



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

May 1, 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*

I. CALL MEETING TO ORDER – ROLL CALL

II. COMMITTEE MINUTES

- a. *January 4, 2013 – Teleconference*
- b. *March 12, 2013 - Teleconference*

III. CONTINUING EDUCATION COURSE APPLICATIONS

- a. **Periodontal Specialists:** “Accurate Record Keeping: Enhancing Practice Care” (1.5 hours)
- b. **Periodontal Specialists:** “Infection Control Systems/Requirements: Protecting Our Patients and Team” (1.5 hours)
- c. **Periodontal Specialists:** “Impact of Alternative Medicine on Clinical Dentistry: Complementary or Conflicting” (3 hours)
- d. **Black Hawk County I-Smile Program:** “Dentist by One... Make the First Visit Fun” (3 hours)
- e. **Iowa Academy of Pediatric Dentistry:** “Advancements in Pediatric Dentistry 2013” (7 hours)
- f. **Metro West Dental – Dr. Takanari Miyamoto:** “Annual Anatomy Review” (2 hours)
- g. **North Iowa Dental Seminars:** “Some Days You’re the Pigeon... Some Days You’re the Statue” (6 hours)
- h. **North Iowa Dental Seminars:** “Oral Pathology” (3 hours)
- i. **North Iowa Dental Seminars:** “Head & Neck Radiation Therapy & the Effects on Your Patients” (3 hours)
- j. **North Iowa Dental Seminars:** “Fusion Series” (6 hours)
- k. **CNA:** “Dental Professional Liability Risk Management Seminar” (4.5 hours)

IV. CONTINUING EDUCATION COURSE APPLICATIONS - RECONSIDERATIONS

- a. **Iowa Dental Association:** “Dental Equipment Maintenance Training” (3 hours)

- b. **Iowa Dental Association:** “*Posture, Pain and Productivity in Dentistry*” (2 sessions) (2 hours, 1.5 hours)
- c. **Eastern Iowa Community College:** “*Healthy Hands/Ergonomics*” (Renamed: “*Posture and Ergonomics for the Dental Professional*”) (2 hours)

V. CONTINUING EDUCATION SPONSOR APPLICATIONS

- a. *Compliance Training Partners/HPTC, LLP (Reconsideration Request)*

VI. OTHER BUSINESS

- a. *Partial Residency Program – Continuing Education Hours*
- b. *Committee appointments for May 2013 Board Meeting*
- c. *Other items if necessary*

VII. OPPORTUNITY FOR PUBLIC COMMENT

VIII. 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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MJ edits 4/25/13

CONTINUING EDUCATION ADVISORY COMMITTEE

- TELEPHONIC MEETING -

MINUTES

January 18, 2013
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

January 18, 2013

Present
Present
Present
Present
Absent
Present
Present

Staff Members

Christel Braness, Angela Davidson

I. CALL TO ORDER FOR JANUARY 18, 2013

The meeting of the Continuing Education Advisory Committee was called to order at 12:05 p.m. on Friday, January 18, 2013. 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 six (6) 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	x
Absent					x		

II. APPROVAL OF MINUTES

- *October 16, 2012 Minutes - Teleconference*
 - ❖ MOVED by CACIOPPO, SECONDED by J. SLACH, to APPROVE the minutes as submitted. Motion APPROVED unanimously.

III. COMMITTEE PROCEDURES & MEETING SCHEDULE

2013 COMMITTEE MEETING SCHEDULE – ADDITIONAL DATES

Ms. Braness reported that quorums have been established for the additional 2013 meeting dates, as requested at the last meeting.

The additional meeting dates are as follows:

- March 12, 2013 (Tuesday) – 12:00 p.m.
- June 4, 2013 (Tuesday) – 12:00 p.m.
- September 10, 2013 (Tuesday) – 12:00 p.m.
- November 12, 2013 (Tuesday) – 12:00 p.m.

IV. CONTINUING EDUCATION COURSE APPLICATIONS

- **DANB:** “*Orthodontic Assistant*” (12 hours)

Ms. Cacioppo thanked Ms. Braness for providing the information from national organizations regarding the basis for which continuing education credit is awarded within their respective organizations. Ms. Cacioppo referred to DANB’s guidelines, when she recommended that six of the twelve hours requested be disregarded. Ms. Cacioppo also questioned how long it would take an average person to complete this course as submitted.

Ms. Beasler agreed with Ms. Cacioppo, and also referenced some of DANB’s guidelines when she stated her opinion. Ms. Beasler recommended that three hours of credit be granted. Ms. Cacioppo recommended that four hours be awarded. Ms. J. Slach agreed with Ms. Cacioppo.

Ms. Davidson indicated that Ms. Malmberg submitted some comments by email prior to the meeting since she was unable to attend. Ms. Davidson shared Ms. Malmberg’s comments regarding credit, which recommended awarding full credit. Ms. Cacioppo indicated that she understood where Ms. Malmberg is coming from. However, she stated that Iowa is not obligated to accept DANB’s recommendation for credit.

Ms. Beasler pointed out that the course submitted for review is a 2012 and the information concerning guidelines for awarding continuing education credit was from 2013. There may have been a change in recommendations and/or guidelines.

- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course for four (4) hours. Motion APPROVED unanimously.
- ***Carl Sandburg Community College: “Taking Control of Your Diabetes Know-How”*** (Hours requested not specifically stated)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, APPROVE the course as submitted for contact hours. Motion APPROVED unanimously.
- ***Central Iowa Dental Hygiene: “Minimally Invasive Dentistry”*** (1 hour)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- ***Central Iowa Dental Hygiene: “Second-Year Dental Hygiene Students Presented Table Clinics”*** (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by J. SLACH, to APPROVE course as submitted. Motion APPROVED unanimously.
- ***Central Iowa Dental Hygiene: “Education and Legislative Progression of Dental Hygiene in Minnesota”*** (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by BEASLER, to DENY the course as submitted since this was a student/faculty meeting. The certificate of attendance was for the students to bring back to the college. Motion APPROVED unanimously.
- ***Iowa Society of Oral & Maxillofacial Surgeons: “Progressive Implant Dentistry Strategies for the Anterior & Posterior Maxilla”*** (8 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- ***BOT Connections: “Strategic Planning/Leadership Training Weekend”*** (Hours requested not specifically stated)

This discussion was the same as the Central Iowa Dental Hygiene course, which was reviewed previously.

- **Susan Rector, D.D.S.:** *“Orthodontic Temporary Anchorage Devices”* (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Kiess Kraft Dental Lab:** *“Dental Implant Innovation – Zimmer Trabecular Metal & Zimmer Tapered Screw-Vent Dental Implants”* (1.5 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Iowa Dental Assistants Association – SE District:** *“Understanding the New High: A Look at New Drug Trends”* (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.

Ms. Braness reported to the Committee that the Iowa Dental Assistants Association also submitted a course requesting approval for a mandatory reporting course. Ms. Braness indicated that the course was not submitted for review since the requirements for this training are established in the Iowa Code.

The members of the Committee asked that the course be submitted for review at the following meeting.

- **Southeast Iowa District Dental Society:** *“Interdisciplinary Treatment Approaches to the Contemporary Dental Implant”* (3.5 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Iowa Dental Hygienists’ Association:** *“Forensic Dentistry: The Role of the Dental Professional”* (3 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.

- ***Iowa Dental Hygienists' Association: "The Role of the Dental Hygienist in Catastrophe/Bioterrorism Preparedness"*** (3 hours)

Ms. Cacioppo stated that courses of this type were not previously approved for credit. However, since the course addresses the role of the dental hygienist, Ms. Cacioppo recommended approval.

Ms. Davidson shared Ms. Malmberg's comments, which were received by email. She recommended 1 hour of continuing education credit for the disease identification portion.

Ms. Beasler recommended approval of this course given her relationship with someone who does this type of work and she has an understanding of the work involved. Dr. Curry indicated that he was not sure that he understood the role of dental hygienists in triage. Ms. Cacioppo knows of practitioners who attended the course and they indicated the course is hands-on.

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

- ***3M ESPE: "3M Update on Dental Materials"*** (1 hours)

Ms. Cacioppo thinks this might be a good update as far as the new dental materials. Ms. Slach agrees.

Ms. Elmitt expressed some reluctance to award credit given some past experiences with courses of a similar nature.

- ❖ MOVED by CACIOPPO, SECONDED by J. SLACH, to APPROVE the course as submitted. Motion APPROVED unanimously.

- ***Iowa Western Community College: "Ho, Ho, Ho! Here Come the Holidays!"*** (7 hours)

Ms. Davidson shared Ms. Malmberg's comments, which recommended that the course be denied credit. It does not appear to Ms. Malmberg that the course is directed at patients, rather the focus appeared to be geared towards staff.

- ❖ MOVED by NORTH, SECONDED by BEASLER, to APPROVE the course for two (2) hours. Motion APPROVED unanimously.

- ***Dental Prosthetic Services: "Partnering with Your Lab: Speaking the Same Language Through Photography & Impressions"*** (1 hour)

❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.

- ***Iowa Academy of General Dentistry: “Fixed Prosthodontics”*** (8 hours lecture; 16 hours participation)

Dr. Curry indicated that these courses are fairly intense and rather useful. The request for credit seemed reasonable to him.

❖ MOVED by CACIOPPO, SECONDED by CURRY, to APPROVE the course as submitted. Motion APPROVED unanimously.

- ***Dr. Takanari Miyamoto: “CBCT Airway Assessment, Management & Strategies for Treatment”*** (2 hours)

❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.

- ***Dr. Takanari Miyamoto: “Computer-Guided Implant Dentistry Symposium – Dental Implants in the Digital Age”*** (4 hours)

❖ MOVED by CACIOPPO, SECONDED by BEASLER, to APPROVE the course as submitted. Motion APPROVED unanimously.

- ***Kiess Kraft Dental Lab: “Guided Implant Surgeries: Virtual Treatment Planning for Dental Implants & Importance of CBCT Interpretation”*** (2 hours)

❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.

- ***Kiess Kraft Dental Lab: “Use of Oral Appliance for Snoring & Obstructive Sleep Apnea”*** (2 hours)

❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.

- ***Oral Surgeons, P.C. Implant Institute: “Management of Common Dental Office Medical Emergencies and CPR Review”*** (1.5-2 hours)

- ❖ MOVED by CACIOPPO, SECONDED by J. SLACH, to APPROVE the course as submitted for contact hours for a maximum of two (2) hours. Motion APPROVED unanimously.
- ***Oral Surgeons, P.C. Implant Institute: “Implant Complications”*** (1.5-2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted for contact hours for a maximum of two (2) hours. Motion APPROVED unanimously.
- ***Johnson County Dental Society: “Pain Management and Diagnosis”*** (1 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- ***Cancun Study Club: Multiple Titles – See Committee materials*** (30 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the courses as submitted. Motion APPROVED unanimously.
- ***DynaFlex “How to Communicate and Connect with Staff & Patients”*** (2 hours)

Ms. Braness provided an overview of the history of this course. Ms. Braness reported that this was a resubmission after the sponsor recently realized that they had not been awarded full credit as requested.

Ms. Cacioppo indicated that the dental assistant, which prompted the review of the Board’s decision, may be able to request half her registration fee be refunded since the sponsor did not appropriately notify her regarding credit. Board rules require sponsors to notify registrants when credit will not be awarded pursuant to IAC 650—25.4.

The Committee members had some discussion of the course content. While a portion of the course addresses communication with the patients, a portion of the course also addressed intra-staff communication.

- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course for one hour as previously recommended. Motion APPROVED unanimously.
- ***Mercy Cedar Rapids, Hall-Perrine Cancer Center: “2013 Spring Cancer Care Update for Dental Health Professionals”*** (2 hours)

- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- ***Delta Dental Minnesota: “Putting Oral Pathology to Work in Your Practice Every Day.”*** (7 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- ***Biomet 3i, LLC: “Dental Implant Surgery & Advanced Implant Bone Grafting”*** (48 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. The Committee also asked staff to provide a letter to the sponsor indicating that the Committee would recommend that licensees attend more than one course when attempting to meet continuing education requirements to provide more diverse continuing education. Motion APPROVED unanimously.
- ***Spring Park Dental Implant Study Club: “DIEM2: Solutions for Immediate Full Arch Rehabilitation in One Day”*** (2.5 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- ***Karin Southard, D.D.S.: “Periodontal Considerations in Orthodontic Treatment & Implications Related to Bone Health & Use of Bisphosphonates”*** (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- ***Karin Southard, D.D.S.: “Managing Patients with Missing Teeth (including Using Implants for Anchorage)”*** (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- ***Impact Dental Training, LLC: “Soft Tissue Diode laser Non-Surgical Clinical Techniques”*** (8 hours)

- ❖ MOVED by CACIOPPO, SECONDED by BEASLER, to APPROVE the course as submitted. Motion APPROVED. Ms. Elmitt abstained from the vote as she is employed by the office, which requested the course approval.

V. CONTINUING EDUCATION COURSE – RECONSIDERATION FOR CREDIT

- *Suzanne Stock, D.D.S.: “Topics in Human Head and Neck Anatomy”* (2 hours requested, *course denied credit 10/16/12*)
- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted based on the new information submitted for review. Motion APPROVED unanimously.

VI. CONTINUING EDUCATION SPONSOR APPLICATIONS

- *Hawkeye Community College (Recertification application)*
- *Fort Dodge Oral & Maxillofacial Surgery, P.C.*
- *Johnson County Dental Society*
- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the sponsors as submitted. Motion APPROVED unanimously.
- *Compliance Training Partners (Resubmission with additional information)*

Ms. Cacioppo questioned why Compliance Training Partners would wish to be a sponsor if they are only offering one course. Also, Ms. Cacioppo stated that it is unclear what the qualification(s) of the individual speakers will be. Ms. Cacioppo also wondered if this course focused on dental safety as opposed to a generic OSHA course.

- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to REVIEW the individual course and to DENY sponsor status at this time. Motion APPROVED unanimously.

VII. EXPANDED FUNCTIONS COURSE REVIEW

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

Ms. Braness reported that the Board asked that the Committee review these expanded functions courses and make a recommendation concerning credit.

- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to DEFER the review of these courses to Dental Assistant Registration Committee. The Continuing Education Advisory Committee may make a recommendation concerning credit thereafter. Motion APPROVED unanimously.

VIII. OTHER BUSINESS

- *Request for Continuing Education Credit for Volunteer Work*

The Board received a request from a Dr. Snyder asking that the Board grant continuing education credit for volunteer services. Ms. Cacioppo indicated that she knows Dr. Snyder. Ms. Cacioppo reported, however, the Board has determined in the past to not award credit for volunteer efforts in the past since it is unlikely that anything is “learned” by volunteering.

- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to DENY the request and send a letter clarifying the definition and reason for continuing education. Motion APPROVED unanimously.

- *Self-study Continuing Education Credit*

Ms. Braness explained that this agenda item was informational.

Ms. Cacioppo and Dr. Curry thanked the staff for the information

IX. OPPORTUNITY FOR PUBLIC COMMENT

No comments were received.

X. ADJOURN

- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to adjourn the meeting. Motion APPROVED unanimously.

The meeting of the Continuing Education Advisory Committee was adjourned at 1:51 PM.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Continuing Education Advisory Committee is scheduled for March 12, 2013. The meeting will be held by teleconference in Des Moines, Iowa.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb



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CONTINUING EDUCATION ADVISORY COMMITTEE

- TELEPHONIC MEETING -

MJ edits 4/25/13

MINUTES

March 12, 2013

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

March 12, 2013

Present
Present
Present
Absent
Absent
Absent
Present

Staff Members

Christel Braness, Angela Davidson

Other Attendees

Michael Hipp, D.D.S.

I. CALL TO ORDER FOR MARCH 12, 2013

The meeting of the Continuing Education Advisory Committee was called to order at 12:15 p.m. on Tuesday, March 12, 2013. The meeting was held by electronic means in compliance with Iowa Code section 21.8. The purpose of the meeting was to 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 four (4) 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	
Absent	x				x		x

II. CONTINUING EDUCATION COURSE APPLICATIONS

- **Iowa Dental Assistants Association:** *“Mandatory Reporter Training for Child & Dependent Adult Abuse”* (3 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course for three (3) hours. Motion APPROVED unanimously.
- **Dr. Takani Miyamoto:** *“Thriving in 2013: 7 Keys to High Performing Leaders, Teams & Dental Practices”* (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by NORTH, to DENY the course as submitted as it focuses on practice management and business-related practices. Motion APPROVED unanimously.
- **Dr. Takani Miyamoto:** *“Evidence Based Dentistry: Why Should We Know About This?”* (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Eastern Iowa Community College:** *“Exploring the Changing Climate in the Dental Office/Lab Relationship”* (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE course as submitted. Motion APPROVED unanimously.

Iowa Central Community College (Dental Hygiene): *“Iowa’s Public Health Overview for Dental Clinicians”* (2 hours)

- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Iowa Dental Association: May Meeting 2013**
 - a. *General Attendance* (3 hours)
 - b. *Table Clinics Attendance* (2 hours)
 - c. *Table Clinics Presentation* (4 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the requests for credit as submitted. Motion APPROVED unanimously.
- **Iowa Dental Association: May Meeting 2013**
 - d. *Diagnostic Dilemmas in Endodontic Treatment”* (3 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.

- **Iowa Dental Association: May Meeting 2013**
 - e. *“An Inside View of Forensic Odontology”* (3 hours)
- ❖ MOVED by CACIOPPO, SECONDED by CURRY, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Iowa Dental Association: May Meeting 2013**
 - f. *“The Ins and Outs of Polishing”* (2 hours)
- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Iowa Dental Association: May Meeting 2013**
 - g. *“Dental Implants: Assessment & Maintenance Strategies”* (2 hours)
- ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Iowa Dental Association: May Meeting 2013**
 - h. *“Dental Equipment Maintenance Training”* (3 hours) (2 sessions of this course are offered.)

Ms. Cacioppo questioned if this course may address business aspects of practice since the description implies that it may be more geared towards avoiding future costs.

Dr. North said that the course does not really appear to be business-related; however, he did not feel that the focus was sufficiently clinical in nature.

Dr. Hipp, who was listening to the meeting at the request of the Iowa Dental Association, stated that there could be benefits of this course in terms of making practice more efficient and safe in a number of different areas including infection control.

Dr. Curry stated that it may help staff to better understand the equipment.

- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to DENY the course as submitted due to its lack of direct clinical application. Motion APPROVED unanimously.
- **Iowa Dental Association: May Meeting 2013**
 - i. *“The Christensen Bottom Line – 2013 (1st Session)”* (2 hours)
 - j. *“The Christensen Bottom Line – 2013 (2nd Session)”* (1.5 hours)
 - k. *“The Christensen Bottom Line – 2013 (3rd Session)”* (1.5 hours)
 - l. *“The Christensen Bottom Line – 2013 (4th Session)”* (1 hours)

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

▪ **Iowa Dental Association: May Meeting 2013**

m. *“Current Concepts in Minimally Invasive Caries Management”* (1.5 hour) (2 sessions are offered.)

❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the courses as submitted. Motion APPROVED unanimously.

▪ **Iowa Dental Association: May Meeting 2013**

n. *“Bread & Butter Adhesive and Restorative Dentistry (1st Session)”* (1.5 hours)

o. *“Bread & Butter Adhesive and Restorative Dentistry (2nd Session)”* (2 hours)

❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the courses as submitted. Motion APPROVED unanimously.

▪ **Iowa Dental Association: May Meeting 2013**

p. *“Posture, Pain & Productivity in Dentistry (1st Session)”* (2 hours)

q. *“Posture, Pain & Productivity in Dentistry (2nd Session)”* (1.5 hours)

Ms. Cacioppo asked for discussion on these two (2) sessions. Ms. Cacioppo thinks that if these courses were to be approved, this could open a window to approving courses, which are not clinically-based, and more business-related. If the ergonomics were to address clinical practice, she would be open to approving the course for credit.

Dr. Curry asked Dr. Hipp if he had any input. Dr. Hipp reported that he asked the speaker previously if the course could be tailored to dentistry. The speaker indicated that he did not have problems with approval in the past. Dr. Hipp clarified that part of this course deals with patient positioning.

Ms. Cacioppo stated that she feels like three hours may be too much as far addressing patient positioning.

Dr. North indicated that, strictly speaking, he did not think that this course meets the requirements for credit.

❖ MOVED by CACIOPPO, SECONDED by NORTH, to DENY the courses as submitted since they do not appear to have a direct application to clinical practice. Motion APPROVED unanimously.

▪ **Iowa Dental Association: May Meeting 2013**

r. *“Infection Control Update – ‘Infection Prevention: Are You Compliant?’”* (2 hours)

❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.

- **Iowa Dental Association: May Meeting 2013**
s. “Radiography Renewal Update” (2 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Dr. Takani Miyamoto: “Pre-Prosthetic Bone Grafting & Ridge Augmentation” (2 hours)**
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Iowa City Dental Hygienists’ Association: “Orthodontic Considerations” (4 hours)**
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Iowa Dental Hygienists’ Association: “What Is It? How Do I Use It? Today’s Dental Products and Treatment Options” (6 hours)**

Ms. Cacioppo indicated that she was open to feedback; however, she indicated that she was in favor of approval of continuing education credit for this course as submitted. Ms. Cacioppo reported that she has heard this speaker before.

Ms. Elmitt asked if the course was worth six hours of credit. Ms. Cacioppo stated that, in her opinion, the course would be worth to hours requested.

Dr. Curry asked if the goal of the course was to sell products. Ms. Cacioppo indicated that it was not.

- ❖ MOVED by CACIOPPO, SECONDED by CURRY, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Iowa Dental Hygienists’ Association: “Interesting and Unique Oral Pathology Cases” (3 hours)**
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course as submitted. Motion APPROVED unanimously.
- **Institute for Natural Resources: “Stress, Anxiety & Depression” (6 hours)**
 - ❖ MOVED by CACIOPPO, SECONDED by NORTH, to DENY the course as submitted since it did not have a direct clinical application. Motion APPROVED unanimously.

- **Institute for Natural Resources:** *“Emotional Control: “Difficult Personalities”* (6 hours)
 - ❖ MOVED by CACIOPPO, SECONDED by NORTH, to DENY the course as submitted since it did not have a direct clinical application. Motion APPROVED unanimously.
- **Eastern Iowa Community College:** *“Healthy Hands/Ergonomics”* (2 hours)
 - ❖ MOVED by NORTH, SECONDED by CACIOPPO, to DENY the course as submitted since it did not have a direct clinical application. Motion APPROVED unanimously.
- **Iowa Department of Public Health:** *“2013 Iowa Governor’s Conference on Public Health* (9 total; 4 dental)
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the course for four (4) hours of credit. Motion APPROVED unanimously.

III. CONTINUING EDUCATION SPONSOR APPLICATIONS

- *Ultradent Seminars (Resubmission of Additional Information as Requested)*
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the sponsor application after reviewing the additional information submitted. Motion APPROVED unanimously.
- *Boone and Story County Dental Society*
 - ❖ MOVED by CACIOPPO, SECONDED by ELMITT, to APPROVE the sponsor application as submitted. Motion APPROVED unanimously.
- *Impact Dental Training*

Ms. Cacioppo asked that staff clarify to the sponsor that we do not approve speakers, though speaker information is taken into consideration when determining approval for course requests.

- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to APPROVE the sponsor application as submitted. Motion APPROVED. Ms. Elmitt abstained from voting since she is employed by the office seeking sponsor status.

IV. OTHER BUSINESS

- *Committee appointments for May 2013 Board Meeting*

Ms. Braness reported that this was on the agenda for the committee members' consideration as to whether they would wish to seek reappointment to the committee.

V. PUBLIC COMMENT

There were no comments received.

VI. ADJOURN

- ❖ MOVED by NORTH, SECONDED by CACIOPPO, to adjourn the meeting. Motion APPROVED unanimously.

The meeting of the Continuing Education Advisory Committee was adjourned at 12:39 PM.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Continuing Education Advisory Committee is scheduled for May 1, 2013. The meeting will be held by teleconference in Des Moines, Iowa.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb

RECEIVED

MAR 9 2013

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: Periodontal Specialists
Address: 2647 Superior Dr. NW Rochester, MN 55901
Phone: 507-281-3524 Fax: 507-292-9344 E-mail: mharts@chartermi.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): Specialty Dental Practice

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: 1 Accurate Record Keeping: Enhancing Patient Care -
2 Infection Control Systems/Requirements: Protecting Our Patients & Team

5. Course Subject: 3 Impact of Alternative Medicine on Clinical Dentistry: Complimentary or Conflicting

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

6. Course date: Oct. 10, 2013 Hours of instruction: 6

CK# #20
62884

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

- 1) Marshall Shragg, MPH, Executive Director MN Bd of Dentistry
- 2) Deb Endly, RDH, Compliance Officer, MN Bd of Dentistry
- 3) Karen Baker, BS, MS U. of Iowa College of Dentistry,
Dept of Pharmacology

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

9. Name of person completing application: Marsna Hartman, RDH, BS

Title: CE Coordinator Phone Number: 507-281-3524

Fax Number: 507-292-9344 E-mail: mhart@chartermi.net

Address: PO Box 9248 Rochester MN 55903

Signature: M.E. Hartman Date: 2-19-13

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**

“Accurate Recordkeeping: Enhancing Patient Care”

1.5 Credits Presented by: Marshall Shragg MPH

- *Complete recordkeeping to support the dentist’s diagnosis**
- *Complete recordkeeping to support the dentist’s treatment plan**
- *Patient informed consent, forms and how to present to patients**
- *Patient refusal of treatment, accurate documentation**
- *Electronic records: making sure all information is recorded and secure**

“Infection Control Systems/Requirements: Protecting our Patients and Team”

1.5 Credits Presented by: Deb Endly, RDH

- *Brief review of present CDC guidelines for the dental health setting**
- *Discussion of new CDC guidelines for the dental health setting due in 2013**
- *OSHA Hazard Communication Standard (adopted 2012): System of standardizing and harmonizing the classification and labeling of chemicals**
- *Timeframe for implementing and staff training deadlines on new OSHA policies**

“Impact of Alternative Medicine on Clinical Dentistry: Complimentary or Conflicting” 3 Credits Presented by: Karen Baker, BS, MS

- *Discuss the herbal landscape including laws and regulations**
- *Look at several herbal products promoted for the treatment of oral disease: safe and effective?**
- *Review the 20 most popular systemic herbals for dental impact including bleeding, healing, intra-oral effects and interaction with dental drugs**
- *Discuss strategies for evaluating and managing patients taking herbal medications**



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MAR 9 2013

IOWA DENTAL BOARD

Angie -

Per your message
of last week, here is
the information/application
and fee for the Oct 10, 2013
meeting.

Please let me know
if you need anything
else.

Thank you
Marche

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: Periodontal Specialists
Address: 2647 Superior Dr. NW Rochester, MN 55901
Phone: 507-281-3524 Fax: 507-292-9344 E-mail: mharts@chartermi.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): Specialty Dental Practice

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: Impact of Alternative Medicine on Clinical Dentistry: Complimentary or Conflicting
5. Course Subject:

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

6. Course date: Thursday Oct. 18, 2013

Hours of instruction: 3

Handwritten notes: CK# 62664 \$20

7. Provide the name(s) and briefly state the qualifications of the speaker(s):
Karen Baker, BS, MS U of Iowa College of
Dentistry, Dept. of Pharmacology

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

9. Name of person completing application: Marscha Hartman, RDH, BS
Title: CE Coordinator Phone Number: 507-281-3524
Fax Number: 507-292-9344 E-mail: mharts@chartermi.net
Address: PO Box 9248 Rochester, MN 55903
Signature: M. S. Hartman, RDH, BS Date: 3-5-13

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.

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

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- *Patient informed consent, forms and how to present to patients**
- *Patient refusal of treatment, accurate documentation**
- *Electronic records: making sure all information is recorded and secure**

“Infection Control Systems/Requirements: Protecting our Patients and Team”

1.5 Credits Presented by: Deb Endly, RDH

- *Brief review of present CDC guidelines for the dental health setting**
- *Discussion of new CDC guidelines for the dental health setting due in 2013**
- *OSHA Hazard Communication Standard (adopted 2012): System of standardizing and harmonizing the classification and labeling of chemicals**
- *Timeframe for implementing and staff training deadlines on new OSHA policies**

“Impact of Alternative Medicine on Clinical Dentistry: Complimentary or Conflicting” 3 Credits Presented by: Karen Baker, BS, MS

- *Discuss the herbal landscape including laws and regulations**
- *Look at several herbal products promoted for the treatment of oral disease: safe and effective?**
- *Review the 20 most popular systemic herbals for dental impact including bleeding, healing, intra-oral effects and interaction with dental drugs**
- *Discuss strategies for evaluating and managing patients taking herbal medications**

* COPY *

RECEIVED

MAR 12 2013

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: Black Hawk County I-Smile Program

Address: 1407 Independence Ave. Waterloo, Iowa 50701

Phone: 319.231.4869 Fax: 319.291.2659 E-mail: khoward@co.black-hawk.ia.us

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

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Military
- Other (please specify): I-Smile Public Health Program

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: Dentist by One ...Make the First Visit Fun!

5. Course Subject:

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

6. Course date: April 12, 2013

Hours of instruction: 3 contact hours

CK #1683
\$10

* COPY *

7. Provide the name(s) and briefly state the qualifications of the speaker(s): Kimberly Howard, RDH
is a Registered Dental Hygienist. She has worked in private practice prior to joining the public health
efforts in 2008. She currently is the I-Smile Coordinator at the Black Hawk County Health Department

She covers Black Hawk, Bremer, Buchanan, Chickasaw, Delaware and Grundy Counties.

Her passion is oral health and she finds fulfilment in educating children, families, dental and medical
providers. See attached bio-sketch.

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

9. Name of person completing application: Kimberly Howard

Title: RDH, I-Smile Coordinator Phone Number: 319.231.4869

Fax Number: 319.291.2418 E-mail: khoward@co.black-hawk.ia.us

Address: 1407 Independence

Signature: Kim Howard, RDH Date: 3-4-2013

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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

Dentist By One...Make the First Visit Fun!

Course Description:

Dentist By Age One – Make the First Visit Fun will provide information and resources to dental professionals, to more efficiently offer information to caregivers/parents on prenatal care through the toddler stage of development. Dental professionals will be better prepared for questions by caregiver/parent after the course. Information on prenatal oral hygiene and nutritional counseling to expecting mothers will be discussed. Once the child is born, facts on cleaning the oral cavity of the child will be explained. Brushing technique at home will be given in detail so the dental professional can efficiently communicate with the caregiver. Knee-to knee exam with a toddler, behavior management, as well as fluoride varnish application will be accurately described so the dental professionals can feel confident in providing care to children under three years. Current information about oral hygiene and fluoride varnish will be explained to the dental professional and resources will be provided to make the first visit to the dentist educational and effective in preparing caregivers/parents to allow better oral hygiene for their child.

Upon completion of this course, the dental professional should be able to:

- Understand the different disease processes that can affect infants.
- Educate the mother on prenatal oral care.
- Know how to perform an initial knee to knee oral exam on a toddler.
- Perform a caries risk assessment and teach preventive services to the mother or caregiver.
- Understand the high risk dietary practices.

- Understand strategies for managing a pediatric patient

Detailed breakdown of contact hours for the course:

One hour – Lecture on Dentist By One

1. Inform dental providers about the importance of seeing a child by age one to prevent Early Childhood Caries (ECC)
2. Review Knee to Knee dental exam technique
3. Provide information and methods to educate caregivers/parents about oral hygiene for babies, infants and toddlers
4. Review Fluoride Varnish advantages and technique

One hour – Information and strategies on managing young children in the dental office

One hour – Information on children’s behavior and how that may enhance the dental visit

* COPY *

Biographical Sketch

Name	Title	Credentials
Kimberly Howard	I-Smile Oral Health Coordinator	RDH

EDUCATION

Institution and Location	Degree	Field of Study
Hawkeye Community College, Waterloo, Iowa	AAS	Dental Hygiene

PROFESSIONAL EXPERIENCE

Dates	Title	Employer/Location
2011 to Present	RDH	I-Smile Oral Health Coordinator Black Hawk County Health
8-2008 to 12-2010	RDH	I-Smile Oral Health Coordinator Grinnell Child Health
6-2001 to 6-2008	RDH	Heartland Dental Professionals, Toledo, Iowa
1998 to 2001	RDH Student	Hawkeye Community College, Waterloo, Iowa
1993-1998	DA	Dr. Bolick DDS, Waterloo, Iowa
1991-1993	DA	DENTAL CARE, Frederick, Maryland

DENTAL HYGIENE LICENSE

License Number	Expiration Date
02926	0831-2013

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APR 2 2013

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: IOWA ACADEMY OF PEDIATRIC DENTISTRY

Address: 202 E. CHURCH ST. MARSHALLTOWN, IA

Phone: 641-752-9550 Fax: 641-252-9550 E-mail: michael-stufflebeam@uiowa.edu

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

- Checked: 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.

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

4. Course Title: ADVANCEMENTS IN PEDIATRIC DENTISTRY 2013

5. Course Subject:

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

6. Course date: APRIL 5, 2013

Hours of instruction: 7.0

CK # 1081

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

SARAT THIKKURISY, DDS, MS
Assistant Professor at Ohio State University College of Dentistry

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

9. Name of person completing application: MICHAEL STUFFLEBEAM

Title: TREASURER Phone Number: cell 641.751.5808

Fax Number: 641.752.9517 E-mail: michael - stufflebeam @ u.iowa.edu

Address: 207 E. CHURCH ST. MARSHALTOWN IA 50158

Signature: Michael Stufflebeam Date: 3.27.13

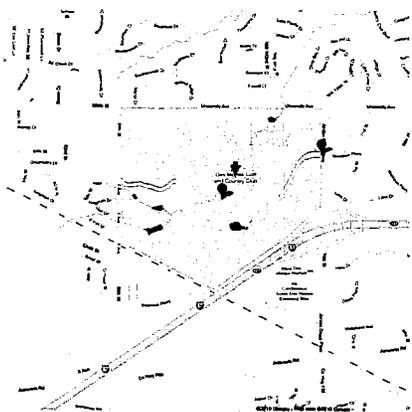
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MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **\$10 FEE PER COURSE** TO:

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



DIRECTIONS:

Des Moines Golf & Country Club
1600 Jordan Creek Parkway
West Des Moines, IA 50266
515-440-7500
www.dmgcc.org

I-80 to Exit 121. Turn North onto
Jordan Creek Parkway. Go approximately
1/2 mile and turn left into Des Moines
Golf and Country Club.

REMINDER

**2013 IAPD DUES:
\$50 MEMBER
\$20 AFFILIATE**

**Please remit Dues to:
Dr. Mike Stufflebeam
IAPD Treasurer
207 East Church Street
Marshalltown, IA 50158**

Questions:

Contact Diane Houk, DDS, MS
(515) 577-4452
DrDiane@AnkenyChildrensDental.com

*The Iowa Academy
of
Pediatric
Dentistry*

PRESENTS

***Advancements
in Pediatric
Dentistry 2013***

April 4 & 5, 2013

(Please RSVP by March 28, 2013)

Location:

Thursday Reception:

Des Moines Golf & CC
1600 Jordan Creek Pkwy
West Des Moines, IA 50266

Friday Meeting:

Des Moines Golf & CC
1600 Jordan Creek Pkwy
West Des Moines, IA 50266

Advancements in Pediatric Dentistry 2013

Thursday Evening Reception - April 4, 2013

Des Moines Golf & CC
1600 Jordan Creek Pkwy
West Des Moines, IA 50266

Meet, mingle, and get reacquainted with friends and colleagues.

6:00 p.m. Cocktails

7:00 p.m. Dinner

Advancements in Pediatric Dentistry - Friday, April 5, 2013

Des Moines Golf & CC
1600 Jordan Creek Pkwy
West Des Moines, IA 50266

7:30 a.m. - 8:30 a.m. Registration/Continental Breakfast

8:30 a.m. - 9:30 a.m.

Setting the Tone - Morbidity of Dental Disease in Children

9:30 a.m. - 10:15 a.m.

Developmental Milestones, and Oral Health Prevention
For the Young Child 0-3

10:15 a.m. - 11:00 a.m.

The Airway, Diseases of Infancy & Sedation in the
Young Child 0-3

11:00 a.m. - 12:00 p.m.

Acute Management of the Adverse Airway Event
During Procedural Sedation

12:00 p.m. - 1:00 p.m. Lunch/Business Meeting

1:00 p.m. - 1:45 p.m.

Revascularization and the "Hopeless" Permanent Incisor

1:45 p.m. - 2:45 p.m.

Clinical Management of the Immature Carious Permanent Molar

2:45 p.m. - 3:45 p.m.

Implanted Medical Devices in the Pediatric Patient

3:45 p.m. - 4:30 p.m.

Primitive Retained Reflexes in the Patient with Special Health
Care Needs

4:30 p.m. Adjournment

2013 Guest Lecturer

Sarat Thikkurissy, DDS, MS

Dr. Sarat Thikkurissy is Assistant Professor at The Ohio State University College of Dentistry. Dr. Thikkurissy received his Doctor of Dental Surgery (DDS) from The New York University College of Dentistry in 1998. He completed the Advanced Education in General Dentistry program at Wright-Patterson AFB in Dayton, Ohio and earned his certificate and Master of Science Degree in Pediatric Dentistry at The Ohio State University College of Dentistry/Columbus Children's Hospital. Upon graduation in 2003, Dr. Thikkurissy was assigned to Ramstein Air Base in Germany to serve as Chief, Pediatric Dentistry Element, where he also served on the Medical Staff at Landstuhl Regional Medical Center. Dr. Thikkurissy currently serves on the medical staff at Columbus Children's Hospital. He is a Diplomate of the American Board of Pediatric Dentistry.

Dr. Thikkurissy's research interests include: The connection between systemic and oral disease, factors affecting Early Childhood Caries, dental trauma, and oral health disparities.

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APR 13 2013

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: Annual Anatomy Review

2. Course Subject:

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

3. Course date: Wed May 22, 2013 Hours of instruction: 2 hours

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

Dinner 5:30 pm
Lecture 6pm-8pm
Q/A 8pm

5. Name of course sponsor: Metro West Dental - Dr. TAKANAKI Miyamoto

Address: 12110 Port Grace Blvd., Suite 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

Handwritten number 11250 410

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

DR. Neil Norton Professor & Assistant Dean of
admissions Creighton University College of Dentistry

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.mwdsq@gmail.com

Address: 12110 Port Grace Blvd., Suite 202 LaVista Ne 68128

Signature: Tisha Zabka Date: 4.

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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



Advanced Technology in Oral and Maxillofacial Radiology

COURSE OBJECTIVES:

- Understand type of CBCT relevant to your clinical needs.
- Review dental anatomy in the 3D image volume.
- Understand the need for a thorough knowledge of 3D anatomy.
- Recognize common anatomical landmark in the 3D image volume.
- Recognize common pathology in the 3D image volume
- Understand the need for a structured approach for examining and reporting CBCTs.



KEYNOTE SPEAKER: Neil S. Norton, Ph.D.

Associate Dean for Student Affairs
Director of Admissions
Professor of Oral Biology
Professor of Biomedical Sciences &
Pharmacology (secondary)

Dr. Norton is a tenured faculty member with primary responsibility for teaching Gross Anatomy lecture and laboratory, Head & Neck Anatomy lecture and laboratory, and Human Neuroscience lecture to pre-clinical Freshman dental students. Dr. Norton also serves as a mentor for various student research projects and as a Freshman student advisor. He has received over 18 Teaching awards at Creighton including Outstanding Freshman Instructor, Preclinical Instruction by Senior classes, the Robert F. Kennedy Memorial Award for Teaching Achievement by the Creighton Student Union; the highest teaching award given by Creighton University, and the GlaxoSmithKline Sensodyne Teaching Award in 2007; the highest national award given by the American Dental Education Association (ADEA).

Date Wednesday May 22nd 2013

Time **5:30pm**
Registration & Light Dinner

6:00pm to 8:00pm
Meeting

Location **Patterson Conference Center**
12008 Portal Road #102
LaVista, NE

Registration To register or request more information on this program, contact Tisha Zabka at:

Email
tz.mwdsg@gmail.com

Phone
402.614.7022

****Please respond as soon as possible as space is limited.**

CE Credits 2 Hours

METRO WEST DENTAL SPECIALTY GROUP

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

Metro West Dental Specialty Group
10000 West 100th Street, Omaha, NE 68138

Wednesday May 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: "Dental Anatomy and 3D Dentistry".

Speaker: Neil S. Norton, Ph.D.

Educational Method: Lecture

Course Date: May 22nd 2013

Location: Omaha, NE

Duration: 6:00pm to 8:00pm

CDE Hours: 2.0

Approved by
Takanari Miyamoto DDS, PhD, MSD

**Approved by the Nebraska Department of Health and the 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

RECEIVED

APR 18 2013

IOWA DENTAL BOARD

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

1. Course Title: "Some Days You're the Pigeon... Some Days
2. Course Subject: the Statue"

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

3. Course date: May 18, 2012 Hours of instruction: 6

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

8:30-12 presentation 3.5 hours
12-1 lunch
1-3:30 presentation 2.5 hours

5. Name of course sponsor: North Iowa Dental Seminars
Address: 1530 South Monroe Avenue
Mason City IA, 50401

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

2012-2013 (4-Courses)

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

Dave Wilber - see attached

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

9. Name of person completing application: Dr. Kyle Hagan

Title: DNS Phone Number: 641-224-1654

Fax Number: 641-224-2219 E-mail: manager@minoralsurgery.com

Address: 1530 South Monroe Ave Mason City IA 50401

Signature: _____ Date: 4-15-13

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(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**

“Some Days You’re the Pigeon...Some Days the Statue”

Buckle up your seatbelts for one of the most enjoyable presentations you will ever hear! This fast, fun presentation will touch the hearts and minds of all participants because they’ve been either the ‘*dumper*’ or ‘*dumpee*’ in their relationships. But it doesn’t have to be that way after they learn the critical skill we call of Frog Kissing!

- You mean I’m really 7 people?
- Frog Kissing vs. Frog Gigging
- Team Tunnel Vision
- We say the dumbest things
- Words of Life or Words of Death
- The “Right” Response
- The Power of the Tongue
- Self Defense Mechanisms
- Crushing and Killing a Team
- The six most powerful words in relationships (professional & personal)
- The Koinonia Connection for Communication and Collaboration

“Frog Kissing” is building and maintaining long-lasting and impactful relationships in the marketplace, home, neighborhood, and everywhere we go.

Learn some of the hidden keys to communication, collaboration, team building, and creating a great atmosphere in which people want to excel and fulfill their potential.

Dave Weber, CEO / President, Weber Associates



Dave Weber is an internationally recognized speaker, author, and trainer in helping people make progress on purpose...and he has the track record to prove his techniques work! Dental organizations like The Hinman meeting, The Crown Council, Chicago Mid-Winter, Academy of Dental Practice Administration, California Dental Association, Dr. Peter Dawson and 35 Seattle Study Clubs-- have requested his laughing and learning training style for programs on attitude and professionalism, relationship building and time management / personal organization. While his “Chihuahua on Caffeine” personality might get him invited to present, his ability to impact the climate and culture of dental practices today, gets him invited back time and time again!

North Iowa Dental Seminars, LLC
Provider AGD ID#: 337446
1010 4th St. SW Suite 340
Mason City, IA 50401
641-424-1656

CERTIFICATE OF ATTENDANCE

Participant's Name:

Speaker: Dave Weber

Title: "Some Days You're The Pigeon... Some Days The Statue"

Subject Code: 149

Course Date: May 18, 2012

Completion Code: LIC559

Location: Clarion, Mason City, Iowa

CE Hours: 6

Director: Drs. Hogg and Juhlin

Authorized Signature:



Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance
by a state or provincial board of
dentistry or AGD endorsement.
Term of Approval: (8/26/2010 to 8/25/2013)



Welcome to a session that focuses on what many doctors and staff feel is the most challenging part of the practice-- *THE PEOPLE!!* Dr. to patient... Dr. to staff... staff to patient... staff to staff... (heck, even husbands and wives... parents and children)
Relationships! It all boils down to relationships.

I hope you laugh and learn while you:

- **Discover the 6 most powerful words in the English language and when to use them**
- **Understand the secret to bringing out the best in the people you work with and patients you serve**
- **Develop a proven process for drawing people closer**

Return to the practice equipped to 'make progress on purpose' as you improve your relationships *at the office ~ and at home.*

A handwritten signature in black ink, appearing to read "Dave Weber". The signature is fluid and cursive.

Dave Weber
CEO Weber Associates

PARTICIPANT WORKBOOK

Some Days You're The Pigeon...



THE TRUTH BEHIND WORDS AND RELATIONSHIPS

3 Assumptions

- 1) You are a _____ person.
- 2) You have a _____ to learn and grow.
- 3) You are a _____ person.

How Do We Do It?

* _____

* Actions

* Attitudes

We have become a society of _____
throwers and _____ slingers.



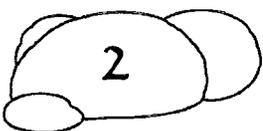
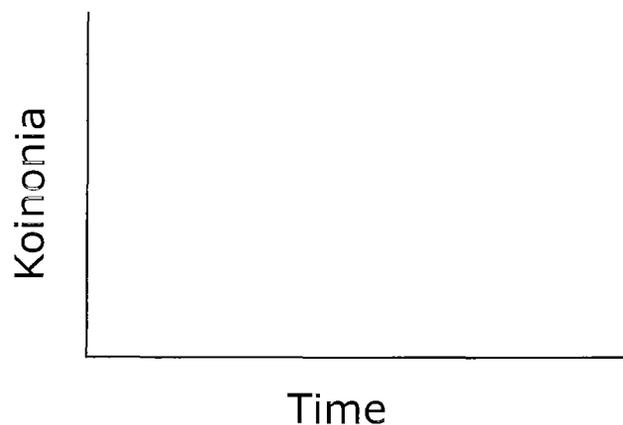
Koinonia

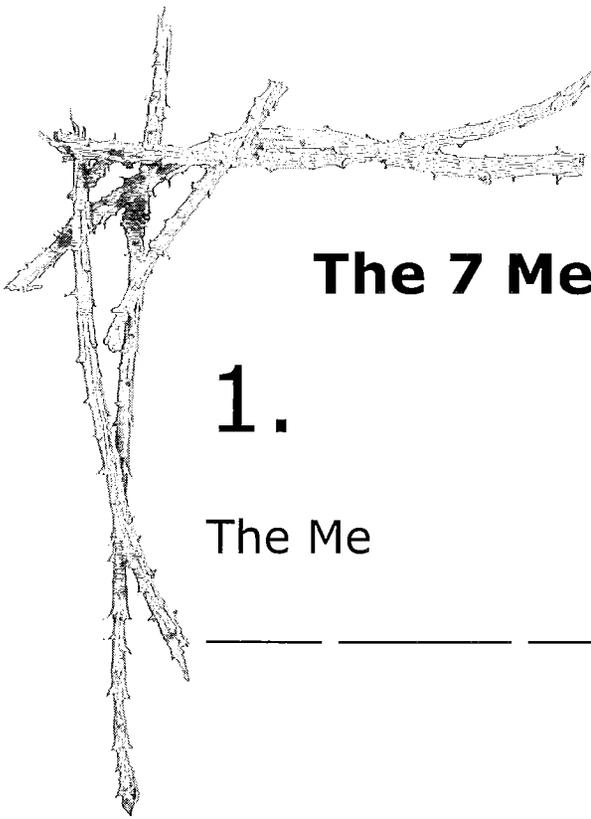
- *
- * Communication
- * Communion
- * Fellowship

The coming together in a solidified
_____ in an atmosphere of
openness, honesty, trust, affirmation, support,
and _____.

◇ It's not just about the destination it's about
the _____.

The Koinonia Continuum





The 7 Me's I Am

1.

The Me

_____.



2. The Me _____.



3 one-word descriptive adjectives

_____ - our own unique set of life experiences that cause us to see things differently.

- Do you know who other's see when they look at you?

YES or **NO**

- Can an individual have a "faulty filter"?

YES or **NO**

Key Principle

At times,

I will need to _____

my _____

to help another.

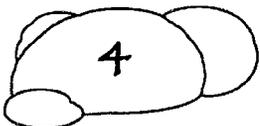
Key Principle

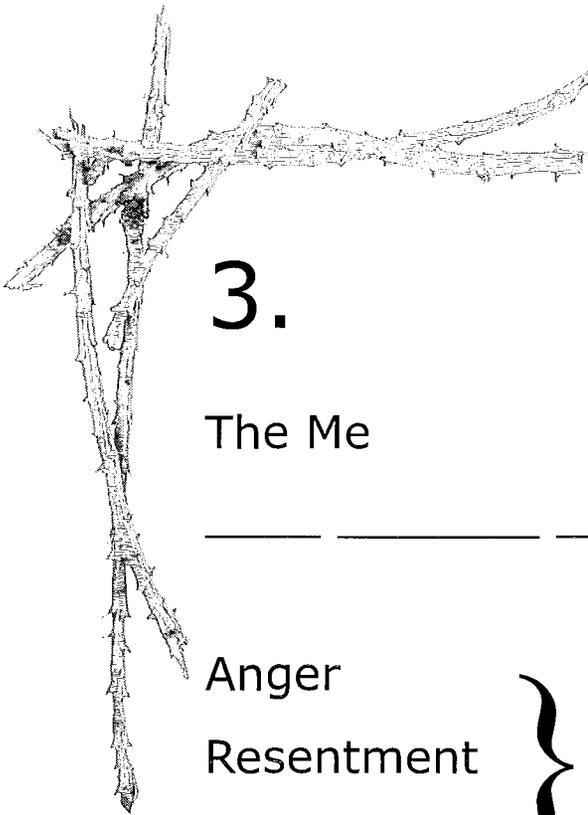
The more I understand _____

you're put together, the better I understand

not only _____ you see me, but

_____ you see me that way.





3.

The Me

_____.



Anger

Resentment

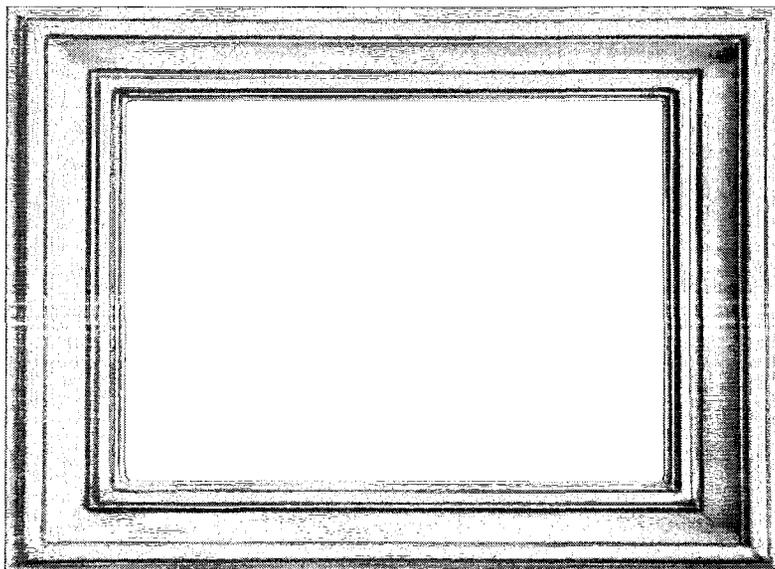
Bitterness

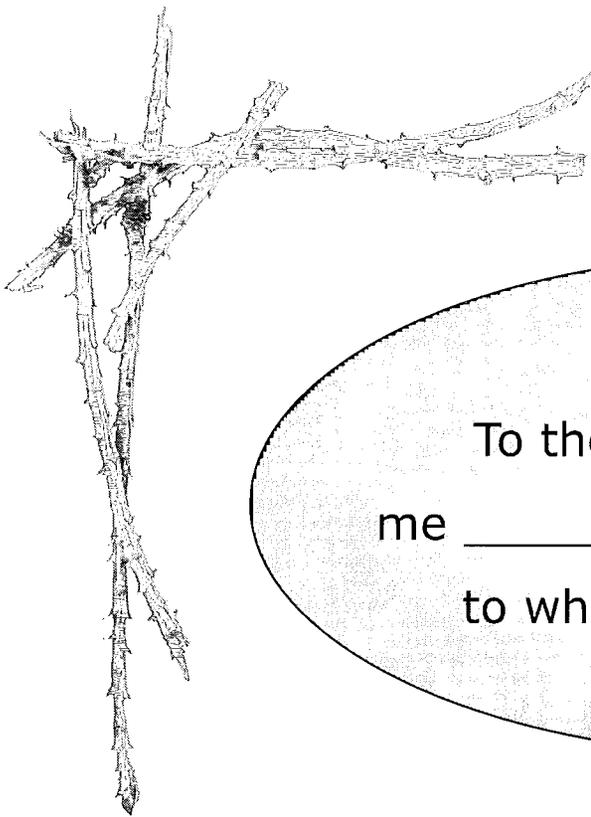


_____ of the soul.

◆ We must learn how to _____.

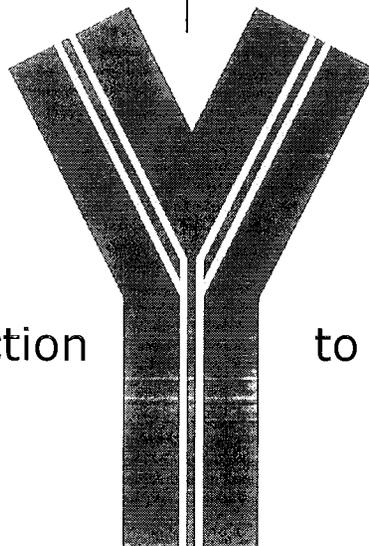
The 6 Most Powerful Words





Key Principle

To the degree you give this
me _____, that is the degree
to which you can become it.



What direction

to take?

The Fork In The Road

5.

The Me _____.



_____ % have insight into themselves

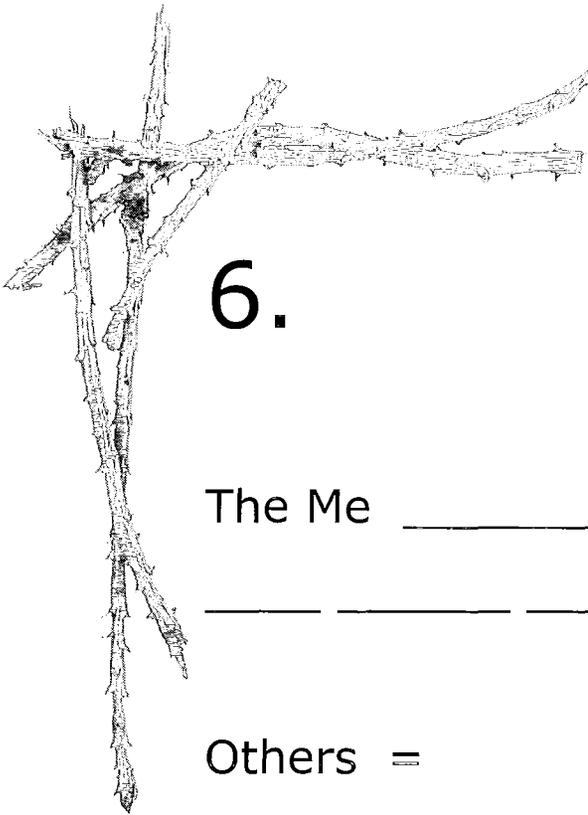
_____ % don't

Why don't we? _____

The B G I

No amount of personal growth comes without some _____.

_____ is the first step in the purging process.



6.

The Me _____
_____ .

Others =
=
=
=
=
=



\$64,000.00 Question ➡ WHY?

Watch out for stinkin' _____.

7.

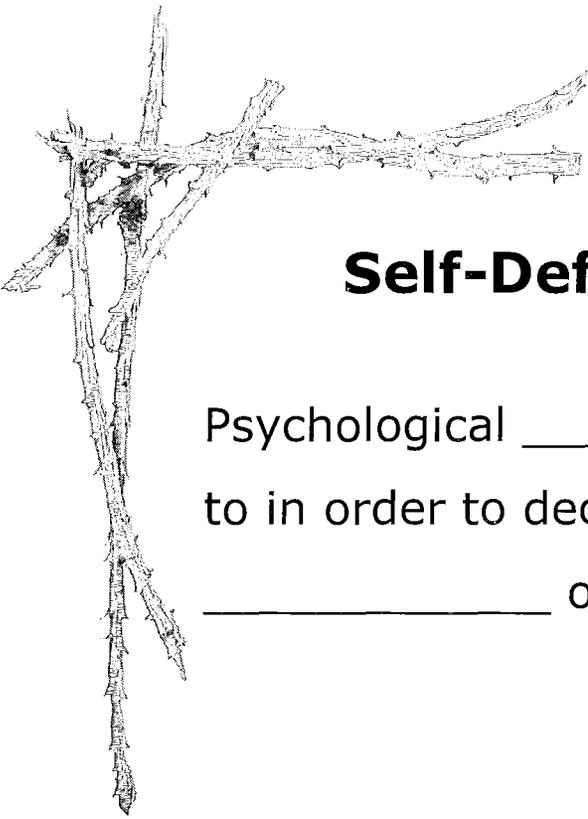
The Me

_____.



Always on _____.





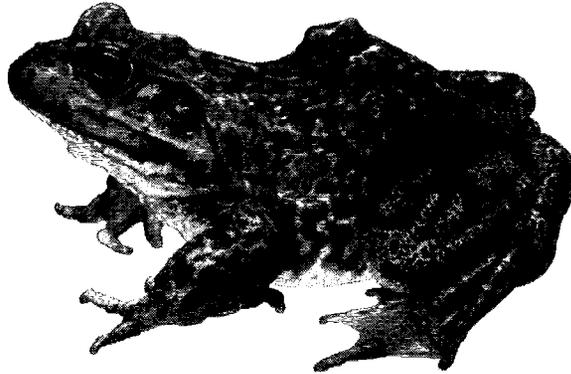
Self-Defense Mechanisms

Psychological _____ our mind resorts
to in order to deceive ourself and
_____ our 7 Me's.

When we hurt others, we build _____ of
separateness.

Relationships \neq explode \rightarrow _____

People Are Like _____.

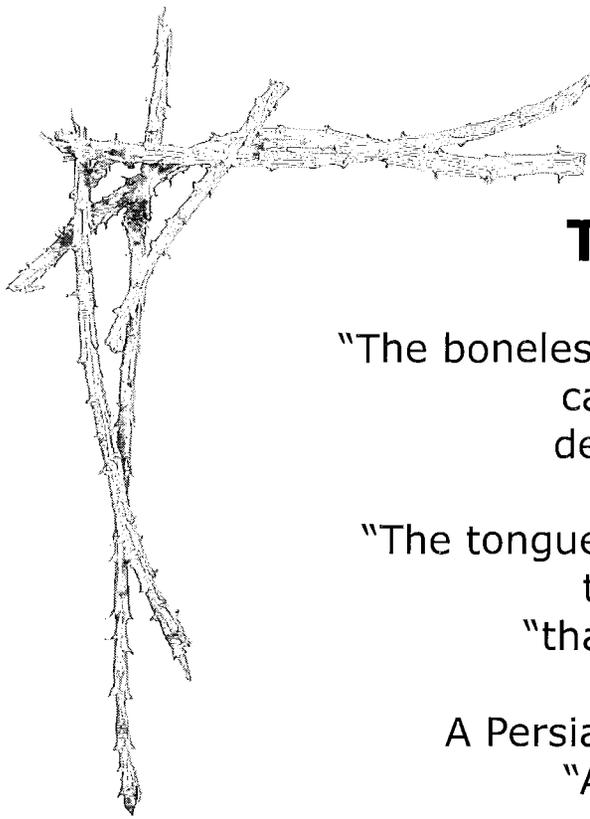


We cannot discern small
incremental _____ in our
_____.

Key Principle

Our words can crush and kill
the _____ of a _____.

The strongest muscle in the human
body is the _____.



The Tongue

"The boneless tongue, so small and weak,
can crush and kill,"
declared the Greek.

"The tongue destroys a greater horde,"
the Turk asserts,
"than does the sword."

A Persian proverb wisely saith,
"A lengthy tongue,
an early death."

Or sometimes takes this form instead,
"Don't let your tongue
cut off your head."

"The tongue can speak a word whose speed,"
say the Chinese,
"outstrips the steed."

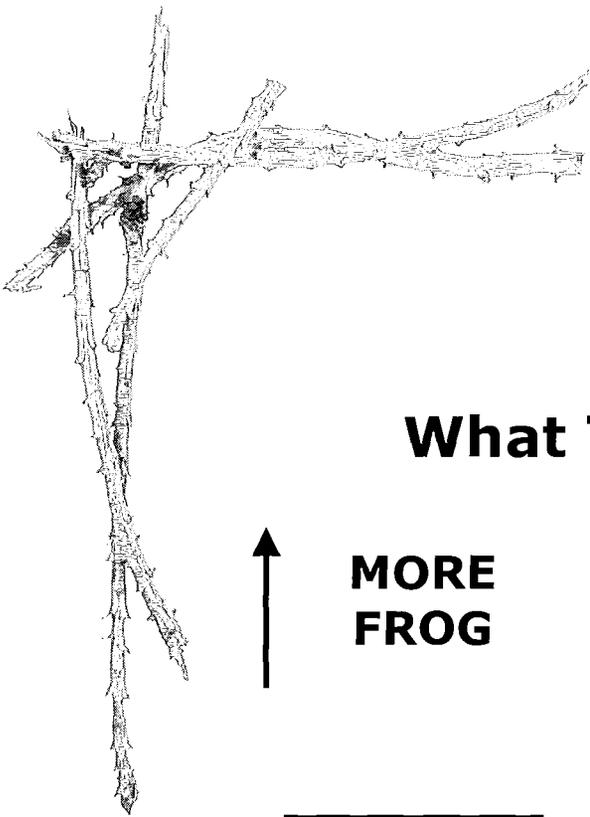
While Arab sages this impart:
"The tongue's great storehouse
is the heart."

From Hebrew wit the maxim sprung,
"Though the feet should slip,
ne'er let the tongue."

The sacred writer crowns the whole:
"Who keeps the tongue
doth keep the soul."

“Words of _____ and words of
_____ are in the power of the tongue.
Those who love it will eat its fruit.” *King Solomon*

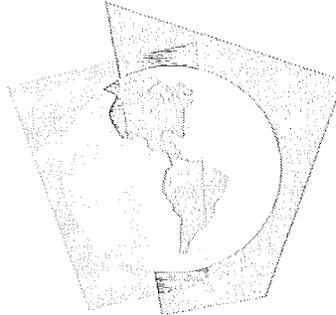




What This World Needs:



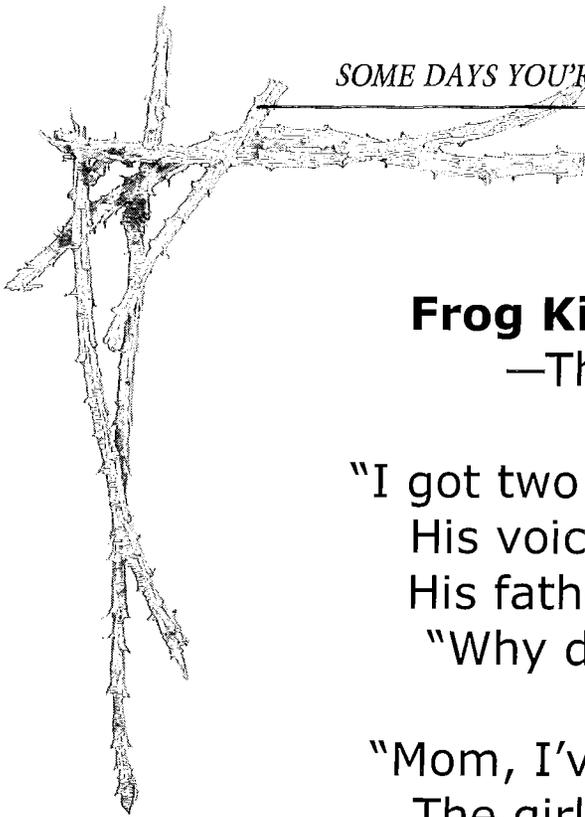
**MORE
FROG**



**FEWER
FROG**



Look for _____ to _____.



Frog Kisser or Frog Gigger

—The Choice is Yours

"I got two A's," the small boy said.
His voice was filled with glee.
His father very bluntly asked,
"Why didn't you get three?"

"Mom, I've got the dishes done,"
The girl called from the door.
Her mother very calmly said,
"Did you sweep the floor?"

"I mowed the grass," the tall boy said,
"And put the mower away."
His father asked him with a shrug
"Did you clean off the clay?"
The children in the house next door
Seemed happy and content.
The same things happened over there,
But this is how it went:

"I got two A's, " the small boy said.
His voice was filled with glee.
His father proudly said, "That's great;
I'm glad you belong to me."

"Mom, I've got the dishes done,"
The girl called from the door.
Her mother smiled and softly said,
Each day I love you more."

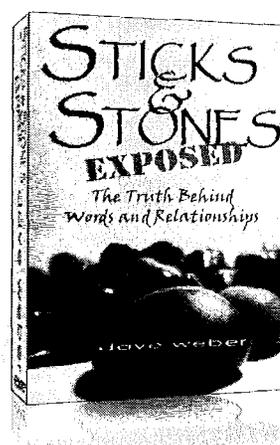
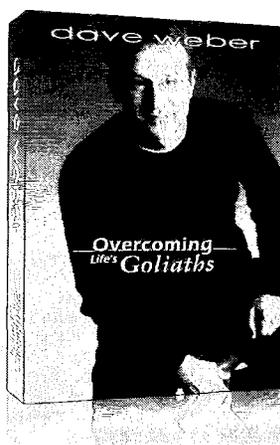
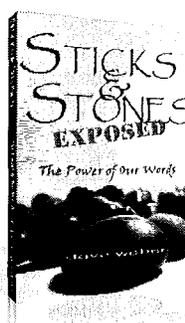
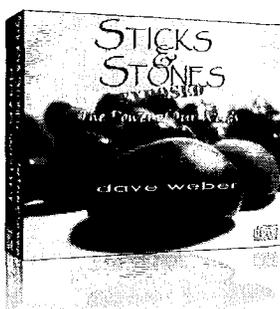
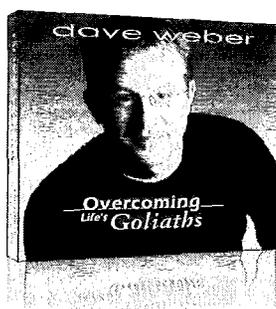
"I mowed the grass," the tall boy said,
"And put the mower away."
His father answered with much joy,
"You've made my happy day."

Children deserve a little praise
For tasks they're asked to do,
If they're to lead a happy life,
So much depends on you.

Key Principle

Words of _____
or Words of _____.

DAVE WEBER, author, international speaker and trainer addresses audiences 150+ times a year and is one of the funniest and most sought after speakers today. His dental clients include: The Hinman meeting, American Association of Dental Practice Administrators, The Crown Council, The Dawson Academy, California Dental Association, The Chicago Mid-Winter meeting, Texas Dental Association, 40+ chapters of Seattle Study Clubs and many others. Dave's most requested topics are motivation, relationships, leadership, communication, stress management, culture and climate, time management, team building and customer service.



To purchase copies of Dave's books, CDs or DVDs just go to
www.daveweber.com < or > www.weberassociates.com

If you would like to schedule an event for your staff, study club
 or organization please contact us at:



975 Cobb Place Blvd.
 Suite 107
 Kennesaw, Georgia 30144
 770-422-5654
 Fax 770-422-8131
www.weberassociates.com

Nancy Heft <nidentalseminars@me.com>

April 17, 2013 9:49 AM

Fwd: Academy of General Dentistry Local PACE Approval Letter

RECEIVED

APR 18 2013

IOWA DENTAL BOARD

Begin forwarded message:

September 14, 2010

AGD ID #: 337446
North Iowa Dental Seminars, LLC
Lyell Hogg
1010 4th St SW Ste 340
Mason City, IA 50401-2856

Dear North Iowa Dental Seminars, LLC:

Congratulations! I am pleased to confirm that the IA AGD has approved the application of **North Iowa Dental Seminars, LLC** for AGD approved program provider status. All formally structured educational programs put on by your organization from **8/26/2010** until **8/25/2013** within IA are approved by the AGD for Fellowship/Mastership credit. The Provider ID number **337446** has been assigned to your organization. Please use this ID number on all correspondence and course verification forms.

Please be aware that the approval by the IA Academy of General Dentistry is only for courses held in IA. Organizations that provide CE in more than one state/province, regularly draw from outside the state/province, offer credit for self-instruction or combination on-site/in-office participation programs must be approved by the Committee on Program Approval for Continuing Education (PACE). If your organization meets any of this criteria please e-mail a request for an application for national AGD Program Approval for Continuing Education (PACE) program to PACE@agd.org.

Credit should be issued for formal presentations on an hour-for-hour basis. Two types of credit can be offered – lecture and participation. Participation credit should be awarded when at least 30% of course time involves each participant in the practice of a skill, manipulation of materials or patient treatment. When this is not the case, lecture credit should be awarded.

Also, approved program providers have the obligation to allow one monitor, if requested, from the AGD one time per year to monitor one of their programs. Details on the AGD monitor evaluation process can be found in the PACE Guidebook.

APPLICATION FOR POST APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM

RECEIVED

APR 18 2013

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: Oral Pathology

2. Course Subject:

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

3. Course date: Jan 16, 2013 Hours of instruction: 3

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

6-6:30 meal
6:30-9:30 presentation (no break)

5. Name of course sponsor: North Iowa Dental Seminars

Address: 1010 4th St SW Ste 340
Mason City IA 50401

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

2/13
1/20/2013 - 12:40
(4 COURSES)

7. Provide the name(s) and briefly state the qualifications of the speaker(s): _____
Donald Maschka, MD
Sherry Timmons, DDS, PhD
see attached

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

9. Name of person completing application: Dr. Lyell Hoagy
Title: DDS Phone Number: 641-424-1656
Fax Number: 641-424-2219 E-mail: manager@nioralsurgery.com
Address: 1530 South Monroe Ave, Mason City IA 56401
Signature: _____ Date: 4-15-13

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.

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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

North Iowa Dental Seminars, LLC
Provider AGD ID#: 337446
1010 4th St. SW Suite 340
Mason City, IA 50401
641-424-1656

CERTIFICATE OF ATTENDANCE

Participant's Name:

Speaker: Donald Maschka, MD & Sherry Timmons, DDS, PhD

Title: "Oral Pathology"

Subject Code: 730

Course Date: January 16, 2013

Completion Code: LIC595

Location: Prime N' Wine, Mason City, Iowa

CE Hours: 3

Director: Drs. Hogg and Juhlin

Authorized Signature:



Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance
by a state or provincial board of
dentistry or AGD endorsement.
Term of Approval: (8/26/2010 to 8/25/2013)

Sherry R. Timmons, Assistant Professor

Education:

B.A., Augustana College, 1991

D.D.S., University of Iowa, 1995

Certificate, Oral Pathology, University of Iowa, 2001

Ph.D., Oral Science, University of Iowa, 2001

Certificate, GPR Residency Program, Rush Presbyterian/St. Luke's Medical Center, Chicago, Illinois, 2002

Fellow, American Academy of Oral and Maxillofacial Pathology

Brief Professional Resume:

Dr. Timmons became a faculty member in the Department of Oral Pathology, Radiology and Medicine in 2002 following completion of a Ph.D. in oral science from Iowa in 2001 and a general practice residency in 2002.

Clinical Activities: Dr. Timmons provides direct patient care within the Oral Medicine Clinic and Faculty General Practice Clinic.

Teaching Activities: Dr. Timmons is the course director for Clinical Oral Pathology and teaches in the Oral Diagnosis Clinic. She also gives lectures on oral and maxillofacial pathology and infection control.

National or International Professional Appointments or Activities: Dr. Timmons is a member of the American Academy of Oral and Maxillofacial Pathology; the American Dental Association; the Academy of General Dentistry, the Iowa Dental Association, and the American Association of Dental Research. She is a Fellow of the American Academy of Oral and Maxillofacial Pathology.

Donald A. Maschka, M.D., FAAOA



Certification

American Board of Otolaryngology April 10, 1998

Fellow American Academy of Otolaryngic Allergy
September 2007

Residency

The University of Iowa College of Medicine, The
Department of Otolaryngology-Head and Neck
Surgery Iowa City, IA. 1993-1997

Gunderson/Lutheran Medical Center LaCrosse, WI. 1992-
1993. Internship

Education

The University of Iowa College of Medicine, Iowa City, IA. 1988-1992. M.D.

The University of Iowa College of Liberal Arts, Iowa City, IA. 1984-1988. B.S., Microbiology,
major; Chemistry, minor. With highest distinction.

Iowa Falls Community High School, Iowa Falls, IA. 1981-1984. Valedictorian-1984.

Honors/Awards/Grants

Private Practice: AAO-HNS Board of Governors Grant-2009
Residency: Chief Resident 1996-1997
Medical Student's Resident of the Year Nominee 1994 and 1995
Coordinator of third year medical student otolaryngology rotation 1994
University of Iowa College of Medicine research grant

Medical School: Outstanding Otolaryngology Medical Student Award-1992
Dean's Office Student Service Award-1992
Medical Student Council President-1992
Elected Medical Student Council Representative-1989-1992
Histology Teaching Assistant, The University of Iowa, Department of
Anatomy-1993
Medical Student Research Fellowship-1988

Undergraduate: Highest Distinction Graduate
 Phi Eta Sigma
 U.S.A. Research Scholar
 Honors Student-Microbiology and History
 Ernst R. Johnson Memorial Prize
 Grace Hibner Health Science Award

Professional Groups

Fellow in the American Academy of Otolaryngology-Head and Neck Surgery
Member of Iowa Academy of Otolaryngology. Secretary/Treasurer 2002-2003. Vice President
2004-2005. President-Elect 2005-2008.
Fellow in the American Academy of Otolaryngic Allergy

Committees

Chairman of the Department of Surgery, North Iowa Mercy Health Center
September 15, 1998-2000.

Member of the Credentials Committee,
Mercy Medical Center – North Iowa January 2000-2002.

Member of the Patient Care Committee, North Iowa Mercy Health Center
April 1998-2002.

Member Board of Trustees United Church of Christ, May 2000-2002.

Member Board of Trustees Mason City Clinic Youth Hockey, June 2000-2002.

Member Board of Mason City Clinic, 2002-2007.

Member Ambulatory Surgery Center Steering Committee, 2002-2004.

Member Board of Mason City ASC Holding Company, 2004-Present.

Activities:

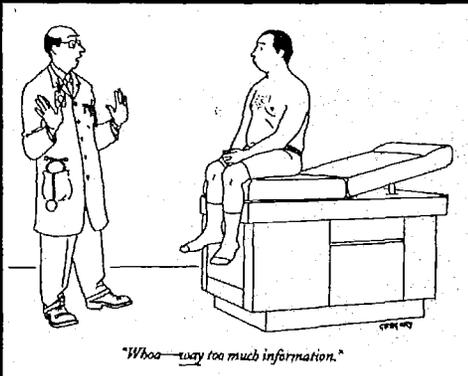
Family, youth baseball and hockey coach (coach of the year 2001), your soccer coach (coach of the year 2000), water skiing, bicycle racing.

Early Detection and Diagnosis of Oral Cancer

Sherry R. Timmons, DDS, PhD
Department of Oral Pathology, Radiology and Medicine
University of Iowa College of Dentistry

Objectives

- To determine the components of a thorough evaluation of a patient with an abnormality of the soft tissues of the head and neck.
- To identify predisposing factors for oral cancer.
- To review the patient characteristics and clinical features of oral cancer.
- To review the diagnosis and detection strategies for patients with oral cancer.



Patient Evaluation History, History, History, Examination

- Identifying patient data
 - Age, sex, occupation
- Medical history
- Dental history
- Social/Behavioral history
- History of condition
- Description of condition

Medical History

- Diagnosed medical conditions
- Undiagnosed medical symptoms
- Systemic symptoms
- Medications
 - Current
 - Recent
 - Changes in dosage

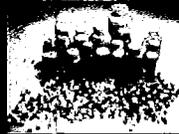
Medical History: Medications

- | | |
|----------------------------|---|
| ■ Antibiotics | ■ Drugs that may cause |
| ■ Corticosteroids | ▫ Xerostomia |
| ■ Other immunosuppressives | ▫ Burning |
| ■ Cancer chemotherapy | ▫ Taste alteration |
| | ▫ Hyperpigmentation |
| | ▫ Gingival bleeding or hyperplasia |
| | ▫ Vesicular, ulcerative or lichenoid reaction |



Drug Induced Disease

- Often unrecognized
- Look for temporal relationship
 - Addition of a new medication
 - Increased dose of medication
- Recalcitrant
- May take weeks to resolve after discontinuation of medication



Drug Induced Lichenoid Mucositis

- Allopurinol
- Arsenicals
- Bismuth
- Chloroquine
- Chlorothiazide
- Chlorpropamide
- Dapsone
- Furosemide
- Gold salts
- Hydroxychloroquine
- Mercury
- Methyllopa
- Palladium
- Para-aminosalicylic acid
- Penicillamine
- Phenothiazines
- Propanolol
- Quinacrine
- Quindine
- Spirolactone
- Streptomycin
- Tetracycline
- Tolbutamide
- Triprolidine

Dental History

- Patterns of dental care
- Recent dental treatment
- Complications from dental treatment
- Prostheses
 - Care
 - Patterns of use

Dental History

- Homecare products and patterns of use
 - Toothpaste
 - Tarter control
 - Whitening agents
 - Cinnamon or flavoring agents
 - Mouthwash
 - Alcohol content
 - Cinnamon or flavoring agents
 - Toothbrush type
 - Interdental cleaning habits



Listerine

Cinnamon



Dentifrices

- Pyrophosphates
- Flavoring Agents
- Miscellaneous Chemicals
- Sodium Lauryl Sulfate (SLS)



Precipitating Factors

Sodium Lauryl Sulfate (SLS)
 Anionic detergent "foaming agent"
 Found in most toothpastes, shampoos, etc.

SLS-Free Dentifrices

- Biotene® (Laclede) toothpaste & gel
- OralB Rembrandt® canker sore toothpaste
- Sensodyne original flavor
- Prevident 5000 Dry Mouth

Social/Behavioral History

- Tobacco use
- Alcohol use
- Recreational drug use
- High-risk behavior for HIV infection
- Parafunctional habits
- Cinnamon exposure (gum, candy...)
- Nutritional habits
- Living situation
- Other...



Mucosarcho

History of Condition

- Symptoms
- Onset
 - How rapidly
 - Associated with any event
- Duration
- Previous treatments and response
- Recurrence
 - Frequency of episodes
 - Time between episodes

67 Year Female

- Clinical findings: A multinodular, exophytic lesion is present on the facial and lingual gingiva of the maxillary region.
- Radiographic findings: No evidence of bony involvement
- Multiple biopsies over the last several months and years. Treated for lichen planus



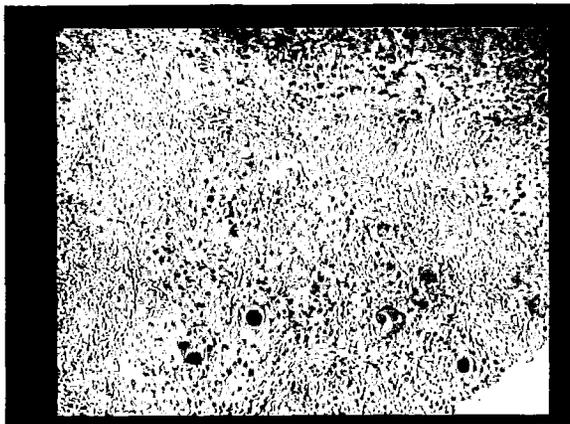
Clinical Differential Diagnosis:

- Hyperkeratosis with verrucous hyperplasia
- Wart: papilloma/verruca
- Focal hyperplastic gingivitis
- Verrucous carcinoma
- Squamous cell carcinoma



Diagnostic Management:

Incisional biopsy



Epidemiology of Oral Cancer

- < 2% of all cancer related deaths
- 2-3% of all cancers
- Most common is squamous cell carcinoma
- Incidence 11.3 per 100 000/year
- Cancer in general is second leading cause of death
- 90% in smokers
- Alcohol + Tobacco ⇔ Synergistic effect

Epidemiology of Oral Cancer

- Lifetime risk of development (%):
 - Men 1.49
 - Women 0.74
- Lifetime risk of death (%):
 - Men 0.42
 - Women 0.24
- Age and Sex:
 - Men 63% Women 37%
 - 95% occur in patients over 40 yrs

Ries et al., 1998

Leading New Cancer Cases and Deaths - 2012 Estimates

Estimated New Cases*		Estimated Deaths	
Male	Female	Male	Female
Prostate	Breast	Lung & Bronchus	Lung & Bronchus
218,700 (25%)	225,000 (25%)	147,000 (16%)	127,500 (15%)
Colorectal	Colorectal	Prostate	Prostate
116,400 (13%)	107,700 (12%)	101,200 (11%)	37,100 (4%)
Esophagus	Esophagus	Colon & Rectum	Colon & Rectum
77,400 (9%)	70,000 (8%)	26,400 (3%)	25,200 (3%)
Stomach	Stomach	Pancreas	Pancreas
53,500 (6%)	47,100 (5%)	18,500 (2%)	18,500 (2%)
Melanoma of Skin	Bladder	Uterus & Cervix, Uterine	Ovary
44,100 (5%)	41,100 (5%)	12,500 (1%)	11,500 (1%)
Bladder	Melanoma of Skin	Endometrium	Endometrium
40,100 (5%)	39,000 (4%)	13,500 (1%)	10,000 (1%)
Non-Hodgkin's Lymphoma	Non-Hodgkin's Lymphoma	Leukemia	Non-Hodgkin's Lymphoma
39,100 (4%)	39,000 (4%)	12,000 (1%)	8,000 (1%)
Testis & Ovary	Testis & Ovary	Uterine Cancer	Uterine Cancer
28,500 (3%)	24,500 (3%)	10,000 (1%)	8,000 (1%)
Brain	Brain	Multiple Myeloma	Multiple Myeloma
27,700 (3%)	27,700 (3%)	12,500 (1%)	12,500 (1%)
Myeloid Leukemia	Myeloid Leukemia	Myeloid Leukemia	Myeloid Leukemia
27,500 (3%)	27,500 (3%)	12,500 (1%)	12,500 (1%)
Other	Other	Other	Other
23,000 (3%)	23,000 (3%)	12,500 (1%)	12,500 (1%)
Total	Total	Total	Total
873,000 (100%)	873,000 (100%)	478,000 (56%)	375,000 (43%)

Oral Cancer

- 8,000 deaths –unchanged for almost 50 years
- Early diagnosis has 80% 5 year survival rate
- Once symptoms appear, 5 year survival rates reduce to 21.6%
- Metastasis in over 50% of patients at diagnosis
- Over 60% of patients present with stage III or IV disease

Why is the overall prognosis for oral SCC so poor?

- Most squamous cell carcinoma is in an advanced stage at time of diagnosis
- Clinical features of advanced oral cancer
 - * Indurated tumor mass
 - * Ulceration or bleeding
 - * Pain
 - * Cervical lymph node enlargement

Types of Oral Cancer

- Squamous cell Ca: 90%
- Everything else: 10%
 - * Salivary gland adenocarcinoma
 - * Metastatic tumors
 - * Sarcoma
 - * Melanoma
 - * Lymphoma



Epidemiology of Oral Cancer

Second Primary Cancers:

- Lung 41%
- Head and neck 35%
- Esophageal 24%
- Within 5 years of successful treatment in 1/3 of patients with advanced stage squamous cell carcinoma

DiCicco et al., 1998

Predisposing Factors

- Tobacco
- Alcohol
- Radiation
- Chronic Irritation?
- Vitamin deficiency
- Oncogenic Viruses e.g. human papilloma virus (HPV)
- Immunocompromise
- Plummer Vinson Syndrome (triad of dysphagia (due to esophageal webs), glossitis, and iron deficiency anemia)
- *People without risk factors can develop oral cancer*

THE MOST COMMON PRESENTATION OF ORAL SCC

- Persistent, localized
- Asymptomatic red lesion (erythroplasia)
- Asymptomatic white lesion (leukoplakia)
- Asymptomatic red and white lesion
- Not ulcerated and not painful
- Patient is unaware of lesion

Clinical Features of Oral Cancer

- White (leukoplakia)
- Red (erythroplakia)
- Mixed (erythro-leukoplakia)
- Ulcerated
- Combination of above



Symptoms Suggestive of Oral Cancer

- A sore that does not heal
- A lump or area of thickening
- A persistent white or red patch
- Difficulty chewing or swallowing
- Difficulty moving the jaw or tongue
- An area of numbness
- Swelling that makes it difficult to wear dentures

Descriptive Terminology

- Leukoplakia
 - Clinical term for a white plaque or patch
 - 5-25% show dysplasia on biopsy
 - 4% progress to squamous cell carcinoma
- Erythroplakia
 - Clinical term for a red plaque or patch
 - 90% show severe dysplasia, carcinoma in situ, or superficially invasive squamous cell carcinoma on biopsy

Leukoplakia

- *a white patch or plaque that cannot be characterized clinically or pathologically as any other disease*
- definition is based on exclusion of other lesions that may have similar clinical features. Concern is that some are premalignant or malignant lesions

LEUKOPLAKIA (review of 3,256 lesions)

- occurs in 50-70 year old age group
- high risk sites include floor of mouth, tongue, and lower lip
- microscopically
 - 80% benign
 - 12% mild to moderate dysplasia
 - 4% severe epithelial dysplasia
 - 3% squamous cell carcinoma

Epithelial Thickening

- Examples
 - Focal keratosis +/- epithelial dysplasia
 - Smokeless tobacco lesion
 - Carcinoma in situ, superficially invasive squamous cell carcinoma
 - Lichen planus
 - Hyperplastic candidosis
 - Nicotine stomatitis
 - F hairy tongue
 - F hairy leukoplakia

Definitions

- **Screening test:**
 - Test used on people apparently free of disease in order to detect the disease in early stages
- **Case-finding test:**
 - Test used to analyze abnormal clinical finding or symptomatic patient in order to establish or suggest diagnosis

What is out there?

- Devices that use tissue reflectance to enhance lesion detection
- Devices that use autofluorescence to enhance lesion detection
- Devices that use autofluorescence and tissue reflectance to enhance lesion detection
- Decision-making tools to aid in confirming the need for biopsy

Screening

- Test used on people *apparently free of disease* in order to detect the disease in early stages
 - Vizilite
 - Toluidine blue
 - Velscope
 - Identifi 3000
 - Etc?

Case Finding Tools

- Test used to analyze *abnormal clinical finding or symptomatic patient* in order to establish or suggest diagnosis
 - Toluidine blue
 - Oral CDx Brush Test

Toluidine Blue

- Most original data by Mashberg
 - Studies somewhat lacking for controls but do show a benefit for some observers
- Essentially works just like the Vizilite
 - Acetic acid increases nucleus to cytoplasmic ratio
- Toluidine is a vital dye and shows nuclear elements best.
 - Therefore the more the toluidine is taken up the more likely there is a disproportionate process at hand

Toluidine Blue Staining

- ** Not specific for cancer cells
- ** Highly sensitive and specific for dysplastic mucosal epithelium if all keratotic and erosive lesions are excluded
- ? May be helpful in delineating border of lesion and can guide surgical procedure; but can't show tumor present in otherwise normal mucosa
 - If a positive stain is noted then biopsy is *indicated*

Diagnostic Procedures

- Toluidine blue stain may be helpful to identify suspicious areas to guide incisional biopsy



FNA??

Toluidine blue

- Rinse with H₂O for 20s twice
- Rinse with 1% acetic acid for 20s
- Dry gently with gauze, don't abrade
- Rinse with 5-10 ml of 1% toluidine chloride (toluidine blue) and gargle
- Rinse with 15 ml of 1% acetic acid for one minute
- Rinse with H₂O



Patient: 81 year old male

Chief Complaint: "denture sore" of the left lateral tongue.

Intermittently painful for the past year

Repeat adjustments of his lower partial denture have not provided relief

Other past treatments include application of silver nitrate, and topical lidocaine



Medical Status: alert, normally developed and in no distress

Meds: Dyazide qd;

Med A: none

Tx: Hypertension (bp 145/90)

60 pk/yr hx of cigs, quit 2 yrs ago

Past: basal cell ca removed from ala of nose 3 yrs ago; cholecystectomy 27 yrs ago; partial laryngectomy for carcinoma 29 yrs ago, no radiation or chemo and no recurrence

Denies all other organ system disease past or present



Clinical Findings: Extraoral

- No Muscle Tenderness
- No Lymphadenopathy
- No TMJ restriction or joint noises
- No carotid or temporal artery pain
- Gross Cranial Nerve WNL



Clinical Findings: Intraoral

- Focal induration and fixation of mucosa, measuring about 1.5 cm in diameter, left posterior-lateral tongue
- No erythema, hyperkeratosis or ulceration
- Mild xerostomia
- Inflammatory papillary hyperplasia of hard palatal mucosa



Differential Diagnosis

Surface Lesion

Erythematous and Painful
C/W Vesiculo-ulcerative

White Surface Thickening

Focal Keratosis
Epithelial Dysplasia
Ca-in-Situ
Squamous Cell Ca

What do you do now?



Toluidine blue staining



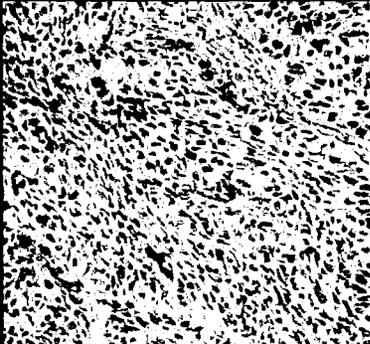
Toluidine blue staining



Incisional Biopsy



Incisional Biopsy: Poorly Differentiated Squamous Cell Carcinoma



Toluidine Blue Staining Identifies High-Risk Primary Oral Premalignant Lesions with Poor Outcome

- Study, monitored Oral Premalignant Lesions (OPLs) from 100 patients without any history of oral cancer for an average of 44 months in order to evaluate the association of toluidine blue status with clinicopathologic risk factors, molecular patterns (microsatellite analysis on seven chromosome arms: 3p, 9p, 4q, 8p, 11q, 13q, and 17p) and outcome.
- Toluidine blue-positive staining correlated with clinicopathologic risk factors and high-risk molecular risk patterns. Significantly, a >6-fold elevation in cancer risk was observed for toluidine blue-positive lesions, with positive retention of the dye present in 12 of the 15 lesions that later progressed to cancer

L.Zhang et al University of BC and other Canadian Institutions
Cancer Res 2005; 65: (17), September 1, 2005

Case Finding Tools

- Test used to analyze abnormal clinical finding or symptomatic patient in order to establish or suggest diagnosis
 - Toluidine blue
 - Oral CDx Brush Test

BrushTest™

- • Introduced in 1999 as OralCDx® (Brush Biopsy)
- • Technique and technology adapted from gynecologic practice
- • OralScan Labs; Suffern, NY
- • Now marketed as BrushTest™
- • Cost : \$ 179.00 for box of 12 kits

The Role of a Case Finding Device

- To test benign appearing, common white or red spots that would *not* have been selected for biopsy

NOTE: Must be benign appearing
Must be looking for dysplasia
Must not be really thinking it would need a biopsy

Adapted from Oral CDx v 4.7

The Role of Transepithelial cytology

- To test benign appearing, common white or red spots that would not have been selected for biopsy
- Most spots are harmless, but they should not be ignored or watched because precancers and cancers can look innocent
- Oral CDx identifies spots with unhealthy cells that can then be removed - years before they become a problem

Adapted from Oral CDx v 4.7

Oral CDx Debate

- Does it have a role??
Yes
- Is it's role as large as advertised??
No
- Could it's role in the specific search for epithelial dysplasia be even larger than currently used??
Probably
- The problems of rating sensitivity and specificity of cytology.
Different level of diagnosis.
It's sensitivity and specificity for anything other than epithelial dysplasia.
- Is there something to aim at??

Ask yourself the following questions?

Will the use of Oral CDx speed-up the ultimate diagnosis?
In many General Practices the answer is yes
Unfortunately they don't usually ask the next question *What is the differential diagnosis??*

To use Oral CDx the overwhelming top choice in the differential diagnosis list should center on the question focal keratosis or non-specific mucositis vs. epithelial dysplasia

BrushTest™

- Designed for use on “*common, harmless-appearing*” white mucosal lesions with clinical features that are not suspicious for dysplasia or cancer
- • Suspicious lesions are to receive “immediate scalpel biopsy”

BrushTest

- Possible contraindications
- Lesions that are “suspicious” due to:
 - ⊗ 1. Physical features
 - ⊗ 2. Location (anatomic site)
 - ⊗ 3. Both 1 and 2

Location		R	L	Ulcerated	Symptoms
<input type="checkbox"/>	Buccal Mucosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> None
<input type="checkbox"/>	Dorsal (top) Tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Pain
<input type="checkbox"/>	Lateral Tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bleeding
<input type="checkbox"/>	Ventral (underside) Tongue	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Floor of Mouth	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Gingiva	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Homolateral Tongue	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Labial and Alveolar Mucosa	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Hard Palate	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Soft Palate	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Oropharynx	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Posterior Pharynx/Respiratory	<input type="checkbox"/>	<input type="checkbox"/>		

Size of Lesion	
<input type="checkbox"/>	less than 5mm
<input type="checkbox"/>	5-10mm
<input type="checkbox"/>	10-20mm
<input type="checkbox"/>	more than 20mm

Diagnosis (ICD-9-CM codes)	
<input type="checkbox"/>	Neoplasia, Uncertain Behavior: Lip, Tongue, Floor of mouth, 238.1
<input type="checkbox"/>	Oropharynx: Oral Cavity, 238.9
<input type="checkbox"/>	Neoplasia, Uncertain Behavior: Unknown or Unspecified site, 628.6
<input type="checkbox"/>	Leukoplakia of oral mucosa including tongue, 528.6
<input type="checkbox"/>	Erythroplakia of mouth or tongue, 528.70
<input type="checkbox"/>	Other, 528.9

Appearance	
<input type="checkbox"/>	Flat
<input type="checkbox"/>	Raised (plaque-like)
<input type="checkbox"/>	Verruccous (wart-like)

OralCDx Submission Form 2009

FOR MEDICAL REIMBURSEMENT	
DIAGNOSTIC CODES	
Condition	ICD-9-CM codes
Neoplasia, Uncertain Behavior: Lip	238.1
Neoplasia, Uncertain Behavior: Oral Cavity	238.9
Neoplasia, Uncertain Behavior: Unknown or Unspecified site	628.6
Leukoplakia of oral mucosa including tongue	528.6
Erythroplakia of mouth or tongue	528.70
Other	528.9

FOR DENTAL REIMBURSEMENT	
ADA Codes For Reporting	
DENT: Brush Test For Suspicious Oral Lesions	
CPT PROCEDURE CODES (CPT) COMBINATION FOR REPORTING THE PATIENT'S BRUSH TEST PROCEDURE TO THE PATIENT'S MEDICAL REIMBURSEMENT ARE AS FOLLOWS:	

FOR MEDICAL REIMBURSEMENT	
PROCEDURE CODES	
Biopsy, Skin	CPT codes
Biopsy, Skin	86200
Biopsy, Skin	86201
Biopsy, Skin	86202
Biopsy, Skin	86203
Biopsy, Skin	86204
Biopsy, Skin	86205
Biopsy, Skin	86206
Biopsy, Skin	86207
Biopsy, Skin	86208
Biopsy, Skin	86209

OralCDx Submission form 2009

Oral CDx

Comprehensive of OralCDx

Test It. "Act to be sure."

ADA
ACCEPTED
2009

ADA
ACCEPTED
2009

NOTE: Red and White

- Not pigmented!!!
- Ulcers
 - ⊗ Are either very high risk
 - ⊗ Or inflammatory
 - ⊗ Must make a decision and treat
 - If treated it must heal
 - If treated you must follow-up and document it did heal

All that's red is not created equally

- Oral CDx can only detect changes in cellular maturation
 - This may or may not mean dysplasia
 - Inflammatory lesions can and often do have reactive changes



Traumatic ulcer



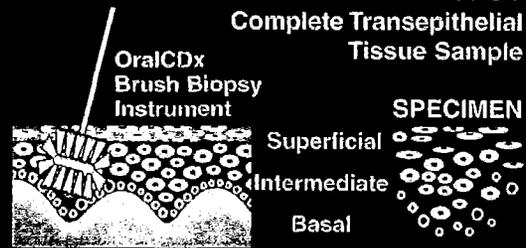
horinouchi.or.jp/ kokugeka/library53

DR. A. G. VA. CO. LTD. IN
http://www.kokugeka.or.jp/

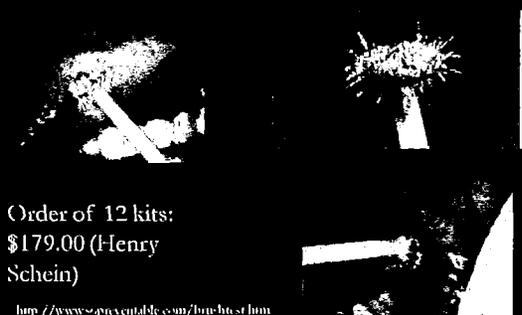
Brush Test

- By manufacturer's recommendations, test is appropriate for small lesions which are "innocuous."
 - Classic horseshoe region for oral cancer is a suspicious area
 - Small is considered less than 5mm
 - Erythroplakic lesions are considered suspicious
 - Inflammatory/infectious lesions cannot be evaluated by cytology
 - Raised lesions cannot be evaluated by cytology
 - Pigmented lesions cannot be evaluated by cytology

BRUSH BIOPSY Complete Transepithelial Tissue Sample



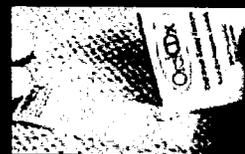
Brush Test



Order of 12 kits:
\$179.00 (Henry Schein)

<http://www.sepreccable.com/brush-test.htm>

- Transfer cells directly from the brush to the slide rotating the brush over the entire length of the slide
- Apply fixative directly over entire slide and let slide dry 15-20 minutes before packaging for shipping
- Second sample submitted in solution vial for formalin fixation



<http://www.sepreccable.com/brush-test.htm>

OralCDx® results

- “negative”: no cellular abnormalities
- “positive”: definitive cellular evidence of epithelial dysplasia or carcinoma
- “atypical”: abnormal cellular changes warranting further investigation

Brush Test: Lab Reports

- Negative: no evidence of cancer activity
- Positive: indicates a precancerous or cancerous lesion
- Atypical: requires further analysis
- Incomplete sample: may result from too light pressure or too few turns of brush

BrushTest™ literature

- 5 studies by 5 different groups
 - ⌘ Inconsistent comparison to gold standard (scalpel biopsy), especially among “innocuous” lesions
 - ⌘ As a result, accurate estimates of sensitivity/specificity are lacking within the subset of lesions for which this test was developed to analyze

Lingen MW et al., Oral Oncology 44(11) 10-22, 2008

OralCDx® BrushTest® :

Analysis of a series of surgical pathology specimens submitted based on transepithelial cytology tests and their results

Erin M.J. Sheffield, Sindhura Anamali, John Hellstein



Materials and Methods

- 156 specimens collected from the University of Iowa Surgical Oral Pathology service between January 2, 2003–July 23, 2007
- 29 duplicate specimens eliminated due to multiple cuts of same specimen
- 2 eliminated due to previous OralCDx performed in area away from site of formal biopsy.
- The final study group included 125 non-duplicate specimens for 113 subjects. Of these, original OralCDx results were available for review in 60 subjects.
- Cases were filed by an internal surgical oral pathology accession number and all patient identifiers were removed from the database.



Materials and Methods

- IRB approval was obtained through the University of Iowa and data was protected per established protocols.
- Only the 60 cases that contained a copy of the actual OralCDx report were used in data analysis of the OralCDx diagnosis. All other information was collected from the Biopsy Submission form.
- Biopsy reports were analyzed for data pertaining to the clinical impression, microscopic diagnosis, patient age, patient sex, location, OralCDx diagnosis, and clinical summary.
- Microslides corresponding to the selected cases were retrieved and analyzed independently by 2 board certified Oral and Maxillofacial Pathologists. Comparison of the OralCDx reported diagnosis were compared to histopathologic features.

Materials and Methods

- Oral cytology is **ONLY** effective in the analysis of dysplastic and unexplained keratotic lesions
- By manufacturer’s recommendations, test is appropriate for small lesions which are “innocuous.”
 - Classic horseshoe region for oral cancer is a suspicious area
 - Small is considered less than 5mm
 - Erythroplakic lesions are considered suspicious
 - Inflammatory/infectious lesions cannot be

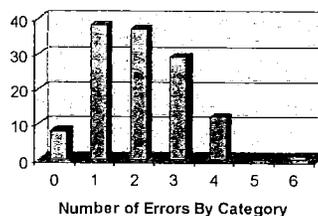
Materials and Methods

- Numerical information was tallied and collected in a data set to evaluate tendencies utilized by clinicians when using transepithelial cytology.
- Further statistical analysis was not appropriate as this was a retrospective review rather than a test group vs. control group analysis.

Results n= (125)

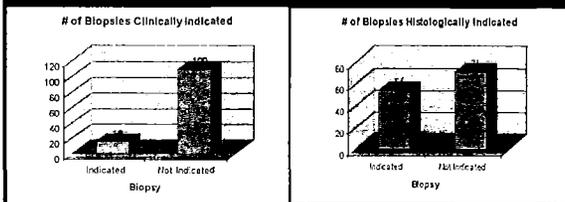
Error in Clinical Application	# of Biopsies
Size (6mm or greater)	84
High Risk (mixed, ulcerated, indurated, etc)	47
Location (high risk)	40
Inflammatory	32
Neoplasm	31
Infectious (fungal, viral)	14
Other Inappropriate Use (pigmented)	2

of Errors in Clinical Judgment



n = 125

Results



Results

- 100/125 biopsies were found to be clinically inappropriate.
- 71/125 were found to be histologically inappropriate.
- The average lesion appeared to have an average of 2 inappropriate criteria, which should have led the clinician to rule out use of OralCDx® as a diagnostic tool for the lesion.

Conclusions

- Dentists are routinely inappropriately utilizing the OralCDx® BrushTest®
- Misapplication of the test may be due to lack of familiarity and/or failure to establish a differential diagnosis.
- Controversies surround research on OralCDx® as a tool. This study shows improper use of a tool regardless of whether it is a good tool or not.
- Dentists may use the OralCDx® system as a crutch for lack of clinical knowledge or judgment
 - 1 of the "negative" OralCDx reports was found to be cancer.

Journal of Oral Maxillofacial Surgery
 Oral Surgery, Oral Medicine,
 Oral Pathology, Oral Radiology, and
 Endodontology

EDITORIAL
 Direct-to-consumer advertising for oral cancer screening devices
 Ling et al. 2009; 67(12):1333-1334

Journal of Oral Maxillofacial Surgery
 Oral Surgery, Oral Medicine,
 Oral Pathology, Oral Radiology, and
 Endodontology

EDITORIAL
 Unintentional marketing: the wrong alliance between dentists
 and corporate greed
 Ling et al. 2009; 67(12):1335-1336

"Perhaps the greatest concern is a recent tactic in which [OralCDx Labs] has encouraged patients to go to the company's website to identify dentists in their area who use their technology. The underlying message is that if one's dentist is not using our technology, you should find a better dentist who is."
 Ling et al. OOOOE 2009; 107(3) 299-300.

Screening

- Test used on people *apparently free of disease in order to detect the disease in early stages*
 - Vizilite
 - Toluidine blue
 - Velscope
 - Identifi 3000
 - Etc?

Zila Biotechnology

- Focused primarily on commercialization of Zila Tolonium Chloride technologies via the OraTest, oral cancer detection product, approved in more than a dozen countries worldwide and in phase III clinical trial in the United States.



Vizilite Plus with TBlue

- Zila Pharmaceuticals, Inc.
- Indications: designed to be used in high-risk oral cancer populations
- Adjunct to visual examination



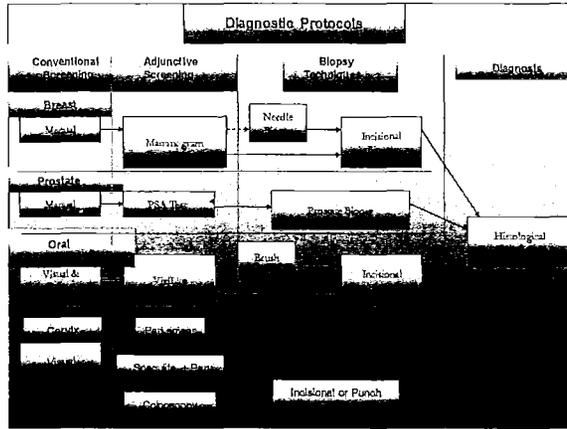
ViziLite®

- ViziLite is a chemiluminescent screening technology used in conjunction with the conventional soft tissue examination to identify oral mucosal lesions in patients at increased risk for oral squamous cell CA. It is NOT a stand-alone device and only to be used after the visual examination.



ViziLite

- The only FDA cleared device for use during soft tissue examination on patients at an increased risk for oral cancer
- Non-invasive and painless
- Single patient use
- At the completion of a thorough conventional soft tissue examination and a ViziLite exam if no lesions are detected the practitioner has a confidence level of 99.1%* that the patient is free from squamous cell carcinoma

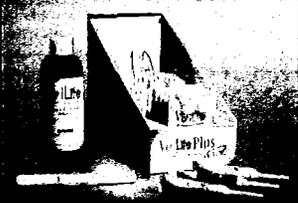



Vizilite Plus with TBlue

- Uses a chemiluminescent light source and a blue phenothiazine dye to indicate location of suspicious lesions
- TBlue is applied when ViziLite-positive lesion noted; used as a marking dye
 - Not a screening aid in this setting
- Abnormal squamous epithelium tissue will appear distinctly white

Vizilite Plus with TBlue

TBlue is a patented, pharmaceutical-grade toluidine blue-based metachromatic dye



\$19.95/unit to
\$29.95/unit depending
upon the volume

http://www.vizilite.com/vizilite_ex.mv



How T-blue works

Known as Oratest in Europe, it is a specially developed mouthwash that leaves a bright blue stain on any damaged areas in your mouth, highlighting parts that can't be seen by the naked eye. If there is cause for concern, the test is repeated after ten days to avoid jumping to the wrong conclusions. In the unlikely event of a positive result, your dentist will arrange an appointment with a specialist for further examination and testing.

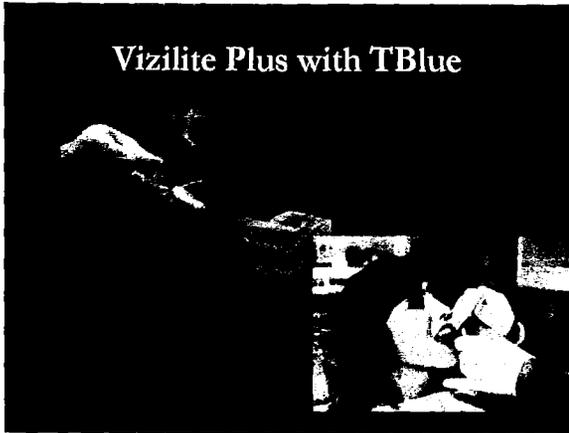
<http://www.amed.wilms.co.uk/pages/cancer/mouth.htm>

The components

- 1 - Chemiluminescent light source
 - Emits chemiluminescent light in the visible light range of 430 - 580 nm
- 30 ml. 1% acetic acid
 - Removes protein layer
 - Desiccates cells to increase nuclear/cytoplasmic ratio
- Light stick holder/retractor
 - Single patient use

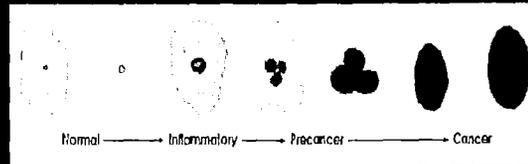


Vizilite Plus with TBlue



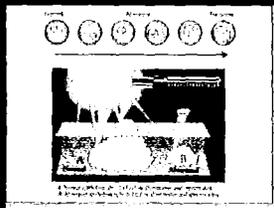
How it works

- After patient rinses with acetic acid the nuclei take up greater volume of the cell
- Nucleus of dysplastic cell is very dense



How it works

- The activated light stick emits low intensity, diffuse light
- Light is absorbed into normal tissues and reflected off those cells/tissues containing large, dense nuclei.



NYU Clinical Trial

- Purpose: 'To determine if Vizilite enhances lesions with epithelial changes, particularly clinically suspicious lesions
- 501 patients (>40 years old, + tobacco use)
- 127 'suspicious' lesions identified in 270 of the subjects. Of the 127 'suspicious' lesions, 6 new suspicious lesions were identified by Vizilite only

Vizilite

Multicenter Clinical Trial

(Vancouver, B.C., Chicago, Ill., San Francisco, CA.)

- 140 patients (previous oral cancer and suspicious lesions)
- 2 suspicious found only by Vizilite
- ... (Vizilite) can also allow the examiner to identify lesions that are *not* seen using conventional light. This increase in lesion visibility is due mostly to an increase in lesion brightness and in the sharpness of the margin, and less so to improved ability to discern the texture of the lesion or an increase in lesion apparent size.

Vizilite Literature

- 7 publications from 5 different groups
- Many reports merely present findings from consecutive patient surveys
- Infrequent correlation to biopsy results ("gold standard")
- Conflicting findings with common distractors (leukoedema, traumatic ulcers, etc.)

Lingen MW et al., Oral Oncology 44(1) 10-22, 2008

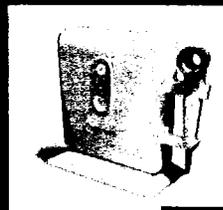
ViziLite Literature

- **Summary:**
 - No clear evidence that ViziLite improves detection of oral lesions beyond conventional examination alone
- TBlue is applied when ViziLite-positive lesion noted; used as a marking dye
 - Not a screening aid in this setting

Inggen MW et al., Oral Oncology 44(1) 10-22, 2008

VELscope Vantage System

LED Dental, Inc.

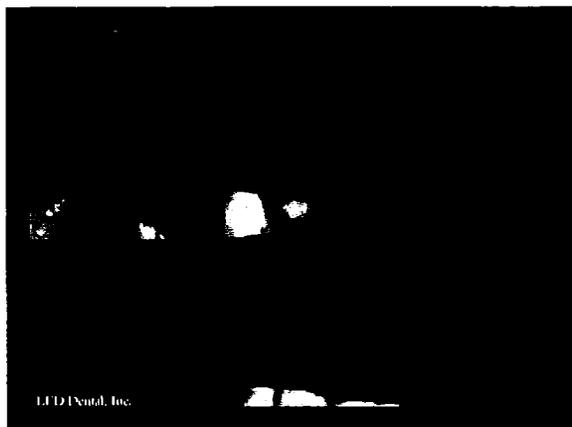
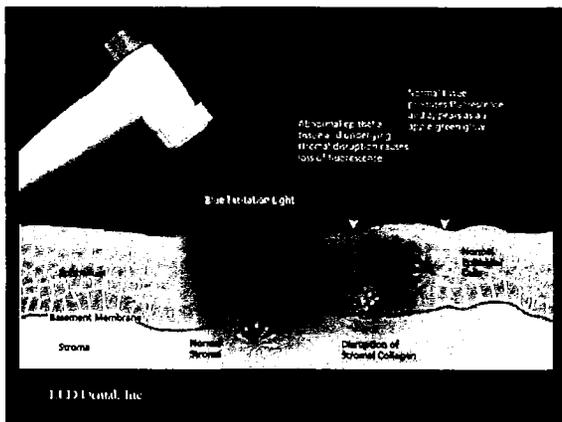


Complete Unit with Vantage Lamp: \$ 6,995.00
Replacement Wand: \$ 1,995.00



VELscope Vantage System

- Visually Enhanced Lesion Scope by LED Dental, Inc
- “Second step” of the examination
- Uses fluorescence technology
- Can augment visual and digital soft tissue examination in the diagnosis of suspicious oral and *pharyngeal* mucosal lesions
- Abnormal tissues appear as ‘dark areas’



LED Dental Device Intended to Help Detect Lesions That Might Not Be Visible With Conventional Exams And to Help Determine Surgical Margins

- **Indications For Use**
- According to the indications for use recently cleared by the FDA, "VELscope is intended to be used by a dentist or health-care provider as an adjunct to traditional oral examination by incandescent light to enhance the visualization of oral mucosal abnormalities that may not be apparent or visible to the naked eye, such as oral cancer or pre-malignant dysplasia. VELscope is further intended to be used by a surgeon to help identify diseased tissue around a clinically apparent lesion and thus aid in determining the appropriate margin for surgical excision."

Fluorescence Visualization in the "Normal" Mouth

- Understand what a normal oral cavity looks like under VELscope to best appreciate what may be abnormal.
- The attached gingiva and anterior tonsillar pillars, for example, often have a naturally darker appearance.
- Pigmented tissue appearing dark under white light usually also looks dark under VELscope.
- Inflammation typically appears darker under VELscope due to the excess blood content.
- The oral cavity is naturally exposed to varying degrees of chronic irritation and mild inflammation.
- Due to inflammation, the buccal mucosa, lateral surfaces of the tongue and hard palate may sometimes show darker areas typically characterized by poorly-defined borders.
- Hyperkeratosis may often appear bright under VELscope because of strong keratin fluorescence.

VELscope Literature

- • **3 reports, all from same research group**
- Data consistently compared to biopsy findings (gold standard)
- Evidence indicates that VELscope extends detection of oral cancer and precancer margins beyond conventional operatory examination alone

Lingen MW et al., Oral Oncology 44(1) 10-22, 2008

VELscope: Clinical Applications

- Identification of lesion margins that might be undetected by conventional examination alone
 - Case-finding role: data supported
- Identification of lesions not seen by conventional examination
 - Screening role: ??? No data to support role in screening • Many clinically-relevant distractors are recognized (inflammation, vascular lesions, melanin)

Trimira: Identafi 3000 Ultra

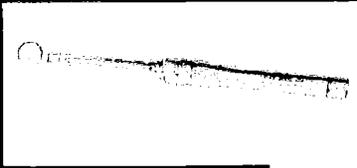
- Multiple wavelengths will enhance diagnostic efficacy as an **adjunctive tool** for early detection
- Multi-Spectral Fluorescence and Reflectance technology to enhance visualization of mucosal abnormalities
- Compact size, coupled with an angled examination mirror, allows users to easily reach hard-to-get-at areas

Identafi 3000 Ultra

- Cordless, battery operated
- Wall-mount option
- Provides real time results
- Avoids need for messy, bad tasting dyes/solutions
- Enhances perception of practice as the "highest standard of care"
- Trained by sales rep in 'just a few minutes'



Identafi 3000 Ultra




Complete Unit: \$ 3,390.00
 Disposable Mirror Re-fills:
 \$ 98.75 (25 per pkg)

<http://www.trimira.net>

Identafi 3000

- Advantage of having white, amber and violet spectra



<http://www.trimira.net>

Human Papilloma Virus (HPV) and Oral Cancer

HPV strain associations

- There are over 75 strains today.
- Sophisticated tests can find evidence of the virus always with a known lesion
- Can also find virus where no lesion exists!!

Papova virus
 DNA virus

Population Estimates for HPV

- Center for Disease Control and Prevention
 - 20 million Americans are currently infected
 - 6 million new individuals infected each year
 - 50 % of sexually active adults will be infected in their lifetime
 - Estimates 33,000 men and women will develop an HPV-associated malignancy this year and 12,000 will be head and neck squamous cell carcinoma

Larsen, MD, CCRP, et al
 sept 2011

High Risk Forms of HPV and Oral Cancer

- Major causative factor in head and neck squamous cell carcinoma
 - Tonsillar region
 - Base of tongue
 - Oropharynx

Detecting HPV

(below from Miller & White OOO Jul'96 p57)

- Low
 - Immunoperoxidase - detects viral capsid antigens indicating cell permissiveness for complete virus replication
 - In-situ hybridization - can detect > 10 copies of viral DNA per cell
- Intermediate
 - Southern blot, dot blot, reverse blot hybridization - Can detect 1 to 10 copies of viral DNA per cell
- High
 - Polymerase chain reaction - can detect < 1 copy/cell

Detecting HPV

(below from Miller & White OOO Jul'96 p57)

- HPV from normal mucosa
 - 13.5% average 25% with PCR
 - Low group average was 7%
 - Fresh or frozen better than Formalin and paraffin
 - Equally distributed buccal, gingival, tongue etc.
- HPV in Benign leukoplakia
 - 14% overall, 37% with Dot blot no PCR studies
 - 43% if fresh or frozen

Detecting HPV

(below from Miller & White OOO Jul'96 p57)

- Oral intra epithelial neoplasia
 - 18% overall 41% by PCR 13% by IHC
 - Fresh or frozen 30%
 - Paraffin 17%
- Oral verrucous carcinoma
 - Overall 27%
 - Fresh or frozen 50%
 - PCR 40%

Detecting HPV

(below from Miller & White OOO Jul'96 p57)

- Oral Squamous Cell Carcinoma
 - Overall 26%
 - Low 16%
 - Intermediate 25%
 - PCR 36%
 - Early gene primers 42%
 - Late gene primers 22%
 - Fresh or frozen 72% (IHC)
 - Fresh or frozen 51% vs. 29%

Detecting HPV

(below from Miller & White OOO Jul'96 p57)

- Dual infections 37%
- 2,6,11,16,18,31,33,34,35 and 51 common strains searched for in the studies.
- Detection of HPV in OSCC was twice that of normal mucosa
- HPV DNA detection was 11 times more frequent in tumorous tissue than distant oral mucosae
- Oral HPV less likely than cervical to incorporate into genome but if nodes present 76% maintain strain genome

OraRisk® HPV Salivary Diagnostic Test

- Oral DNA Labs
- Screening tool to identify the type(s) of HPV
 - Gargling saline solution and expectorating into a funnelled collection tube.
 - The sealed tube is mailed to OralDNA Labs for DNA-PCR analysis

- Cost: \$ 199 for box of 12 tests



OraRisk® HPV Salivary Diagnostic Test

- 'Establish risk for HPV- related cancer'
- 'Determine appropriate referral and monitoring conditions'
 - Identify persistent infections†



OraRisk® HPV Salivary Diagnostic Test

■ Patient Profiles:

- Patients who are sexually active
- Patients with signs and symptoms of oral cancer
- Patients with traditional risk factors for oral cancer
- Patients with suspicious oral lesions

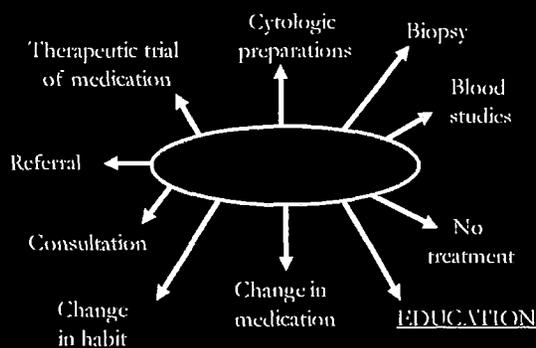


Diagnosis and Management

- Integrate historical, clinical and radiographic features
- Make a clinical diagnosis
 - OR
- Develop a clinical differential diagnosis
- Plan appropriate management for that patient

TREATMENT OF ORAL SQUAMOUS CARCINOMA

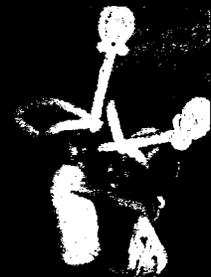
- Smaller lesions are usually treated by surgery alone
- Radiation alone is used for smaller lesions in certain locations, eg soft palate
- Larger lesions are treated with surgery and/or radiation
- Neck dissection
- Chemotherapy is usually palliative



Thank you.....

sherry-timmons@uiowa.edu

(319) 335-7408



Nancy Heft <nidentalseminars@me.com>

April 17, 2013 9:49 AM

Fwd: Academy of General Dentistry Local PACE Approval Letter

RECEIVED

APR 18 2013

IOWA DENTAL BOARD

Begin forwarded message:

September 14, 2010

AGD ID #: 337446
North Iowa Dental Seminars, LLC
Lyell Hogg
1010 4th St SW Ste 340
Mason City, IA 50401-2856

Dear North Iowa Dental Seminars, LLC:

Congratulations! I am pleased to confirm that the IA AGD has approved the application of **North Iowa Dental Seminars, LLC** for AGD approved program provider status. All formally structured educational programs put on by your organization from **8/26/2010** until **8/25/2013** within IA are approved by the AGD for Fellowship/Mastership credit. The Provider ID number **337446** has been assigned to your organization. Please use this ID number on all correspondence and course verification forms.

Please be aware that the approval by the IA Academy of General Dentistry is only for courses held in IA. Organizations that provide CE in more than one state/province, regularly draw from outside the state/province, offer credit for self-instruction or combination on-site/in-office participation programs must be approved by the Committee on Program Approval for Continuing Education (PACE). If your organization meets any of this criteria please e-mail a request for an application for national AGD Program Approval for Continuing Education (PACE) program to PACE@agd.org.

Credit should be issued for formal presentations on an hour-for-hour basis. Two types of credit can be offered - lecture and participation. Participation credit should be awarded when at least 30% of course time involves each participant in the practice of a skill, manipulation of materials or patient treatment. When this is not the case, lecture credit should be awarded.

Also, approved program providers have the obligation to allow one monitor, if requested, from the AGD one time per year to monitor one of their programs. Details on the AGD monitor evaluation process can be found in the PACE Guidebook.

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

RECEIVED

APR 18 2013

IOWA DENTAL BOARD

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

1. Course Title: Head & Neck Radiation Therapy & the
2. Course Subject: Effect on your patients"

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

3. Course date: Feb 13, 2013 Hours of instruction: 3

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

6 - 6:30 meal
6:30 - 9:30 presentation

5. Name of course sponsor: North Iowa Dental Seminars

Address: 1530 South Monroe Avenue
Mason City IA 50401

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

3/4
#2032 - \$40
(4 courses)

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

Tim McKone, MD

See attached

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

9. Name of person completing application: Dr. Lyell Hagg

Title: DDS Phone Number: 641-424-1656

Fax Number: 641-424-2219 E-mail: manager@nioralsurgery.com

Address: 1530 South Monroe Ave Mason City IA 50401

Signature: _____ Date: 4-13-13

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(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**

Timothy K. McKone, M.D.



Minnesota

Department

Radiation Oncology

Medical School

University of Iowa Carver College of Medicine, Iowa City, IA

Internship

General Surgery, Butterworth Hospital, Grand Rapids, MI

Residencies

General Surgery, Butterworth Hospital, Grand Rapids, MI

Radiation Oncology, University of Utah, Salt Lake City, UT

Certifications

American Board of Radiology - Radiation Oncology

American Board of Surgery - General Surgery

Academic Rank

Instructor in Radiation Oncology

Interests

Breast cancer

Prostate cancer

Lung cancer

Gastrointestinal cancer

Palliative radiation

Professional Highlights

Board Member, North Iowa Mercy Medical Center, 2010-2011

Vice President, Iowa Society for Therapeutic Radiology and Oncology, 2009-2010

President, Radiation Oncology Associates, PC, 2001-2010

Medical Staff President, North Iowa Mercy Medical Center, 2008-2009

MAYO CLINIC



Radiation Oncology for Dental Professionals

Timothy K. McKone MD

2014-2015

My background

- MD University of Iowa 1982
- General Surgery Residency Grand Rapids, MI 1982-1987
 - Skemp Clinic La Crosse, WI 1987-1989
 - Mason City Clinic 1989-1992
- Radiation Oncology Residency University of Utah 1992-1995
 - Mercy Cancer Center, Mason City 1995-2011
 - Mayo Clinic, Northfield, MN 2011-Present

Mayo Radiation Therapy - Northfield



Mayo Radiation Therapy - Northfield



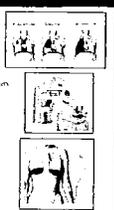
Cancer Treatment - Multimodal

Treatment Options

Surgery:
 Stage I/II/III
 Resection of tumor & associated lymph nodes

Radiation:
 Stage I/II/III/IV as post-operative adjuvant
 Stage III/IV as primary treatment
 Stage IV for palliation of symptoms

Chemotherapy:
 Stage II/III/IV as post-operative adjuvant
 Stage III/IV as primary treatment
 Stage IV for palliation of symptoms



Cancer Treatment – Head and Neck

Surgery:
 Resection of tumor & associated lymph nodes
 Control of symptoms
 Palliation of symptoms



Con: Loss of organ function in Speech, swallowing

Cancer Treatment – Head and Neck

Radiation:
 Post-operative adjuvant
 Primary treatment
 Palliation of symptoms



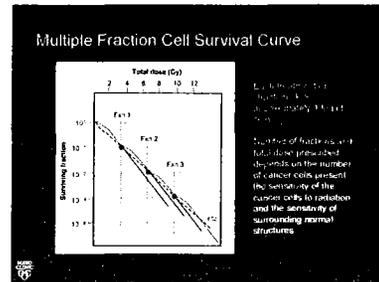
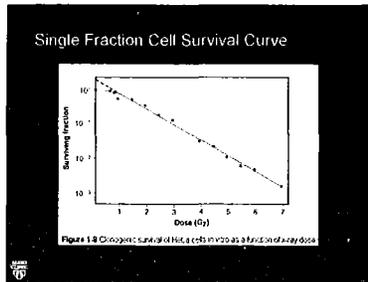
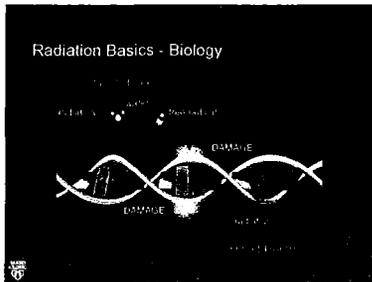
Con: Multiple treatments over 7 weeks
 Possible late long side effects

Outline

- Radiation Basic Science – Biology and Physics
- Side effects – head and neck cancer
- Radiation process

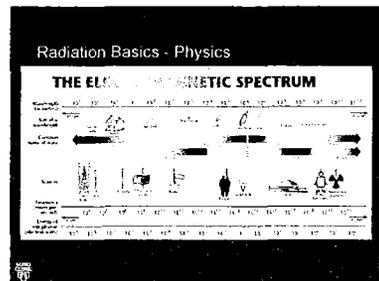
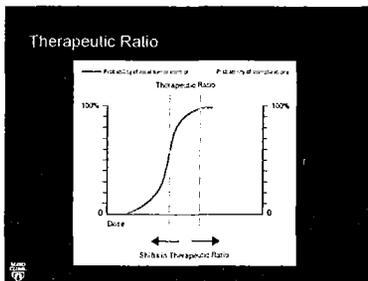
Radiation Basics - Biology





Number of Cancer Cells. 1 gm=1 billion

# of Cell Doublings	# of Cells	Size
0	1	
1	2	
2	4	
3	8	
3.3	10	
6.7	100	
10	1000	
20	1016	Strawberry pip 1.2mm
23	1017	Raspberry pip 2.0mm
27	1018	Cherry pit CLINICAL
30	1019	Black pea 1g-12mm
33	10110	Walnut 10g-26mm
37	10111	Pine 100g-56mm
40	10112	Orange 1kg-12cm
43	10113	Albino 10kg

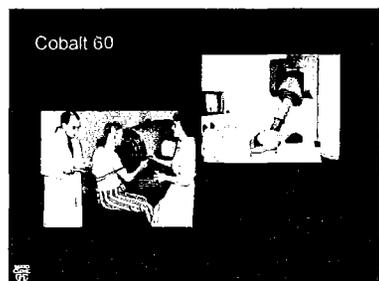


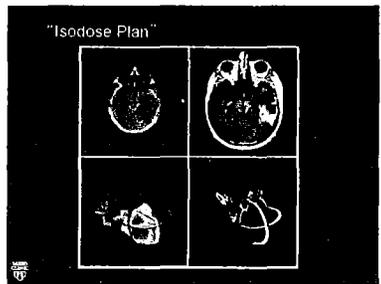
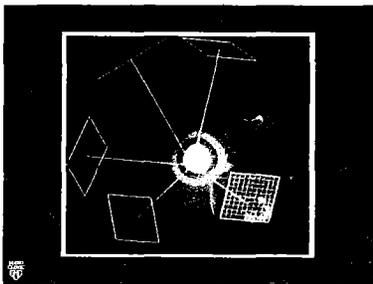
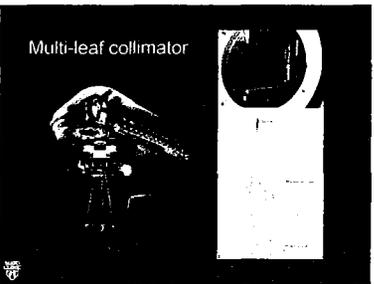
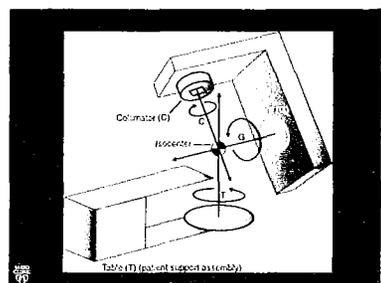
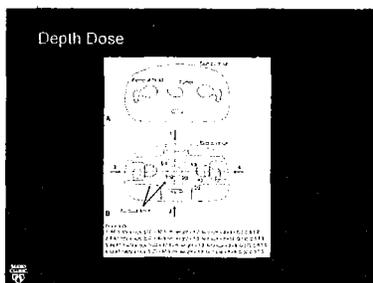
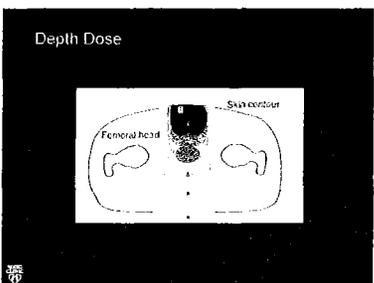
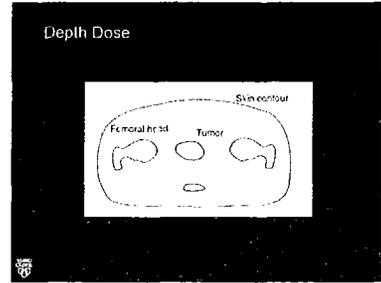
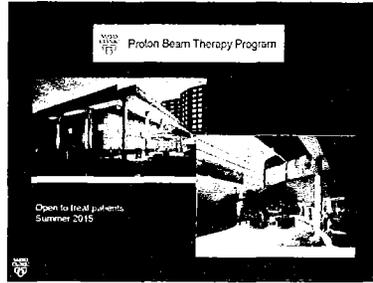
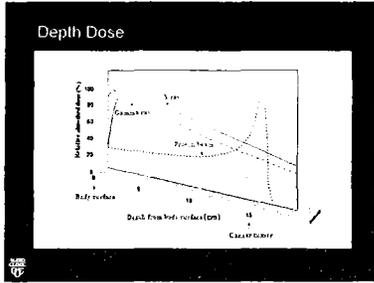
Radiation Basics

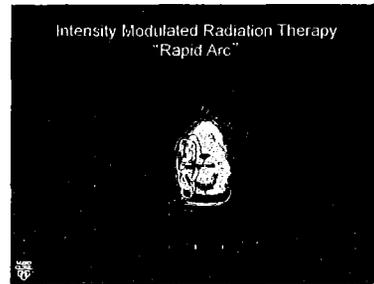
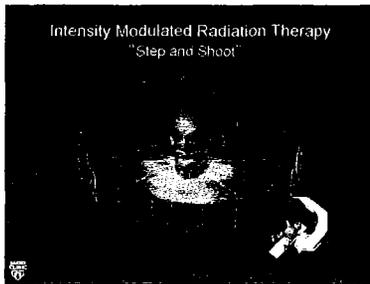
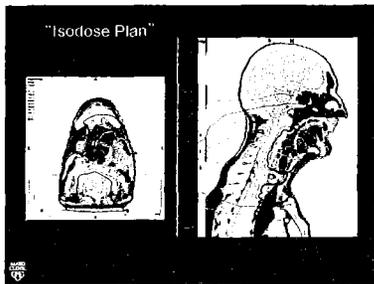
- Gray: Unit of radiation
 - 1 cGy = 1 rad
 - 7000 cGy = 7000 rads = 70 Gy
- Fraction: 1 radiation treatment
 - Single fraction
 - Multiple fractions 1 or 2 per day
 - 5 - 7 weeks Mon - Fri
 - Head and neck cancer: 70 Gy/ 7 weeks at 2 Gy/day

History

- 1895 X-rays Discovered Wilhelm Roentgen
- 1896 X-rays used to treat cancer
- 1896 Radium discovered Marie Curie
- 1930s Orthovoltage "Deep Therapy"
 - 200-300 kV
- 1950s Cobalt 60
 - 1.25 MV
- 1960s Linear accelerator
 - 4 - 20 MV







Radiation Oncology Practice

- Consultation - Is radiation recommended? Based on review of imaging and pathology, and overall health of the patient.
- Simulation - Mapping and marking
- Treatment planning - Contouring target structures and critical normal structures
- Evaluate accuracy of treatment - on board imaging
- Evaluate tolerance of treatment
- Long term follow up to evaluate for side effects and status of the cancer

Radiation Oncology Practice

- Consultation - Is radiation recommended? Based on review of imaging and pathology, and overall health of the patient. History, physical exam.

Physical exam:

Physical exam:

Physical exam:

Physical exam:

Radiation Oncology Practice

- Informed consent - Benefits and risks of treatment
 - Benefits - Improved chance for cure
 - Risks - Depends on what part of the body we are treating and to what dose

Possible Early Side Effects for Head and Neck Radiation:

- Fatigue
- Skin burn
- Mouth/throat sores - possibly severe requiring narcotics for pain control
- Hair loss - may be permanent
- Loss of taste
- Dry mouth - may be permanent

Possible Early Side Effects for Head and Neck Radiation (Cont'd):

- Drop in blood counts - possibility of infection requiring hospitalization if getting chemotherapy
- Dehydration - requiring IV fluids or hospitalization
- Weight loss - may need feeding tube
- "Plugging" of ear due to fluid build up in middle ear - may require tympanostomy tube

Radiation Skin Burn:

Starts around the first week and resolves 2-3 weeks after completion of radiation.

Radiation Skin Burn:

Moist Desquamation

Radiation Skin Burn:

54-year-old female with a P.16.1 mutation. She has a history of radiation therapy to the neck area.

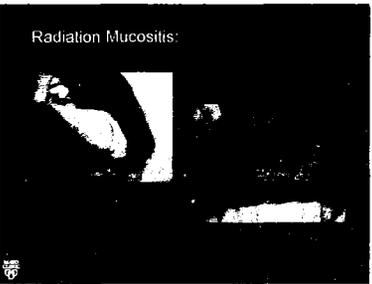
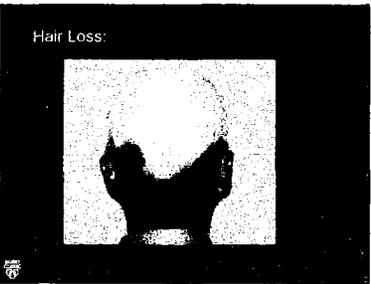
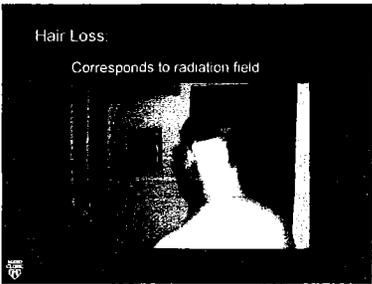
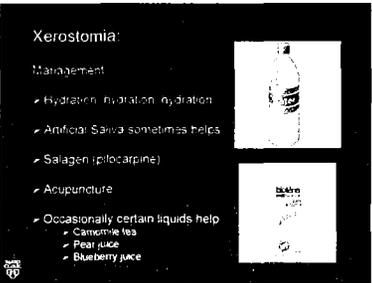
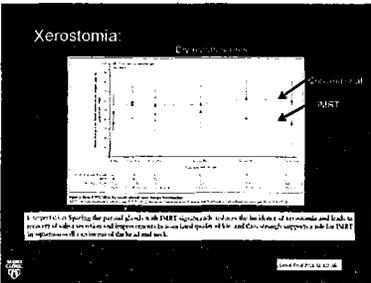
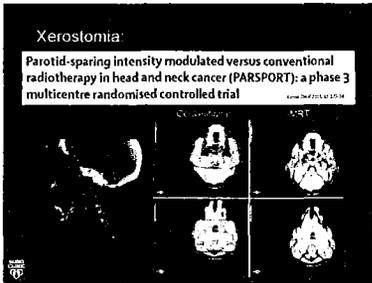
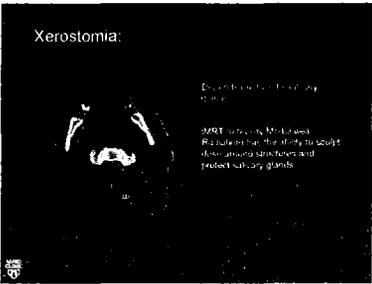
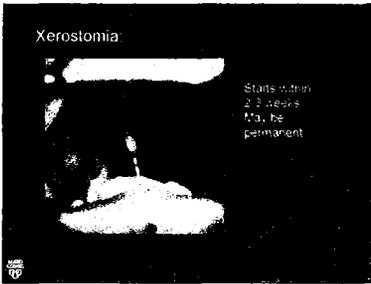
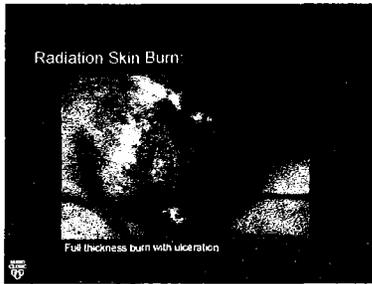
Radiation Skin Burn:

Radiation Skin Burn:

Radiation Skin Burn:

Management:

- Moisturizing lotion - LubriDerm, Van cream
- Dilute acetic acid or vinegar soaks
- Bialine emulsion
- Silvaderm cream
- Pain medication



Radiation Mucositis:
Management

- Pain meds - Tylenol - Fentanyl patch
- Doxepin oral rinse, gargle, and spit over 1 minute at a dosage of 25 mg in 5 ml water every 4 hours as needed

Doxepin rinse significantly reduces mouth pain for head and neck cancer patients who receive radiation therapy

Robert Miller, MD
Mayo Clinic



Percutaneous Gastrostomy Tube (PEG)



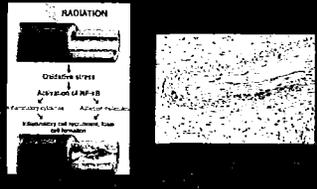
Possible Late Side Effects for Head and Neck Radiation (After 3 months)

- Difficulty swallowing - possible long term feeding tube
- Swelling or scarring of the neck tissues causing stiffness of neck or jaw
- Dry mouth long term - may accelerate tooth decay
- Low thyroid function if thyroid gland is in radiation field - may need thyroid pills

Possible Late Side Effects for Head and Neck Radiation (After 3 months)

- Very Unlikely
- Damage to spinal cord
- Damage to nerves in neck which could result in pain, weakness or numbness of the arms
- Increased risk of stroke
- Damage to brain or pituitary gland if these structures are in the radiation field
- Inducing other cancers (rare)
- Decreased hearing permanently due to fluid build up in middle ear or nerve damage

Late Effects of Radiation:
Accelerated atherosclerosis



RADIATION
↓
Oxidative stress
↓
Activation of NF-κB
↓
↑ Proinflammatory cytokines, ↑ Adiponectin resistance, ↑ Insulin resistance, ↑ Blood pressure, ↑ Lipid abnormalities
↓
Accelerated atherosclerosis
↓
Stroke

Late Effects of Radiation:
Accelerated atherosclerosis
Radiation Necrosis



Late Effects of Radiation:
Accelerated atherosclerosis
Radiation Necrosis



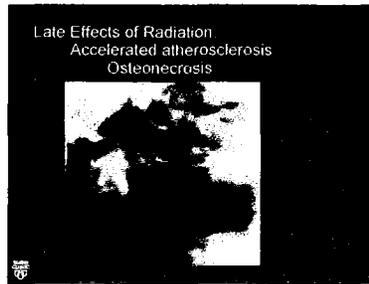
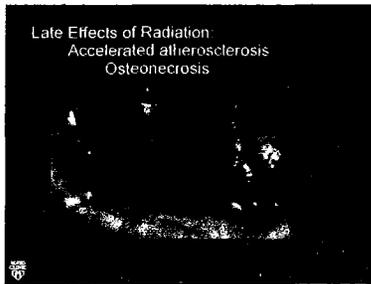
Late Effects of Radiation:
Accelerated atherosclerosis
Radiation Necrosis



Late Effects of Radiation:
Accelerated atherosclerosis
Osteonecrosis



Osteonecrosis involving the mandible



Head & Neck
Osteonecrosis
3229

Invited Review Paper
Head and Neck Oncology

A. Mark B. Swartz
Department of Radiation Oncology,
University of California, San Francisco, CA

Incidence and prevention of
osteoradionecrosis after dental
extraction in irradiated patients:
a systematic review

Defined as an oral ulcers persisting for at least 30 days in 30 patients

Can occur spontaneously or after trauma induced by dentures, surgery, or tooth extraction

Tooth extraction before or after radiation is the most common existing factor

Alveoloplasty, primary closure, and limiting periosteal trauma during extraction are thought to be important in prevention of osteoradionecrosis

Head & Neck
Osteonecrosis
3229

Invited Review Paper
Head and Neck Oncology

A. Mark B. Swartz
Department of Radiation Oncology,
University of California, San Francisco, CA

Incidence and prevention of
osteoradionecrosis after dental
extraction in irradiated patients:
a systematic review

Incidence of osteoradionecrosis after dental extraction in irradiated patients

Highest risk is extraction of mandibular teeth in a dose exceeding 50 Gy (12)

Lowest risk is orthodontic myofascial field (no cases)

Risk is highest 2-5 years after radiation

Ambiotic prophylaxis is commonly utilized PCN, clindamycin

Prophylactic HBO may reduce the incidence

Head & Neck
Osteonecrosis
3229

Invited Review Paper
Head and Neck Oncology

A. Mark B. Swartz
Department of Radiation Oncology,
University of California, San Francisco, CA

Efficacy of Pre- and Postirradiation
Hyperbaric Oxygen Therapy in the
Prevention of Postextraction
Osteoradionecrosis: A Systematic Review

Robert W. Lee, MD, PhD, and David H. Gustafson, MD, PhD
Robert W. Lee, MD, PhD, and David H. Gustafson, MD, PhD

Only one randomized trial	Prevalence	Osteoradionecrosis
Mean dose of radiation	HBO	29%
Mean dose of radiation	HBO	54%

13 cohort and observational studies

Conclusion: There is insufficient evidence to support or refute the efficacy of HBO in the prevention of osteoradionecrosis in irradiated patients

Radiation Caries

Radiation caries affecting the buccal edge of the teeth and the necks of the teeth, complicated by poor hygiene

Pre-Radiation Dental Evaluation

- Done prior to simulation
- Evaluate status of teeth
- Cleaning teeth, adjust dentures
- Extractions of high risk teeth before radiation to reduce the risk of osteoradionecrosis if the area is to receive a radiation dose of >54 Gy

Healing time of 10-14 days before starting radiation but need to minimize delay in cancer treatment. Need to start radiation within 4-6 weeks of surgery

Pre-Radiation Dental Evaluation

- Extraction of moderate risk teeth - controversial
- Life long risk of impaired healing due to hypovascularized and hypocellular bone
- Factors to consider: access to dental care, motivation to maintain daily oral hygiene, compliance for follow up

Pre-Radiation Dental Evaluation

- Make custom fluoride trays
- For fluoride gel to prevent caries
- Protect surrounding tissue from radiation scatter off enamel and fillings

Radiation mucositis adjacent to fillings



Mucositis affecting the buccal tissues and tongue



Radiation Therapy Treatment Processes

- Immobilization
- CT simulation
- Fusion
- Contouring
- Prescription
- Dosimetry
- Physics QA
- Treatment with image guidance



Simulation: "Mapping and Marking"

Treatment devices made for positioning of the patient

CT scan in the treatment position

Dental trays need to be in place for simulation



Fluoride Carriers – not just for fluoride



Intra Oral Stent – opens mouth and displace the tongue



Intra Oral Stent – allows separation of oral tongue from roof of mouth



Intra Oral Stent – allows separation of oral tongue from roof of mouth

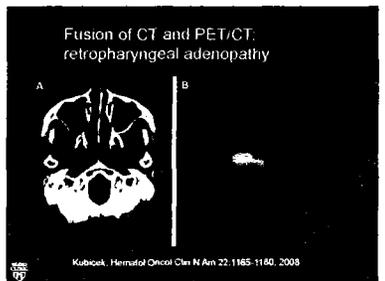
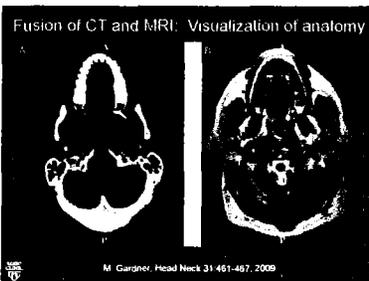
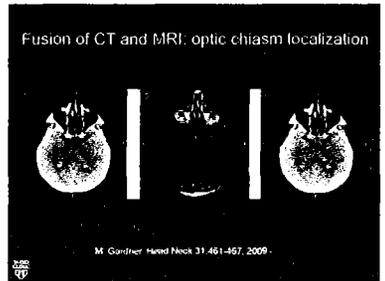
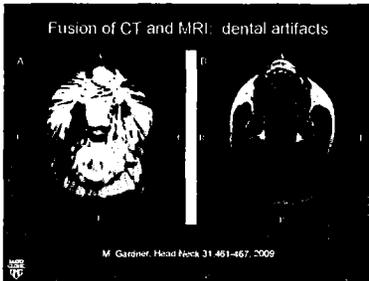
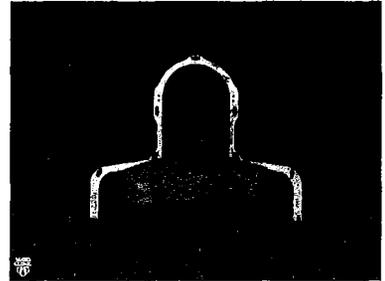
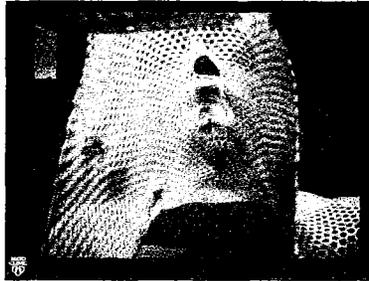
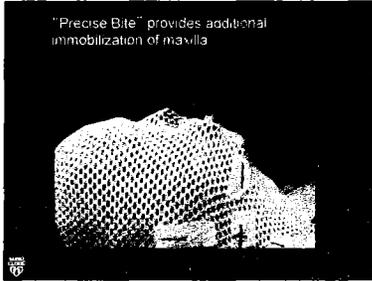


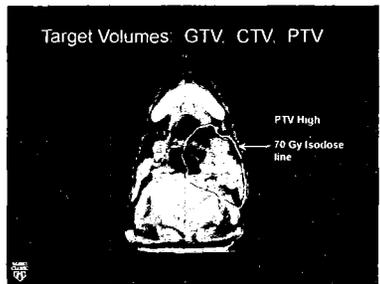
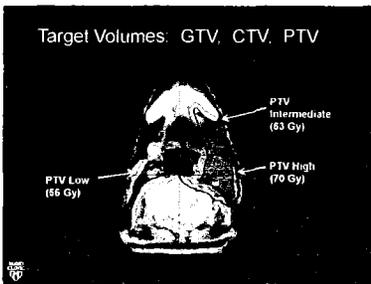
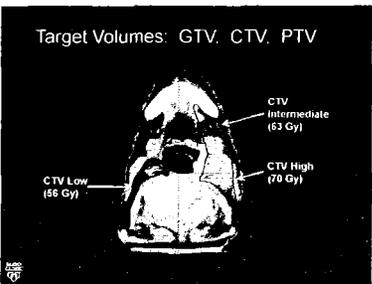
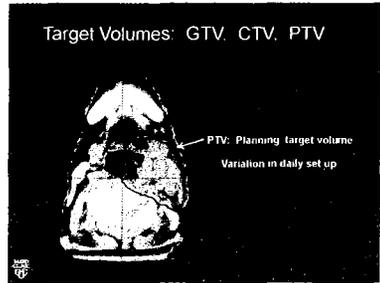
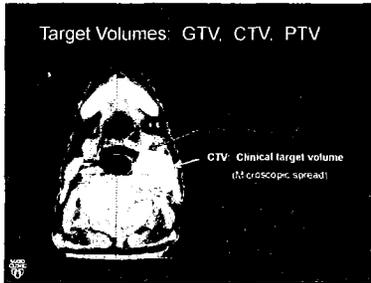
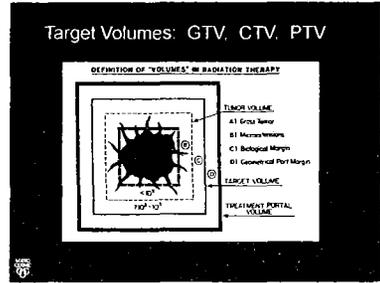
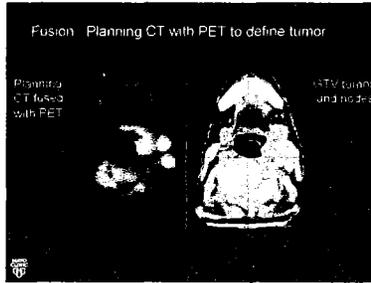
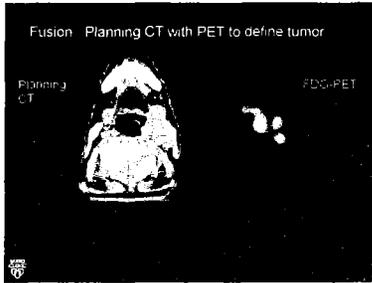
Neck rests

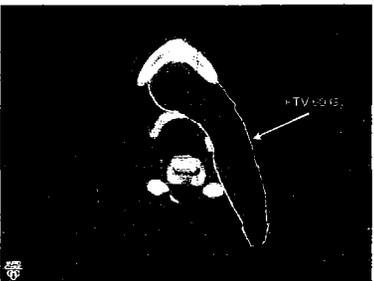
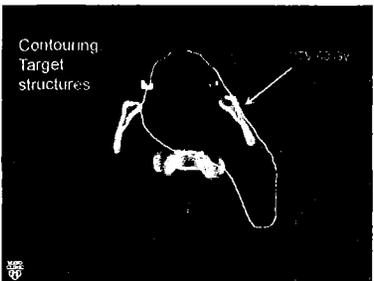
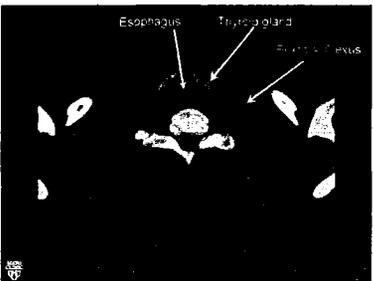
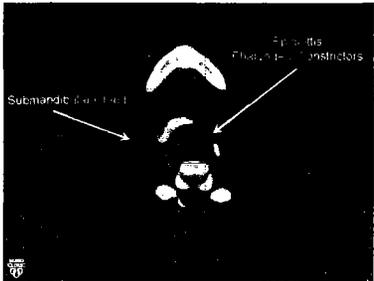
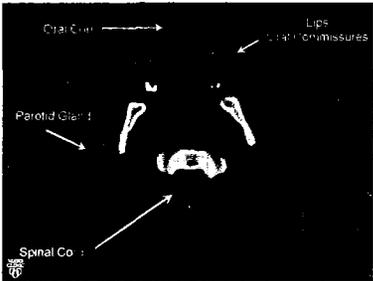
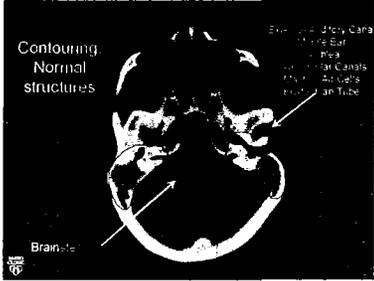
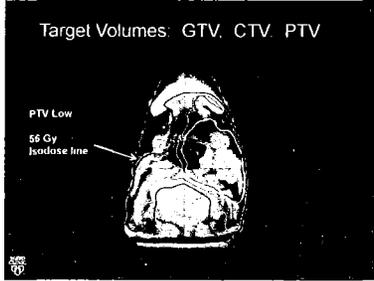
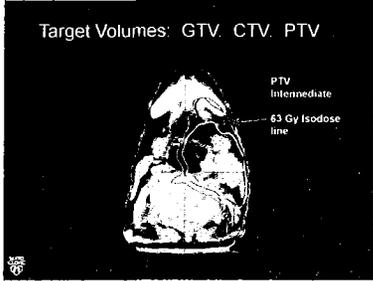


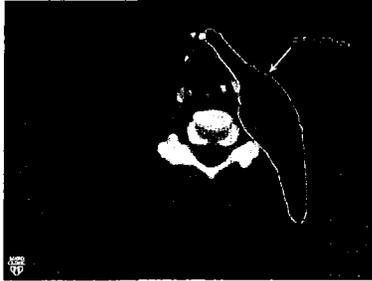
Immobilization masks









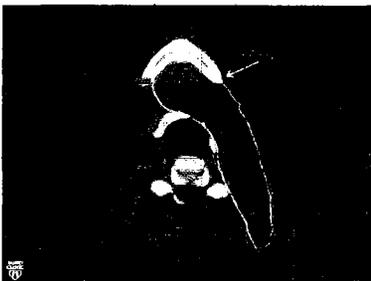
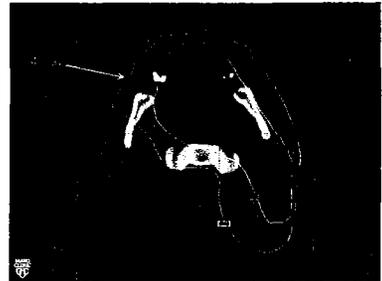
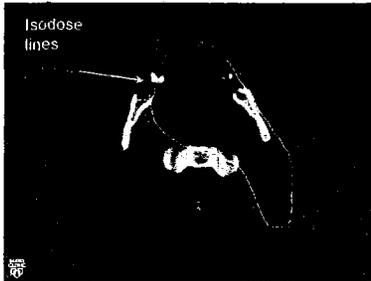


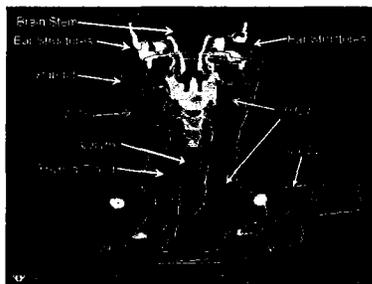
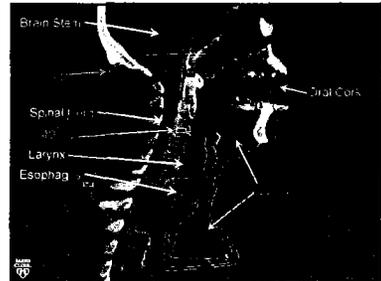
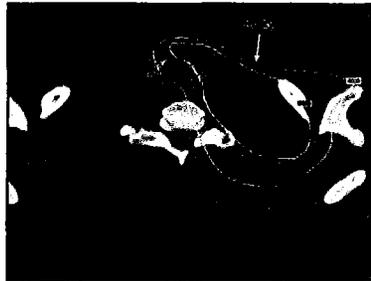
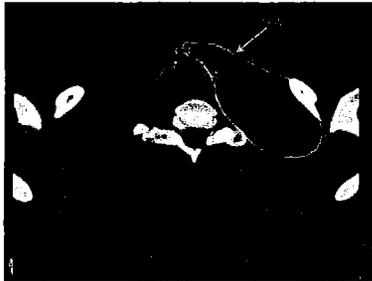
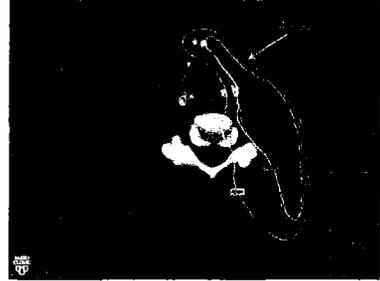
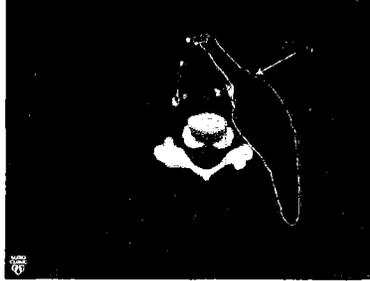
Prescription

- Gross Tumor Volume (GTV)
- Clinical Target Volume-subclinical (CTV=GTV +margin 5 mm-30 mm)
- Planning Target Volume-movement (PTV=CTV+3-5 mm)

Prescription

Priority #1: Critical normal structure constraints
Priority #2: Target coverage
Priority #3: Organs at risk

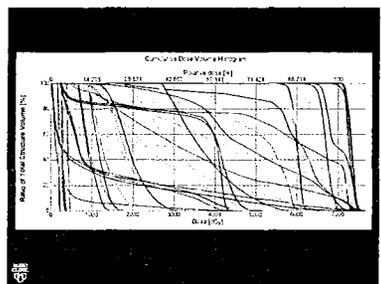


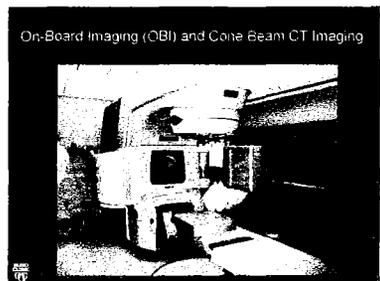
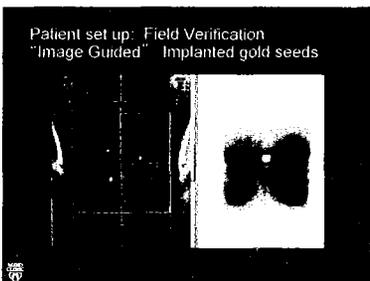
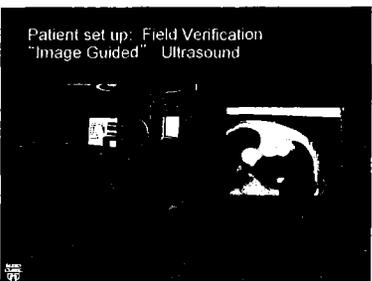
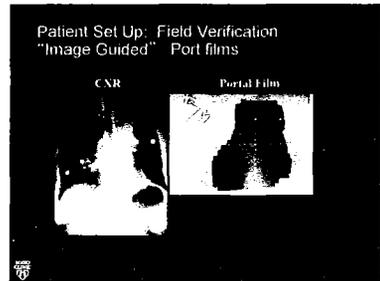
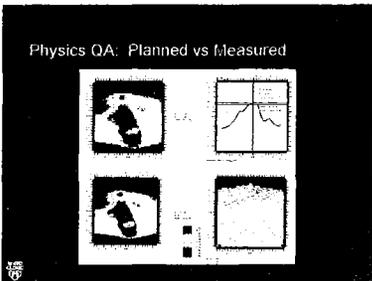
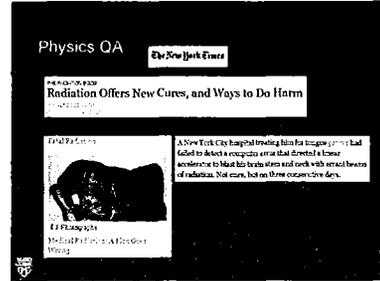
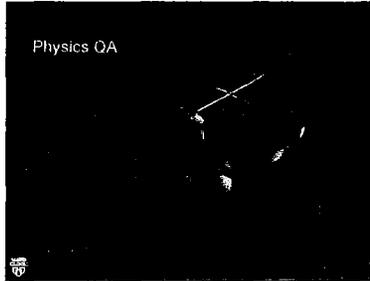
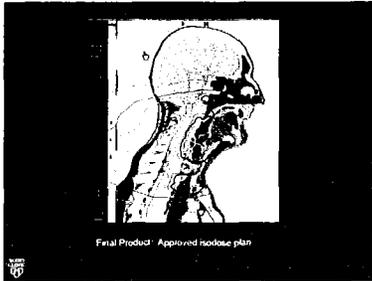


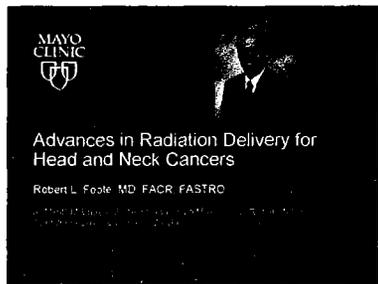
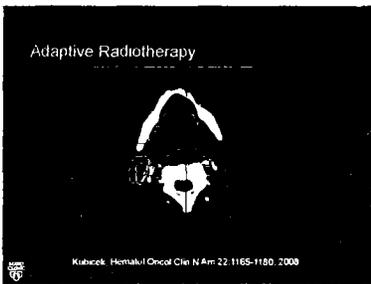
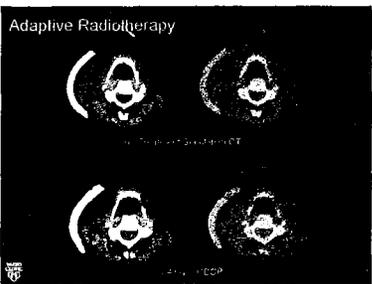
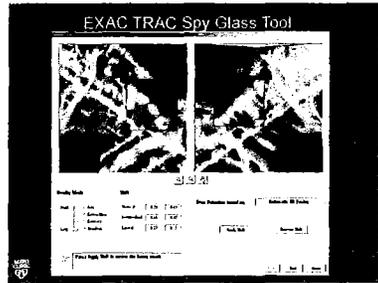
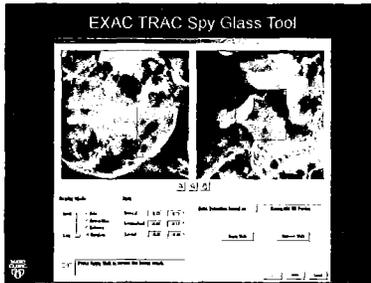
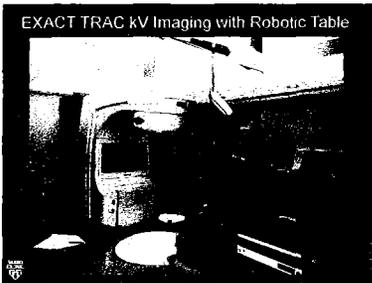
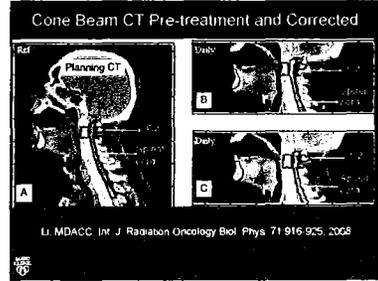
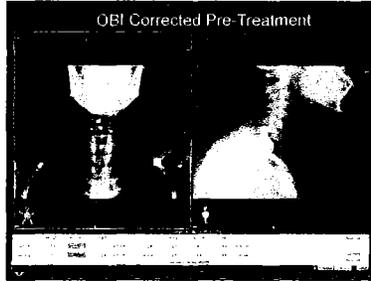
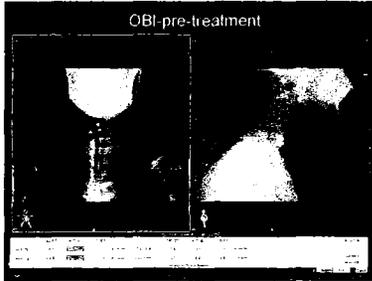
External Brain Planning

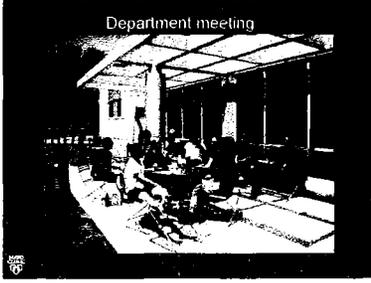
Structure	Min	Max								
Brain	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000
Brain Stem	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000
Spinal Cord	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000
Larynx	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000
Esophagus	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000
Oral Cavity	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000	1000000

41 structures contoured









Nancy Heft <nidentalseminars@me.com>

April 17, 2013 9:49 AM

Fwd: Academy of General Dentistry Local PACE Approval Letter

RECEIVED

APR 18 2013

IOWA DENTAL BOARD

Begin forwarded message:

September 14, 2010

AGD ID #: 337446
North Iowa Dental Seminars, LLC
Lyell Hogg
1010 4th St SW Ste 340
Mason City, IA 50401-2856

Dear North Iowa Dental Seminars, LLC:

Congratulations! I am pleased to confirm that the **IA** AGD has approved the application of **North Iowa Dental Seminars, LLC** for AGD approved program provider status. All formally structured educational programs put on by your organization from **8/26/2010** until **8/25/2013** within **IA** are approved by the AGD for Fellowship/Mastership credit. The Provider ID number **337446** has been assigned to your organization. Please use this ID number on all correspondence and course verification forms.

Please be aware that the approval by the **IA** Academy of General Dentistry is only for courses held in **IA**. Organizations that provide CE in more than one state/province, regularly draw from outside the state/province, offer credit for self-instruction or combination on-site/in-office participation programs must be approved by the Committee on Program Approval for Continuing Education (PACE). If your organization meets any of this criteria please e-mail a request for an application for national AGD Program Approval for Continuing Education (PACE) program to PACE@agd.org.

Credit should be issued for formal presentations on an hour-for-hour basis. Two types of credit can be offered – lecture and participation. Participation credit should be awarded when at least 30% of course time involves each participant in the practice of a skill, manipulation of materials or patient treatment. When this is not the case, lecture credit should be awarded.

Also, approved program providers have the obligation to allow one monitor, if requested, from the AGD one time per year to monitor one of their programs. Details on the AGD monitor evaluation process can be found in the PACE Guidebook.

RECEIVED

APR 18 2013

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: Fusion Series

2. Course Subject:

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

3. Course date: April 12, 2013 Hours of instruction: 6

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

8:30-12 presentation 3.5 hours

12-1 lunch

1-3:30 presentation 2.5 hours

5. Name of course sponsor: North Iowa Dental Seminars

Address: 1530 South Monroe Ave

Mason City IA 50401

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

4/4
#2032-\$40
(4 courses)

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

Kirk Behrendt

Mike Fling DDS

see attached

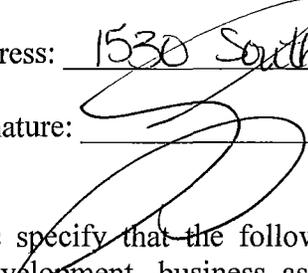
8. Please attach a program brochure, course description, or other explanatory material.

9. Name of person completing application: Dr. Lyell Hoag

Title: DDS Phone Number: 641-424-1656

Fax Number: 641-424-2219 E-mail: manager@nival surgery.com

Address: 1530 South Monroe Mason City IA 50401

Signature:  Date: 4-15-13

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(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**

Kirk Behrendt



Kirk Behrendt has been involved in public speaking, practice coaching, dental marketing and leadership facilitation for fifteen years. As the founder of ACT, his vision is driven by the commitment to provide highly personalized care to the dental profession. By creating a small and talented team of experts, Kirk and his team continue to positively impact the practice of dentistry one practice at a time. The Pankey Institute and Dr. Peter Dawson's treatment philosophies influenced Kirk early in his career. Since then, his mission has been to provide the most ethical and value driven service known to the dental practice development profession. His personal mission is "to use up every ounce of my potential." Kirk lectures all over the United States to help individuals take control of their own lives. Kirk has completed 4 Ironman Triathlons, loves golf, basketball, stand-up comedy, and most of all, spending time with his wife, Sarah, and children, Kinzie, Lily, Zoe and Bo.

Dr. Michael C. Fling, D.D.S.



Dr. Michael C. Fling, D.D.S. began his career in dentistry in 1976 as a laboratory technician. Graduating from Oklahoma University College of Dentistry in 1984, he received the "Young Dentist of the Year Award" in 1988 from the Oklahoma Dental Association. Maintaining a private practice with an emphasis on aesthetic and restorative dentistry, he has served as Course Director and as Clinical Assistant Professor in the Department of Fixed Prosthodontics at the O.U. College of Dentistry. He is the founder and President of "Fling Seminars", providing advanced dental education to dental teams and technicians throughout the country. He was named by *Dentistry Today* as one of the "Top Clinicians in Continuing Education" for the last two years. Currently he serves as a guest lecturer at O.U. College of Dentistry in the Department of Fixed Prosthodontics and as a Associate Faculty at the L.D. Pankey Institute. Dr. Fling is also

on staff with the Advanced Education in General Dentistry (AEGD) Residency Program at the O.U. College of Dentistry. He is part of a select handful that has completed the process to earn the distinction as a "Pankey Scholar." As a member of the American Academy of Restorative Dentistry, he has lectured internationally to dental and laboratory associations and to various study groups on fundamental principles of aesthetic and restorative dentistry, philosophical and managerial concepts, and achieving technical excellence.

“The FUSION SERIES”

Innovative Dental / Managerial / Personal Growth

Presenters: Dr. Michael Fling and Kirk Behrendt

Position your team as experts in your marketplace by **FUSING** a specific brand of *Technical, Managerial and Personal Growth Strategies*. Bring your entire team to this lecture. We will fire them up on this valuable and unique day. This one day high-energy program is designed to foster a prosperous office culture and will inspire you to apply technical and clinical excellence while creating internal, low-cost, service fixing, high-impact, marketing efforts that separates the **THRIVING PRACTICE** from the **STARVING PRACTICE**. This course is different! While most continuing education courses include either technical or practice management education, seldom are these entities discussed together. The *Fusion Series* combines Technical, Managerial and Personal Growth Education, to significantly improve your opportunities for success. This is presented by two of the most respected educators/advisors of our field, Dr. Michael Fling and Kirk Behrendt.

You will be exposed to these important factors:

- **Compelling Clarity**
 - How to Create the Clarity in Your life and Practice that Gives You Power
 - Clinical tools that create clarity for your patients to decide
 - 5 Questions every dentist should ask about their money

- **Systems** - ... the power of automation allows you to focus on what is important...the patient relationship
 - Using the Power of Automation and Systems to Create High Levels of Predictability
 - Empowering staff with Clinical systems that create predictability
 - Do dentistry because the patients wants it, not because you want it. Financial stability allows a better patient relationship
 - Develop a Personal Financial Recall Program

- **Technical Skills & Protocol** – It requires a risk
 - Applying the “Low Information Diet” of Practice Mastery
 - Understanding Outside/Inside Treatment Sequence
 - Applying a Protocol to make better personal financial decisions that leads to action

- **Team** – People are not our greatest asset...only the **RIGHT** people are...
 - How to Attract, Develop, Motivate and Keep Extreme Talent
 - Utilizing both staff and lab as a unit to improve quality and predictability of restorative care

- Foster a culture of prosperity for you and your staff
- **Energy** – you and your business have to generate an “Attractive” energy
 - How to Rid Your Practice and Life of Energy Suckers & Build Capacity for Personal Energy
 - Using your “Brand” to develop a referral base
 - The BBK Plan – What do you need to do to be rocking at 80!
- **Fees / Money** – you have to have a healthy relationship with money
 - The New Model of the 505 Overhead and Why it is Critical for the Future
 - Understanding the need for Clinical Conviction/Confidence and understanding Value vs. Cost
 - Understanding the difference between the business of dentistry and doing dentistry
- **Time** – you have to schedule appropriately for your “Brand” of dentistry
 - Maximizing the “Rule of 32” Clinical Hours or less
 - Understanding time IS money, and how to be maximize clinical time
 - The 3 T’s- Time, Talent and Treasure
- **Marketing** – your “Brand” has to have tremendous congruency between the message and the experience
 - 63 High Impact Marketing Tips for the Exceptional Practice
 - The Integral Practice – Creating effortless success
 - Clinical Success is more than “just a tooth”

Nancy Heft <nidentalseminars@me.com>

April 17, 2013 9:49 AM

Fwd: Academy of General Dentistry Local PACE Approval Letter

RECEIVED

APR 18 2013

IOWA DENTAL BOARD

Begin forwarded message:

September 14, 2010

AGD ID #: 337446
North Iowa Dental Seminars, LLC
Lyell Hogg
1010 4th St SW Ste 340
Mason City, IA 50401-2856

Dear North Iowa Dental Seminars, LLC:

Congratulations! I am pleased to confirm that the **IA** AGD has approved the application of **North Iowa Dental Seminars, LLC** for AGD approved program provider status. All formally structured educational programs put on by your organization from **8/26/2010** until **8/25/2013** within **IA** are approved by the AGD for Fellowship/Mastership credit. The Provider ID number **337446** has been assigned to your organization. Please use this ID number on all correspondence and course verification forms.

Please be aware that the approval by the **IA** Academy of General Dentistry is only for courses held in **IA**. Organizations that provide CE in more than one state/province, regularly draw from outside the state/province, offer credit for self-instruction or combination on-site/in-office participation programs must be approved by the Committee on Program Approval for Continuing Education (PACE). If your organization meets any of this criteria please e-mail a request for an application for national AGD Program Approval for Continuing Education (PACE) program to PACE@agd.org.

Credit should be issued for formal presentations on an hour-for-hour basis. Two types of credit can be offered – lecture and participation. Participation credit should be awarded when at least 30% of course time involves each participant in the practice of a skill, manipulation of materials or patient treatment. When this is not the case, lecture credit should be awarded.

Also, approved program providers have the obligation to allow one monitor, if requested, from the AGD one time per year to monitor one of their programs. Details on the AGD monitor evaluation process can be found in the PACE Guidebook.

APR 22 2013

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: CNA

Address: 333 South Wabash Ave; Chicago, IL 60604

Phone: (312) 822-7578 Fax: (312) 260-4365 E-mail: Ronald.Zentz@cna.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): Professional Liability 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: Dental Professional Liability Risk Management Seminar

5. Course Subject:

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

6. Course date: June 28, 2013

Hours of instruction: 4.5

#0000381157 \$10

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

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

9. Name of person completing application: Ronald R. Zentz, R.Ph., D.D.S.

Title: Dental Risk Control Director Phone Number: (312) 822-7578

Fax Number: (312) 260-4365 E-mail: Ronald.Zentz@cna.com

Address: 333 South Wabash Ave; Chicago, IL 60604

Signature:  Date: 3/1/2013

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(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:

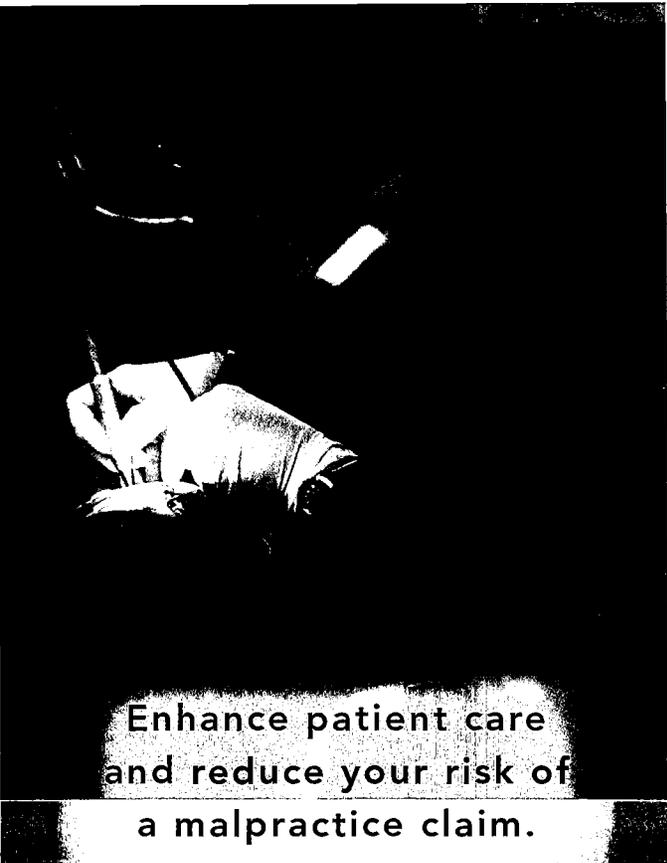
**Iowa Dental Board
Continuing Education Advisory Committee
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687**

Ronald R. Zentz, R.Ph., D.D.S., F.A.G.D., F.A.C.D.
Risk Control Director
CNA
Chicago, IL

Dr. Zentz joined CNA in 2012 as a Risk Control Director. His prior work experience included positions in clinical pharmacy and dentistry, the dental industry and organized dentistry. As Risk Control Director, Dr. Zentz serves CNA customers by providing educational programs, information and other resources to aid and support risk control efforts at the dental practice level. The Director also collaborates with a range of internal and external business partners to provide professional insight, information and strategies to effectively manage and minimize loss exposures.

Dr. Zentz practiced pharmacy and general dentistry for several years before spending a significant portion of his career in the dental device and pharmaceutical industry beginning in 1991. After gaining broad industry experience and leading efforts to achieve his company's first FDA and European new drug approvals, Dr. Zentz joined the American Dental Association (ADA), Division of Science in 2004. As the senior director, ADA Council on Scientific Affairs (CSA), Dr. Zentz worked closely with the CSA leadership and Science staff to plan and pursue the Council's strategies, goals and activities. The CSA primarily supports the scientific information needs of the ADA and its members, the dental profession and the public via initiatives in dental research, product evaluations, dental office safety, product standards and evidence-based clinical recommendations.

Dr. Zentz' educational background includes: Bachelor of Science in Pharmacy, Butler University; Doctor of Dental Surgery, Indiana University School of Dentistry; and a General Practice Residency Certificate, VA Medical Center, Indianapolis, IN. Dr. Zentz earned the Academy of General Dentistry's Fellowship designation in 1993. He is also a Fellow of the American College of Dentists (2010).



Enhance patient care
and reduce your risk of
a malpractice claim.

Course Topics Include:

- Pre-treatment issues, including the medical history, examinations, and radiography
- Best practices for managing the clinical risks of specific dental procedures
- Managing adverse events
- Creating patient records that document and support your care
- Improving communication
- Informed consent and informed refusal
- Patient management risks
- Updated claim statistics
- Emerging risk issues, and much more

CNA HealthPro, a business unit of CNA, provides insurance products to dental professionals. Available coverages include professional liability, general liability, property, and employment practices liability.

Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured.

All products and services may not be available in all states and may be subject to change without notice.

The Professional Protector Plan® is a registered trademark of B & B Protector Plans, Inc., a wholly owned subsidiary of Brown & Brown, Inc., Daytona Beach and Tampa, Florida, and is underwritten by Continental Casualty Company and National Fire Insurance Company of Hartford.

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**CNA HealthPro,
underwriter of
The Professional Protector Plan®
for Dentists,
invites you to take the
Dental Professional Liability
Risk Management
Home Study Course**

PROFESSIONAL
PROTECTOR PLAN®
FOR DENTISTS



CNA

The CNA HealthPro Dental Professional Liability Risk Management Home Study Course, developed by dentists for both dentists and their staffs, will provide you with skills, tips and techniques to help you better manage patients and your role in the practice.

In today's litigious society, managing risk is critical. Don't wait until after you've had a malpractice claim to learn the most effective ways to protect your patients—and your practice.

The course workbook contains 245 pages of risk management *what, why, and how*, including 11 real malpractice claim examples and discussion of their risk management issues. The comprehensive yet easy-to-use text is well organized to promote a thorough understanding of each subject.

Upon completion of this course, participants should be able to:

- Assess and update risk management practices they currently use
- Understand that the ultimate result of improved risk management is improved patient care
- Engage in effective communication with patients, co-workers, and colleagues
- Make the informed consent process a critical success factor in patient management
- Understand risk management implications of the doctor-patient relationship
- Implement record keeping practices that enhance patient care and thereby reduce malpractice risks
- Develop and implement effective office, staff, patient care, and practice management policies.

Don't miss this opportunity to get comprehensive dental risk management information and eight hours of continuing education credit in a convenient home study format.

Dentists who complete the course and score 75% or greater on the accompanying 50 question multiple choice examination will be awarded 8 hours of dental continuing education credit.

The CNA HealthPro Dental Professional Liability Risk Management Home Study Course is sponsored by CNA HealthPro.



Academy of General Dentistry Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement
01/01/2006 to 12/31/2010

Additionally, all dentists insured under the Professional Protector Plan® for Dentists who score 75% or greater on the examination will receive a credit on their professional liability premium upon renewal, just as if they had attended the CNA HealthPro Dental Professional Liability Risk Management Seminar.

The cost of the course for dentists who are insured by CNA through the Professional Protector Plan® for Dentists is \$95.00. The cost for dentists not insured by CNA, as well as for non-dentists, is \$145.00.

The CNA HealthPro Dental Professional Liability Risk Management Home Study Course can be purchased by contacting the Professional Protector Plan® for Dentists State Administrator Agent in your area. For the name and phone number of the agent in your area, please call 1-800-922-5694.



The CNA HealthPro Dental Professional Liability Risk Management Home Study Course will stimulate you to assess your practice, apply critical thinking based on the information presented, and make prudent choices that enhance patient care and reduce your risk of a malpractice claim.

For questions or comments about course content, please contact CNA HealthPro at 312-822-7386.

Or write to us at:

CNA HealthPro
Attn: Dental Risk Management, 26 South
333 South Wabash
Chicago, IL 60604

Kevin Driscoll
Finley, Alt, Smith, Scharnberg, Craig, Hilmes & PC
Des Moines, IA

Education:

Legal: Drake University, J.D., 1987 with honors; Order of Coif, Law Review

Undergraduate: Loras College, B.A., 1982 cum laude

Bar Admission:

1998, Iowa; 1988, Missouri; 1999, Minnesota; U.S. District Courts of Iowa and Missouri

Professional Memberships:

American Bar Association, (Construction Section), Iowa, Minnesota and Missouri Bar; Defense Research Institute; Iowa Academy of Trial Lawyers.

Areas of Practice:

General practice including but not limited to: Construction Law, Legal Malpractice, Medical Malpractice, Professional Liability, Trial Law

Biography:

Kevin maintains a trial practice in the area of professional negligence, in the defense of physicians, attorneys, architects and engineers, as well as construction and commercial related matters. Kevin is listed in The Best Lawyers of America and Chambers USA: America's Leading Lawyers for Business. Kevin served as Iowa counsel for JP Morgan in the Enron related securities lawsuits and as Iowa counsel in connection with the Recording Industry's copyright infringement lawsuits.

Braness, Christel [IDB]

From: ru2short@mchsi.com
Sent: Thursday, April 11, 2013 7:52 PM
To: Iowa Dental Board [IDB]
Subject: Dental Equipment Maintenance Course at the May meeting

I was very disappointed that CEU credits were not allowed for this course. I'm a dental assistant with 28 years of experience and this is a course that would greatly help me at my dental office. I also needed 3 more CEU's to get the 20 needed. Now I'm having to take a course on dental forensics that maybe interesting but will not help me as a chairside dental assistant. Please reconsider your decision on this or enlighten me as to the specifics why an equipment maintenance course isn't worthy of continuing education credits.

Thanks, Joni Short ru2short@mchsi.com

Dental Equipment Maintenance Training

Presented by Henry Schein Dental

This workshop will educate your staff on proper equipment care and maintenance in order to minimize potentially expensive repairs and downtime. The training will split into four groups to rotate around the training room. The areas to be covered will be: handpiece repair and maintenance; small equipment maintenance (ultrasonics, curing lights, cavitrons, film processors); sterilizer basic care and maintenance; compressor and vacuum care and maintenance; and operatory equipment (chair, delivery unit, lights) care and maintenance.

Learning Objectives:

- Proper maintenance techniques
- Weekly, monthly, and yearly preventive maintenance
- Discover basic parts to keep on hand to reduce downtime

Braness, Christel [IDB]

From: Iowa Dental Board [IDB]
Sent: Monday, April 22, 2013 10:00 AM
To: 'Jan Wilton'
Subject: RE: Ergonomics cont. ed course from IDA deemed unacceptable

Importance: High

In reviewing the information provided, the Continuing Education Advisory Committee determined that the ergonomics courses, submitted recently for review, did not sufficiently focus on the treatment of patients. The courses appeared to be geared more towards the practitioner and addressing the potential longevity of practice. Courses that deal with self-improvement are not eligible for credit pursuant to Iowa Administrative Code 650—Chapter 25. Having said that, I will forward your comments to the next meeting of the Continuing Education Advisory Committee for their review.

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*

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: Jan Wilton [mailto:jwilton@mchsi.com]
Sent: Wednesday, April 17, 2013 8:12 PM
To: Iowa Dental Board [IDB]
Subject: Ergonomics cont. ed course from IDA deemed unacceptable

Hello Crystal,

I am a practicing hygienist in Iowa and was looking forward to attending the Ergonomics cont. ed class offered at the annual meeting in Iowa City. I am disappointed and a little confused as to why the board has deemed it unacceptable.

Clinical ergonomics is now a critical part of the curriculum of our dental/dental hygiene programs. I have been practicing over 30 years and wish I had known more about its importance at the beginning of my career. Ask any dentist, hygienist, or assistant who has been in practice more than five years and I am sure they will agree.

As quoted in your letter, rule 25.3(7)4c lays out subjects that are not acceptable for credit. Clinical ergonomics does not fall under any of those categories.

Please reconsider your finding. I am sure many dentists and hygienist are as disappointed as I am to not be receiving credit for those timely class.

I would like to discuss the reasoning behind this decision. Please contact me by phone at 515-965-0584 or by email. I am looking forward to your response.

Sincerely,

Jan Wilton, RDH

PS. I know I can still attend this class for no credit, but because of some serious health issues I have not been able to attend as many cont. ed classes as I normally do. I was counting on the credits I would receive from this class toward my requirement this cycle.

POSTURE, PAIN & PRODUCTIVITY in DENTISTRY COURSE DESCRIPTION

Posture is a key ingredient in the dental profession. Good and bad posture can positively and negatively impact the bottom line. Over time, stress can lead to a reduction in productivity and the body's ability to heal itself. Lost work time and diminished work life are serious threats to personal and professional achievement. Tuning into proper posture can limit the amount of stress one feels during the course of the treatment day and thus contribute to the positive experience of the practitioner and the patient. Additionally, a strong, healthy worker is a productive worker and that productivity is reflected positively in the bottom line. This program presents a hands-on approach to solving the problems that dental professionals face in the work place everyday...posture, productivity, career satisfaction and the bottom line.

The negative impact that work-related musculoskeletal disorders can have on productivity will be discussed. Instrumentation, posture, equipment selection, operatory design, strength and flexibility will also be reviewed. This workshop is designed to provide practitioners with an introductory working knowledge of the ergonomic risks in and out of their work environment while developing more efficient work performance strategies. Developing ongoing daily awareness is a major preventative approach for avoiding the potential career ending, life-altering musculoskeletal disorder. What's your bottom line? If you are someone who carries the weight of your clinic on your back, we need to talk! There will be an opportunity to discuss individual concerns in an operatory environment following the presentation.

COURSE OBJECTIVES

Overview the science of ergonomics and its potential impact on the practice of dentistry

Review the anatomy and physiology of the musculoskeletal system for the upper quarter, lower quarter, and the spine

Discuss the impact of posture, strength, and flexibility on dental practice, the patient and the dental practitioner

Identify musculoskeletal signs and symptoms related to dental practice

Identify impediments to productivity, the negative impact on quality patient care and the bottom-line

Identify proper working postures, activities and techniques in order to create preventative strategies, which can counteract the ill-effects of work-related musculoskeletal disorders

Identify alternative approaches for efficient, effective delivery of care and a healthier lifestyle which can assist dental professionals to practice productively without pain

Timothy J. Caruso PT, MBA, MS, Cert. MDT, CEAS
Chicagoland Performance Consultants 630-965-8176
carusopt@ameritech.net

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Timothy J. Caruso,
PT, MBA, MS, Cert. MDT, CEAS
1578 W Holtz Ave
Addison, IL 60101
carusopt@ameritech.net
630-965-8176

Timothy J. Caruso is a practicing Physical Therapist who has focused his professional expertise in the area of manual therapy and orthopedics, specifically neuromusculoskeletal disorders. He has been credentialed in mechanical diagnosis and therapy from the McKenzie Institute USA and continues in private practice in treatment of spinal disorders. In addition, he has received his Masters in Business Administration with a concentration in Organizational Development along with a Master of Science in Management with a concentration in Organizational Behavior from Benedictine University. As Founder of Chicagoland Performance Consultants, Mr. Caruso currently works with industrial and professional organizations in the areas of management, job analysis, organizational dynamics, wellness, ergonomics and injury prevention. He continues with direct patient care at Shriner's Hospital for Children in Chicago and Community Physical Therapy, a private physical therapy practice. Tim has worked extensively with pediatric and adult populations with orthopedic conditions. He is very involved in seating and positioning for children and adults with special needs. In doing so, he has co-founded, and is president of the Kids Equipment Network Childrens Charity providing medical equipment for children with special needs who have little or no funding. The Charity has helped over 350 children in the Chicagoland area since its inception.

Tim was an invited co-editor to the California Dental Association Journal in February 2005 which has recently received the Maggie and SNAP publisher's awards. He is a contributing author to Dental Practice Report and Modern Hygienist Magazines. Mr. Caruso is a nationally known professional speaker and has worked extensively with dental profession since 1988 in the areas of ergonomics, injury prevention, productivity, exercise and wellness. He has an ongoing interest in assessing musculoskeletal pain on dental professionals and creative prevention strategies. As part of his ongoing teaching career, Mr. Caruso continues as a clinical instructor for physical therapy students at Shriner's Hospital and an adjunct faculty member at the University of Illinois at Chicago Program in Physical Therapy. He is a Certified Ergonomics Assessment Specialist and chairs the Ergonomics Committee at Shriner's Hospital for Children in Chicago. He works with the Osteogenesis Imperfecta Foundation as a speaker and consultant. He is a member of the American Dental Association's Ergonomic and Disability Support Advisory Committee. Mr. Caruso is the 2008 recipient of the Miracle Maggie Humanitarian Award from the Miracle Michael Children's Charity. He is the 2012 Employee of the Quarter at Shriners Hospital for Children Chicago Unit January 2012.

PROFESSIONAL EDUCATION

- . Benedictine University, Lisle, Illinois
 - Masters in Business Administration
 - Master of Science in Management
- . Washington University, St. Louis, Missouri
 - Bachelor of Science, Physical Therapy

- . University of Illinois, Chicago, Illinois
 - Bachelor of Arts, Psychology

- . Licensed Physical Therapist State of Illinois Services
- . Credentialed Mechanical Diagnostic Therapist

- . Certified Ergonomic Assessment Specialist
 - Back School of Atlanta

- . Certified Gross Motor Functional Measure

- . Certified Pilates Instructor

PROFESSIONAL ORGANIZATIONS

- . American Physical Therapy Assn.
 - Orthopedic/ Pediatric Sections
- . Osteogenesis Imperfecta Foundation
- . Illinois Physical Therapy Assn. Formerly
 - Vice President
 - Publications / Political Action Committee
 - Liaison/Mentoring/Fundraising
- . University of Illinois Alumni Assn.

- . McKenzie Institute USA
- . Arthritis Foundation Patient & Community Committee/Speakers Bureau
- . American Physical Therapy Assn.
 - National Delegate 10 years
- . American Dental Association Ergonomics & Disability Support Advisory Committee
- . Stone School PTA
- . President & co-founder of the Kids Equipment Network Children's Charity

CV Available upon request

resubmitted
4/24/13

**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: EASTERN IOWA Community COLLEGES
Address: 306 WEST RIVER DRIVE Davenport, IA.
Phone: 563-336-3447 Fax: 563-336-3451 E-mail: MBRIONES@EICG.EDU

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

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

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: Posture & ERGONOMICS FOR the DENTAL

5. Course Subject: PROFESSIONAL

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

6. Course date: 4/25/13 Hours of instruction: 2

resubmitted for approval 4/24/13

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

2 HOUR presentation. SEE ATTACHED.

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

DAVID SCOTT, P.T., R.C.M.T
SEE ATTACHED VITAE

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

10. Name of person completing application: Mary S. Briones, RN, MS

Title: DIRECTOR HEALTH Phone Number: 563-336-3447

Fax Number: 563-336-3451 E-mail: MBRIONES@ECCU.EDU

Address: 306 WEST RVIEW DR. DAVENPORT, IA 52801

Signature: Mary Briones Date: 4/24/13

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.

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

DAVID LESTER SCOTT, P.T.
2283 LINDENWOOD DRIVE
BETTENDORF, IOWA 52722
(563) 332-5493 Home
(563) 332-2975 Home Fax
(563) 355-3867 Office

EDUCATION: **NORTHEAST MISSOURI STATE UNIVERSITY, 1972-1974**
UNIVERSITY OF IOWA, B.S. IN GENERAL SCIENCE,
1974-1977
UNIVERSITY OF IOWA SCHOOL OF PHYSICAL THERAPY
CERTIFICATE OF PHYSICAL THERAPY, 1979
MANUAL THERAPY CERTIFICATION, PROFESSOR
MARIANO ROCABADO, P.T. 1991-1993

EXPERIENCE: **Clinton Physical Therapy Services, Clinton, Iowa:**
Staff Physical Therapist, emphasis in sports medicine,
orthopedics, OCC rehab, manual therapy, TMJ pain and
dysfunction 1979-1984.

Normandie Physical Therapy, Montgomery, Alabama:
Developed and served as Director of Physical Therapy;
specializing in evaluation and treatment of patients with
head, neck and facial pain and Temporomandibular Joint
dysfunction, working closely with Dr. William McCarty Jr.,
Dr. William Farrar and Dr. Ken Farha. World-renowned
authorities in evaluation and treatment of head, neck
and facial pain and Temporomandibular Joint dysfunction. 1984-1986.

The Physical Therapy Center, P.C., Davenport, Iowa
Currently Owner and Director since 1986. A full service Physical
Therapy clinic, specializing in treatment of head, neck and facial
pain and TMJ dysfunction, orthopedics, sports and work related
injuries. Have also supplied rehab services to various contracted
facilities such as: AEA, area hospitals (Aledo, Geneseo, St. Luke's)
nursing homes, Handicapped Developmental Center, and home
health. 1986 to present.

St. Luke's Hospital, Davenport, Iowa
Responsible for managing inpatient and out patient services for
physical, occupational and speech therapies. 1991-1994.
(Concurrent with directing operations and treating patients at
The Physical Therapy Center.)

DAVID SCOTT, P.T., R.C.M.T.

David Scott received his Bachelor of Science Degree from the University of Iowa and graduated in 1979 from the University of Iowa, school of Physical Therapy. He has been in clinical practice for over 25 years.

He was chosen by Mariano Rocabado to develop and serve as Director of Normandie Physical Therapy in Montgomery, Alabama from 1984 to 1986. David worked closely with William Farrar, D.D.S., William McCarty Jr., DMD and Kenneth Farha, D.D.S. of the Normandie Study Group. This group is nationally renowned for evaluation and treatment of headache pain, neck pain and Temporomandibular Joint (TMJ) dysfunction. David has studied extensively under Mariano Rocabado including a year long residency in Arizona, and Advanced Internship in Chile. David is also a member of the Rocabado Faculty.

David currently is the owner and director of The Physical Therapy Center, P.C. in Davenport, Iowa, where he practices as a clinical specialist in head, neck, facial and spinal disorders. He has lectured throughout the United States on Physical Therapy's role in the evaluation and treatment of the cranio-mandibular complex and spinal dysfunction.

Posture & Ergonomics for the Dental Professional

This is a two hour presentation by David Scott, Physical Therapist, and Director of the Physical Therapy Center, P.C. in Davenport, Iowa. Dr. Scott will discuss back & neck problems among the dentist and dental auxiliaries. He will work with the Dental Professionals to position themselves, the patient, and dental equipment to help improve posture and interact efficiently and safely when treating patients. Dr. Scott will demonstrate techniques to assist the Dental Professional in proper movement of a patient from the wheelchair to the dental chair. In addition, he will discuss carpal tunnel syndrome; is there a relationship with the use of improperly fitted gloves? Dr. Scott will advise & demonstrate different stretches the Dental Professional can use throughout the work day to alleviate physical stress that may lead to physical damage. Maintaining a healthy, pain free body is the goal for all Dental Professionals.

At the end of the presentation, participants should be able to:

1. Have a better understanding of the need for proper posture;
2. Be knowledgeable in prevention of carpal tunnel syndrome;
3. Understand how to prevent back, neck, and extremity injury;
4. Be familiar with new techniques in transferring patients to the dental chair for treatment;
5. Understand how to eliminate physical stress throughout the workday with the use of different stretching techniques;
6. Understand proper positioning of the dental professional, the patient, and dental equipment to enhance safe & effective interaction when treating the patient.

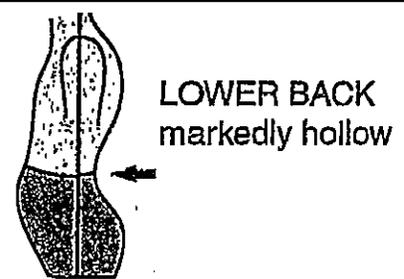
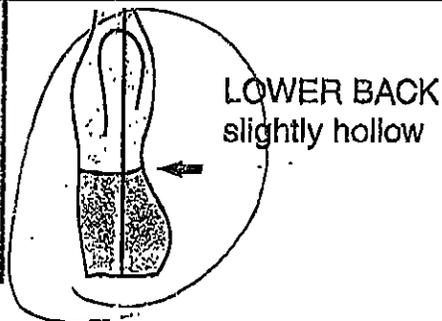
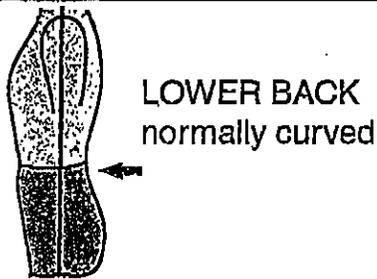
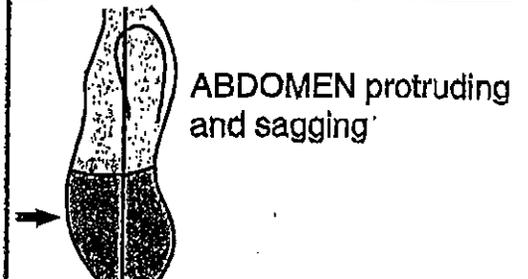
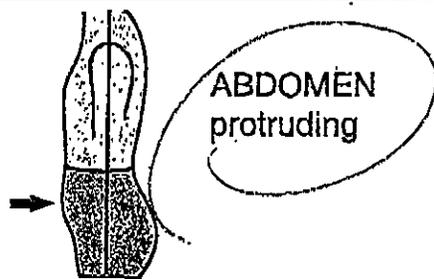
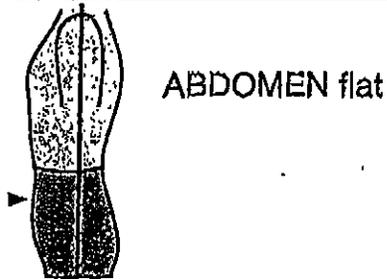
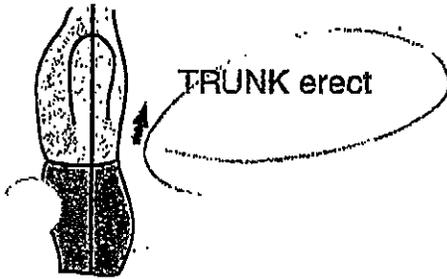
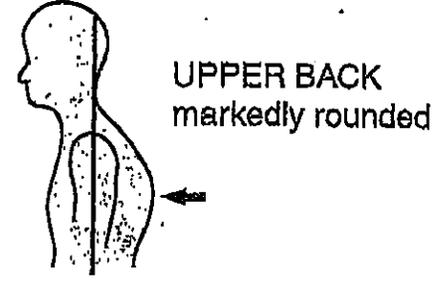
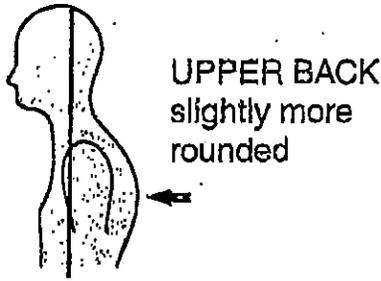
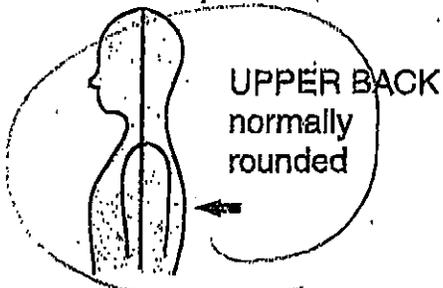
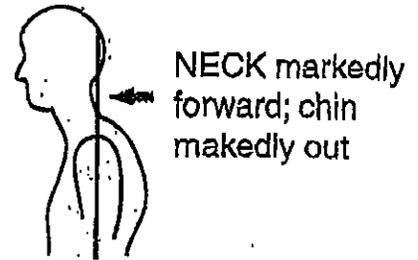
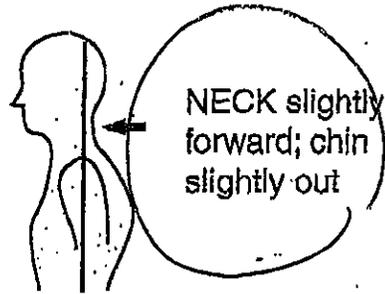
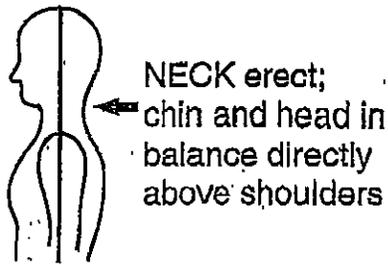
0.2 CEUs Pending Approval from Iowa Dental Board.

Location: Scott Community College Urban Center

306 West River Drive

Davenport, IA. 52801

Presenter: David Scott, P.T. R.C.M.T.; Mr. Scott received his Bachelor of Science Degree from the University of Iowa and graduated in 1979 from the University of Iowa School of Physical Therapy. He has been in clinical practice for 25 years. Mr. Scott is the owner and Director of the Physical Therapy Center, P.C., in Davenport, Iowa, where he practices as a clinical specialist in head, neck, facial, and spinal disorders.



Sitting Posture Assessment



- **Questions:**
 - What muscles could fatigue
 - What muscles could become shortened
 - What posture could this person adopt when fatigued

www.well-lit.com

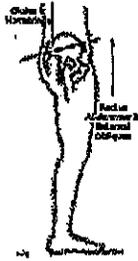
What Causes Poor Posture?

- Our lifestyles often give rise to poor posture
 - Sitting all day in the office at the desk, travelling long distances for work, going back home and spending evenings sprawled on the sofa and sedentary living are all factors responsible for poor posture.

Effects of Poor Posture

- Posture has a large influence not only on your physical appearance but also on how your body functions.
- Poor posture leads to imbalances that cause your muscles to work more to counteract gravity's pull and fatigue quicker.
 - Poor posture can cause fatigue, restricted breathing, a stiff neck, rounded upper back, low back pain, shoulders that are hunched forward or pulled back.

Posterior Pelvic Tilt



- Working muscles = abdominals and gluteals/hamstrings
 - Prolonged posture results in shortening of these muscles
 - Also results in weakness/lengthening of the back extensors and hip flexor muscles

www.physiotherapy.com

Posture Assessment

- A postural assessment is an important first step in the design of an exercise program
- Use handout provided to screen posture



Sitting Posture



Ideal Sitting Posture



www.therapist.com

Sitting Posture Assessment



- Questions:
 - What muscles could fatigue?
 - What muscles could become shortened?
 - What posture could this person adopt when fatigued?

www.therapist.com

Sitting Posture Assessment



- Questions:
 - What muscles could fatigue?
 - What muscles could become shortened?
 - What posture could this person adopt when fatigued?

www.therapist.com

MAILED
3/1/13

APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM

RECEIVED

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

MAR 4 2013

IOWA DENTAL BOARD

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: EASTERN IOWA Community COLLEGES
Address: 306 WEST RIVER DRIVE Davenport, IA.
Phone: 563-336-3447 Fax: 563-336-3451 E-mail: MBROWN@EICC.EDU

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

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

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: HEALTHY HANDS/ERGONOMICS

5. Course Subject:

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

6. Course date: 4/18/13 Hours of instruction: 2

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

2 HOUR presentation. SEE ATTACHED.

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

DAVID SCOTT, P.T., R.C.M.T
SEE ATTACHED VITAE

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

10. Name of person completing application: MARY S. BRIONES, RN, MS

Title: DIRECTOR HEALTH Phone Number: 563-336-3447

Fax Number: 563-336-3451 E-mail: MBRIONES@EILC.EDU

Address: 306 WEST RIVER DR. DAVENPORT, IA 52801

Signature: Mary Briones Date: 3/1/13

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.

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**

ATTN: [unclear]

COURSE DESCRIPTION

THIS WILL BE A TWO HOUR PRESENTATION. DR. SCOTT WILL BE INSTRUCTING THE DENTAL PROFESSIONAL IN THE USE OF BODY POSTURE, AS WELL AS MAINTAINING OUR HANDS AND WRISTS FOR A LONG TERM CAREER IN THE DENTAL PROFESSION. DR. SCOTT WILL ALSO BE SHOWING US TECHNIQUES TO HELP THE DENTAL PROFESSIONAL TO PROPERLY MOVE THE WHEEL CHAIR PT TO A DENTAL CHAIR, AS WELL AS DISCUSSING CARPUL TUNNEL SYNDROME. MAINTAINING A HEALTHY PAIN FREE BODY FOR ALL DENTAL PROFESSIONALS.

COURSE OBJECTIVES

TO HAVE THE DENTAL ASSISTANT ACHEIVE A BETTER UNDERSTANDING THE NEED FOR PROPER POSTURE

GAIN KNOWLEDGE IN PREVENTION OF CARPUL TUNNEL SYNDROME

GAIN KNOWLEDGE IN THE PREVENTION OF INJURIES OF OUR BACKS AND EXTREMITIES

FIND OUT ANY NEW TECHNIQUES IN MOVING PATIENTS TO THE DENTAL CHAIR FOR TREATMENT

HOW TO MAINTAIN YOUR HANDS AND JOINTS

QUESTIONS AND ANSWER TIME

Mary Call me if this is not good enough.
You should have gotten the site from him
[Signature] - wk 332-7734 ☺

DAVID LESTER SCOTT, P.T.
2283 LINDENWOOD DRIVE
BETTENDORF, IOWA 52722
(563) 332-5493 Home
(563) 332-2975 Home Fax
(563) 355-3867 Office

EDUCATION: **NORTHEAST MISSOURI STATE UNIVERSITY, 1972-1974**
UNIVERSITY OF IOWA, B.S. IN GENERAL SCIENCE,
1974-1977
UNIVERSITY OF IOWA SCHOOL OF PHYSICAL THERAPY
CERTIFICATE OF PHYSICAL THERAPY, 1979
MANUAL THERAPY CERTIFICATION, PROFESSOR
MARIANO ROCABADO, P.T. 1991-1993

EXPERIENCE: **Clinton Physical Therapy Services, Clinton, Iowa:**
Staff Physical Therapist, emphasis in sports medicine,
orthopedics, OCC rehab, manual therapy, TMJ pain and
dysfunction 1979-1984.

Normandie Physical Therapy, Montgomery, Alabama:
Developed and served as Director of Physical Therapy,
specializing in evaluation and treatment of patients with
head, neck and facial pain and Temporomandibular Joint
dysfunction, working closely with Dr. William McCarty Jr.,
Dr. William Farrar and Dr. Ken Farha. World-renowned
authorities in evaluation and treatment of head, neck
and facial pain and Temporomandibular Joint dysfunction. 1984-1986.

The Physical Therapy Center, P.C., Davenport, Iowa
Currently Owner and Director since 1986. A full service Physical
Therapy clinic, specializing in treatment of head, neck and facial
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nursing homes, Handicapped Developmental Center, and home
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physical, occupational and speech therapies. 1991-1994.
(Concurrent with directing operations and treating patients at
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David currently is the owner and director of The Physical Therapy Center, P.C. in Davenport, Iowa, where he practices as a clinical specialist in head, neck, facial and spinal disorders. He has lectured throughout the United States on Physical Therapy's role in the evaluation and treatment of the cranio-mandibular complex and spinal dysfunction.

Braness, Christel [IDB]

From: Sylvia Finnegan <sfinnegan@hptcinc.com>
Sent: Wednesday, April 17, 2013 11:14 AM
To: Braness, Christel [IDB]
Cc: kcarpenter@hptcinc.com; 'leonard cohen'
Subject: Consideration for CE Sponsorship

Follow Up Flag: Follow up
Flag Status: Flagged

April 16, 2013

Iowa Dental Board
Attn: Christel Braness
Program Planner

Dear Christel,

Compliance Training Partners/HPTC LLP is in receipt of your letter dated April 5, 2013 stating that the Iowa Dental Board was unable to approve our request for sponsor status but we could reapply once we had more established history of sponsoring continuing dental education activities. I completed the application which caused the error in our history by stating on our application that we conducted 32 courses in a year. I was completing the application with only the state of Iowa in mind. It should have been 1,911 which educated approximately 16,000 Dental professionals in 2012.

Compliance Training Partners has been conducting OSHA Safety Training along with Bloodborne Pathogens since 1994 and most recently added the HIPAA training mid-2012. We are currently looking into the possibility of adding CPR training. We have been an AGD Pace provider since March 4, 2001 and currently have been approved to May 31, 2016. Over the years we have trained approximately 500 instructors in 44 states to conduct our training. Each of these instructors has at least a 4 year higher education degree and has been personally trained for eight hours by Dr. Karson Carpenter during a week long Career Development course. Also, every year Compliance Training Partners offers monthly Webinars for everyone who has gone through our initial training to receive any updates or clarification to questions they may have.

I apologize for any inconvenience we have caused you and hope you will reconsider our application for Continuing Education Sponsorship with the Iowa Board of Dentistry.

Cordially,

Sylvia Finnegan/for Dr. Karson Carpenter
Compliance Training Partners
888-388-4782

CONTINUING EDUCATION SPONSOR APPLICATION

RECEIVED

IOWA DENTAL BOARD

400 S.W. 8th St, Suite D • Des Moines, IA 50309-4687
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</u>	<u>President</u>	<u>20793 Farmington Road</u> <u>unit # B</u> <u>Farmington Hills, MI 48336</u>	<u>-888.388.4782</u>
<u>Sylvia Finnegan</u>	<u>Director of Training</u>	<u>Same as Above</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: 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 that reads "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,

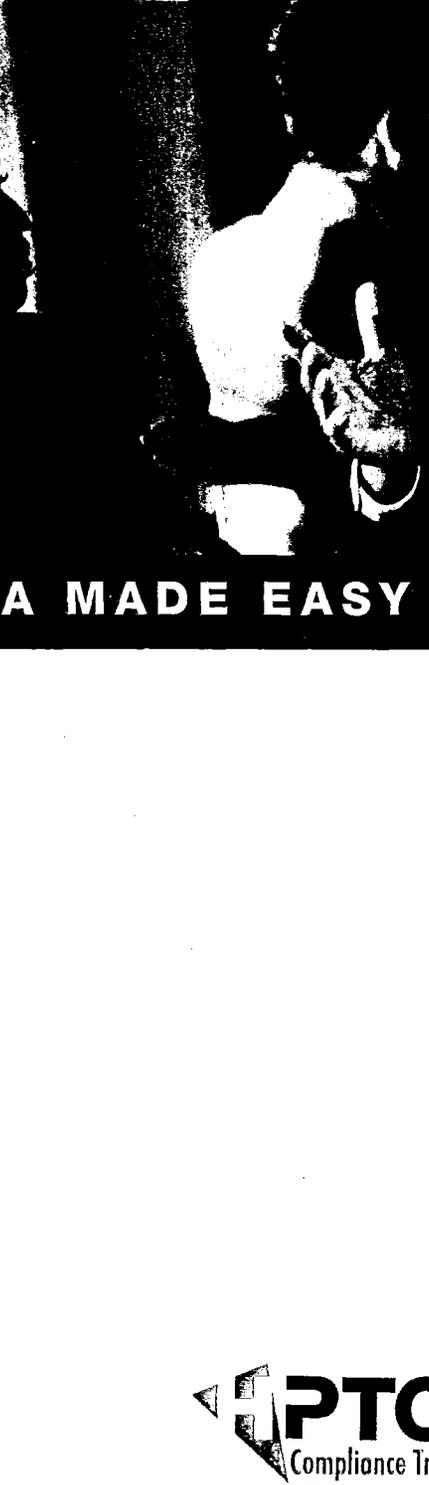
A handwritten signature in black ink, appearing to read 'Karson L. Carpenter', written over a circular scribble.

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

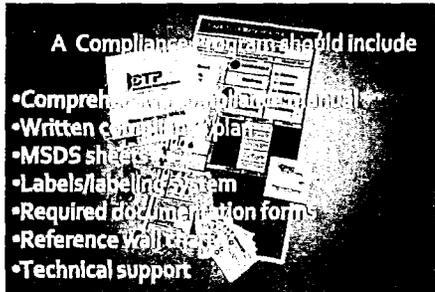
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Employer Requirements

- 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:

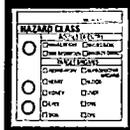
- Physical hazards, such as fire and explosion
- Health hazard, such as signs of exposure
- Routes of entry
- Precautions for safe handling and use
- Emergency and first-aid procedures
- Control measures

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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Container Labeling

- Each container of hazardous chemicals must be labeled
- Secondary containers that hold chemicals from the original container must have a label showing:
 - Identity of the hazardous chemical
 - Appropriate hazard warning(s) to include flammability, health hazards, reactivity and protective measures
- A label is not required for portable containers used to transfer hazardous chemicals for immediate use



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Labeling System

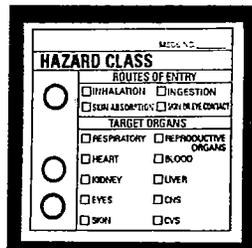
- Is your labeling system consistent throughout the facility?
- Are there coinciding names on labels and material safety data sheets (MSDS)?
- National Fire Protection (NFPA) rating system?
- Batch labeling for small items?
- What needs to be labeled/what does not?

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Labeling

Each circle is a different color:

- Flammability is red
- Health hazard is blue
- Protective measures are white
- The MSDS provides all of the necessary information



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Labeling

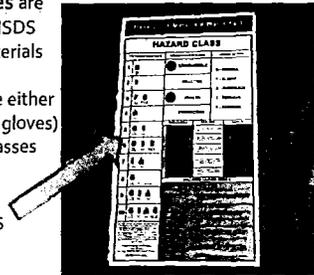
The red, yellow and blue categories are rated numerically as:

- Zero (no hazard)
- One (minimal hazard)
- Two (slight hazard)
- Three (moderate hazard)
- Four (extreme hazard)

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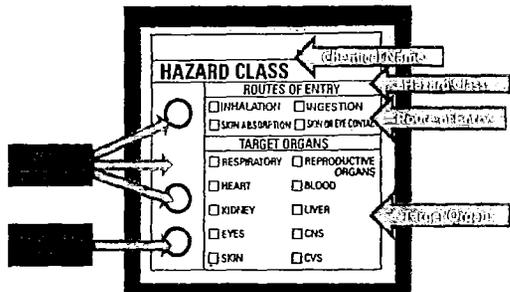
Labeling

- 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



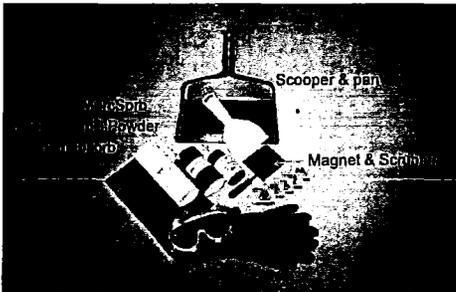
Chemical Spill Cleanup

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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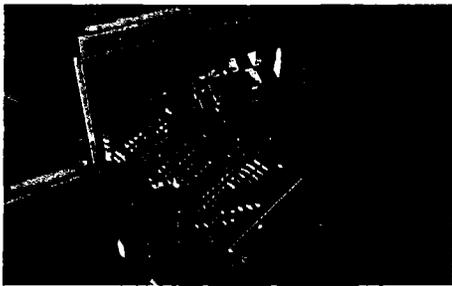
Needle Re-Capping Device



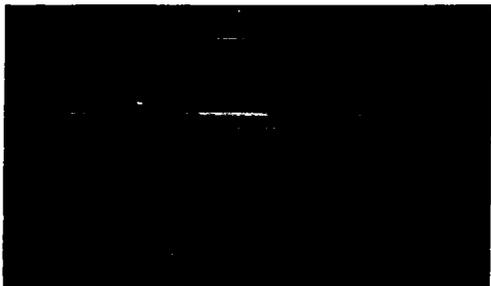
Cassettes



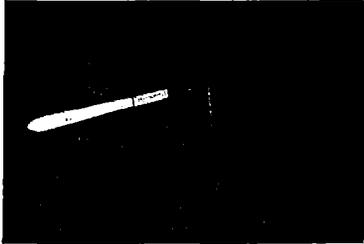
Instrument Washer



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



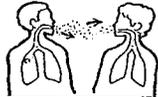
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TRANSMISSION of TB

- 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/libcpp/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:

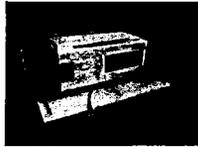
- Penetrate soft tissue or bone
- Must be heat sterilized (autoclave or dry heat) if heat stable
- FDA approved chemical sterilant/disinfectant if not heat stable

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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

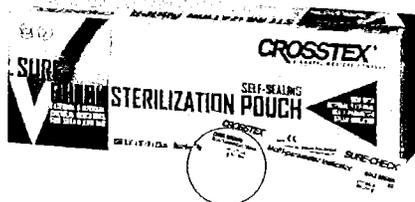
- Chemical indicators use sensitive chemicals to assess the correct conditions during sterilization. They must be put **INSIDE** and **OUTSIDE** of each pouch or cassette to be sterilized to insure the sterilizing agent has penetrated the packaging
- Biological monitoring must be performed weekly
- Mechanical 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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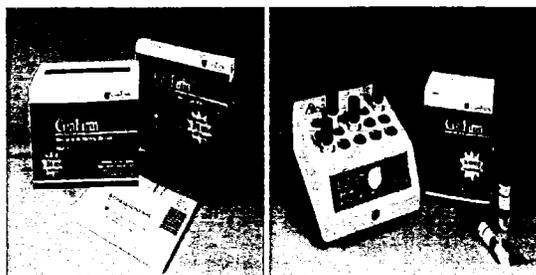
Adequate Autoclave Capacity



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

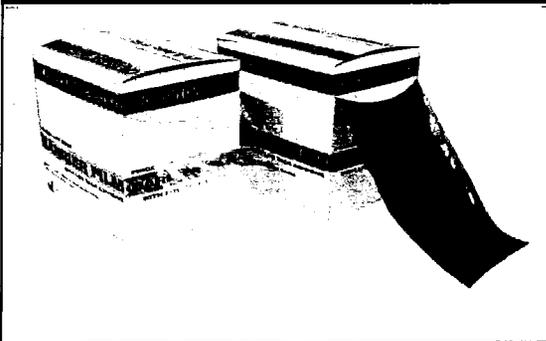


Clinical Contact Surfaces

- 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*

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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"*

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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

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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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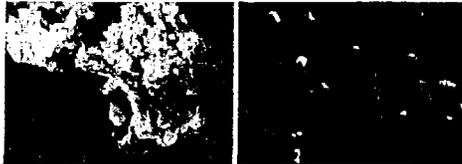
Solutions

- 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

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Before & After Treatment

- Actual SEM (Scanning Electron Micrograph) of a dental unit waterline before and after treatment.
TREATING YOUR WATERLINES REALLY WORKS!!



Untreated
The Sterilix® Corporation

Treated

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

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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

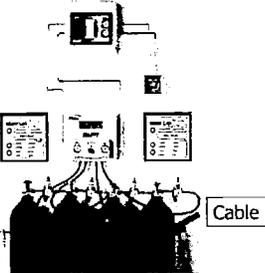
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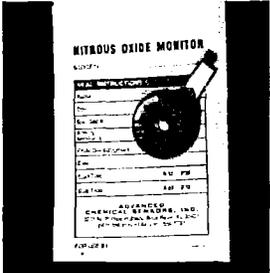
Subpart H Hazardous Materials

- Label tanks and flow meters
- Secure tanks in an upright matter with cable or chain
- Quarterly nitrous oxide testing advised

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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



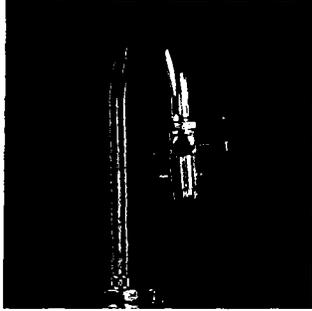
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First Aid Kit

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

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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

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Luxel Plus Monitors



- Quarterly monitoring recommended
- Monthly monitoring recommended for pregnant workers

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Braness, Christel [IDB]

From: Williams, Scott (IHS/OKC/CLA) <scott.williams@ihs.gov>
Sent: Thursday, April 11, 2013 10:46 AM
To: Iowa Dental Board [IDB]
Subject: RE: Address Change

Sir or Ma'am,

I would like a question addressed in regards to CE credit in conjunction with my past enrollment in an ADA Accredited AGPR Program. The start date of my 2 year program at the Cherokee Nation W.W. Hastings Indian Hospital was 10 SEP 2012 and I voluntarily withdrew from the program with an end date of 07 APR 2013 with full time employment in the program during the interim. I voluntarily withdrew from the program due to multiple reasons including programmatic changes (i.e. change of director and loss of specialists), administration changes (changes in tribal leadership leading to changes in the dental program), and ethical concerns (policy implementation both written and verbal from the appointed dental director).

I am awaiting a letter confirming my full time enrollment in the program, and I would like guidance on the amount of CE credit that may be applied for the duration of my participation in the program. I would appreciate your opinion on this matter at your earliest possible convenience.

V/R

LCDR Scott B. Williams, DDS
Deputy Chief Complex Dental Unit
Claremore Indian Hospital
101 S Moore Ave
Claremore, OK 74017
Office: 918-342-6400
Fax: 918-342-6678

From: Iowa Dental Board [IDB] [mailto:IDB@iowa.gov]
Sent: Thursday, April 11, 2013 9:16 AM
To: Williams, Scott (IHS/OKC/CLA)
Subject: RE: Address Change

Thank you for notifying the Board of your change of address. I will make the changes to your file.

If you have any further questions or concerns, please feel free to contact the Board.

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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