received from the provider or other sources that indicates the provider has undergone changes in program administration or scope, or may no longer be in compliance with the CERP standards and criteria for recognition.

COMPLAINTS POLICY

The American Dental Association's CERP Committee is interested in the continued improvement and sustained quality of continuing dental education programs, but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters not related to the ADA's Continuing Education Recognition Program (ADA CERP) standards and criteria or established recognition policies. If a complaint includes matters that are currently the subject of, or directly related to, litigation, the CERP Committee will not proceed with consideration of the complaint until the litigation is concluded.

Potential complaints will be evaluated to ascertain that they pertain to ADA CERP standards and criteria and/or recognition policies. A potential complainant will be asked to provide complete information and documentation about the alleged lack of compliance with the standards and criteria or recognition policies.

The ADA CERP Committee will consider appropriate complaints against ADA CERP-recognized programs from course participants, faculty, other ADA CERP recognized providers, constituent dental societies, state boards of dentistry and other interested parties. The ADA CERP Committee may initiate a complaint or inquiry about an ADA CERP recognized provider. In this regard, an appropriate complaint is defined as one alleging that there exists a practice, condition or situation within the program of an ADA CERP-recognized provider which indicates potential non-compliance with ADA CERP standards and criteria or established recognition policies. The ADA CERP Committee will review documentation and determine the disposition of such complaints.

Attempts at resolution between the complainant and the provider should be documented prior to initiating a formal complaint. Only written, signed complaints will be considered by the ADA CERP Committee. The complaint will be considered at the earliest possible opportunity, usually at the next scheduled semi-annual meeting of the ADA CERP Committee. When setting this date, the due process rights of both the provider and the complainant will be protected to the degree possible.

The following procedures have been established to review appropriate complaints:

1. The complaint will become a formally lodged complaint only when the complainant has submitted a written, signed statement of the program's non-compliance with a specific standard and/or recognition policy; the statement should be accompanied by documentation of the non-compliance whenever possible. The confidentiality of the complainant shall be protected, except as may be required by legal process.
2. The continuing dental education provider will be informed that ADA CERP has received information indicating that compliance with a specific standard or recognition policy has been questioned.
3. The provider will be required to provide documentation supporting its compliance with the standard or policy in question by a specific date (usually within 30 days). The ADA CERP Committee reserves the right to seek additional information from the provider, including but not limited to course evaluation forms completed by participants and the names, addresses and telephone numbers of all course participants. The ADA CERP Committee also has the right to seek information from alternate sources including, but not limited to, surveys of program participants, on-site visits, observation of the provider's CE activities, or other means considered necessary to determine whether the CE provider is in compliance with the standards and criteria. Refusal or failure to provide all requested information, or to cooperate with the Committee's information-gathering efforts, will be considered cause for withdrawal of the provider's recognition status.
4. The provider's report and documentation, as well as any additional information obtained from other sources, will be considered by the ADA CERP Committee at or before the Committee's next regularly scheduled meeting.
5. Following consideration, the ADA CERP Committee will take action, as follows:
 - a. If the complaint is determined to be unsubstantiated and the provider is found to be in compliance with ADA CERP standards and criteria or established recognition policies, the complainant and the provider will be notified accordingly and no further action will be taken.
 - b. If the complaint is substantiated and it is determined that the CE provider is not in compliance with the standards and criteria or established recognition policies, the ADA CERP Committee may either request additional information or initiate action to withdraw recognition. CERP may:
 - postpone action until the next meeting pending the receipt of additional information through a comprehensive re-evaluation of the provider; a written report by the provider documenting progress in meeting the relevant standards or policies prior to the next regularly-scheduled meeting of the ADA CERP Committee, a personal appearance by the complainant and/or the provider or their representatives before the ADA CERP Committee to present oral testimony in support of the written documentation provided. The complainant and the provider may be represented by legal counsel. The costs to the complainant and the provider of such personal appearances and/or legal representation shall be borne by the complainant and the provider, respectively; or
 - withdraw the provider's recognition status per ADA CERP Procedures.
6. The complainant and the provider will receive written notice of the CERP Committee's action on the complaint within thirty (30) days following the CERP Committee meeting.
7. The records/files related to such complaints shall remain the property of the ADA CERP Committee for five years and shall be kept confidential. After five years, these records will be destroyed.

POLICY STATEMENT ON REPORTING SUBSTANTIVE CHANGES _____

Substantive Changes: A **substantive** change to a provider's continuing education (CE) program is one that may impact the degree to which the recognized provider complies with the ADA CERP *Recognition Standards & Procedures*. Substantive changes may include, but are not limited to:

- Changes in ownership, legal status or form of control.
- Introducing a new educational method beyond the scope described in the application, e.g., adding patient treatment courses or self-study activities.
- Changes in the CE program's source(s) of financial support, especially if funding is from an external commercial source.

When substantive changes occur, the primary concern of the ADA CERP Committee is that the provider continues to meet the ADA CERP's standards and criteria. Recognized providers must be able to demonstrate that any substantive change(s) to their CE program will not adversely affect the ability of the organization to comply with established standards. If the program changes are judged to represent a sufficient departure from practices in place at the time of application, the ADA CERP Committee may elect to re-evaluate the provider before the next formal reapplication is due.

Reporting Substantive Changes: All recognized providers are expected to report substantive changes **in writing** to ADA CERP in a timely manner. If a provider is uncertain whether a change is substantive, the provider should contact ADA CERP staff for clarification and guidance. The following procedures shall apply to substantive changes:

1. ADA CERP recognized providers must report any substantive change(s) to their CE program.
2. The provider must submit a description and/or documentation describing the change(s) and explaining how the CE program will continue to comply with ADA CERP's standards and criteria.
3. Providers will receive written notification that:
 - a. The information is acceptable and will be kept on file for review at the time of the provider's next scheduled reapplication, or
 - b. Additional documentation is required for re-evaluation prior to the next scheduled reapplication.
4. The ADA CERP Committee may exercise its right to re-evaluate a recognized provider at any time during the approval period.
5. When a provider has received written notification to provide additional documentation, **failure to submit the requested documentation shall be considered grounds for withdrawal of ADA CERP approval status** at the next regularly scheduled meetings of the ADA CERP Committee.
6. Submission of false or misleading information shall be grounds for withdrawal of ADA CERP approval status.

JOINT SPONSORSHIP POLICY

This policy delineates recommended procedures for initiating, developing and managing joint sponsorships in compliance with the current ADA CERP standards, procedures, definitions and policies.

1. An ADA CERP provider may elect to share responsibility with one or more other ADA CERP recognized or non-ADA CERP recognized providers of continuing education for planning, organizing, administrating, publicizing, presenting, and keeping records for a program, course, or courses of continuing dental education. A non-ADA CERP-recognized provider may initiate joint sponsorship with an ADA CERP-recognized provider.
2. Responsibility for quality assurance rests with the ADA CERP recognized provider. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with the ADA CERP-recognized provider whenever the provider acts in cooperation with providers that are not recognized by the ADA CERP. (ADA CERP *Recognition Standards and Procedures*, Standard IX. Administration, Criteria 13). When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. (ADA CERP *Recognition Standards and Procedures*, Standard IX. Administration, Criteria 14).

These responsibilities include:

- a. A letter of agreement must be drawn up between the providers forming the joint sponsorship. The letter of agreement must be signed by all parties.
 - b. Responsibility for initiating and coordinating management of the letter of agreement must rest with the ADA CERP recognized provider(s).
 - c. Specific planning and administrative procedures must be established to ensure compliance with established ADA CERP standards, criteria, procedures and policies.
 - d. The parties named in the letter of agreement must review the letter of agreement periodically in order to make any required updates or revisions.
3. Non-ADA CERP recognized joint providers must be compliant with eligibility requirements as they reflect specific ADA CERP standards, criteria, procedures and definitions. Non-ADA CERP recognized joint providers must also ensure that CE activities offered have a sound scientific basis in order to adequately protect the public. However, provided the ADA CERP recognized joint provider ensures overall quality assurance and compliance with the ADA CERP standards, non-ADA CERP recognized joint providers do not have to be based in the U.S. or Canada; may offer only one course; may be sole lecturer or author; and, may have less than one year experience as a CE provider.

ADA CERP *Joint Sponsorship Policy*
Approved: November 2001
Revised: November 2009

INFORMATION ON ADA CERP GOVERNANCE AND OBJECTIVES

REASONS FOR PROGRAM

The ADA CERP was created to assist members of the American Dental Association, the recognized specialty organizations, the American Association of Dental Schools, the American Association of Dental Boards, and the broad-based dental profession in identifying and participating in quality continuing dental education. It is also a goal of the ADA CERP to promote continuous quality improvement of continuing dental education and to assist dental regulatory agencies to establish a sound basis for increasing their uniform acceptance of CE credits earned by dentists to meet the CE relicensure requirements currently mandated by the majority of licensing jurisdictions.

ADA CERP represents a mechanism for reviewing CE providers or sponsors and recognizing those that demonstrate that they routinely meet certain basic standards of educational quality. The clearly defined ADA CERP policies and procedures are the basis for evaluating the educational processes used by CE providers in designing, planning and implementing continuing education. This review and recognition helps individual dentists select courses presented by recognized CE providers.

Recognition of a provider by the ADA CERP Committee does not imply endorsement of course content, products or therapies presented.

Specific objectives of the recognition program are:

1. To improve the educational quality of continuing dental education programs through self-evaluation conducted by the CE program provider in relation to the ADA CERP standards and criteria for recognition, and/or through counsel and recommendations to CE providers from the ADA CERP Committee.
2. To assure participants that recognized continuing education program providers have the organizational structure and resources necessary to provide CE activities of acceptable educational quality, i.e., activities that should assist the participant in providing an enhanced level of care to patients.
3. To promote uniform standards for continuing dental education that can be accepted nationally by the dental profession.
4. To assist regulatory agencies and/or other organizations responsible for granting credit in identifying those continuing dental education providers whose activities are acceptable for credit toward licensure or membership requirements or voluntary recognition programs.

ADA CERP GOVERNING STRUCTURE

The Continuing Education Recognition Program is structured to include broad input from those dental groups with an interest in continuing dental education at the policy-setting level. The program is governed by the ADA Council on Dental Education and Licensure and its standing ADA CERP Committee (Committee C).

ADA CERP Committee: The ADA CERP Committee is responsible for evaluating provider applications and granting CERP approval to providers. It recommends the policies that govern the program to the Council on Dental Education and Licensure. The ADA CERP Committee meets twice each year. This committee is structured as follows:

- 9 – Recognized Specialty Organizations (one member each)
- 1 – American Association of Dental Boards (AADB)
- 1 – American Dental Education Association (ADEA)
- 1 – American Society of Constituent Dental Executives (ASCDE)
- 3 – American Dental Association (ADA)
- 1 – Canadian Dental Association (CDA)
- 1 – Council on Dental Education and Licensure member (serves as chair)

Because the focus of the ADA CERP is on continuing education for dentists, the ADA CERP Committee is primarily composed of dentists. Each represented organization selects individuals with knowledge, experience and interest in continuing education.

Terms of Committee Members: Members of the Council's ADA CERP Committee are appointed to a four year term. A rotational schedule ensures that a core of experienced members serve on the committee at all times.

Responsibilities: The responsibilities of the Council's ADA CERP Committee are as follows:

The ADA CERP Committee:

1. Develops and recommends to the Council the CERP standards and criteria that are used by the committee and Council in the evaluation of CE providers;
2. Evaluates the initial and re-recognition applications and any progress reports submitted by those providers or sponsors of continuing dental education wishing to participate in the ADA CERP;
3. Recognizes CE providers found to be in compliance with the CERP standards and criteria;
4. Reviews and makes recommendations to the Council about any policy affecting the structure and governance of the program;
5. Reviews broad-based continuing education issues and makes recommendations regarding these matters to appropriate policy-making bodies;
6. Works through the Council to develop uniform procedures and materials and encourage the broad-based acceptance by the dental CE communities;
7. Develops and disseminates information, conducts workshops and supports other activities related to the recognition process;
8. Serves as liaison to dental and dental-related organizations concerned with the program.

LEXICON OF TERMS

The following terms are defined as they are used by ADA CERP in relation to continuing dental education. CE providers should familiarize themselves with these definitions to ensure complete understanding of information provided in this document.

ACTIVITY: An individual educational experience such as a lecture, clinic or home-study package. (See COURSE, LIVE COURSES/ACTIVITIES, ELECTRONICALLY MEDIATED LEARNING, SELF-INSTRUCTIONAL COURSES/ACTIVITIES)

ADMINISTRATIVE AUTHORITY (previously noted as administrator or program planner): The person responsible for the coordination, organization and dissemination of planned CDE offerings. Typically, it is an employee of the provider; the provider is responsible for the overall quality.

ADVISORY COMMITTEE: An objective entity that provides peer review and direction for the program and the provider. A majority of the advisory committee must be dentists who are independent from other responsibilities for the provider. The advisory committee should include objective representatives of the intended audience, including the members of the dental team for which the courses are offered.

BEST PRACTICES: Those strategies, methods, activities or approaches which have been shown through research and evaluation to effectively promote continuous quality improvement of continuing dental education in accordance with the ADA CERP *Recognition Standards and Procedures*.

COMMERCIAL BIAS/COMMERCIAL INFLUENCE: In the context of continuing dental education, any activity or material designed to promote a specific proprietary business interest.

COMMERCIAL INTEREST/COMMERCIAL ENTITY: Any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients. The ADA CERP does not consider providers of clinical services directly to patients to be commercial interests.

COMMERCIAL SUPPORT: Financial support, products and other resources contributed to support or offset expenses or needs associated with a provider's continuing dental education activity.

COMMERCIAL SUPPORTER: Entities which contribute unrestricted financial support, products, and other resources to support or offset expenses and/or needs associated with a provider's continuing dental education activity.

CONFLICT OF INTEREST : When an individual has an opportunity to affect the content of continuing dental education activities regarding products or services of a commercial interest with which he/she has a financial relationship.

CONTINUING DENTAL EDUCATION:* Continuing dental education consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical, and non-clinical practice related subject matter, including evidence-based dentistry. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.

Continuing education programs are designed for part-time enrollment and are usually of short duration, although longer programs with structured, sequential curricula may also be included within this definition. In contrast to accredited advanced dental education programs, continuing dental education programs do not lead to eligibility for ethical announcements or certification in a specialty recognized by the American Dental Association. Continuing dental education should be a part of a lifelong continuum of learning.

**As adopted by the ADA House of Delegates, October 2006*

COURSE: A type of continuing education activity; usually implies a planned and formally conducted learning experience. (See ACTIVITY, LIVE COURSE/ACTIVITY, ELECTRONICALLY MEDIATED LEARNING, SELF-INSTRUCTIONAL COURSE/ACTIVITY)

COURSE COMPLETION CODE: Also referred to as verification code. Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.

EDUCATIONAL METHODS, METHODOLOGIES: The systematic plan or procedure by which information or educational material is made available to the learner. Some examples include lecture, discussion, practice under supervision, audiovisual self-instructional units, case presentations and internet-based or other electronically mediated formats.

ELECTRONICALLY MEDIATED LEARNING: Continuing education activities that use one or more of the following technologies to deliver instruction to participants who are separated from the instructor and to support interaction between the participants and the instructor: (1) the internet; (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; (3) audio conferencing; or (4) DVDs, CD-ROMs, and videocassettes if these are used in a course in conjunction with any of the other technologies listed. Electronically mediated learning may be delivered through live courses or self-instructional activities.

EVIDENCE-BASED DENTISTRY:* Evidence-based dentistry (EBD) is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences. (See Center for Evidence-Based Dentistry at <http://ebd.ada.org>)

FINANCIAL RELATIONSHIPS: Any relationship in which an individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, contracted research or other financial benefit. ADA CERP considers relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in CDE activities. (See RELEVANT FINANCIAL RELATIONSHIPS.)

GOAL: A statement of long-range expectations of a continuing dental education program.

INSTRUCTOR/AUTHOR (also lecturer, faculty, faculty member): The person or persons responsible for the development and presentation of specific CDE course material for the intended audience.

JOINT SPONSOR (or co-sponsor): An ADA CERP recognized or non-ADA CERP recognized provider that shares responsibility with an ADA CERP recognized provider of continuing education for planning, organizing, administrating, publicizing, presenting, and keeping records for a program of continuing dental education. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with the ADA CERP-recognized provider whenever the provider acts in cooperation with providers that are not recognized by the ADA CERP. When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. ((See ADA CERP Recognition Standards and Procedures, Standard IX. Administration, Criteria 13-14, and Joint Sponsorship Policy).

JOINT SPONSORSHIP (or co-sponsorship): Any continuing education activity in which an ADA CERP-recognized provider agrees to jointly sponsor a program with another CDE provider. When an ADA CERP recognized provider jointly sponsors a CDE activity with a non-CERP recognized provider, the CERP recognized provider assumes responsibility for the planning, organizing, administrating, publicizing, presenting, and keeping records for the planned continuing dental education activity. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest solely with the ADA CERP-recognized provider. When two or more ADA CERP-recognized providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. Letters of agreement between the joint or co-sponsors must be developed to outline each party's responsibilities for the CDE activity. Letters of agreement must be signed by all parties. (See ADA CERP Recognition Standards and Procedures, Standard IX. Administration, Criteria 13-14, and Joint Sponsorship Policy).

* As adopted by the ADA House of Delegates (2001:462)

LIVE COURSE / ACTIVITY: Continuing education courses that participants must attend (whether in person or virtually) in order to claim credit. Live courses can be offered in a variety of formats including national and local conferences, workshops, seminars, and live Internet-based conferences and teleconferences.

NEEDS ASSESSMENT: The process of identifying the specific information or skills needed by program participants and/or interests of the program participants, based on input from participants themselves or from other relevant data sources. The specific needs thus identified provide the rationale and focus for the educational program.

OBJECTIVE: Anticipated learner outcomes of a specific continuing dental education learning experience or instructional unit, stated in behavioral or action-oriented terms for the participant.

ON-SITE/IN-OFFICE PARTICIPATION COURSES: Long-term CDE participation courses involving both formal course sessions and in-office practice of techniques without direct supervision.

PLANNED PROGRAM: The total efforts of a sponsoring organization as they relate to continuing dental educational activities offered to professional audiences. A sequence or series of continuing education activities, courses or events that in total constitutes the sponsoring organizations' activities as they relate to continuing dental educational activities offered to professional audiences.

PROGRAM PLANNING: The total process of designing and developing continuing education activities. This process includes assessing learning needs, selecting topics, defining educational objectives, selecting instructors/authors, facilities and other educational resources, and developing evaluation mechanisms. All steps in the program planning process should be aimed at promotion of a favorable climate for adult learning.

PROVIDER: An agency (institution, organization, or individual) responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. The CDE provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the CDE provider contracts or agrees with another organization or institution to provide facilities, instructor/author or other support for the continuing education activity, the recognized provider must ensure that the facilities, instructor/author or support provided meet the standards and criteria for recognition. The CDE provider remains responsible for the overall educational quality of the continuing education activity. (See SPONSOR)

RECOGNITION: Recognition is conferred upon CDE providers or sponsoring organizations which are judged to be conducting a continuing dental education program in compliance with the standards and criteria for recognition. (The term "accreditation" is not used in the context of continuing dental education, as "accreditation" has a precise educational meaning that implies that an on-site review based on curricular or patient service standards has been conducted by an accrediting agency recognized by the U.S. Department of Education or the Council on Postsecondary Accreditation. The review process used by the ADA CERP does not meet these specific criteria.)

RECOMMENDATIONS: Detailed suggestions and/or assistance in interpreting and implementing the standards and criteria for recognition. (See STANDARDS AND CRITERIA FOR RECOGNITION)

RELEVANT FINANCIAL RELATIONSHIPS: For a person involved in the planning, administering or presentation of a continuing dental education activity, relevant financial relationships are financial relationships in any amount, occurring in the last 12 months, that are relevant to the content of the CDE activity and that may create a conflict of interest. ADA CERP considers relevant financial relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in CDE activities. (See CONFLICT OF INTEREST and FINANCIAL RELATIONSHIPS.)

SELF-INSTRUCTIONAL COURSE / ACTIVITY: Continuing education courses in printed or recorded format, including audio, video, or online recordings that may be used over time at various locations.

SOUND SCIENTIFIC BASIS: CDE material should have peer-reviewed content supported by generally accepted scientific principles or methods that can be substantiated or supported with peer-reviewed scientific literature that is relevant and current; or the CDE subject material is currently part of the curriculum of an accredited U.S. or Canadian dental education program and, whenever possible, employ components of evidence-based dentistry.

SPONSOR: Another term used to designate the agency (institution, organization, or individual) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. (See PROVIDER)

STANDARDS AND CRITERIA FOR RECOGNITION: The criteria which applicant continuing dental education providers will be expected to meet in order to attain and then retain recognition status. (See RECOMMENDATIONS). The verbs used in the standards and criteria for recognition (i.e., must, should, could, may) were selected carefully and indicate the relative weight attached to each statement. Definitions of the words which were utilized in preparing the standards are:

1. **Must** expresses an imperative need, duty or requirement; an essential or indispensable item; mandatory.
2. **Should** expresses the recommended manner to meet the standard; highly recommended, but not mandatory.
3. **May** or **could** expresses freedom or liberty to follow an idea or suggestion.

VERIFICATION CODE: Also referred to as course completion code. Random code, a portion of which is announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.



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EDUCATION

AGD CE OPPORTUNITIES

Achieve your professional and educational goals through the AGD CE opportunities listed below.

AGD Annual Meeting & Exhibits

The [AGD Annual Meeting & Exhibits](#) offers the most up-to-date and practical continuing dental education (CE). With lectures and hands-on courses available, you and your staff will learn tips and techniques that can be applied as soon as you get back to the office.

AGD Online Learning Library

Take advantage of more than **80 hours of recorded lectures** for a great low price of \$345 member/\$595 nonmember. **Every session you access earns you self-instruction continuing education credit.** Visit the [AGD Online Learning Library](#) and access all your content, including:

- Audio sessions synchronized to PowerPoint™ slides
- Downloadable MP3 sessions—learn from anywhere!
- 24/7 availability so you can access your content on YOUR schedule

Login to the **AGD Online Learning Library** using your current AGD username and password and view the list of courses and speakers available.

Free Online CE

AGD members can get [free online CE](#) approved for FAGD/MAGD credit through Proctor & Gamble.

Local Program & Events

The calendar of events contains a [current listing of programs and events](#) happening in all constituents. Please be sure to check it on a regular basis as it will serve as the source for the latest information. If you have questions about a listed program or event, please contact the organizer located in the event listing.

Self-Instruction

The [Self-Instruction program](#) (formerly known as DART) is featured in the AGD's bimonthly journal, *General Dentistry*. Each issue features three exercises, each worth two CE credits. You can use these credits toward relicensure (where self-examination credits are accepted), AGD membership maintenance, or the Fellowship award.

Fellowship Exam Study Guide

An excellent self instructional tool, this 100-question Study Guide has been developed from the content outline of the Fellowship Exam to help facilitate learning for those members preparing to take the Fellowship Exam. **Members will receive 15 continuing education hours for completing the Fellowship Exam Study Guide. Multiple editions of the study guide can be purchased; however CE credit will be granted only once for a maximum of 15 hours.** A high rate of members who use the Study Guide to prepare for the exam pass the Fellowship Exam, so take advantage of the benefits today.

Practice Management Conference

A [landmark learning event](#) hosted by the Academy of General Dentistry (AGD) that brings the brightest minds in the industry together to teach you the science of practice management from Nov. 10 to 12, in Las Vegas, NV.

Submit Your CE

Did you know you have three different options to submit your CE to the AGD? Find out the [quickest way to submit your CE](#) and get it processed.





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Dental Hygiene Programs

Scholarships and Grants

Continuing Education

ADHA is proud to offer continuing education at local component and state constituent meetings. These courses are available to both members and non-members. [Find courses offered by a local component](#)

You can also contact a nearby [university dental school](#) or [dental hygiene program](#) for a listing of upcoming continuing education offerings. If you have specific questions about the continuing education requirements in your state, or to find out if specific courses will be accepted, please consult your state dental board – [CE Requirements by State](#) for more details.

ADHA Online Courses

ADHA offers [Online Courses](#) on a range of topics, available for a reduced fee or free of charge. **Participants who complete these courses successfully will be awarded one or two continuing education hours for each course, as noted.**

Working with Tobacco Users

The [Tobacco Cessation course](#) offered by the University of Massachusetts Medical School consists of eight modules and provides 12 continuing education hours upon completion.

This self-paced online course is designed as an introduction to basic concepts necessary for oral health care professionals working with tobacco users.

Serving Children with Special Health Care Needs

A web-based continuing education course, [Special Care: An Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs](#) provides oral health care professionals with information for treating young children with special health care needs. This course helps ensure that these patients gain access to health-promotion and disease-prevention services that address their unique needs in a comprehensive, family-centered and community-based manner. **Provided by ADHA and the National Maternal and Child Oral Health Resource Center (OHRC), this course is free of charge and awards four continuing education hours.**

Annual Session

Each year the [ADHA Annual Session](#) includes an educational component in the [Center for Lifelong Learning \(CLL\)](#). At CLL, you can attend a wide variety of cutting-edge [CE programming](#) during three days of individualized tracks designed for all dental hygienists' roles. CLL also offers courses for individual development.

Additional Specialty Courses

Find a local anesthesia/nitrous oxide analgesia course by contacting a dental or dental hygiene program or your state association for the most current information near you. [Find a CPR course near you](#)

Become a champion of oral health.

[Join now.](#)

UPCOMING EVENTS

+ **100 Years of Dental Hygiene**
June 19-25, 2013 | Boston, MA

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