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

October 25, 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: ***Lori Elmitt, Board Member, Chair****; George North, D.D.S; Steven Fuller, D.D.S., Eileen Cacioppo, R.D.H.; Marijo Beasler, R.D.H.; Kristee Malmberg, R.D.A.; Jane Slach, R.D.A.*

I. CALL MEETING TO ORDER – ROLL CALL *Lori Elmitt*

II. COMMITTEE MINUTES

1. *September 10, 2013 - Teleconference*

III. CONTINUING EDUCATION COURSE APPLICATIONS

1. **Oral Surgeons, P.C.** *"Restoratively-driven Implant Failure"* (7 hours)
2. **Oral Surgeon, P.C.** *"Managing the Transition Zone, Enhancing Your Restorative Implant Practice"* (1.5 hours)
3. **University of Iowa College of Dentistry** *"Regional Dental Public Health Conference/Affordable Care Act and the Impact on Dentistry"* (8 hours)
4. **Iowa Department of Public Health** *"The Role of the Oral Health Professional in Screening for Tobacco Use and Hypertension"* (1 hour)
5. **Eastern Iowa Community Colleges** *"Impressive Impressions and Beautiful Bites"* (2 hours)
6. **Patterson Dental** *"Essentials of Digital Radiography"* (2 hours)
7. **Southwest Iowa District Dental Society** *"Periodontal Disease: A Review of the Etiology Progression and Treatment of Periodontal Inflammation"* (1 hour)
8. **Dental Designs Laboratory** *"Technical Advancements in Implant Dentistry"* (2 hours)

9. **Dental Designs Laboratory** *"Coordinating the Implant Team"* (4 hours)

10. **Dental Designs Laboratory** *"Abutment Selection Guide"* (2 hours)

11. **Dental Prosthetic Services** *"2013 Dental Sleep Medicine Symposium"* (7 hours)

12. **3-M – Scott Topp** *"Caries Detection & Prevention"* (2 hours)

13. **Alpha Orthodontics** *"Straight Talk About Crooked Teeth"* (6 hours)

14. **Southeast Iowa Dental Society** *"Restorative – What I Wish I Knew in '82"* (6 hours)

IV. CONTINUING EDUCATION COURSE APPLICATION - RECONSIDERATION

1. **Omni Dental** *"TMD Workshop: 'Team Approach to TMD'"*
2. **Iowa Primary Care Association** *"Sharing Patient Care Between Medical and Dental Clinics"* (CEAC recommended approval for 3 hours at last meeting; course content and length has changed – now requesting 1.5 hours credit)

V. CONTINUING EDUCATION SPONSOR APPLICATION

(None to date)

VI. OTHER BUSINESS

a. 2014 Committee Meeting Dates

b. 2014 Application Deadlines

VII. OPPORTUNITY FOR PUBLIC COMMENT

VIII. ADJOURN

- **NEXT MEETING: NOVEMBER 12, 2013**

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.

CONTINUING EDUCATION ADVISORY COMMITEE

DRAFT Sept.10, 2013 Minutes
(Subject to final CEAC approval)

- TELEPHONIC MEETING –

MINUTES
September 10, 2013
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members	**September 10, 2013**
Lori Elmitt, Board Member	Present
Steven Fuller, D.D.S.	Absent
George North, D.D.S.	Present
Eileen Cacioppo, R.D.H.	Present
Marijo Beasler, R.D.H.	Present
Kristee Malmberg, R.D.A.	Present
Jane Slach, R.D.A.	Absent

Staff Members
Christel Braness, Angela Davidson

I. CALL TO ORDER FOR SEPTEMBER 10, 2013

The meeting of the Continuing Education Advisory Committee was called to order at 12:04 p.m. on Wednesday, September 10, 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 prior meetings, review requests for continuing education courses 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:

Member	Beasler	Cacioppo	Elmitt	Fuller	Malmberg	North	J. Slach
Present		x	x			x	x
Absent	x			x	x		

II. APPROVAL OF MINUTES

- *May 1, 2013 – Teleconference*
- *July 24, 2013 – Teleconference*

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

III. CONTINUING EDUCATION COURSE APPLICATIONS

- **Eastern Iowa Community College District:** *"Overview of Pediatric Dentistry"* (2 hours)

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

- **Mercy Medical Center:** *"2013 Fall Cancer Care Update for Dental Health Professions"* (2 hrs on 9/25/13, 2 hrs. on 10/25/13)

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

- **Spring Park Oral & Maxillofacial Surgeons, PC:** *"OSHA/Infection Control Update 2013"* (2 hours)

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

- **Cedar Rapids Oral Surgery:** "State of the Implant Dentistry" (2 hours)

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

- **Compliance Solutions, Inc.:** *"Bloodborne Pathogen and Hazard Communication Training* (3 hours) ; and *"Safe Patient Handling in a Dental Office"* (2 hours)

Ms. Cacioppo inquired as to whether there would be a lunch break during this presentation. The information provided did not make this clear.

➢ Dr. Fuller joined the call at 12:08 p.m.

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

- **Carl Sandburg College – West Central Illinois Healthcare Continuing Education:** *"Substance Abuse – Concerns for Healthcare"* (hrs. requested not provided; hours of instruction 8:00AM – 5:00 PM)

Ms. Cacioppo stated that she undecided about the how to award credit. Ms. Cacioppo and Ms. Elmitt both agree that approximately an hour of the course addresses dental-related matters.

Ms. Slach stated that the course objectives indicate that more of the discussion is related to dentistry. Ms. Cacioppo indicated that part of the course information is subjective in terms of what may or may not apply to oral health.

Dr. North agreed with the recommendation for one (1) hour credit.

❖ MOVED by NORTH, SECONDED by CACIOPPO, to APPROVE the course for one (1) hour. Motion APPROVED unanimously.

- **Metro West Dental Seminars:** *"Periodontal Accelerated Osteogenic Orthodontics with Piezocision"* (3 hours)

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

- **Iowa Dental Hygienists' Association:** *"The Stress Mess: The Impact of Stress on Oral and Systemic Health"* (3 hours)

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

- **Iowa Dental Hygienists' Association:** *"The Other Vitals: Beyond Blood Pressure, Pulse and Temperature"* (3 hours)

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

- **Iowa Dental Hygienists' Association:** *"The Bitter Side of Sweets: Understanding Today's Dietary Sweeteners and their Impact on Oral Health and Systemic Health"* (3 hours)

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

- **Iowa Primary Care Association:** *"Updating the Dental Team on Pharmacology"* (1.5 hours)

Ms. Braness reported that additional course information was submitted in case there were further questions.

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

  - **Iowa Primary Care Association:** *"Factors Affecting First Dental Clinic Visit and Subsequent Care"* (1.5 hours)

Ms. Cacioppo reported that she looked a little further into this course. It addresses the patient and dental care.

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

  - **Iowa Primary Care Association:** *"Sharing Patient Care Between Medical and Dental Clinics"* (3 hours)

Ms. Cacioppo looked into it further. Since this addresses access to care, it is critical in the implementation of care to patients.

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

  - **Spring Park Oral & Maxillofacial Surgeons, P.C.:** *"Oral Surgery Office Emergencies"* (2 hours)

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

  - **Iowa Academy of General Dentistry:** *"Periodontics"* (24 hours total: 8 hours lecture & 16 hours participation)

Dr. North indicated that it is a pretty common course for the Academy of General Dentistry, and not all participants will take part in the participation portion of the course.

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

IV. CONTINUING EDUCATION COURSE APPLICATION - RECONSIDERATION

- **Omni Dental:** *"TMD Workshop:"Team Approach to TMD"*

Ms. Cacioppo indicated that she still isn't sure who the intended audience is. Ms. Cacioppo stated her opinion that the request for hours seems high.

Dr. North indicated that he is not familiar with this specific course. Ms. Cacioppo indicated that she understands the intention of the course; however, it is tricky to determine how much is patient-based. Dr. North agreed.

The committee requested more specific content and objectives, specifically as they relate to dentistry and treating patients.

V. CONTINUING EDUCATION SPONSOR APPLICATIONS

- *Eastern Iowa Periodontics, PC*

❖ MOVED by CACIOPPO, SECONDED by SLACH, to APPROVE the application for sponsor status as submitted. Motion APPROVED unanimously.

- *Home Study Solutions*

Ms. Cacioppo indicated that she did not find any problems with the application

❖ MOVED by CACIOPPO, SECONDED by FULLER, to APPROVE the application for sponsor status as submitted. Motion APPROVED unanimously.

VI. OTHER BUSINESS

VII. OPPORTUNITY FOR PUBLIC COMMENT

Ms. Cacioppo wanted to let the committee members know that the North Central dental district is offering a course "Team-working the Edges". The flyer indicated that credit is being awarded; however, it does not state that credit is being granted by the Board. Ms. Cacioppo is concerned about participants being informed about the issuance of credit.

Dr. North indicated that another flyer was mailed indicated that credit was not being granted by the state.

Ms. Braness reported that she would send a letter to the sponsor to clarify the requirements for credit.

VIII. ADJOURN

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

The meeting of the Continuing Education Advisory Committee adjourned the meeting at 12:29 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Continuing Education Advisory Committee is scheduled for October 25, 2013. The meeting will be held at the Board offices and by teleconference.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.

RECEIVED
AUG 30 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: Oral Surgeons PC

Address: 7400 Fleur Dr. Suite 200 DM 50321

Phone: (515) 274-0796 Fax: (515) 274-1472 E-mail: rceynar@oralsurgeonspc.com

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

- ☐ Constituent or component society
- ☐ Dental School
- ☐ Dental Hygiene School
- ☐ Dental Assisting School
- ☐ Military
- ☒ Other (please specify): Implant Institute

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: Restoratively Driven Implant Failure

5. Course Subject:

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

6. Course date: 10-11-13 Hours of instruction: 7

7. Provide the name(s) and briefly state the qualifications of the speaker(s): Dr Alfonso Pineyro, DDS
See attached

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

9. Name of person completing application: Ronda Ceynar, CDA
Title Prof. Relations Coord. Phone Number: 515) 274-0796
Fax Number: 274-1472 E-mail: rceynar@oralsurgeonsopc.com
Address: 3940 Ingersoll Ave DM 50312
Signature: Ronda Ceynar CDA Date: 8-28-13

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

straumann®

RESTORATIVELY DRIVEN IMPLANT FAILURE

Friday, October 11, 2013

In Association with

Program description

Many techniques and products have been developed specifically for cement retained implant restorations; some are potentially detrimental to implants, with dentists not fully aware of the issues and implications of using an inappropriate material or method. To date, no protocol exists for cementing implant retained super-structures. The goal of this program is to examine these from a scientific based perspective and present up-to-date and, as of yet, unpublished research data that can be used to develop a suitable protocol for clinical practice.

This lecture explores many of the problems encountered with cement selection, application techniques and gives clinical guidelines based on research projects currently being undertaken.

Learning objectives

- Define the importance of cement selection and understand what you need from a cement material in order to be aware and cautious
- Discuss prevention of failures and understand detection techniques for the management of excess cement extrusion
- Develop an implant cementation and maintenance protocol that will benefit you and your patients
- Understand how radiographs may influence the detection of excess cement
- Recognize signs and symptoms of poor restorative techniques.

Speaker Dr. Alfonso Piñeyro

Date Friday, October 11, 2013

Time 7:30 am - 8:00 am *Registration*
8:00 am - 4:30 pm *Program*
lunch will be provided

Location Courtyard by Marriott
2405 SE Creekview Dr.
Ankeny, IA 50021

Audience GP/Prosth and team

Subject Code 690

Type Lecture

Tuition Complimentary

SAC Straightforward

CE credit 7.0 hours

Academy of General Dentistry PACE Program Approval for Continuing Education

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.
6/1/2010 – 5/31/2014
Provider ID 210303

RSVP Please register by **Thursday, September 26, 2013** with **Ronda Ceynar** by calling 515/274 0796 or emailing rceynar@oralsurgeonspc.com

http://straumann.cvent.com/eidson101113

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FOR DENTAL PROFESSIONALS

Speaker

Dr. Alfonso Piñeyro received his dental degree from the Universidad Autonoma de Guadalajara. He then completed a two-year AEGD program in at the University of Rochester Eastman Dental Center in Rochester, New York. He later completed his Prosthodontic specialty program at the same institution. He is currently in a private practice limited to prosthodontics in downtown Seattle, Washington. He is also an affiliate faculty member at the University of Washington. Dr. Piñeyro is past president of the prestigious Washington State Society of Prosthodontists and holds memberships in several dental organizations including the American Dental Association, American Prosthodontic Society, American College of Prosthodontists, and Washington State Dental Society. Dr. Piñeyro has authored several publications in peer reviewed journals. He has lectured nationally and internationally on several topics related to clinical prosthodontics and implant dentistry.

OSPC
Oral Surgeons, P.C.

A note from your friends at OSPC:

We are blessed to partner with so many caring professionals in the central Iowa dental community. Since we are so blessed, we wanted to be able to bless others by giving back, so we are asking for your help with this. Please bring your donation of toiletries, diapers, laundry and paper products such as Kleenex, toilet paper and paper towels to this meeting. We will be sharing these items with local agencies, food pantries and homeless shelters. We appreciate your help with this project and know that we can count on you to help us bless those less fortunate in our community. Thank you!

RECEIVED

SEP 10 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: Oral Surgeons PC Implant Institute

Address: 7400 Fleur Dr. Suite 200 DM 50321

Phone: (515) 274-9151 Fax: 274-1472 E-mail: rceynar@oralsurgeonspc.com

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

- ☐ Constituent or component society
- ☐ Dental School
- ☐ Dental Hygiene School
- ☐ Dental Assisting School
- ☐ Military
- ☒ Other (please specify): Private office

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

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

4. Course Title: Managing the Transition Zone, Enhancing Your Restorative Implant Practice

5. Course Subject:

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

6. Course date: Oct 22, 2013 Hours of instruction: 1.5

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

Paul Patella, Dental Technologist
Graduate US Coast Guard School of Dental Technology

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

9. Name of person completing application: Ronda Ceynar

Title: Professional Relations Coordinator Phone Number: 274-0796

Fax Number: 515)274-1472 E-mail: rceynar@oralsurgeonsgc.com

Address: 3940 Ingersoll DM 50312

Signature: Ronda Ceynar CDA Date: 9-9-13

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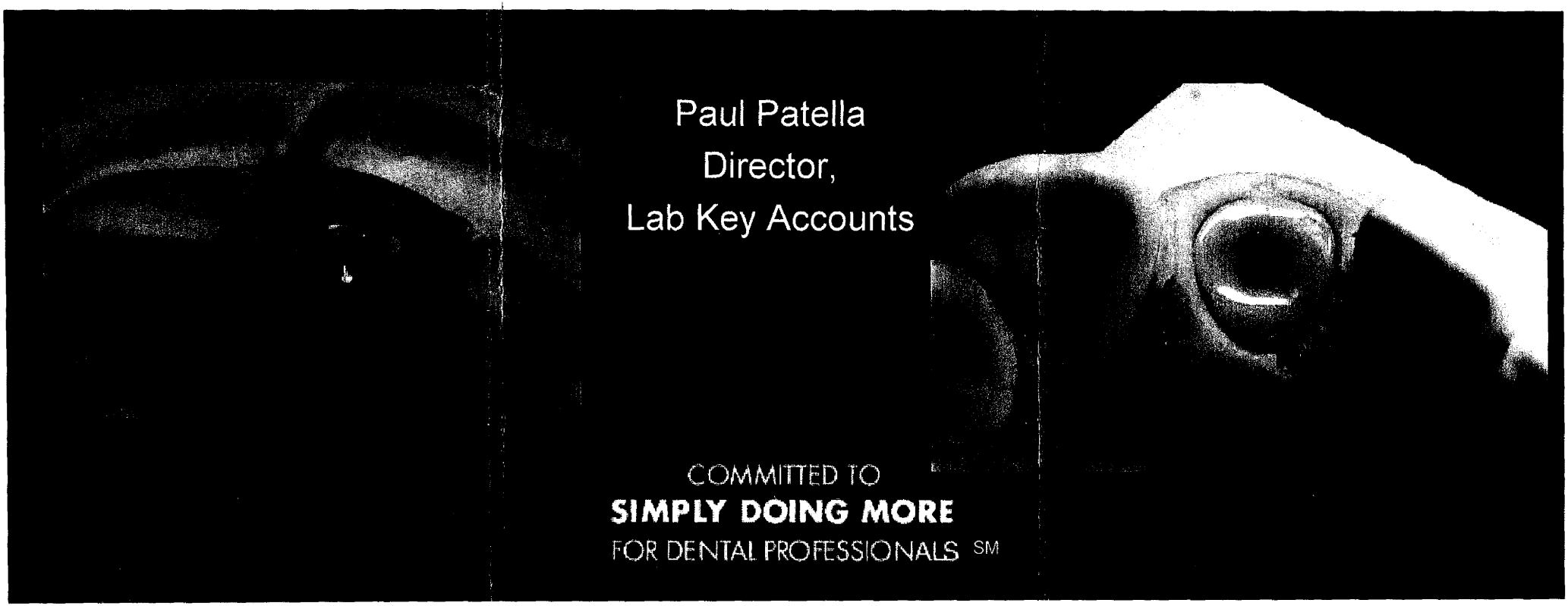
MAIL COMPLETED APPLICATION ALONG WITH THE REQUIRED **$10 FEE** *PER COURSE* TO:

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

straumann®

Managing the Transition Zone *with your* Straumann Implant Specialist



Paul Patella
Director,
Lab Key Accounts

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FOR DENTAL PROFESSIONALS SM

We have all encountered the challenge of establishing a proper emergence profile and creating a cement line which is accessible. It is reported that residual cement is the # 1 complication in Implant Dentistry today

Learn how we can provide you and your patients with mature, soft tissue architecture that has the proper emergence profile. This new service is an option for the restorative doctor which could eliminate the need for a final impression. An update of CADCAM current technology and improved workflow will also be discussed

2 hours of ADG CE will be offered.

Presented by: Paul Patella

Paul Patella is a 1980 graduate or the U.S. Coast Guard School of Dental Technology, and has studied dental technology throughout the United Stated and Europe. A former owner of a dental laboratory that specialized in implant prosthetics, Paul now focuses on digital dentistry and how this effects the workflow with dental laboratories, restorative dentists and implant specialist.

DATE/LOCATION:

Tuesday, October 22, 2013

Oral Surgeons PC – Conference Room
7400 Fleur Drive
Des Moines, Iowa 50321

REGISTRATION & DINING:

5:30 p.m. – 6:00 p.m.

PRESENTATION:

6:00 p.m. - 7:30 p.m.

HOW TO REGISTER:

By Phone: 515-274-0796
By Email: rceynar@oralsurgeonspc.com
Please **RSVP** by October 14, 2013

straumann

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: Penni Ryan, University of Iowa College of Dentistry

   Address: 346 Dental Science N. Iowa City, IA 52242-1010

   Phone: (319) 335-7166 Fax: (319) 335-7155 E-mail: penni-ryan@uiowa.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): _____

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: Regional Dental Public Health Conference/Affordable Care Act and the Impact on Dentistry

5. Course Subject:

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

6. Course date: October 13, 2013 Hours of instruction: 8

7. Provide the name(s) and briefly state the qualifications of the speaker(s):
Dr. Peter Damiano, Director of UI Public Policy Center and Professor at the University of Iowa College of Dentistry
Janice Kupiec, ADA Manager, Legislative and Regulatory Policy, Federal Affairs

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

9. Name of person completing application: Penni Ryan

Title: Director, Continuing Ed Phone Number: 319-335-7166

Fax Number: 319-335-7155 E-mail: penni-ryan@uiowa.edu

Address: U of Iowa, College of Dentistry, 346 Dental Science N., Iowa City, IA 52242-1010

Signature: Penni M. Ryan Date: 9/4/13

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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

Regional Dental Public Health Conference
Dentistry and Health Care Reform
Affordable Care Act and the Impact on Dentistry
October 13-14, 2013 | Iowa City, Iowa

The next major implementation steps from the Affordable Care Act will begin on October 1, 2013 through the beginning of the open enrollment period for insurance coverage through the Health Benefits Marketplaces. Dentistry and dental public health could be affected in a variety of ways including through expansions in insurance coverage, implications for care for vulnerable populations through the public and private safety net, and potential financing and delivery system changes.

The goals of the symposium are to improve attendees understanding of:

- the factors driving the health care reform discussion
- the components of the Affordable Care Act and the implications for dentistry
- how the health benefits marketplaces will incorporate dental insurance coverage
- how the Medicaid expansion is or is not being implemented across the Midwest
- the possible inclusion oral health care into Accountable Care Organizations and Health Home development

Questions to be discussed:

- Is dental coverage required as of January 1, 2014 under the ACA?
- What is the dental EHB for children?
- Will limited Medicaid program expansion affect coverage?
- How many additional adults may receive dental benefits under the ACA?
- How many additional Medicaid dental visits will the ACA generate?
- What impact will the ACA have on dental spending nationwide?
- Are state specific projections available?

Agenda

Sunday, Oct 13, 2013 | *Holiday Inn Hotel and Conference Center, Coralville, IA*
7:00-8:30: Panel discussion about implications of the ACA on dentistry (open to the public with area dentists and all dental students invited to presentations)

7:00-7:05 ***Welcome Remarks***
- **David Johnsen,** Dean, UI College of Dentistry

7:05-7:10 ***Introductions***
- **John Warren,** Professor, UI College of Dentistry

7:10-7:35 ***Overview of the Affordable Care Act***
- **Pete Damiano,** Director UI Public Policy Center and Professor, UI College of Dentistry

7:35-8:00 ***The Affordable Care Act and the Implications for Dentistry***

- **Janice Kupiec**, ADA Manager, Legislative and Regulatory Policy, Federal Affairs

8:00-8:30 ***Panel Discussion***

1.5 CEUs requested

Monday, Oct 14, 2013 | 8:30am – 3:30pm
Holiday Inn Hotel and Conference Center, Coralville, IA

8:00-8:30 *Continental Breakfast & Registration*

8:30-8:45 ***Welcome Remarks***

- **Steve Levy,** Professor, UI College of Dentistry
- **John Warren,** Professor, UI College of Dentistry
- **Pete Damiano,** Director UI Public Policy Center and Professor, UI College of Dentistry

8:45-9:30 ***Maternal and Child Health and the Affordable Care Act***

- **Kathy Chan,** Associate Director and Director of Policy and Advocacy Illinois Maternal and Child Health Coalition. "Maternal and Child Health Services and the ACA" (30 min present, 15 min questions)

9:30-10:15 ***Medicaid Health Homes and the Medicaid ACO and ACA Impact***

- **Marni Bussell,** Project manager, Iowa Medicaid Enterprise. "Medicaid Health Homes and Medicaid ACOs in Iowa" (30 min present, 15 min questions)

10:15-10:30 ***Networking Break***

Panel Discussions **15 min each presentation, 15 min discussion for the panel**

10:30-12:00 ***Dental Benefits in the Marketplace: Medicaid and private insurance and ACA Impact***

- **Bob Russell**, State Dental Director, Iowa Department of Public Health (moderator)
- **Jeff Russell,** President and CEO, Delta Dental of Iowa. "Stand Alone Private Dental Plans in the Health Benefits Marketplace."

- **Sally Nadolsky**, Policy Specialist, Iowa Medicaid Enterprise. "Dental coverage in Iowa's Medicaid Expansion-the Healthy and Well Iowa Plan" (invited)
- **Jessica Meeske**, Pediatric Dentist, Hastings, Nebraska: "How the Nebraska Medicaid Expansion did not happen"
- **MN Delta Dental** (invited)
- **COOPerative Health**-A COOP in the Health Benefits Marketplace (possible)
- **Discussion of insurance issues in the Midwest**

12:00-1:00 ***Networking lunch***

- Please pick up your lunch at the buffet table and sit where you would like

1:00-2:15 **Dental homes and other delivery system changes and the ACA impact and other implications**

- **Pete Damiano**, Director UI Public Policy Center and Professor, UI College of Dentistry (moderator)-research on ACOs and health homes
- **Ted Boesen**, Executive Director, Iowa Primary Care Association-community care. "Community Care Team Development"
- **Mary Seieroe**, Staff Dentist, Hennepin County MN Medical Center. "Dentistry's role in adapting to ACOs and risk based payment"
- **Stacey Cyphert**, Assistant Vice President for Health Policy, Senior Assistant Director, UI Hospitals and Clinics. "The UI/Mercy/Genesis Alliance ACO" **(invited)**
- **Discussion of health system changes in the Midwest**

2:15-2:30 *Networking Break*

2:30-3:45 ***Impact of the ACA on the Oral Health Safety Net***

- **Ray Kuthy,** Professor, University of Iowa (moderator). "The Capacity for Dental Care in Iowa's FQHCs"
- **Susan McKernan**, Asst. Professor, University of Iowa. "The Capacity for Dental Care in Iowa's Private Practices"
- **Mary Mariani**, Dental Director, Davenport FQHC, President, Iowa Dental Assoc. "How an Iowa FQHC is adapting to the ACA"
- **Kecia Leary**, Staff Dentist, Jordan Valley Community Health Center. "How a Missouri FQHC is adapting to the ACA"
- **Discussion of safety net issues in the Midwest**

3:45-4:00 ***Wrap Up and Suggested Next Steps***

6.5 CEUs requested

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

RECEIVED
SEP 19 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: Iowa Dept. of Public Health

Address: 321 E. 12th St. Des Moines, IA 50319

Phone: 515-281-7630 Fax: 515-242-6384 E-mail: Saralyn.schlievert@idph.iowa.gov

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

- ☐ Constituent or component society
- ☐ Dental School
- ☐ Dental Hygiene School
- ☐ Dental Assisting School
- ☐ Military
- ☑ Other (please specify): State health dept.

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

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

4. Course Title: _____

5. Course Subject:

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

6. Course date: Ongoing (Beginning October 2013) Hours of instruction: 1 hr.

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.
See attached

9. Name of person completing application: Sara Schlievert

Title: Community Health Consultant Phone Number: 515-281-7630

Fax Number: 515-242-6384 E-mail: Saralyn.schlievert@idph.iowa.gov

Address: 321 E. 12th St. Des Moines, IA 50319

Signature: Sara Schlievert Date: 9/17/2013

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

Attachment: Application for Prior Approval of Continuing Education Course or Program

Note: Due to slight changes in the material content, this is a re-submission of a CEU request that was submitted to IDB 10/1/2012 and approved 12/4 /2012.

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

The training was prepared by Dr. Christopher Squier, PhD, DSc and Nancy Slach, RDH, BS, TTS from the University of Iowa.

Dr. Squier joined the College of Dentistry in 1975. He is a professor in the Department of Oral Pathology, Radiology and Medicine, and in the Dows Institute for Dental Research. Dr. Squier is also director of graduate studies at the College of Dentistry, and since 2007, he has been director of Global Health Studies at the University of Iowa.

Ms. Slach joined the College of Dentistry in the fall of 1985. She has experience in private practice and public health dental hygiene, as well as practicing at The University of Iowa in Hospital Dentistry. She is a dental hygienist with a bachelor of science degree in dental hygiene from the University of Michigan. She attended the University of Iowa where she worked on a masters in public health dentistry and received her tobacco treatment specialist certification from the Mayo Clinic. She has been employed by the University for over 30 years and has held positions in both the University of Iowa Hospital Dental Clinic as well as her current teaching position at the College of Dentistry.

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

Select licensed dental hygienists (serving as I-Smile Coordinators) and licensed registered nurses will attend a train-the-trainer session presented by Dr. Squire and Ms. Slach. These trained professionals will then provide the onsite trainings in dental offices in their communities as part of "Lunch and Learn" CEU sessions.

The training includes a 1.0 hour office presentation and follow-up technical assistance, as needed.

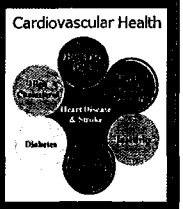
This training is a collaborative project between the University of Iowa College of Dentistry and the Iowa Department of Public Health Community Transformation Grant. The purpose is to train dental office staff to incorporate blood pressure and tobacco screening and referral into their patient appointments as part of an integrated approach to improve the oral health and overall health of Iowans.

The training power point and participant handouts are attached.

The Role of the Oral Health Professional in Screening for Tobacco Use and Hypertension

Why are we doing this?

- **Hypertension and smoking are major risk factors for Cardiovascular Heart Disease and Stroke**
- **Smoking is the major cause of lung cancer and oral cancer as well as respiratory disease**



Prevalence of high BP in Iowa (25-27%) unchanged from 2000-2007 (BRFSS data)

Smoking rates in Iowa are 18% and have been going up!

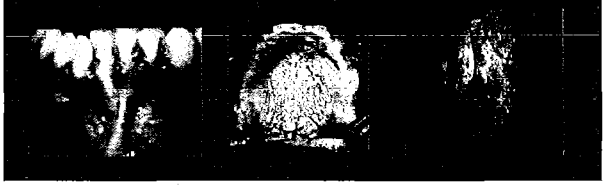
Monitoring Blood Pressure

Oral Health Professionals are in a good position to do this because with modern instruments, it is simple, rapid and accurate

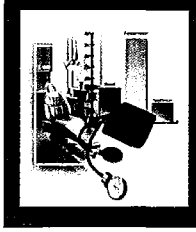
Screening for Tobacco Use

Oral Health Professionals are in a good position to do this because tobacco use causes obvious changes in the mouth

- Smokers more severe periodontal disease than non-smokers
- White patches on the palate -nicotinic stomatitis
- malignant transformation – **oral cancer**



Can Oral Health Professionals Effectively Screen for Tobacco Use and Hypertension in the Office?



A Demonstration Project funded by CDC and IDPH

Christopher Squier
Nancy Slach

University of Iowa College of Dentistry

Project Details

- To demonstrate feasibility of assessing blood pressure and tobacco use among patients and making appropriate referrals for intervention in 4 Iowa dental practices.

Study Population

1644 patients screened for tobacco use and blood pressure and recalled at 6 mth and 12 mth for followup.

Population:
Males=44%
Females=56%

Age
Mean=44years

What was found?

Blood Pressure

- Initially, a lot of patients (64%) had pre-hypertension But this number was significantly reduced at 6mths and 12mths
- Significantly fewer patients reported that their physician was not aware of their blood pressure at 6 and 12 mths than at baseline.
- A greater proportion of patients at 6 and 12mths were being treated for hypertension than at baseline

Tobacco Use

- Current tobacco use at baseline was 18%; this was significantly reduced to 13% after 12 mth.
- We did not find any increase in the number of patients who wanted to quit after 6 or 12 mths!

Lessons Learned During Study

- **Patients are ready to be screened in the dental office**
- **This can involve the dental team – screening can be done by hygienists and assistants**
- **The dentist must be supportive of the role played by others in the team**

Why Screen for Hypertension?

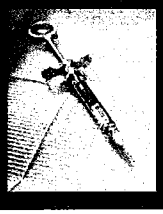
Screening for Hypertension

American Dental Association Recommendations

- Dental offices should take blood pressure on all new patients and annually on all recalls.
- Patients with hypertension should be monitored throughout each dental visit during which complex procedures are performed.
- *(Thompson et al., 2007; Herman et al., 2004).*

- Remember local anesthetics that contain epinephrine or other vasoconstrictors can increase blood pressure or the development of an arrhythmia, which is dangerous to patients with hypertension.

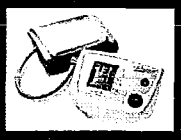
(Gurenlian, 2007; Thompson et al, 2007)



- Patient noncompliance with antihypertensive drug regimens is widespread.
- Hypertension is the most common primary diagnosis in America.
- Affects approximately 50 million individuals in the united States.

Handbook of Local Anesthesia 5th Edition; Stanley F. Malamed, 2004, pg 142, 143

Blood Pressure Monitors



Things to consider when measuring bp

- Incorporate blood pressure and tobacco use data on health history form, or somewhere easily accessible in record
- Education materials/brochures for patients
- Smoking or drinking caffeine-containing beverages can affect blood pressure numbers
- Dealing with the issue of White-Coat hypertension
- Difficulty of monitoring BP when patient is wearing heavy winter clothing

Remember, we are screening and referring, not *treating* hypertension

Screening Blood Pressure Classification (Handout)

Blood Pressure Classification	Systolic		Diastolic	Management
	BP, mm Hg			
Normal	<120	and	<80	Maintain
Pre hypertension	120-139	or	80-89	Monitor
Stage 1 hypertension	140-159	or	90-99	Be checked by physician
Stage 2 hypertension	≥ 160	or	≥100	Referral to physician or ER

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Bethesda, Md: National Institutes of Health, National Heart, Lung, and Blood Institute. 2003, NIH Publication 03-5231

Major Risk Factors for Hypertension

- Cigarette Smoking, any tobacco use
- Obesity (BMI ≥ 30)
- Physical inactivity
- Diabetes mellitus
- Age (older that 55 for men, 60 for women)
- Family history
- Kidney disease
- High blood cholesterol levels (dyslipidemia)

Typical treatments offered by the patients physician

- Normal: encourage good lifestyle choices
- Prehypertensive: assess lifestyle and identify other cardiovascular risk factors or disorders that may affect prognosis and guide treatment.
- Stage 1 or Stage 2 hypertension: often one or more drugs are prescribed along with lifestyle changes.

Talk to Patient about Hypertension

- Be non-judgmental in advice – ask questions
- Stress need to follow-up with physician
- Stress need to take prescribed medication
- Ask if they are aware it is the "silent killer"
- Ask if they are aware of life-style changes their physician may suggest or has already

What About Low Readings?

- Blood pressure readings less than 90/60 mm Hg are normal as long as the patient feels well.
- In general, the lower the blood pressure, the better.
- If the patient feels light headed, faint, or like they may vomit, they should see their physician.

Screening for Tobacco Use

Step 1: ASK

- Ask about tobacco use
  - "Do you, or does anyone in your household ever smoke or use any type of tobacco?"
    - "We like to ask our patients about tobacco use, because it has the potential to interact with many medications."
    - "We like to ask our patients about tobacco use because it contributes to many medical and dental conditions."

- Ask all new patients about tobacco use on the health questionnaire and update at each office visit. (Health Questionnaire – possible tobacco questions handout)
- Ask all tobacco users what type of tobacco they use.
- Ask all tobacco users about their interest in stopping tobacco use.

Opening Strategies if a tobacco user

- Open-ended questions
  - "How do you feel about quitting smoking?"
  - "What do you see as your biggest challenge?"
  - "Tell me more about that."
- Reflective listening
  - Making a statement to clarify meaning and to encourage continued exploration of content.
  - Says to patient you are listening, it is important to you, you would like to hear more, you are not judging them.

Step 2: Advise

- Advise tobacco users to quit (clear, strong, personalized)
  - "Is it okay if I share my concerns ..."
  - "You know I am going to suggest that you don't use tobacco products because of its effect on you oral health. Have you ever considered stopping?"
  - "It sounds like it is important to you to quit as soon as possible, and I can help you."
  - "I realize quitting is difficult. It is the most important thing you can do to protect your health now and in the future."

Step 3: Assess

- Assess Patient's Interest in Quitting
  - Can be done on the health questionnaire or a tobacco intervention form. (Handouts)
  - "How do you feel about quitting smoking?"

Assess

- Use a Readiness scaling tool to assess Importance and Success/Confidence in quitting tobacco use. (Handout)
- When you hear change talk, ask the patients to "tell you more".
- When you hear resistance, roll with it.

Step 4: Assist

- Assist patient in evaluating tobacco habit – collaborate, elicit ideas from the patient.
  - Use a tobacco intervention form (Handout)
  - Use "How" and "what" questions "
    - "why" questions can sound judgmental.
  - Recommend the use of medications **and** counseling

Step 4: Refer

- Refer tobacco users to other resources
  - Best Option:
    - The toll-free Quitline Iowa (1-800-Quit-Now)

Quitline . . .

. . .makes life easier for the practitioner

What are Tobacco Quitlines?

- Tobacco cessation counseling provided at no cost via telephone.
- Staffed by trained specialists.
- Up to 4-6 personalized sessions.
- Free pharmacotherapy for Title 19 patients (12 weeks in one year).
- Up to 24% success rate for patients who complete sessions.

When a Patient Calls the Quitline

- Counselor or Intake Specialist answers
  - Caller is routed to language-appropriate staff.
- Brief Questionnaire
  - Contact and demographic information
  - Smoking behavior (e.g. cigarettes per day)
  - Choice of services

Most health-care providers and most patients are not familiar with Tobacco Quitlines

Continued . . .

- Services Provided
  - Referral to local programs
  - Quitting literature mailed within 24 hours
  - Individualized telephone counseling
    - Confidential
    - Professional, trained counselors

Quitlines have a broad reach and are recommended as an effective strategy in the 2008 Clinical Practice Guideline

Referral to Quitline Iowa

- FAX referral form (Handout)
- Medicaid FAX referral forms (Handouts)
  - Nicotine Replacement
  - Zyban
  - Chantix
- Provide patient with Quitline Iowa pamphlet (Handout)

What do we ask you to do?

- Screen all patients for Hypertension and Tobacco Use
- Record results of both screenings in patient records
- Give patient advice based on the screenings
- Assess patient's willingness to make change, if necessary
- Refer for appropriate help

What can we do to help you?

- Visit you about two weeks after you start to talk over any problems (you can also call us at any time)
- Visit you after about 6 months to review progress and to collect information on numbers of patients who have been helped

Questions?

A Happy Tobacco-Free Pig
With Great Blood Pressure!

Screening Blood Pressure Classification

BLOOD PRESSURE CLASSIFICATION	SYSTOLIC		DIASTOLIC	MANAGEMENT
	BP mm Hg			
NORMAL	<120	AND	<80	MAINTAIN
PRE-HYPERTENSION	120-139	OR	80-89	MONITOR, MAKE LIFESTYLE CHANGES
STAGE 1 HYPERTENSION	140-159	OR	90-99	BE CHECKED BY PHYSICIAN
STAGE 2 HYPERTENSION	≥160	OR	≥ 100	REFERRAL TO PHYSICIAN OR ER

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Bethesda, Md: National Institutes of Health, National Heart, Lung, and Blood Institute. 2003; NIH Publication 03-5231

Blood pressure depends on two factors: 1) the force of the heartbeat and 2) peripheral resistance. The resistance of the blood vessels depends on the condition of the arteries and the changes in elasticity of the vessels, which may occur more with aging.

Systolic pressure is the peak or highest pressure. It is caused by ventricular contraction. The normal systolic pressure is less than 120 mm Hg. In patients over 50 years of age, a systolic reading higher than 140 mm Hg is more important as a cardiovascular risk factor than a high diastolic reading.

Diastolic pressure is the lowest pressure. It is the effect of ventricular relaxation. The normal diastolic pressure is less than 80 mm Hg.

Pre-hypertension is not considered a disease category. It is a designation meant to alert patients of a need to intervene and prevent hypertension. Patients in this designation need to make lifestyle changes to return to a normal reading.

Treatment options in Stages 1 and 2 usually require prescription medications and should be discussed, prescribed, and monitored by a physician. Major lifestyle changes should also be instituted.

Common causes of hypertension: Improper measurement techniques, Tobacco use, Excess sodium intake, Excessive alcohol intake, Excess body weight, Lack of exercise, Diet low in fruits and vegetables, Not taking prescribed blood pressure medication, Drug interactions, over –the-counter drugs and herbal supplements.

Health Questionnaire – Possible Tobacco Questions

Do you smoke or use tobacco products?
If yes:

- How long have you used tobacco?_____
- What type(s) of tobacco do you use?_____
- How much do you use per day?_____
- Are you interested in quitting?
  ☐ Not at all interested
  ☐ Somewhat interested
  ☐ Very interested
- Patient was referred to Quitline?
  ☐ Yes
  ☐ No
- Tobacco Intervention form was completed?
  ☐ Yes
  ☐ No

Are you a past user of tobacco products?
If yes:

- What type of tobacco did you use?_____
- When did they quit?_____
- How did they quit?_____

Readiness Ruler

Assessing Importance and Confidence

Importance

How important is it to you to quit using tobacco?

On a scale of 0 to 10, with 0 being not important & 10 being very important. . .

0	1	2	3	4	5	6	7	8	9	10
Not at all					Somewhat					Very

Confidence

How confident are you that you could stop using tobacco, if you decided to?

On a scale of 0 to 10, with 0 being not confident at all & 10 being very confident. . .

0	1	2	3	4	5	6	7	8	9	10
Not at all					Somewhat					Very

QUITLINE IOWA
1 800 QUIT NOW | 1 800 784 8669

QUITLINE IOWA FAX REFERRAL FORM

Update New → Fax Number: 1-866-688-7577

FAX SENT DATE: _____/_____/_____

Provider Information:

CLINIC NAME

CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER

PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE) YES ☐ NO ☐ DON'T KNOW ☐

Patient Information:

PATIENT NAME

DATE OF BIRTH

GENDER ☐ MALE ☐ FEMALE

ADDRESS

CITY

ZIP CODE

PRIMARY PHONE NUMBER HM ☐ WK ☐ CELL ☐

SECONDARY PHONE NUMBER HM ☐ WK ☐ CELL ☐

LANGUAGE PREFERENCE (*PLEASE CHECK ONE*) ENGLISH ☐ SPANISH ☐ OTHER

_____ (*Initial*) I am ready to quit tobacco and request Quitline Iowa contact me to help me with my quit plan.

_____ (*Initial*) **I DO NOT** give my permission to Quitline Iowa to leave a message when contacting me.
***** By not initialing, you are giving your permission for the quitline to leave a message.***

PATIENT SIGNATURE: _____ DATE: _____/_____/_____

Quitline Iowa will call you. Please check the BEST 3-hour time frame for them to reach you. ***NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.***

☐ 6AM – 9AM ☐ 9AM – 12PM ☐ 12PM – 3PM ☐ 3PM – 6PM ☐ 6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (*CHECK ONE*): ☐ PRIMARY# ☐ SECONDARY#

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Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. **Do not review, disclose, copy, or distribute.**

Medical Consultation Request Form

Patient Name_____ Date_____

Patient ID #_____

This patient is planning to receive dental treatment at_____

Patient presents with:

_____

_____

_____

Anticipated dental treatment to include:

_____

_____

_____

Questions to be answered:

_____

_____

_____

Dentist signature_____ Print name_____

Patient signature to authorize release of information_____

Physician comments and recommendations

_____

_____

_____

_____

Is patient medically cleared for dental treatment? ☐ Yes ☐ No Consultation date_____

Physician signature_____ Print name_____

Physician's address/phone number_____

RECEIVED

SEP 23 2013

IOWA DENTAL BOARD

IDB 9/20/13

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: mbrones@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: Impressive Impressions and Beautiful Bites

5. Course Subject:

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

6. Course date: 11/21/13 Hours of instruction: 2

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

SEE ATTACHED

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

SEE ATTACHED

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

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

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

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

Address: 306 WEST RIVIEW DR. DAVENPORT, IA 52801

Signature: Mary Briones Date: 9/20/13

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

Briones, Mary

From: midwestperfection@mchsi.com
Sent: Thursday, September 19, 2013 5:18 PM
To: Briones, Mary
Subject: Bio for November seminar

Terry Fitzgerald has been a Dental tecnician for 32 years lecturing locally, nationally, and internationally on many

different subjects related to Dentistry.

He belongs to Dental organizations through out the country, and provides consulting for Dental offices with inhouse labs.

His dedication to the industry has set him apart as one of the nations leading Dental technicians providing high end

Dental ceamics and a service leader.

Impressive Impressions and Beautiful Bite's

Course Description:

In this hands on course, participants will explore various impression and bite registration materials. Proper technique and handling of materials will help participants deliver perfect impressions and bite registrations every time. Better techniques will produce better finished restorations.

Course Objectives:

1). Participants will gain an understanding of available materials and their appropriate use for dental impressions and bite registrations.

2). Participants will learn proper techniques along with the "tricks of the trade" to insure accurate impressions and bite registrations every time.

3). Stations will be available for hands on instruction and practice of full arch and quadrant dental impressions and bite registration.

RECEIVED
OCT 8 2013
IOWA DENTAL BOARD

APPLICATION FOR POST APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

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

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

1. Course Title: Essentials of Digital Radiography

2. Course Subject:

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

3. Course date: Sept. 17, 2013 Hours of instruction: 2

4. Provide a detailed breakdown of contact hours for the course or program:
   40 minutes PowerPoint lecture; 30 minutes video placement techniques, 30 minutes placement tools, 20 minutes Q&A (tough patients, kids, etc...)

5. Name of course sponsor: Patterson Dental
   Address: 955 SE 28th Street
   Grimes, IA 50111

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

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

7. Provide the name(s) and briefly state the qualifications of the speaker(s): Deb Nemes
Western Regional Clinical Associate, Sirona Dental
32 years in private dental practice. 2 years with Patterson Dental. 7 years training with Schick by Sirona.

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

9. Name of person completing application: Lynn Wirth

Title: Operations Manager Phone Number: 515-254-1700

Fax Number: 515-254-1710 E-mail: lynn.wirth@pattersondental.com

Address: 955 SE 28th Street Grimes, IA 50111

Signature: Date: 10-7-13

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

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
OCT 4 2013
IOWA DENTAL BOARD

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

1. Course Title: Essentials of Digital Radiography

2. Course Subject:

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

3. Course date: 9-16-13 / 9-17-13 Hours of instruction: 2

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

40 minutes Powerpoint Lecture
30 minutes video placement techniques
30 minutes placement tools 20 minutes QA tough patients Kids etc...

5. Name of course sponsor: Patterson Dental

Address: 955 South East 28th Street
Grimes IA 50111

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

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

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

Deb Nemes
Western Regional Clinical Associate
Sirona Dental
32 years in private Dental practice. 2 years with Patterson
7 years Training @ Schick by Sirona

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

9. Name of person completing application: Lynn Wirth

Title: _____ Phone Number: _____

Fax Number: _____ E-mail: Lynn.wirth@pattersondental.c

Address: 955 South East 28th Street Grimes IA 50111

Signature: _____ Date: _____

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

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400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687

WELCOME…..

Essentials of Digital Radiology

Deb Nemes….

Western Regional Clinical Associate

- 32 years in private dental practice
- 2 years with Patterson Dental as software trainer
- 7 years with Schick
- Resides in Portland, Oregon

TRAIN & SUPPORT

- **Patterson Technology Advisors**
- **Private Offices**
- **Government Institutions**

Work with Schools…..

Essentials of Digital Radiology

Why Digital?

Efficiency

Reduction in Radiation

Return on Investment

First Step To Allow Office to Become Chartless

RADIATION LEVELS

80% Less Than D-speed Film*

40% Less Than F-speed Film*

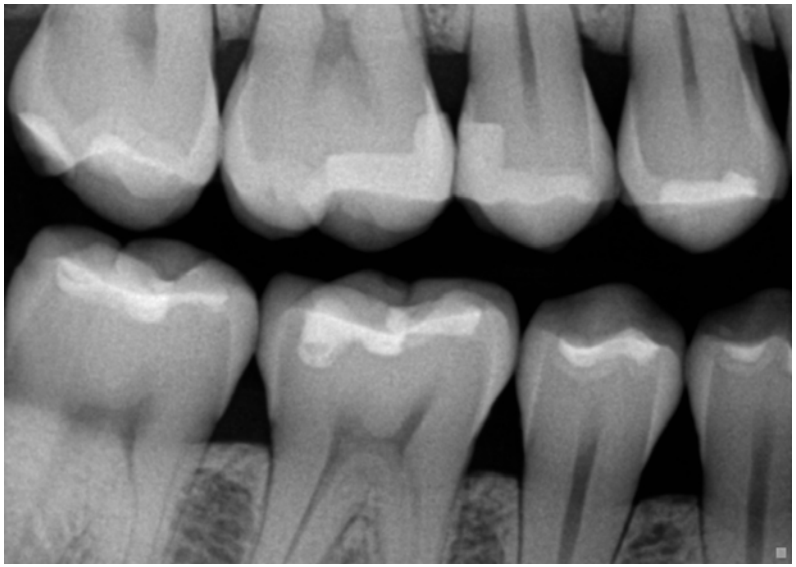
*X-ray generator may influence this level

Image Quality

The subjective judgment of the clinician regarding overall appearance of a radiograph.

In other words…"Beauty is in the eye of the beholder"

What Determines a Diagnostic Image?



GOOD CONTRAST

Difference in density on various areas of the image

DENSITY

Overall degree of darkness

SHARPNESS

Boundaries revealed, crisp edges on image in focus

RESOLUTION

Fine detail in image

NOISE

Fog created by under exposure

DISTORTION

Using a paralleling technique avoids elongation or foreshortening

Diagnostic Detail…..

3 – 4 Shades of Gray
Sharp, Crisp Margins
No Distortion

What Factors Affect Image Quality?

Machine settings - KVP and exposure time

Machine features - e.g. focal spot size

Machine calibration

Projection geometry -
How was x-ray angled? What was the distance between teeth and receptor?

Patient factors

Subject matter

Image display capabilities (monitor)

Viewing conditions

Receptor type - CMOS, CCD, PSP, Film

schick 33

SCAN - X

3 Factors In Getting A Perfect Image….

1. X-ray Generator & Settings
2. Barriers & Holders
3. Optimal Sensor Placement

Step 1…*Proper Generator Settings*

- kVp – kilovoltage
  penetration power
- MA – Milliamperage
  quantity of radiation
- Exposure – Pulses /time
  how long?

Step 1…..*Proper Generator Settings*

- Keep KVP and MA at a constant. Use recommended settings for each brand.
- Size matters…adjust exposure time depending on area of the mouth being radiographed and patient size.
- CDR Elite sensors take more radiation for proper stimulation…1-2 settings more than CDR standard sensors.
- Progeny Preva heads tend to have the KVP set to low…should be 65/7 Planmecca should be set at least to 66 KVP & 8MA for the Elite and 33 sensor.
- NOMAD generators extremely low kVp of 60 MA 2 increase exposure time to 36 -40

Mfr.	Model	kV/mA	Adult		Child	
			Anterior	**Posterior**	**Anterior**	**Posterior**
Progeny	Preva	65*/7*	0.080-0.120	0.125-0.200	0.040-0.064	0.064-0.010
Sirona	Heliodent Plus	70*/7	0.08-0.12	0.12-0.20	0.04-0.06	0.04-0.10
Sirona	Heliodent DS	60/7	0.08-0.12	0.12-0.20	0.04-0.06	0.04-0.10
Gendex	765DC / Expert DC	65/7	0.080-0.125	0.125-0.200	0.040-0.063	0.040-0.010
Gendex	770	70/7	6-7 Pulses	7-10 Pulses	4-5 pulses	5-7 pulses
Planmeca		66*/8*	.080-.120	.120-.200	.040-.080	.040-.010
Belray		70/10	.10	.11	.08	.10
Nomad		60/2	36 - 38	38 - 40	28 - 30	30 - 32

Does this look familiar?

PATIENT POSITIONING…

- Chair position – slight recline if necessary for better visibility
- Patient Position – eye level with the operator and chin parallel to the floor for optimum bitewings
- Use the overhead light

Patient Safety…

- Lead apron recommended
  - Thyroid collar
- Still required in most states
- Practice the “ALARA’ rule

CONE PLACEMENT…

- Ring MUST be touching the patient's face
- Cone should be in full circumference with the ring
- Arm of Rinn is parallel to cone

Step 2….*Recommended Barriers & Holders*

- **Barriers**
  - Schick vs. the “other brand”
- **Always use an XCP type holder**
  - Adhesive tabs allow adaptability to patient anatomy
- **Autoclaveable**
  - Schick AimRight vs. Dentsply Rinn
  - Limitations
- **Snap-A-Ray by Rinn**
  - Recommended for endo only
- **Uni-Grip by Rinn**
  - Not recommended

Patient Comfort Aids….

- **Use patient comfort aid**
  - Crosstex EdgeEase
    Product # 487-3337 EEB (Blue-Adult)
    Product # 487-3345 EEW (White-Pedo)
  - Rinn Cover Cozee
    Product # 540300
  - Rinn Cover Cozee Cover Tamers
    Product # 550240

Why Bars & Rings (XCP)?

- Consistency with cone placement
- Correct angulation – sensor parallel to cone
- Stability for holding sensor in the mouth
- Eliminates cone cuts

Optimal Sensor Placement…

Step 3….*Optimal Sensor Placement*

- Keep sensor towards midline of mouth
- Place sensor parallel to the teeth, follow the curve of the mouth
- Generator cone should be against face and parallel to sensor.
- No Cone cut of information
- Use a patient comfort aid (EdgeEase)

schick 33

SCAN - X

Horizontal Bitewing

The most common form of dental radiograph

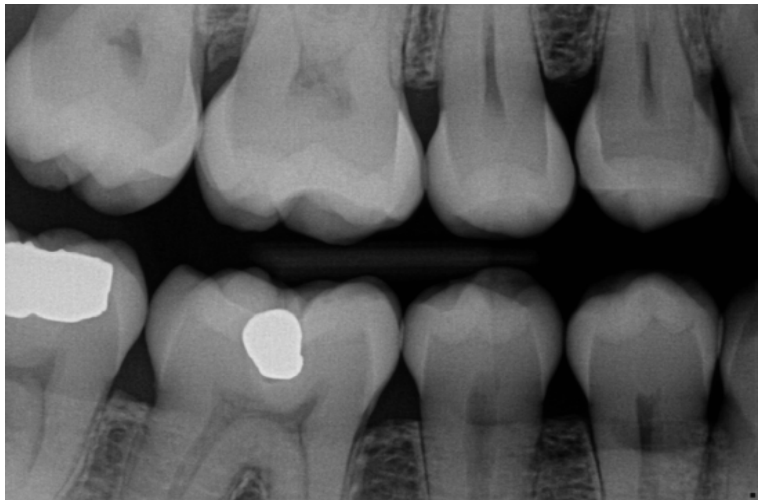
Captures the crowns of the maxilliary and mandibular teeth and a couple of mm of bone structure

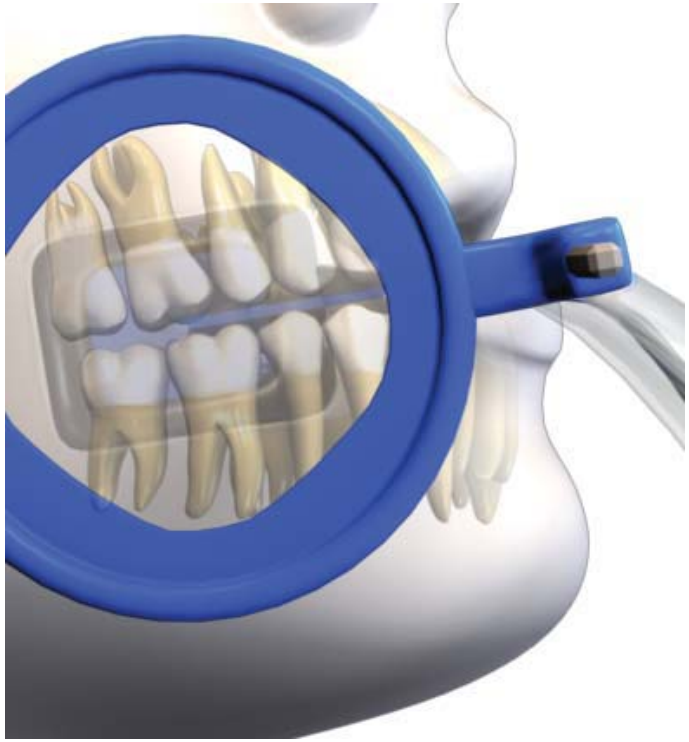
Used primarily to diagnose dental caries

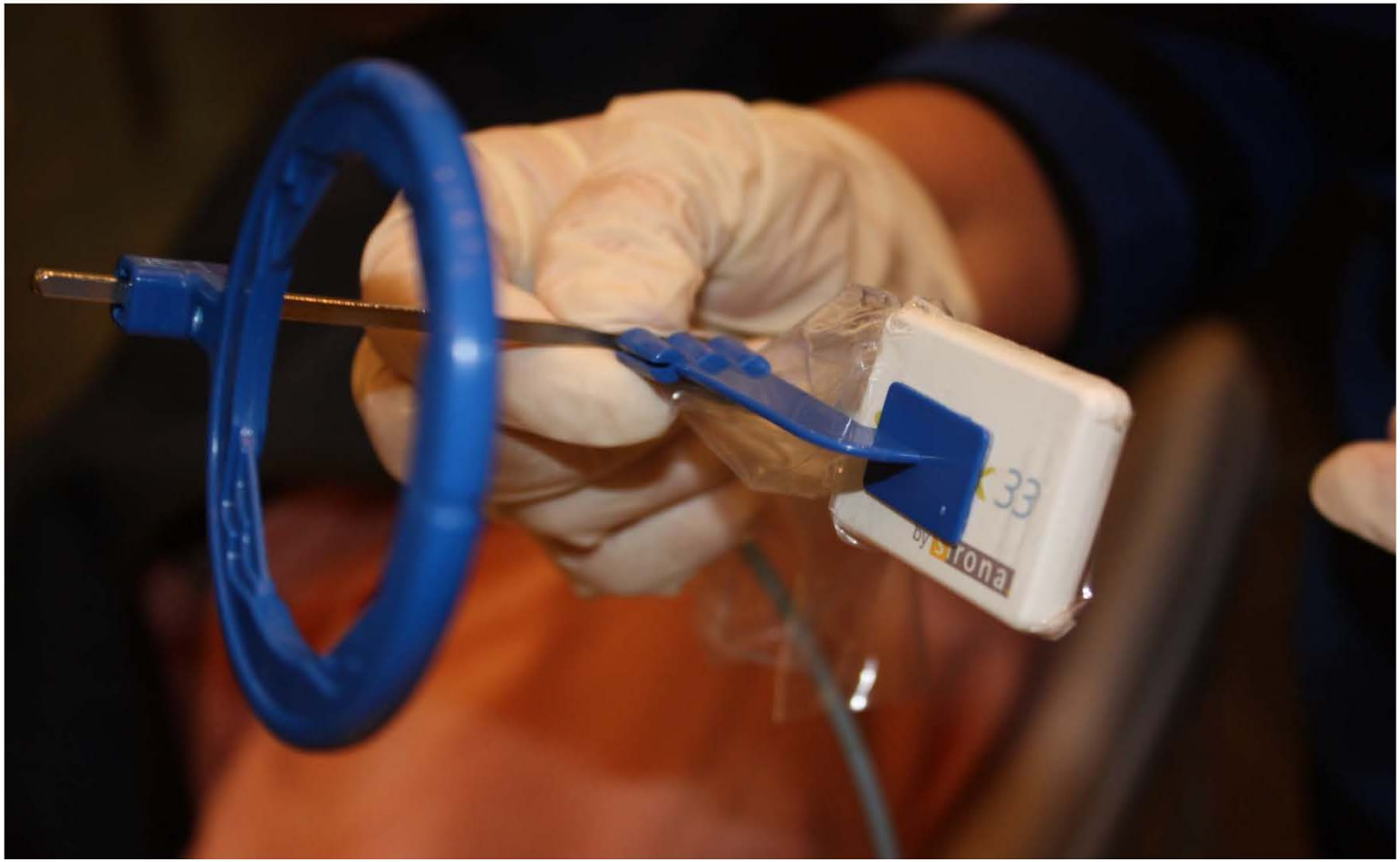
Notice Open Contacts

No Cone Cut of the image

Horizontal Bitewing



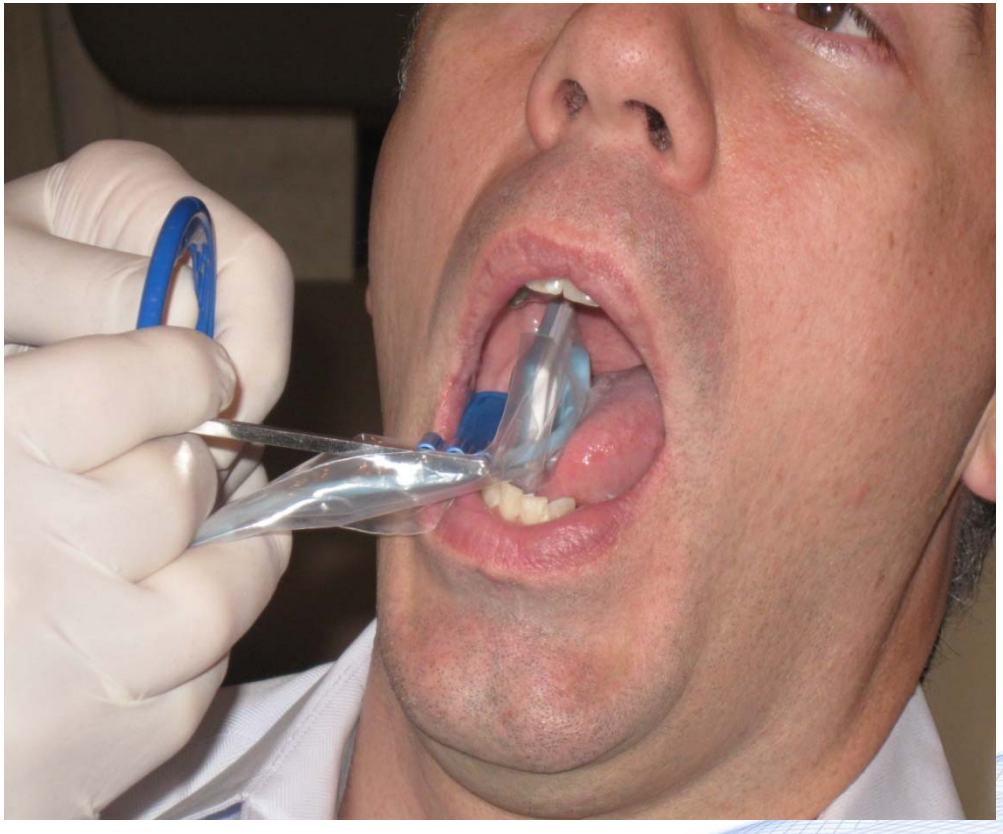



33
by sirona

Horizontal Bitewing

- Place the sensor into the mouth between the tongue and the lingual surface of the teeth.

  Swing the front edge of the sensor toward the middle of the mouth to open the contacts following the curve of the jaw.



Horizontal Bitewing

- As the patient closes, push against the front of the chin.
- This ensures the arches in centric relation and maximizes occlusion.
- Slide the ring to the cheek. Place x-ray cone against ring in full circumference.

Horizontal Bitewing

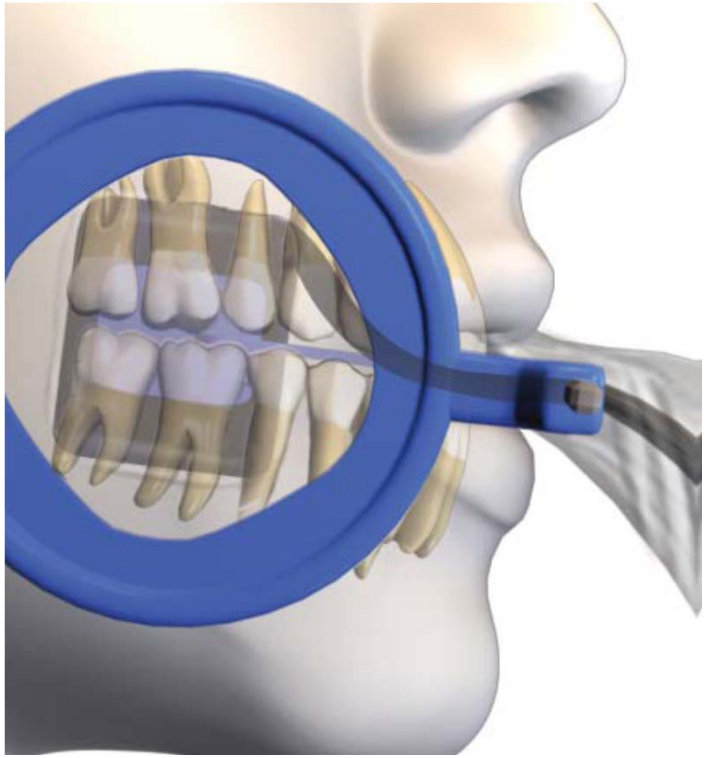
Vertical Bitewing

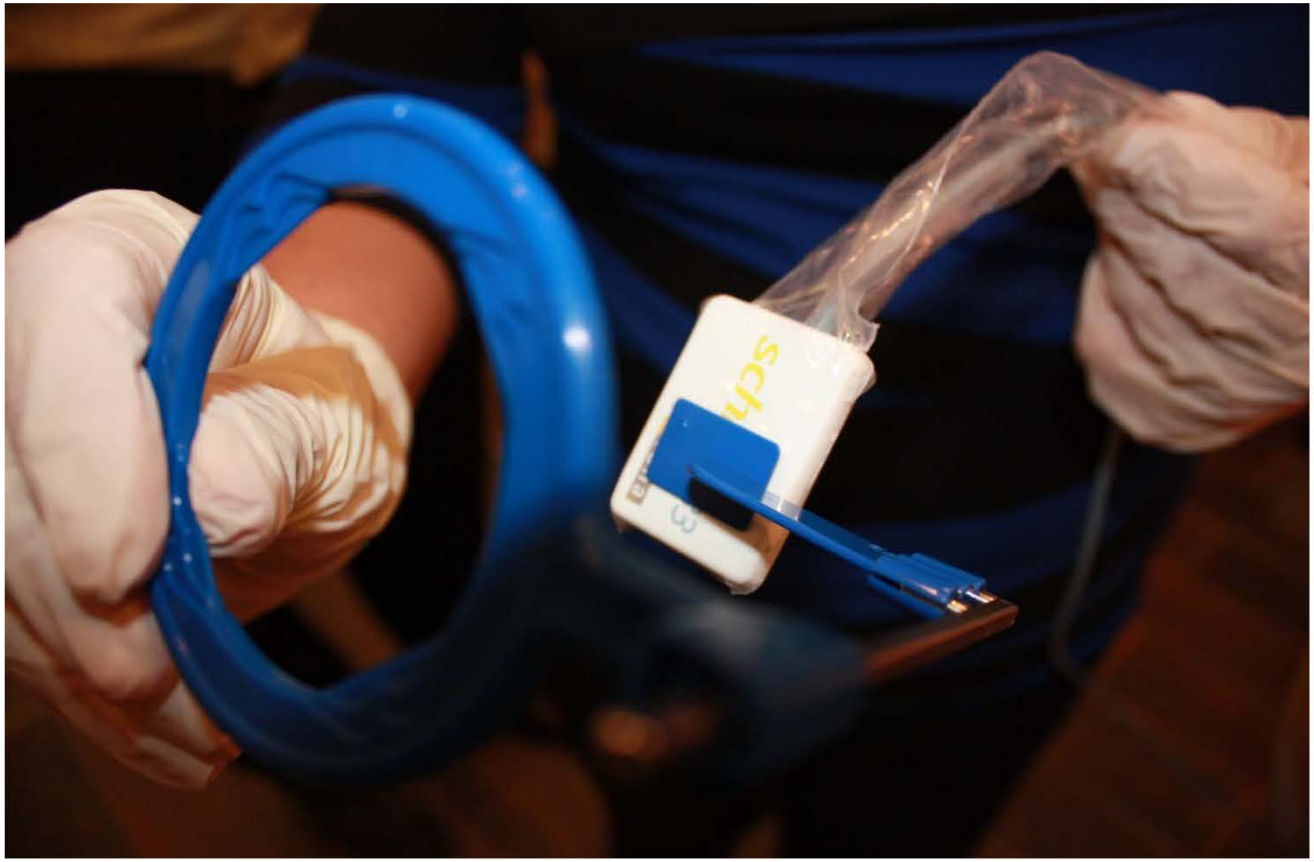
Less common due to difficult positioning.

Captures the same area as a horizontal bitewing, but with more bone structure visible.

Used to view both dental caries and to assess bone loss.

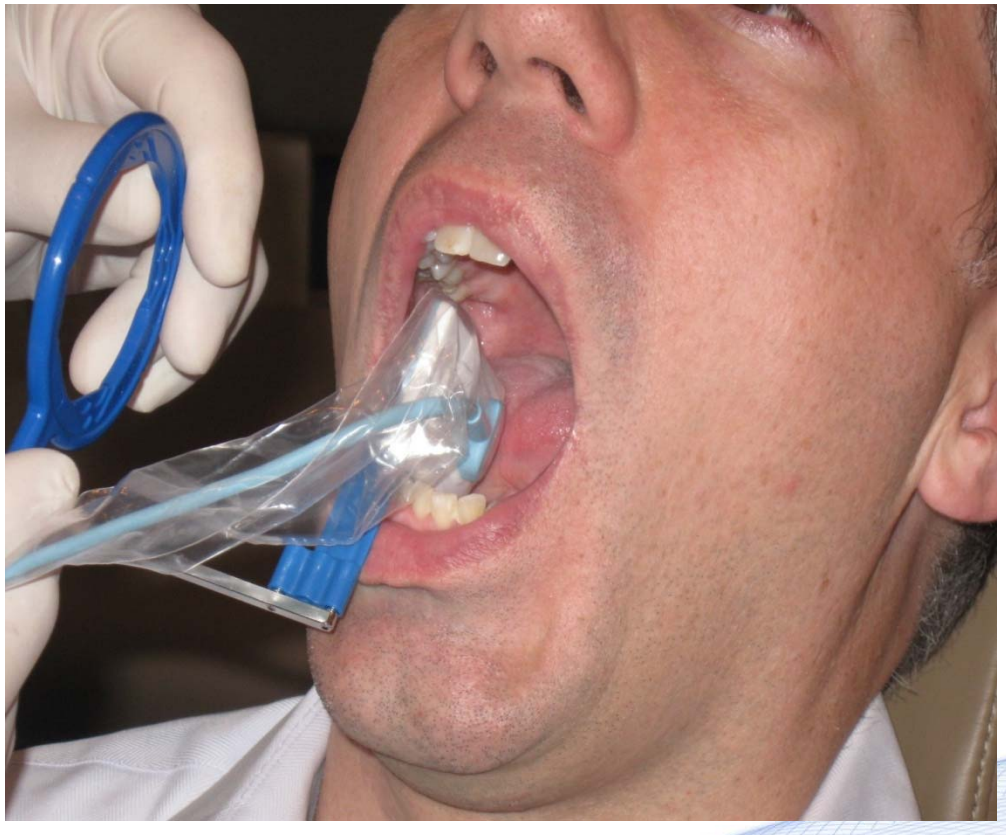
Vertical Bitewing





Vertical Bitewing

- The cable should be pointed upwards toward the maxilla.
- Use the ring as a pivot to rotate the sensor into the vertical position.



Vertical Bitewing

Cable may be placed towards opposite side of mouth to help patient to close tighter.

Vertical Bitewing

- Have the patient close slowly.
- Slide the ring until it touches the cheek.
- Put x-ray cone up against ring in full circumference.

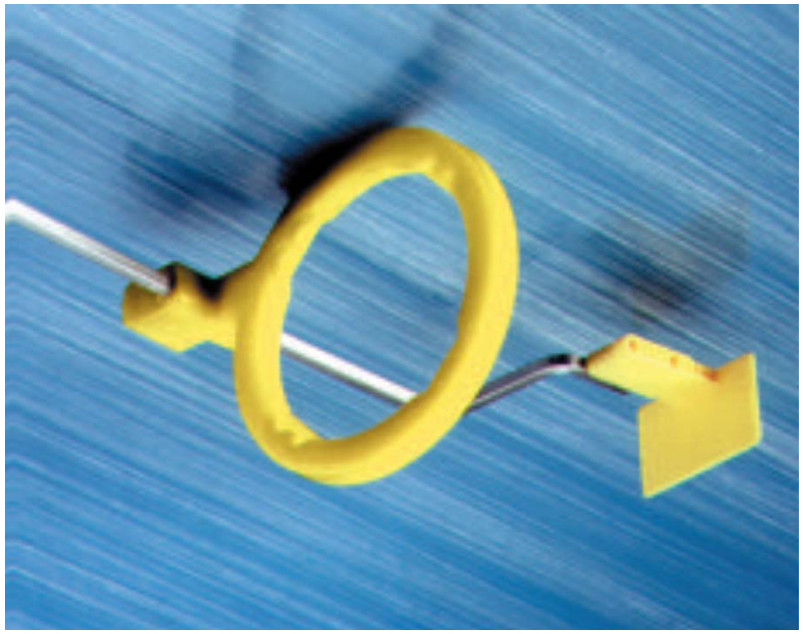
Vertical Bitewing

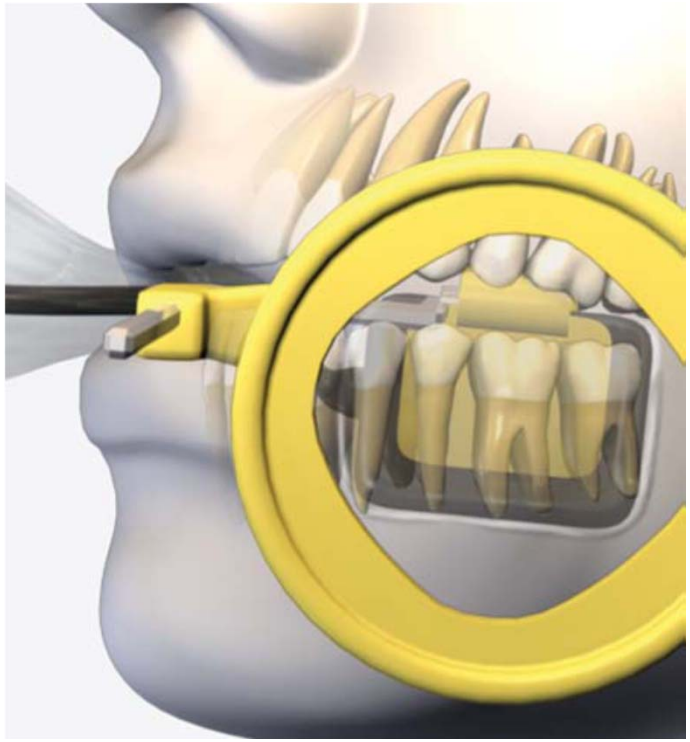
Posterior Periapical (PA)

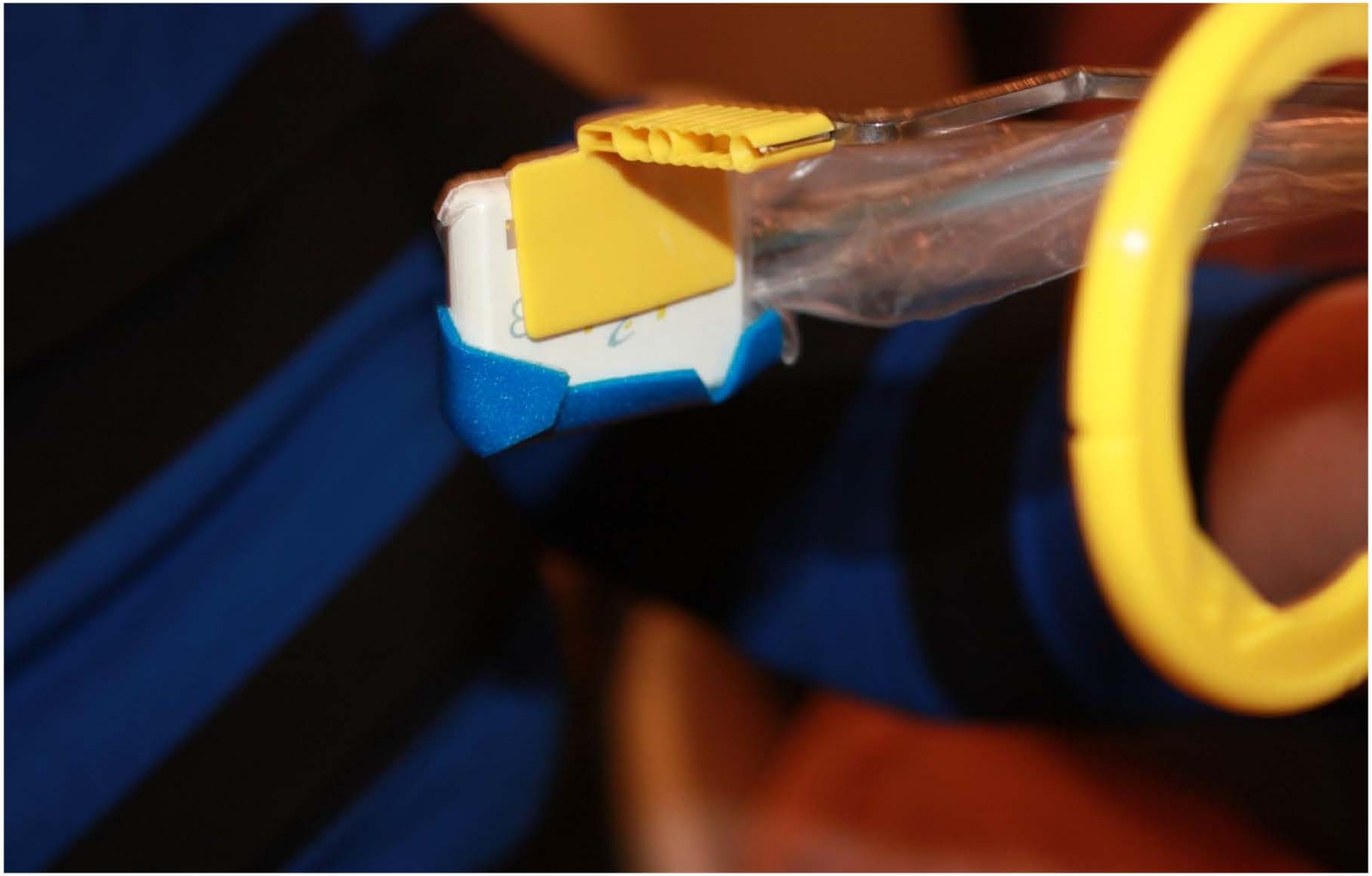
Mandibular & Maxillary

- Captured during an FMX, or to assess a specific patient complaint.
- Captures from the crown of the tooth to the apex including 2-3 mm beyond the tip of the root
- Used to view tooth and surrounding bone structure – essential for diagnosing abscesses and fractures in the tooth below the crown.

Lower Posterior PA

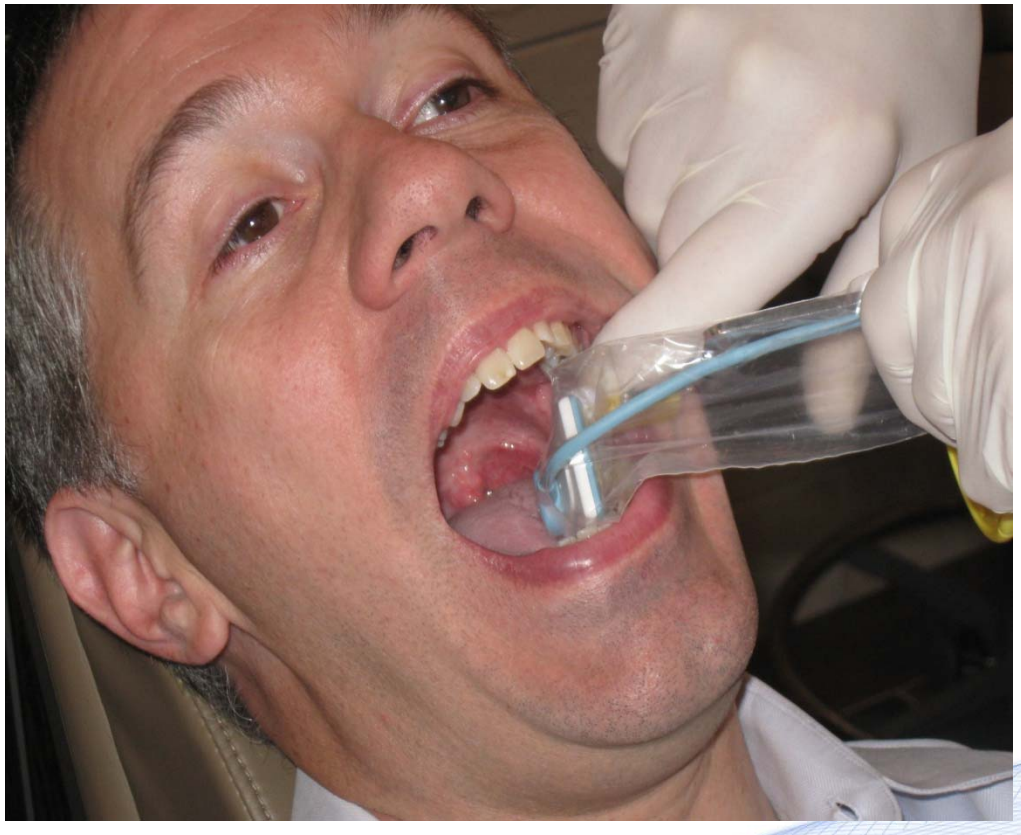






Lower Posterior PA

- Place the sensor in the mouth pointing downwards at a 45 degree angle between the mandible and the tongue.

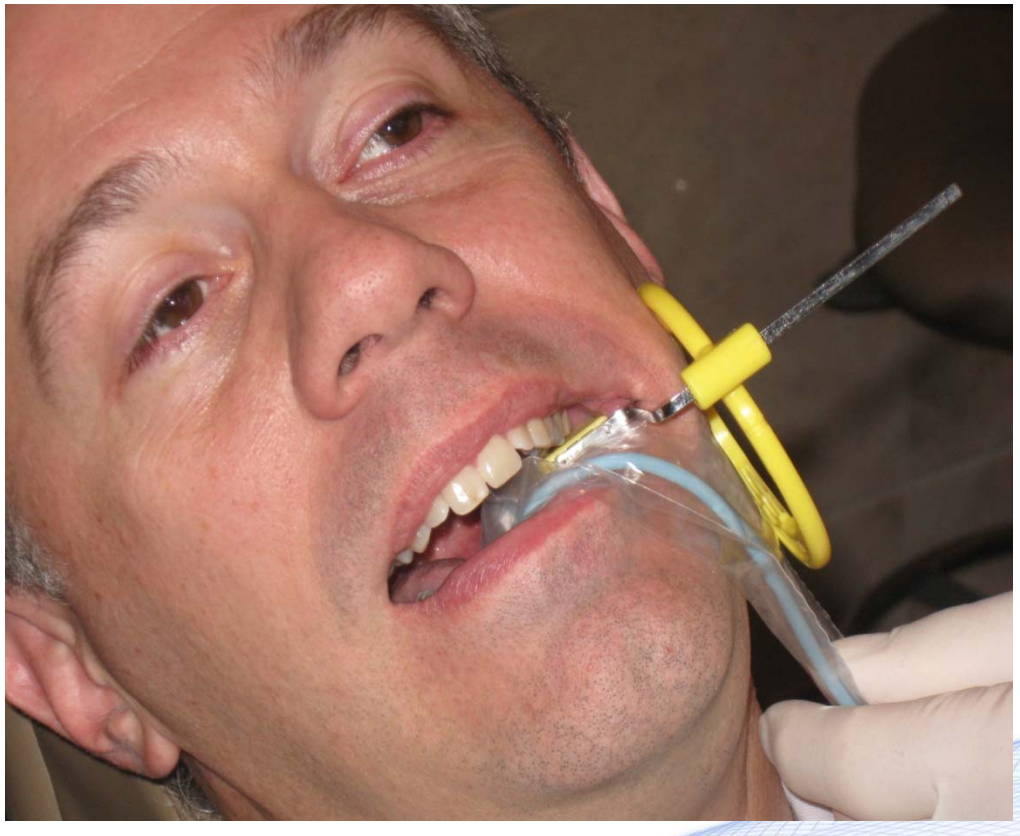


Lower Posterior PA

- As the patient closes slowly, slide the sensor back towards the 3rd molar region with the tab along the occlusal surface of the mandibular teeth.

Lower Posterior PA

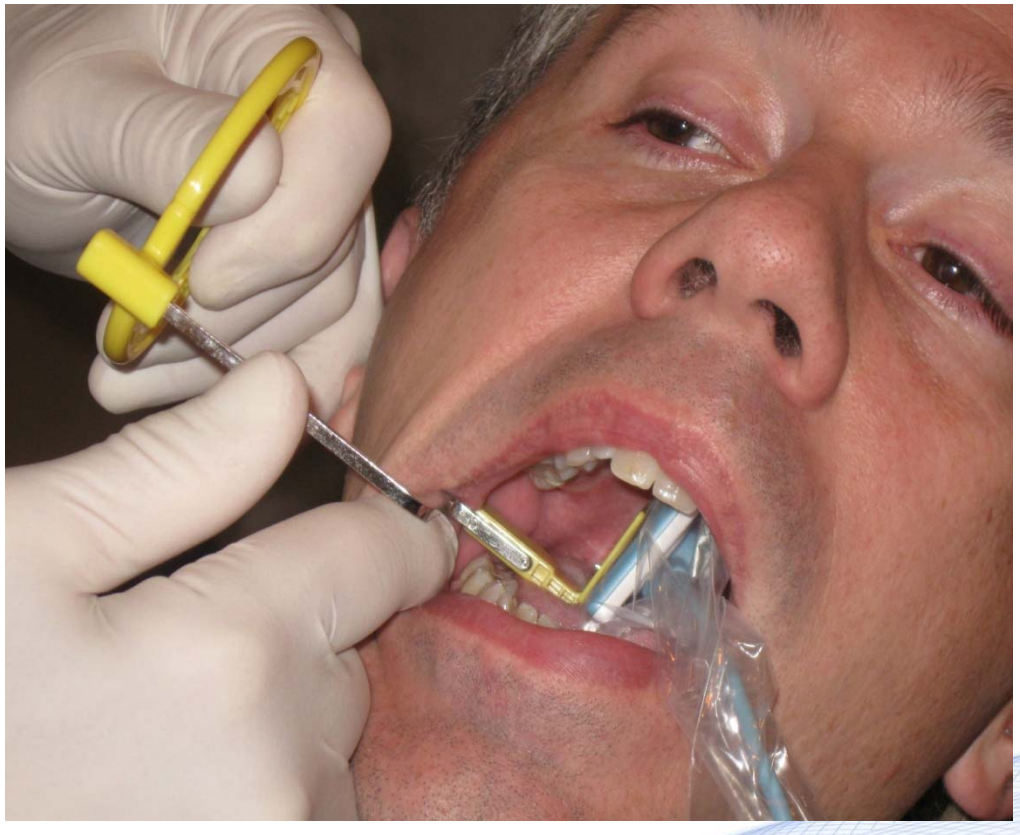
- Have the patient close slowly to pressure.
- Slide the ring to the cheek.
- Place x-ray cone against ring in full circumference.



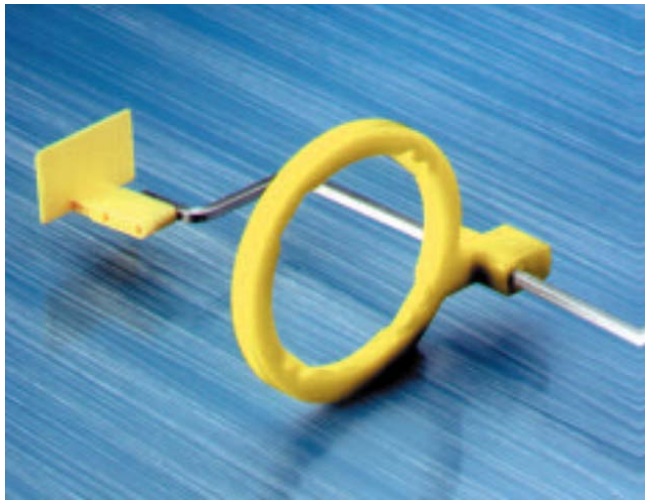
Lower Posterior PA

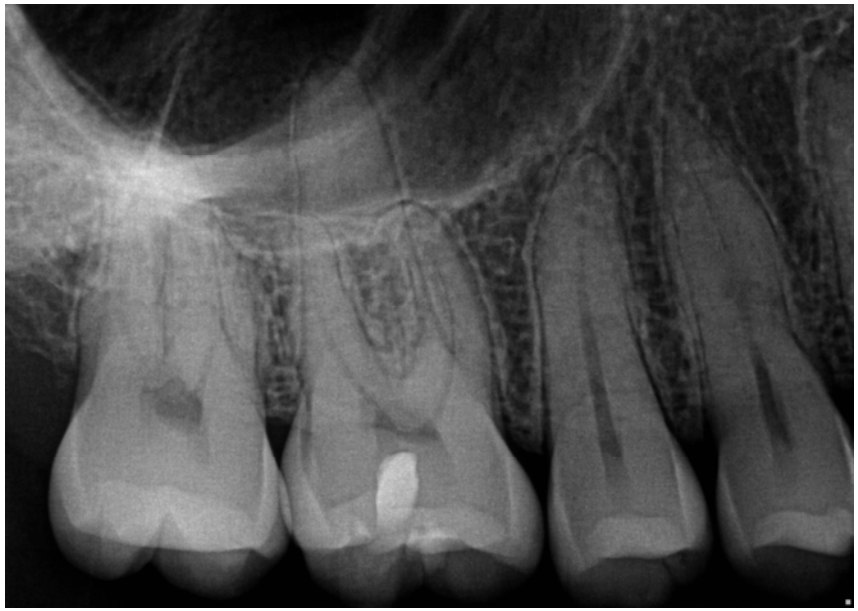
Upper Posterior PA

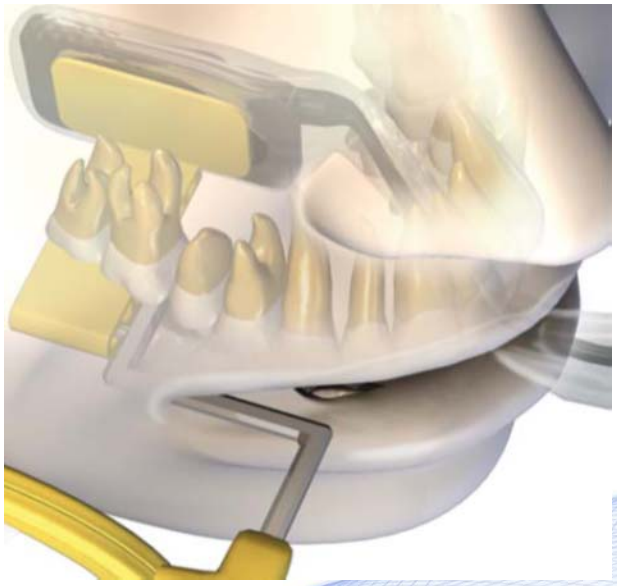
- The sensor enters the mouth between the central incisors
- Slide it toward the posterior with the tab on the occlusal edge below the teeth to be imaged.
- Ask the patient to close down.
- Slide the ring to the cheek.



Upper Posterior PA







Upper Posterior PA

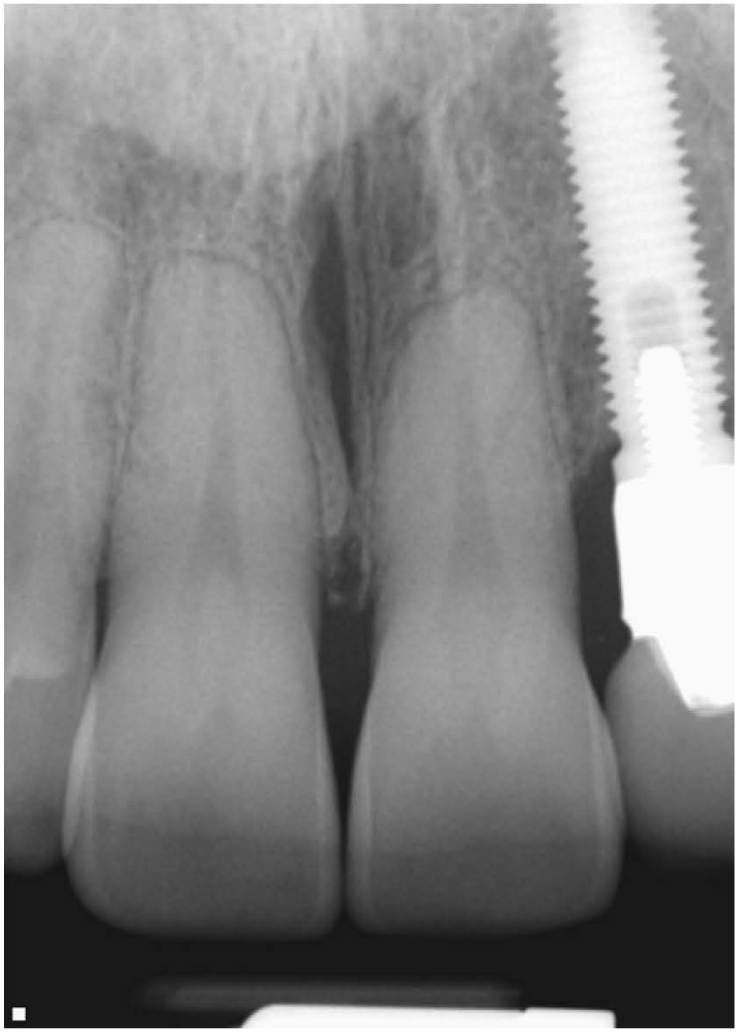
Anterior Periapical (PA)

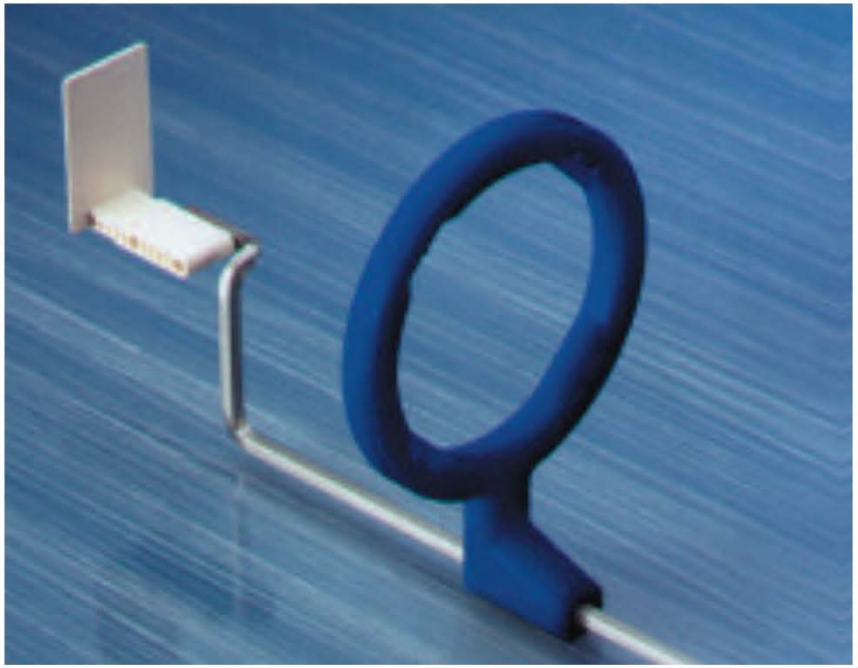
(Maxillary & Mandibular)

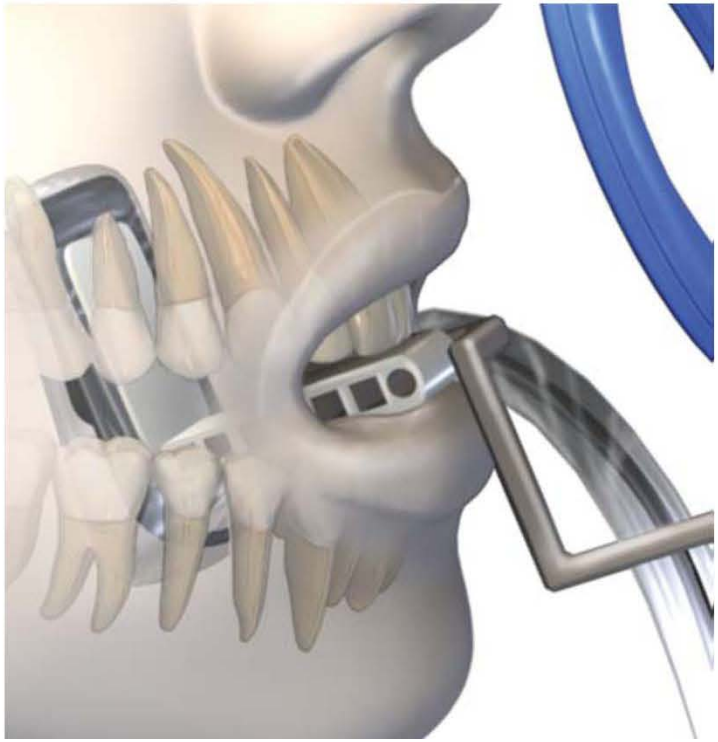
Captured during FMX's and check-ups (with bitewings), and also due to patient complaints.

Same as the posterior periapical in anatomic structure – from the crown to tip of the root– but for the anterior teeth.

Upper Anterior PA







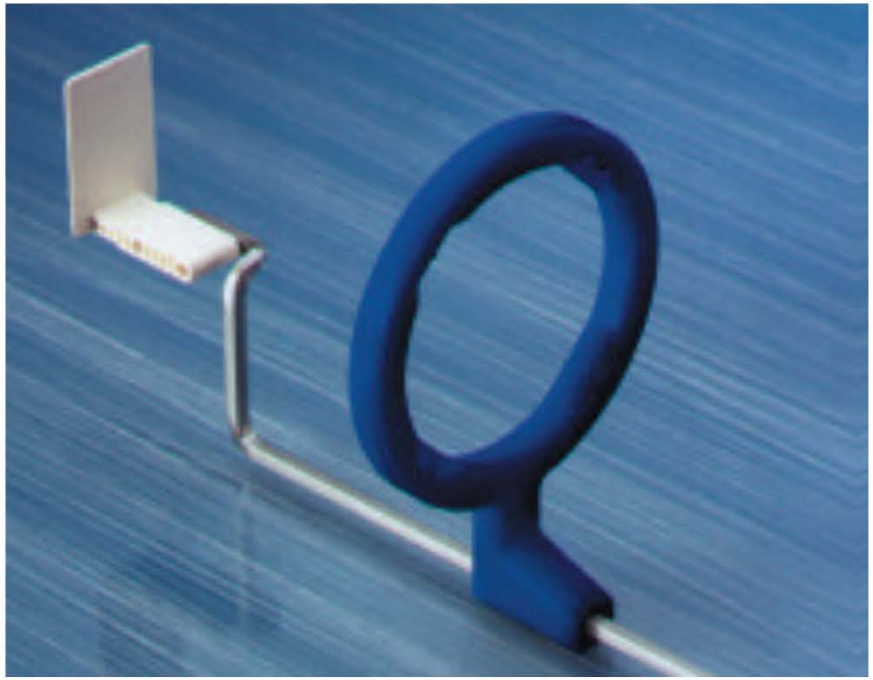
Upper Anterior PA

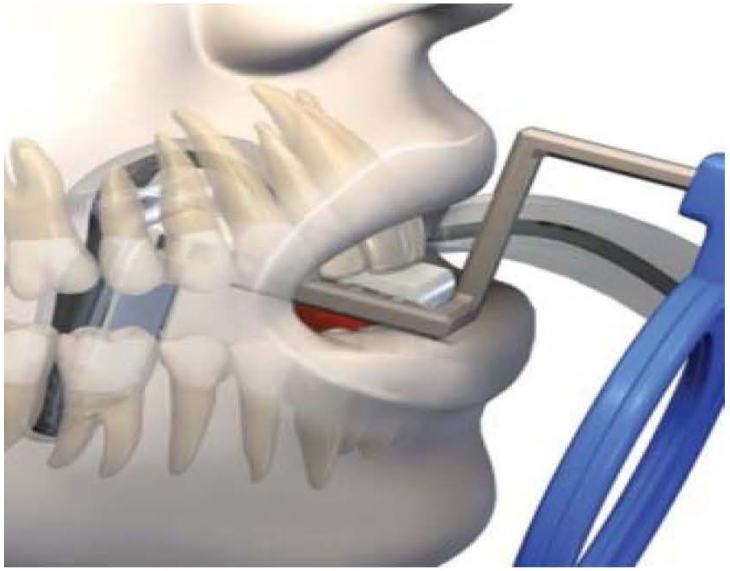
Place the adhesive tab in the middle of the sensor with equal spacing all around

Insert into the mouth horizontally with the end of the bite tab against the incisal edges of 8 & 9

Upper Anterior PA

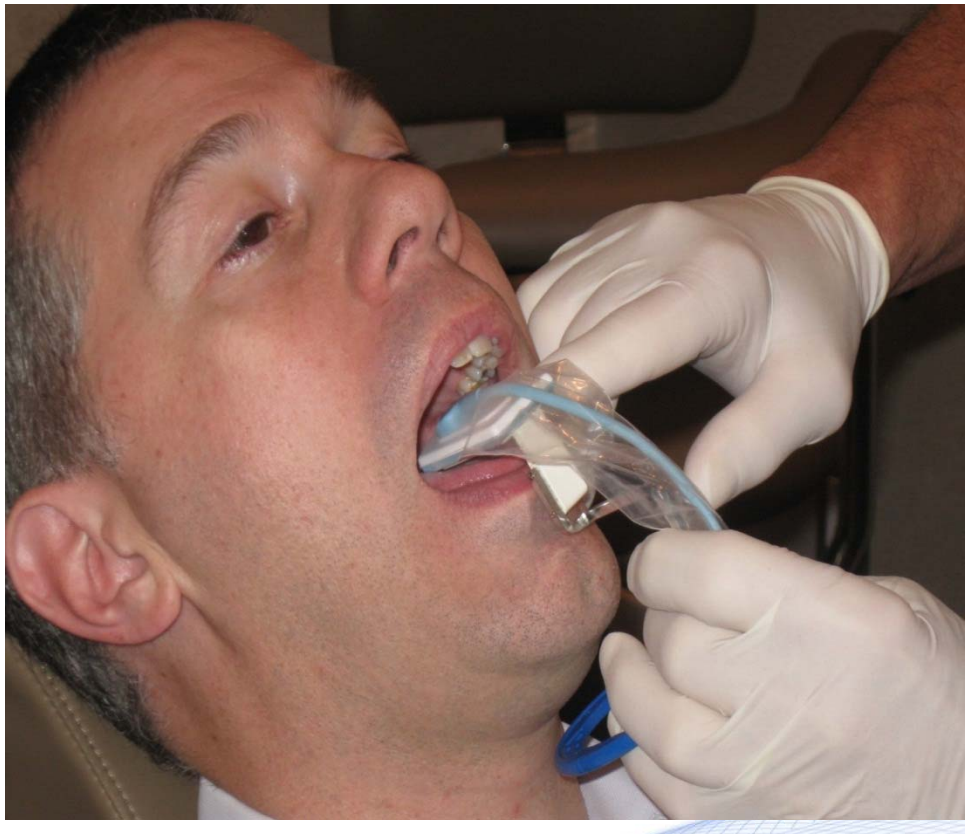
Lower Anterior PA





Lower Anterior PA

- Have patient open wide and stick out tongue.
- Place sensor flat on tongue.
- Insert horizontally to the lower first molar region.



Lower Anterior PA

- In one motion, roll the sensor vertically, while at the same time pushing down on the tongue.
- The tongue will act as a cushion for the sensor.

Lower Anterior PA

- Ask the patient to close
- Slide the ring up as close to the chin as possible
- Pivot the sensor left to right in this position to capture teeth 22-27.

Lower Anterior PA

OCCLUSAL…

- Size 2 normally used
- Flat side of sensor towards teeth being exposed
- Always use barrier and Edge Ease to protect sensor from teeth marks

OCCLUSAL…

Periapical for kids….

- Cut adhesive BW tab in half and place on edge of sensor for posterior periapical image

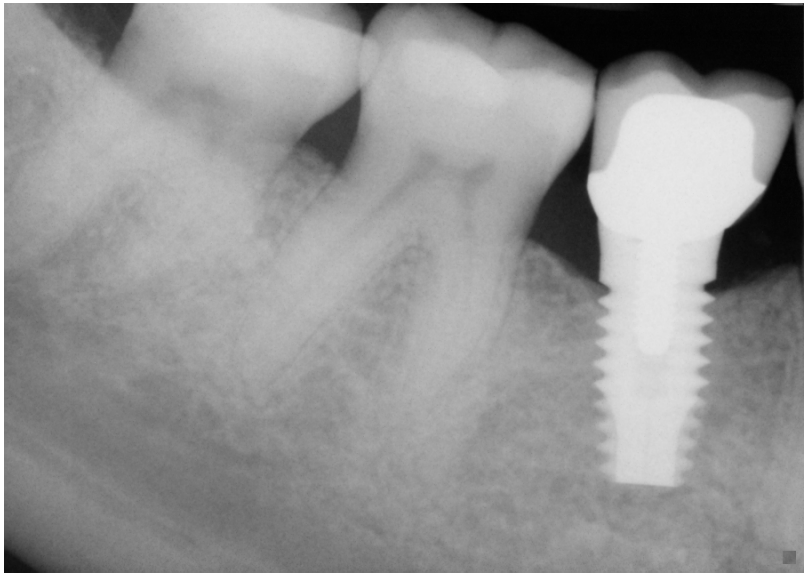
KEY NOTES ON IMAGE QUALITY…

- The sensor is the single most important component with regard to image quality
- The monitor is the second most important piece
- Software cannot compensate for a poor raw image, the image created by the sensor – (garbage in, garbage out)

Image Examples

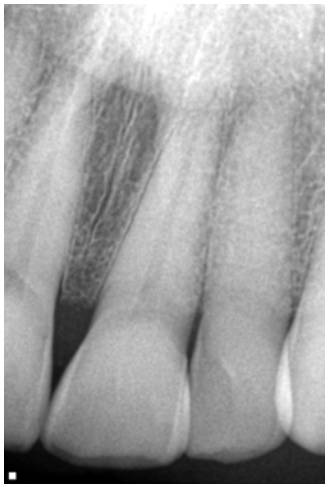
Underexposed

- Lack of detail
- Poor angle



Elongation…

- Poor angle
- Recommend using an XCP



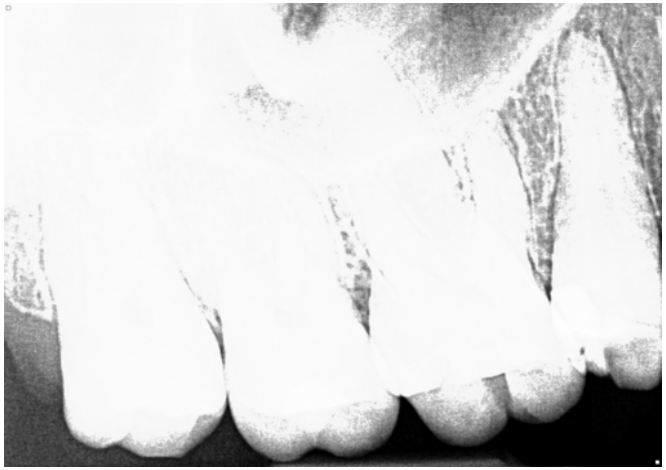
Foreshortened…

- Missing occlusal
- Slight cone cut
- Poor angle

Elastimeric….

The rubber piece between the cable and the sensor has been shifted, not making a connection. This is easily corrected by removing the cap on the cable and replacing the elastimeric.

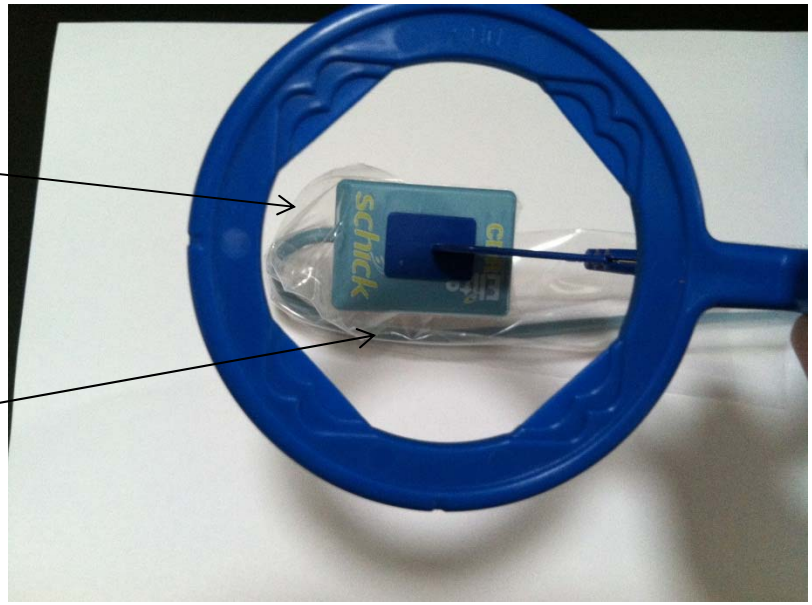
Contact your support center for assistance.



Trouble Getting the Distal of the Cuspid with the Elite Sensor ?

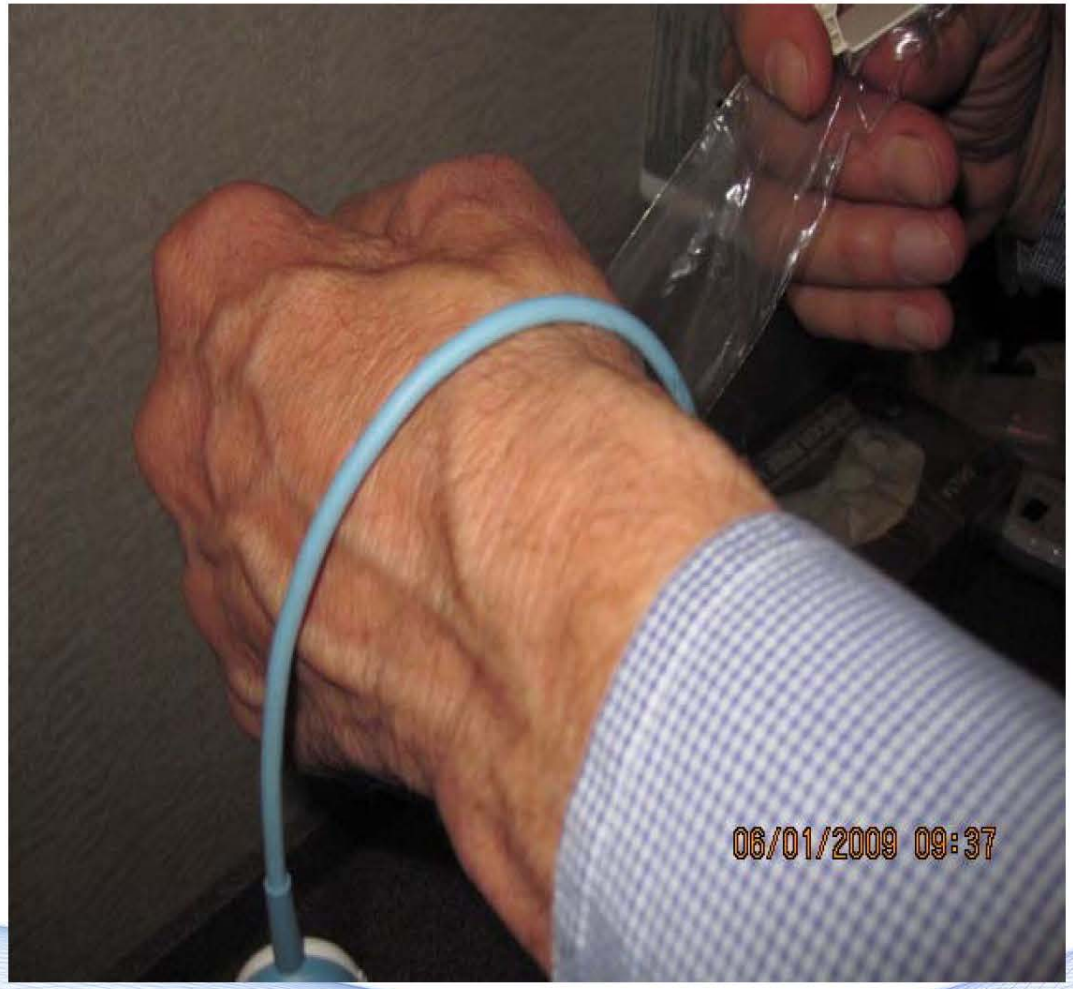
Reverse the cable

Keep cable behind sensor head



SENSOR SHEATH REMOVAL

Drape sensor over arm



Push down on sensor's distal end with thumb

Use forefinger on tab to remove sheath

REMINDER ON SENSOR CARE….

- ✓ Handle with care
- ✓ Use a barrier when exposing x-rays
- ✓ DO NOT pull on cord to remove sheath
- ✓ DO NOT autoclave or cold sterilize
- ✓ May be cleaned with CaviWipes, wiping from the middle towards the connection ends. Only product to pass mechanical tolerance, cytotoxicity and disinfection requirements
- ✓ Use sensor holsters for storage of sensor
- ✓ Do not use cable guards

PERSONAL PROTECTION…

- Take care of yourself, eat healthy and get plenty of rest
- Be vaccinated for Hepatitis B, TB, flu, etc.
- Keep hand sanitizer available, wash hands often
- Practice universal infection control measures

QUESTIONS?

RECEIVED

AUG 31 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
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www.dentalboard.iowa.gov

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

1. Name of organization or person requesting approval: Southwest Iowa District Dental Assoiation

Address: 320 McKenzie Ave #101 Council Bluffs IA 51503

Phone: 712 3225318 Fax: 712 3296128 E-mail: _____

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

- ☐ Constituent or component society
- ☐ Dental School
- ☐ Dental Hygiene School
- ☐ Dental Assisting School
- ☐ Military
- ☒ Other (please specify): DISTRICT MEETING

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

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

4. Course Title: Periodontal disease A Review of the Etiology

5. Course Subject: progression and treatment of periodontal inflammation

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

6. Course date: Sept 26 2013 Hours of instruction: 1

#913 $10

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

PAT KELSEY DDS, MS
Creighton, Ohio State
MATT KELSEY DDS MS
Creighton, University of Minnesota

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

9. Name of person completing application: CAITLIN BERESFORD

Title: IWDA President Phone Number: 712 322 5318

Fax Number: _____ E-mail: CAITLIN-BERESFORD@hotmail.com

Address: 320 McKenzie Ave #101 Council Bluffs IA

Signature: C Beresford Date: 8/27/2013

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

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

RECEIVED

SEP 06 2013

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: Dental Designs Laboratory

Address: 1331 S. 33rd Lincoln, NE 68510

Phone: 402-476-1331 Fax: 402-476-9721 E-mail: lincoln@dentaldesignsinc.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): Fort Dodge Study Club

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

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

4. Course Title: Technical Advancements in Implant Dentistry.

5. Course Subject:

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

6. Course date: Sept 23, 2013 Hours of instruction: 2

#355356
$30

7. Provide the name(s) and briefly state the qualifications of the speaker(s): * See Sheet - This is what the NE Dental board has approved for us.

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

9. Name of person completing application: Robin Miller

Title: Office Manager Phone Number: 402.476.1331

Fax Number: 402.476.9721 E-mail: lincoln@dentaldesignsinc.com

Address: 1331 S. 33rd Lincoln, NE 68510

Signature: Robin E Miller Date: 9.4.2013

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.

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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

dental designs

Blending Science, Technology & Art

TECHNICAL ADVANCEMENTS IN IMPLANT DENTISTRY

Sponsored by: Dental Designs Laboratory

Presented by: Ben Sweeney

Course Highlights

- **Advancements in Implant Systems**
- **Emerging Technology of Porcelain Application to Milled Titanium**

Presenter Information

Ben Sweeney is co-owner and implant department manager of Dental Designs Laboratory. He is an implant specialist and received his formal training on several CAD/CAM systems. Ben is also trained on all major implant systems.

dental designs Blending Science, Technology & Art

CONTINUING EDUCATION CERTIFICATE OF COMPLETION

PROVIDER NAME: Dental Designs Laboratory

DATE OF COURSE: _____

COURSE TITLE: "TECHNICAL ADVANCEMENTS IN IMPLANT DENTISTRY"

SPEAKER: Ben Sweeney

CE CREDITS EARNED: 2

LOCATION: _____

LICENTIATE'S NAME: _____

I certify that I have completed the above course for continuing education.

_____

Date Licentiate's Signature

Sponsored by:

Dental Designs Laboratory
1331 S 33 Street
Lincoln, NE 68510
402-476-1331
800-927-7990
Lincoln@dentaldesignsinc.com

3909 S 147th
Omaha, NE 68144
402-496-1400

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TECHNICAL ADVANCEMENTS IN IMPLANT DENTISTRY

2 CE CREDITS

Sign-in Sheet

DATE: _____ **LOCATION:** _____

NAME: _____ **DDS DMD RDH CDA STAFF**

OFFICE ADDRESS: _____

OFFICE PHONE: _____ **FAX:** _____

OFFICE EMAIL: _____ _____

(Signature)

NAME: _____ **DDS DMD RDH CDA STAFF**

OFFICE ADDRESS: _____

OFFICE PHONE: _____ **FAX:** _____

OFFICE EMAIL: _____ _____

(Signature)

NAME: _____ **DDS DMD RDH CDA STAFF**

OFFICE ADDRESS: _____

OFFICE PHONE: _____ **FAX:** _____

OFFICE EMAIL: _____ _____

(Signature)

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

RECEIVED
SEP 06 2013
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: Dental Designs Laboratory

Address: 1331 S. 33rd Lincoln, NE 68510

Phone: 402-476-1331 Fax: 402-476-9721 E-mail: Lincoln@dentaldesignsinc.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): Fort Dodge Study Club

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

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

4. Course Title: Coordinating the Implant Team

5. Course Subject:

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

6. Course date: Sept 23, 2013 Hours of instruction: 4

7. Provide the name(s) and briefly state the qualifications of the speaker(s): *See Sheet - This is what the NE Dental Board has approved for us.

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

9. Name of person completing application: Robin Miller

Title: Office Manager Phone Number: 402.476.1331

Fax Number: 402.476.9721 E-mail: lincoln@dentaldesignsinc.com

Address: 1331 S. 33rd St. Lincoln, NE 68510

Signature: Robin E Miller Date: 9.4.2013

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.

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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

dental designs Blending Science, Technology & Art

COORDINATING THE IMPLANT TEAM

Sponsored by: Dental Designs Laboratory

Presented by: Ben Sweeney and Terry Johnson, CDT

Course Highlights

- Treatment Planning
- Pre-Surgical Case Development
- Surgical Guides
- Single, Multiple Unit and Full Denture Case Design
- Screw Retained vs. Cement Retained Restorations
- Surgical Office and Dental Laboratory Protocols
- Scanning Implant Design

Presenter Information

Ben Sweeney is co-owner and implant department manager of Dental Designs Laboratory. He is an implant specialist and received his formal training on several CAD/CAM systems. Ben is also trained on all major implant systems.

Terry Johnson, CDT is the manager of the removable department at Dental Designs Laboratory. He has been a CDT since 1980 and is trained on most removable implant systems. Terry has been recognized as an adjunct professor at UNL and lectures to the students.

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CONTINUING EDUCATION CERTIFICATE OF COMPLETION

PROVIDER NAME: Dental Designs Laboratory

DATE OF COURSE: _____

COURSE TITLE: "COORDINATING THE IMPLANT TEAM"

SPEAKER: Ben Sweeney and Terry Johnson, CDT

CE CREDITS EARNED: 4

LOCATION: _____

LICENTIATE'S NAME: _____

I certify that I have completed the above course for continuing education.

_____

Date | Licentiate's Signature

Sponsored by:

Dental Designs Laboratory
1331 S 33 Street
Lincoln, NE 68510
402-476-1331
800-927-7990
Lincoln@dentaldesignsinc.com

3909 S 147th
Omaha, NE 68144
402-496-1400

dental designs Blending Science, Technology & Art

COORDINATING THE IMPLANT TEAM

4 CE CREDITS

Sign-in Sheet

DATE: _____ LOCATION: _____

NAME: _____ DDS DMD RDH CDA STAFF

OFFICE ADDRESS: _____

OFFICE PHONE: _____ FAX: _____

OFFICE EMAIL: _____ _____

(Signature)

NAME: _____ DDS DMD RDH CDA STAFF

OFFICE ADDRESS: _____

OFFICE PHONE: _____ FAX: _____

OFFICE EMAIL: _____ _____

(Signature)

NAME: _____ DDS DMD RDH CDA STAFF

OFFICE ADDRESS: _____

OFFICE PHONE: _____ FAX: _____

OFFICE EMAIL: _____ _____

(Signature)

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

RECEIVED
SEP 06 2013
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: Dental Designs Laboratory

Address: 1331 S. 33rd Lincoln, NE 68510

Phone: 402·476·1331 Fax: 402·476·9721 E-mail: lincoln@dentaldesignsinc.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): Fort Dodge Study Club

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

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

4. Course Title: Abutment Selection Guide

5. Course Subject:

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

6. Course date: Sept 23, 2013 Hours of instruction: 2

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

*See sheet This is what the NE Dental Board has approved for us.

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

9. Name of person completing application: Robin Miller

Title: Office manager Phone Number: 402.476.1331

Fax Number: 402.476.9721 E-mail: lincoln@dentaldesignsinc.com

Address: 1331 S. 33rd St. Lincoln, NE 68510

Signature: Robin E Miller Date: 9.4.2013

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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

dental designs

Blending Science, Technology & Art

ABUTMENT SELECTION GUIDE

Sponsored by: Dental Designs Laboratory

Presented by: Ben Sweeney

Course Highlights

- Implant Abutments
- CAD/CAM
- Machine vs. Castable Abutments

Presenter Information

Ben Sweeney is co-owner and implant department manager of Dental Designs Laboratory. He is an implant specialist and received his formal training on several CAD/CAM systems. Ben is also trained on all major implant systems.

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CONTINUING EDUCATION CERTIFICATE OF COMPLETION

PROVIDER NAME: Dental Designs Laboratory

DATE OF COURSE: _____

COURSE TITLE: "ABUTMENT GUIDE SELECTION"

SPEAKER: Ben Sweeney

CE CREDITS EARNED: 2

LOCATION: _____

LICENTIATE'S NAME: _____

I certify that I have completed the above course for continuing education.

_____

Date Licentiate's Signature

Sponsored by:

Dental Designs Laboratory

1331 S 33 Street
Lincoln, NE 68510
402-476-1331
800-927-7990
Lincoln@dentaldesignsinc.com

3909 S 147th
Omaha, NE 68144
402-496-1400

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ABUTMENT GUIDE SELECTION

2 CE CREDITS

Sign-in Sheet

DATE: _____ LOCATION: _____

NAME: _____ DDS DMD RDH CDA STAFF

OFFICE ADDRESS: _____

OFFICE PHONE: _____ FAX: _____

OFFICE EMAIL: _____ _____

(Signature)

NAME: _____ DDS DMD RDH CDA STAFF

OFFICE ADDRESS: _____

OFFICE PHONE: _____ FAX: _____

OFFICE EMAIL: _____ _____

(Signature)

NAME: _____ DDS DMD RDH CDA STAFF

OFFICE ADDRESS: _____

OFFICE PHONE: _____ FAX: _____

OFFICE EMAIL: _____ _____

(Signature)

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RECEIVED
SEP 06 2013
IOWA DENTAL BOARD

September 4, 2013

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

Hi,
I was just informed of the Iowa Fort Dodge Study Club wanting us to present a seminar this September 23. I have contacted Angie about having our approved continuing education programs approved by Iowa. She instructed me to go online and print forms, which I have included. I have attached our information for our power point series and a check for $30 for the three topics.

I know this is short notice. ☺ I hope you can approve this before the date. Please let me know as soon as you can.

Thank you,

Robin

Robin Miller
Dental Designs

1331 S. 33rd Street • Lincoln, Nebraska 68510 • Phone: 402-476-1331 • Fax: 402-476-9721 • Toll Free: 800-927-7990 • lincoln@dentaldesignsinc.com
14615 W. Maple, Ste. 110 • Omaha, Nebraska 68116 • Phone: 402-496-1400 • Fax: 402-496-1404 • Toll Free: 800-927-7990 • omaha@dentaldesignsinc.com

www.dentaldesignsinc.com

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SEP 16 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: Dental Prosthetic Services, Inc.

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

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

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

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

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

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

4. Course Title: 2013 *Dental Sleep Medicine Symposium*

5. Course Subject:

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

6. Course date: October 4, 2013 Hours of instruction: 7

#051905 $10

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

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

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

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

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

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

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

Signature: Deborah Curson Vieira Date: September 12, 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.

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

7. Breakdown of Contact Hours for the Course:

8:00am to 12:00pm—We will be running three concurrent sessions. Dentists may choose either session 1 or 2. Staff may choose from sessions 1, 2, or 3.

Session 1—Introduction to Dental Sleep Medicine with Dr. Cameron Kuehne

This course is intended for dentists and dental professionals with an interest in, or currently treating, obstructive sleep apnea (OSA) patients through the utilization of oral appliance therapy (OAT). In his presentation Dr. Kuehne will describe the condition, how it is diagnosed and treated by our medical colleagues, and how dentists can identify and treat Sleep Disordered Breathing. He will discuss the various FDA cleared oral appliances used to treat the condition and how to introduce Dental Sleep Medicine into your dental practice.

Session 2- Advanced Dental Sleep Medicine with Dr. Gy Yatros

In this advanced course Dr Yatros will discuss detailed steps for treating OSA. From consultation to annual recall appointments, he will review the goal for each appointment and outline protocols for easy implementation. He will give a step by step process for analyzing and understanding the pros and cons of specific dental sleep medicine devices, as well as a protocol for selecting the appropriate device for your patient. Dr Yatros will discuss managing the most common side effects of dental sleep therapy. During the course there will be plenty of opportunities for you to discuss cases and share experiences with the other participating doctors. Dr Yatros will also present cases pertinent to advanced topics.

Session 3- Dental Sleep Medicine for Staff/Office Managers

This course is intended for office personnel. Participants will get an overview of dental sleep medicine, including definitions of sleep disordered breathing, how dental offices identify and refer patients for testing, appliance selection and follow-up. Also included in the course is an in-depth discussion of new and existing patient protocol. This involves screening patients from check-in to hygiene checks, working with medical offices to create a referral system and document treatment,. There will be limited discussion of updates to billing medical insurance for treatment.

1:00pm to 4:00pm—Combined Session

In the afternoon, Rob Suter will present on trends in home sleep testing and how home sleep monitors can be used in a dental practice to screen patients and titrate appliances. Finally, we will wrap up the day with a Q & A session and panel discussion on the dental sleep medicine with our featured speakers.

8. Speaker Qualifications:

Cameron Kuehne, DMD

Dr. Cameron A. Kuehne, D.M.D. is a graduate of Temple University School of Dentistry. He is the Director of the Craniofacial Pain Center of Idaho, located in Boise, where his practice is limited to the treatment of craniofacial pain and dental sleep medicine. Dr. Kuehne has been mentored by world renowned experts in the fields of TMD and dental sleep medicine and has accumulated more than 600 hours of continuing education in those areas. He is currently involved in the Masters of Craniofacial Pain Program at Tufts University School of Dental Medicine. Dr. Kuehne is a Diplomate of the American Board of Dental Sleep Medicine, a Diplomate of the American Board of Craniofacial Pain, a Distinguished Fellow of the American Academy of Craniofacial Pain, and President Elect of the Southwest Idaho Dental Society. He is also adjunct faculty at Boise State University where he teaches Head and Neck Anatomy. Dr. Kuehne lectures on a local and national level.

Gy Yatros, DMD

A graduate of the University of Kentucky School of Dentistry, Dr. Gy Yatros has been in private practice on Anna Maria Island, Florida, since 1992. He has been practicing sleep dentistry for over ten years and has offices in Sarasota and Tampa devoted exclusively to the treatment of sleep disordered breathing. He is an international lecturer on the subject of dental sleep medicine and speaks throughout the country. Dr. Yatros is a Diplomate of the American Board of Dental Sleep Medi-

cine, past president of the Manatee Dental Society and is an Affiliate Assistant Professor of the Department of Internal Medicine with the University of South Florida, College of Medicine. He is co-founder of Dental Sleep Solutions Franchising, LLC.

Rob Suter

Rob Suter is ResMed's Regional Manager for Narval Dental Sleep Division in the US and Canada. He has spent the last ten years working in sleep, respiratory and dental sleep medicine industries, including five years working with sleep testing devices and in-lab diagnostic and therapy equipment. He's lectured on behalf of ResMed on the topics of home sleep testing, national testing trends, the role of dentistry in managing obstructive sleep apnea.

Colleen Digmann

Colleen Digmann is the Sleep and Orthodontic Supervisor for Dental Prosthetic Services. She oversees the production of sleep appliances as well as works with dental offices to integrate dental sleep medicine into their practices. Prior to joining DPS, Colleen worked as an office manager for a successful dental practice for sixteen years.

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SEP 30 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: 3M - Scott Topp

Address: 709 Spring Beach Way Cary IL 60013

Phone: 800 852 1990 x6150 Fax: (651) 732-7930 E-mail: sctopp@mmm.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): Vendor

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: Caries Detection & Prevention

5. Course Subject:

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

6. Course date: 9/5, 6 & 7th Hours of instruction: 2

#4879 $10

7. Provide the name(s) and briefly state the qualifications of the speaker(s): Mike Brewer – 44-yrs in prevention in healthcare business. Speaker a Chgo Mid Winter Mid South Dental Congress, over 200 CE hrs lectured, Advisory Board Univ of Tenn Allied Health dept

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

9. Name of person completing application: Scott Topp

Title: Senior Sales Rep Phone Number: (800) 852-1990 x 6150

Fax Number: 651 732 7930 E-mail: sctopp@mmm.com

Address: 709 Spring Beach Way Cary IL 60013

Signature: [signature] Date: 9/26/13

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(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

Provider Name: 3M ESPE
Provider AGD ID#: 208362
Provider Address: 3M CENTER 275-2SE 03 St Paul MN 55144-1000

ATTENDANCE VERIFICATION

Participant's Name:

AGD ID#:

State and License #:

Title: Caries detection and prevention – AGD Code 257

Speaker: John M. Brewer

Educational Method: Power Point - lecture

Course Date:

Location:

CDE Hours:

Authorized Signature:

Academy
of General Dentistry
PACE
Program Approval for
Continuing Education

Approved PACE Program Provider FAGD/MAGD Credit
Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. (12/31/2010) to (12/31/2013)

Keep this form for your records.
AGD Members: PROVIDER NAME will submit attendance verification to the AGD on your behalf.
Please allow at least 30 days for documentation of participation to be added to your transcript.

Mike Brewer
Regional Preventive Specialist
3M ESPE

Mike has enjoyed a 44-year career in prevention in the healthcare industry with the same company. He has played an active role in 3M's school development programs and has lectured at the Kentucky Dental Association Meeting, Chicago Mid Winter Meeting, Mid South Dental Congress Meeting, University of Tennessee, Louisiana State University, University of Mississippi, and University of Iowa Dental Hygiene Schools and delivered over 200 CE courses in the United States. Mike has served on the Advisory Committee to the University Of Tennessee College Of Allied Health. Mike earned a BS degree in Human Resources with a minor in Business Administration from Louisiana Tech University.

RECEIVED
OCT 10 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: Dean P Leonard DDS, MS, PA / Alpha Orthodontics

Address: 1651 West Main Street, Albert Lea, MN 56007

Phone: 507-377-0222 Fax: 507-373-6017 E-mail: dynette@alpha-smiles.com

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

- ☐ Constituent or component society
- ☐ Dental School
- ☐ Dental Hygiene School
- ☐ Dental Assisting School
- ☐ Military
- ☒ Other (please specify): Private 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: Straight Talk about Crooked Teeth

5. Course Subject:

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

6. Course date: Nov 1, 2013 Hours of instruction: 6

#4677 $10

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

Laurie Samuels, RDH, CHC - Dental Hygienist and certified health coach

Dean P Leonard, DDS, MS, PA President and orthodontics at Alpha Orthodontics

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

9. Name of person completing application: Dynette Niebuhr, RDH

Title: Office Manager Phone Number: 507-377-0222

Fax Number: 507-373-6017 E-mail: dynette@alpha-smiles.com

Address: 1651, West Main Street, Albert Lea, MN 56007

Signature: Dynette Niebuhr, RDH Date: 10/7/13

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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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

Laurie Samuels, RDH, CHC

Laurie Samuels is a Dental Hygienist and a Certified Health Coach. She is a member of the ADHA, AADP and AAOSH. Laurie worked for many years in private practice and found that her patients wanted more than brushing and flossing instructions. Patients wanted to know how to stay healthy and Laurie shared all the information she could to help their inquiring minds.

Laurie became a Certified Health Coach after attending the Institute for Integrative Nutrition® in New York City. This program proved to be a life altering experience. Laurie was so inspired, that she now wants to motivate other dental health care providers to follow in her footsteps. Laurie feels that health care workers have a responsibility to teach their patients to make healthier lifestyle choices. Dental Hygiene is one of the few truly preventive oriented health care professions and yet it is truly underutilized. Laurie believes that with the dental community on board we could help turn the tide of the practically epidemic proportions of chronic disease affecting our patients, our friends, our families and most of all, ourselves.

"A view from the other side"

CONTEMPORARY
PRODUCT SOLUTIONS

Presents

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A Journey to Complete Health
with Laurie Samuels, RDH, CHC

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- Total Health & Wellness for the Dental Patient
- Connection between Malocclusion and Patient Health
- Patient Engagement & Ownership
- Orthodontic Solutions
- Case Studies- Dr. Dean Leonard, Alpha Orthodontics

Friday, Nov. 1, 2013
9:00am – 4:00pm

Complimentary, Space is Limited
(Lunch will be provided)

6 CE Credits!

Sponsored by Alpha Orthodontics
Dean Leonard, D.D.S, M.S

alpha Orthodontic

Location:
Diamond Jo Casino
777 Diamond Jo Lane
Northwood, IA 50459
877-323-5566

DIAMOND JO CASINO

Register by Oct. 16, 2013

Email: events@alpha-smiles.com

Please include: • Your Name
• Practice Name • Address • Email
• Phone Number • Dietary Restrictions

Questions: Call Dynette at Alpha Orthodontics (507) 877-0222

Registration reserves your seat in this seminar. To receive your continuing education credit you will take the online quiz available on the course web page at your convenience at www.cpsmagazine.com.

Academy of General Dentistry PACE Program Approval for Continuing Education

Audience: Hygienist **Cost:** Complimentary

AGD CE Lecture Credit Allocation: Code 490, Code 551, Code 708

Refund policy: There is no charge for the course, but we would ask that you let us know 7 days prior to the class if you can not attend.

Approved PACE Program Provider | PACE/MAGD Credit |
Approval does not imply acceptance by a state or provincial board of dentistry or AGD consultant. 9/1/2013 to 8/31/2014
Provider ID# 333110

Alpha Orthodontics

Dean P. Leonard, DDS, MS

DIPLOMATE
AMERICAN BOARD
OF ORTHODONTICS

RECEIVED
OCT 4 2013
IOWA DENTAL BOARD

Oct 1, 2013

Iowa Dental Board

400 SW 8th Street, Suite D

DesMoines, I A 50309-4686

RE: Continuing Education Approval

Continuing Education Advisory Committee:

Alpha Orthodontics is sponsoring a continuing education opportunity November 1st, 2013. The guest speaker, Laurie Samuels, RDH, CDC will be presenting Straight Talk about Crooked Teeth: A Journey to complete Health to a prospective audience of dental hygienists in Northern Iowa. The entire program is is clinically focused. The goal is to provide area hygienists with working knowledge to help improve the oral hygiene and periodontal health of their adolescent and adult patients who are undergoing orthodontic treatment. Enclosed is a copy of the invitation that was sent to area hygienists. We are seeking written board approval of this course for 6 CEU's.

Kindest Regards,

Dean P Leonard, D.D.S, M.S

www.alphaorthodontics.com

1453 4th Street S.E. • Mason City, IA 50401 • 641-423-2172 • 877-473-0842 (toll free)

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6 CE Credits!

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Dean Leonard, D.D.S, M.S

alpha orthodontics

Location:

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877-323-5566

DIAMOND JO CASINO

Register by Oct. 16, 2013

Email: events@alpha-smiles.com

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Academy of General Dentistry

PACE Program Approval for Continuing Education

Audience: Hygienist **Cost:** Complimentary

AGD CE Lecture Credit Allocation: Code 4910, Code 5551, Code 7498

Refund policy: There is no charge for the course, but we would ask that you let us know 7 days prior to the class if you can not attend.

Approved PACE Program Provider | FAGD/MAGD Credit
Approval does not imply acceptance by a state or provincial board of dentistry or AGD acceptance of course content 9/1/2013 to 8/31/2014
Provider ID# 355110

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Dean Leonard, D.D.S, M.S

alpha Orthodontics

Register by Oct. 16, 2013

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Please include: Your Name
- Practice Name
- Phone Number

DIAMOND JO

Alpha Orthodontics

Dean P. Leonard, DDS, MS

DIPLOMATE
AMERICAN BOARD
OF ORTHODONTICS

RECEIVED
OCT 4 2013
IOWA DENTAL BOARD

Oct 1, 2013

Iowa Dental Board

400 SW 8th Street, Suite D

DesMoines, I A 50309-4686

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Friday, Nov. 1, 2013
9:00am – 4:00pm

Complimentary, Space is Limited
(Lunch will be provided)

6 CE Credits!

Sponsored by Alpha Orthodontics
Dean Leonard, D.D.S, M.S

Register by Oct. 16, 2013

Email: events@alpha-smiles.com

Please include: • Your Name
• Practice Name • Address • Dentist
• Phone Number • Dietitian

Questions: Call the Alpha [illegible]

Location:
Diamond Jo Casino
777 Diamond Jo Drive
Northwood, IA 50459
877-325-[illegible]

Register online at [illegible]
or call your office [illegible]
(www.cps[illegible]

AGD [illegible]

[illegible]

RECEIVED
OCT 10 2013
IOWA DENTAL BOARD

APPLICATION FOR POST APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

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

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

1. Course Title: Restorative-What I Wish I Knew in '82

2. Course Subject:

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

3. Course date: 9/27/13 Hours of instruction: 6

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

   8:30A-12:30P speaking

   1:00P-3:00P speaking

5. Name of course sponsor: SEIA Dental Society

   Address: 2200 W Burlington Ave
   Fairfield, IA

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

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

#1089 $10

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

Dr. Dean Elledge graduate UMKC Dentistry 1983, MS in Prosthodontics U of Minnesota 1985. Teaches general dentistry & implantology in the Dept. of Advanced Education in General Dentistry @ UMKC

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

9. Name of person completing application: Lucas Lemburg, DDS

Title: President SE IA District Phone Number: 319-728-7400

Fax Number: 319-728-7404 E-mail: llemburg@chcseia.com

Address: 2409 Spring St Columbus City, IA 52737

Signature: Date: 10/4/13

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

RECEIVED
JUN 26 2013
IOWA DENTAL BOARD

APPLICATION FOR POST APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

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

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

1. Course Title: TMD Workshop : Team Approach to TMD

2. Course Subject:

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

3. Course date: 6/13/13 & 6/14/13 Hours of instruction: 8:00am-5:00pm, 8:00am-4:00pm

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

   Please See Attachment

5. Name of course sponsor: Omni Dental

   Address: 1026 Woodbury Ave Council Bluffs, IA 51503

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

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

#3220
$10

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

Herb Blumenthal, DDS - Instructor at Parkey Institute
Kathy Johnson, PT - Physical Therapist + Instructor at Parkey Institute
Mary Osborne, RDH - Dental Hygienist + Consultant, Instructor at Parkey Institute

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

9. Name of person completing application: David L Jones

Title: DDS Phone Number: 712-328-8573

Fax Number: 712-328-0233 E-mail: office@omnidentalcentre.com

Address: 1026 Woodbury Ave, Council Bluffs, IA 51503

Signature: DDS Date: 6/19/13

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.

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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

A Team Approach to TMD

Thursday Morning

- 8:00-9:00 Mary Osborne: "Influencing with Integrity . . . How to Help People Make Healthy Choices"
- 9:00 Break
- 9:15-10:15 Herb Blumenthal: "The Stomatognathic System, Part One"
- 10:15 Break
- 10:30-12:00 Kathy Johnson: "The Role of Physical Therapy in TMD"

12:00 -1:15 Lunch Break and Herb, Pam and Kathy meet with patient

Thursday Afternoon

- 1:15-2:45 Herb, Kathy and Pam with patient
- 2:45 Break
- 3:00 Mary: Discussion of Exam Process
- 3:30-5:00 Herb: "The Stomatognathic System, Part Two" Participant Exams
- 5:00 End

Friday Morning

- 8:00- 9:30 Mary: "The Power of the Question"
- 9:30 Break and Herb, Kathy and Pam meet with patient
- 10:00 – 11:30 Herb , Kathy and Pam with patient
- 11:30 -12:00 Debrief

12:00 Lunch

Friday Afternoon

- 1:00-2:00 Pam Welden: "Systems and Strategies"
- 2:00 Break
- 2:15-3:45 Herb, Kathy, Mary and Pam: Exam on Participant
- 4:00 End

pankeydentist.org

The Pankey Institute
a subsidiary of the
L.D. Pankey Dental Foundation Inc.
One Crandon Blvd.
Key Biscayne, FL 33149

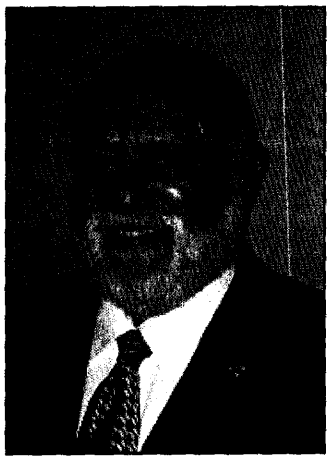
Dr. Herbert E. Blumenthal

280 German Oak Drive
Cordova, TN 38018 United States

Phone: 901.755.1080
Email: hbwb2@aol.com

Vcard: Download
Locate on map: Click here

Designation: Visiting Faculty
This dentist has participated in **500+** Pankey Credit Hours.



Biographical Information:
In active practice for more than 40 years, Dr. Blumenthal has always sought out new knowledge that would help him better serve his patients. That quest has led him to study medicine, occlusion, chiropractic medicine, kinesiology, restorative dentistry, biofeedback, neurophysiology, muscle physiology, nutrition, sleep disorders ..... the list goes on and on with subjects in and outside of dentistry. He has applied this multi-disciplinary education to the diagnosis and treatment of TMD patients for more than 35 years. He has partnered with a wide range of professionals and developed a unique perspective of the interrelationship of TMD treatment as a multidisciplinary therapy involving many professionals who work in concert to best treat these very special patients.

He has directly and positively impacted the lives of countless patients with his ability to listen, observe, and understand. That number has been exponentially increased by his sharing of what he has learned over the years with other dentists as a teacher, mentor, and advisor.

The quest to be the best he could be led him to the Pankey Institute 34 years ago and started a relationship that continues today. He began to give back as a member of the visiting faculty 23 years ago and is one of the Lead Faculty for the Bite Splint and Temporomandibular Evaluation course.

Postural Restoration Certified (PRC)

Kathy Johnson, PT, PRC

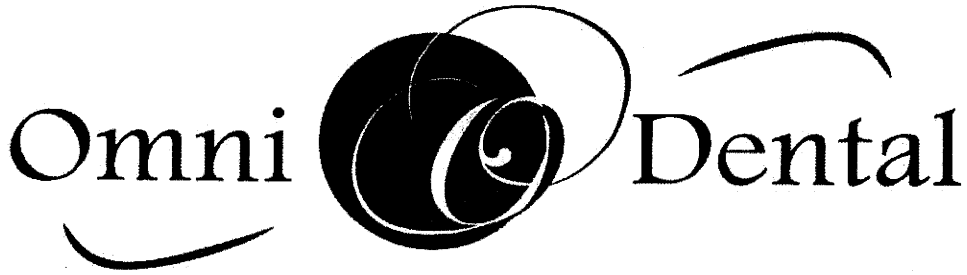
Johnson Physical Therapy
1727 W Main St.
Albert Lea, Minnesota 56007
www.johnsonphysicaltherapy.com
Phone: 507-473-2200

Kathy graduated with a degree in Physical Therapy from the University of North Dakota in 1981. Throughout her career, she has been involved in many aspects of PT, including rehabilitation following stroke and head injury, treatment of movement disorders as a result of MS and Parkinson's, and evaluation and treatment of orthopedic conditions. Her work in Postural Restoration led to the accomplishment of Certification in 2009. Currently Kathy specializes in treatment of chronic pain conditions as a result of injury and disease. She works in a multi-disciplinary team approach with local dentists who specialize in splint treatment for TMJ and facial pain to provide relief of jaw, head, neck and shoulder pain.

Blog Entries

- New Opportunities for Interdisciplinary Integration

Back...



James R. Knott, D.D.S.
David L. Jones, D.D.S.
Robert W. Hurley, D.D.S.

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CONFIDENTIAL HEALTH INFORMATION FAX

This transmission contains personal health information that you are required by law to maintain in a secure and confidential manner. Re-disclosure is prohibited. Failure to maintain confidentiality or re-disclosure without authorization could result in penalties as described in State and Federal law.

TO:
Name: Angie
Office or Organization: IA Dental Board – cont ed
Telephone Number: _____
Fax Number: 515-281-7969

FROM:
Name: Terri – Omni Dental
Telephone Number: (712)328-8573
Fax Number: (712) 328-0233

Fax Sent: Date: ~~8/6/13~~ 8/5/13 Number of Pages (including cover): ~~8~~ 11

_____Urgent _____ Reply Required _____Other

Remarks:

_____

Warning: This message is intended only for the person listed above. The attached information is confidential and considered privileged by law. If the reader of this fax is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is ***STRICTLY PROHIBITED****. If you are not the intended recipient, please notify us and shred this information. Thank You for your cooperation.*

Referring TMD patients to Physical Therapy ~ When, Why, and How

When a patient presents to our office with a complaint of TMD our exam and diagnosis process begins as soon as the patient enters the office.

As they walk into the room I observe them to see how they move and document the following:

- Check to see if the gait is smooth.
- Are the shoulder heights symmetrical?
- Is their head tilted to one side?
- Do they have a forward head posture?

Before the patients are seen in our office they get a welcome packet that includes a self assessment / symptom form and a series of drawings of the head and neck and full body for them to locate and document any areas of concern or pain that they have. The patient will also use their hands to rub the affected muscles as they explain their painful areas.

As I look at these forms they help direct my questions to the patient as to their particular set of symptoms, their duration, intensity and the chronology.

If they indicate whiplash injury or I note some significant asymmetry or if they have significant neck and or back pain that predates the TMD pain a PT referral is then appropriate.

We now start with the physical exam process by doing an exam of the TMJ joint and check the centric relation, and any slide from CR to MIP and all excursive movements. The range of motion of the jaw in protrusion and lateral excursive is also recorded at this time. We also observe and record if the jaw deviates when opening and closing.

We look closely at the guidance or the lack of it and the "smoothness" of the guidance.

We check for head rotation such as; how far they can rotate right and left and if there is any pain and/or restriction in the neck or shoulder area.

From here the muscle exam is completed, after first explaining to the patient what we are checking and how much force will be applied. If there are any *very* tender muscles noted I like to have the patient palpate them to see how little pressure is required to cause pain and where to apply that pressure.

After all the muscles are examined an anterior deprogrammer is carefully placed with fast set bite registration material, being sure the occlusal plane of the deprogrammer is parallel to the patients own occlusal plane. Once it is set, I have the patient open, then protrude jaw, then tap on the deprogrammer. Next I have them open with extreme lateral excursive and tap, then the same in the opposite direction. The patient continues to tap and slide as far as possible for several minutes.

After the patient has a couple of minutes wearing the deprogrammer we check the excursive movements. We want to see if they are smooth and if the range of motion has increased and record any change that is noted.

Next we check the head rotation and record the changes and if there is ay residual tenderness in the neck or shoulder area.

We then look at the muscle exam to see which muscles were sore and which ones you had the patient palpate. The previously tender muscles are re-examined and the patient is allowed to palpate the areas also. Hopefully there has been significant improvement of the muscle tenderness. If there is significant improvement the patient now has confidence you can help them with a splint and there is a relationship between how the teeth fit together and how the TMJ and muscles feel.

If there is improvement, but still residual muscle pain we still recommend splint therapy. However, we inform the patient they may need to be referred to other healthcare professionals, such as a Physical Therapist to resolve other issues before our treatment is complete.

After the patient has the splint inserted and it is adjusted precisely if they are better but not great I will then work with a postural restoration Physical Therapist. The patient will see the Physical Therapist with the deprogrammer in their mouth and come DIRECTLY to our office so the splint can be adjusted when the patient's body is in a balanced or "neutral" position. The last little bit of adjustment can make all the difference from having a patient that is better verses one that is good.

The last few years have been very interesting as I learn to refer to and work with Physical Therapy. It has certainly helped my patients on their journey to wellness.

Indications for Physical Therapy Referral for Dental Consultation

As a Physical Therapist certified in Postural Restoration®, I understand the importance of working closely with a dentist when evaluating and treating my patients' head, neck, shoulder, and upper torso pain. You, as dentists, may receive referrals from Physical Therapists, and hopefully will appreciate that Physical Therapy treatment may be a critical adjunct therapy for many of your TMD patients. Considering when to refer to PT is covered nicely by the short article in your packets written by Paul Stadem, DDS. I will cover when a PT should consider referral to a dentist not only for your information, but hopefully to pass along to your referral sources as an educational tool.

There are several things that your patient may do or say during the intake assessment that will begin to cue the therapist that there may be a dental component to their pain. For example, when the patient typically describes their headache as anywhere except posterior head/neck, and the hands tend to sweep from the temples(s) to the supraorbital area, along the sides of the face (masseters), or when they point to the vertex of the skull. These areas typically correspond to referred pain patterns from muscles with trigger points. A red flag goes up if the patient connects the onset of his or her headaches or facial pain with a dental procedure such as an extraction , root canal, or crown. A referral is definitely indicated if they complain of clicking, locking, or pain directly in the TMJ. Also, I have I found that most people with the following will benefit from a dental consultation: sleep apnea not otherwise controlled i.e. no appliance or CPAP, grinding at night (most often noticed by spouse), clenching during the day (may be helpful to have them make a diary with frequency/intensity), or pain in the "jaw" when awakening in the mornings.

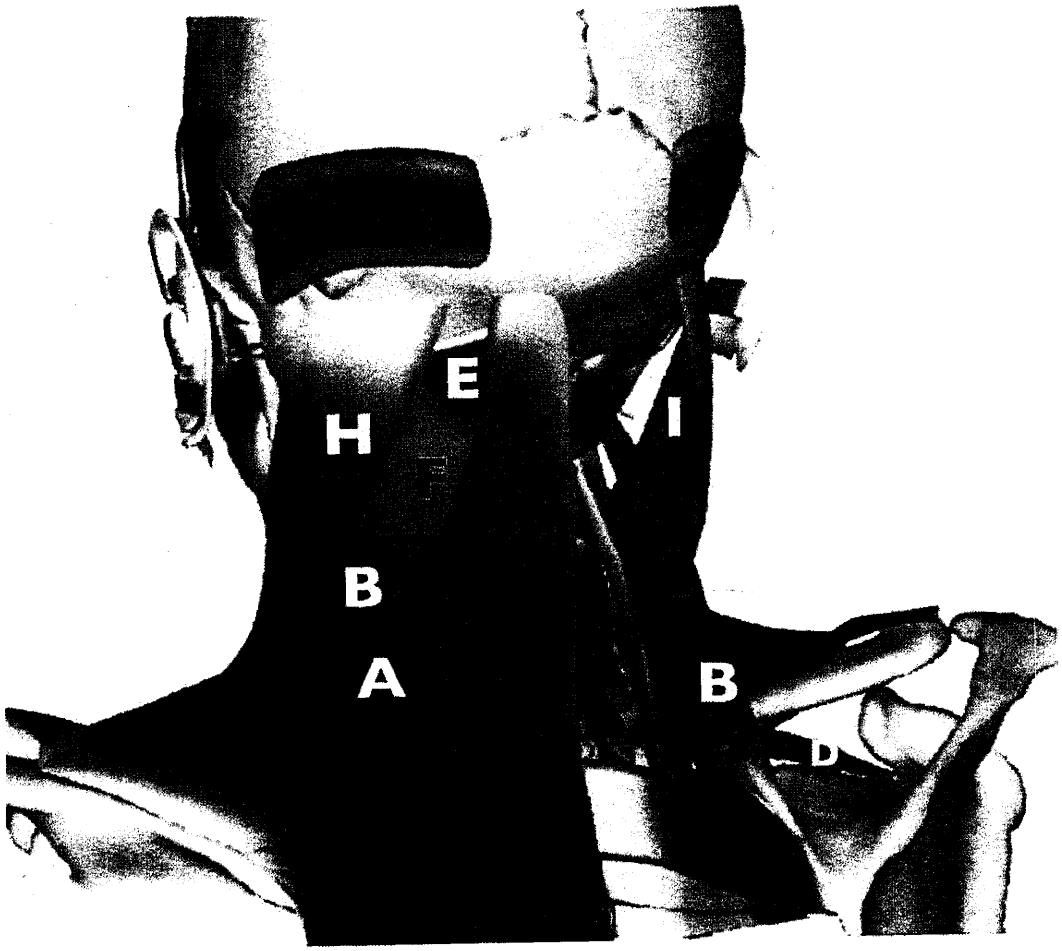
Observing the patient's posture and body symmetry may tick a few boxes in favor of a dental referral. I recommend taking two pictures of the patient; full length, and face only. The most important indication in the full length view is a prominent head tilt. In the facial view, look for indications of asymmetry of the maxilla and/or mandible. Maxillary cants are easily identified by placing a tongue depressor horizontally between the incisors. "Crooked" faces can sometimes be tricky, and are best observed when flipping the facial picture of the patient upside down, or observing the patient supine while standing at their head and looking towards the toes. A typical finding is a deviation of the mandible, frequently to the left. Hypertrophied masseters on one or both sides are a concern that should be looked into.

An intra-oral assessment is crucial. Abnormal findings of concern are: missing teeth, particularly molars, scalloped tongue borders, cross bites, class III bites, and open bites either anterior or posterior. The presence of worn incisors is a clue that the patient grinds his or her teeth, and would most likely benefit from an appliance for protection of the teeth and inhibition of abnormal muscular activity that is likely inhibited by higher cortical control during the day-time hours. In my experience, it is unlikely that PT treatments alone will accomplish optimal pain relief in the presence of only anterior tooth contact i.e. missing back teeth. It is difficult, if not impossible, to completely inhibit over-active anterior neck muscles in these cases.

There is one main evaluation finding that points strongly in the direction of a dental consultation for consideration of appliance therapy. This is when neutrality can be accomplished and maintained when keeping the patient out of his or her habitual occlusion. In the PT clinic, this can be assessed easily by having the patient gently hold a tongue depressor horizontally between their incisors for several minutes both during rest and during activity. There should be no contact of any tooth to any other tooth. The patient and therapist should notice improved cervical rotations left/right, improved shoulder mobility (pre-post Apley's scratch test), improved trunk mobility (pre-post standing forward bend/toe touch), and reduced pain and muscle tension subjectively. If the patient improves with each PT session, but is unable to maintain between sessions, this leads me to the conclusion that a dental appliance may help us not only get from point A to point B, but to stay there.

There is no amount of experience alone that can trump an open line of communication between the Dentist and Physical Therapist. Developing a language common to both disciplines is helpful. For example, an Apley's scratch test and cervical rotations are objective findings that can easily be reproduced in either setting. Pictures or video can substitute for exact goniometric measurements, and can be digitally shared between the professions.

I am convinced that interdisciplinary treatment is essential to accomplish optimal outcomes for our complex upper quarter pain patients. My objective is that these tips will help facilitate a dialogue between the dentist and other professionals, particularly Physical Therapy.



A) Trapezius Upper

B) Levator Scapula

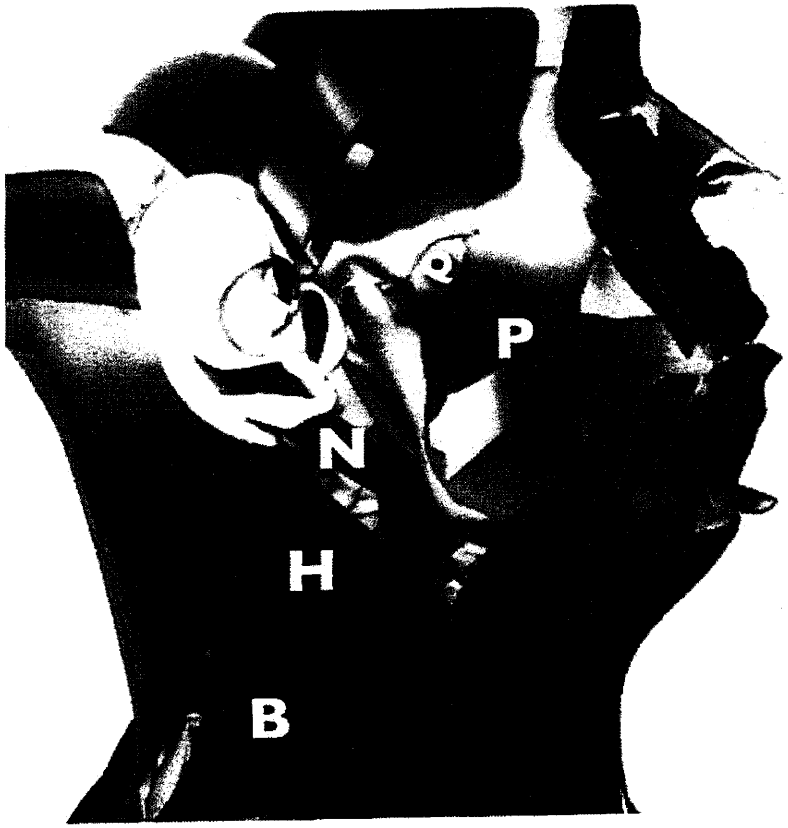
D) Omohyoid Posterior

E) Semispinalis Capitis

F) Splenius Capitis

H) SCM Sternal

I) SCM Clavicular



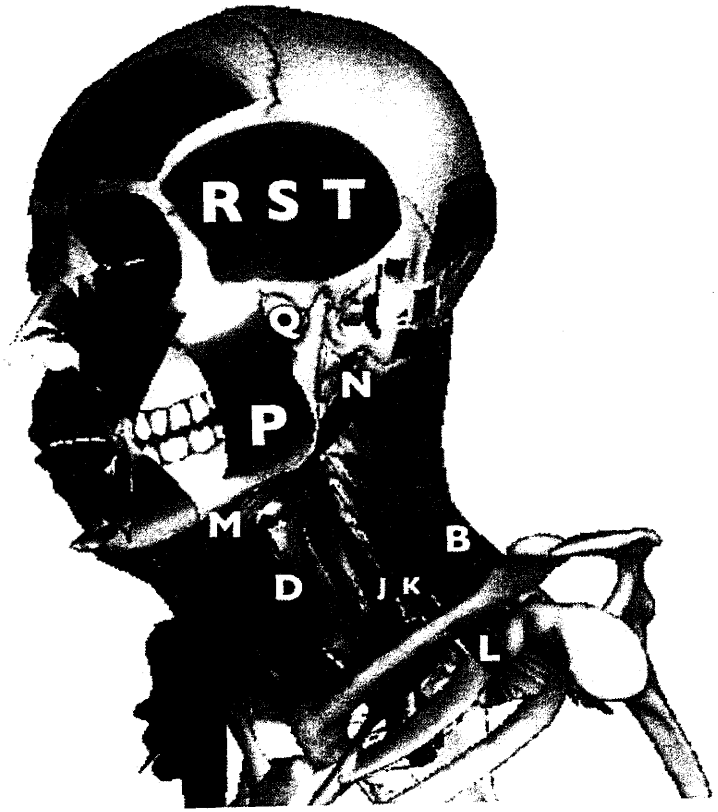
P) Masseter Superficial

Q) Masseter Deep

H) SCM

N) Posterior Digastric

B) Levator Scapula



D) OMOHYOID ANTERIOR

B) LEVATOR SCAPULA

J) SCALENE ANTERIOR

L) SCALENE POSTERIOR

K) SCALENE MIDDLE

M) DIGASTRIC ANTERIOR

N) DIGASTRIC POSTERIOR

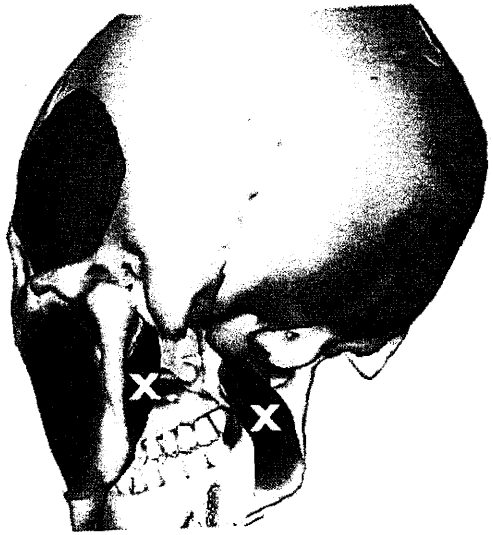
P) MASSETER SUPERFICIAL

Q) MASSETER DEEP

R) TEMPORALIS ANTERIOR

S) TEMPORALIS MIDDLE

T) TEMPORALIS POSTERIOR



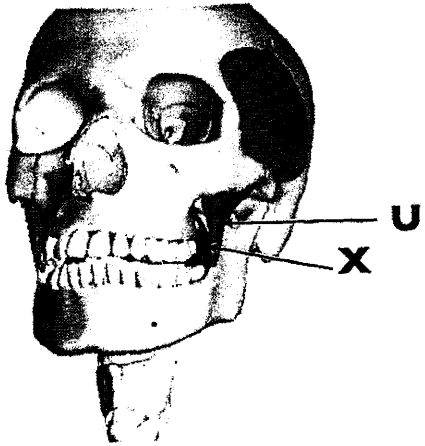
INTRA-ORAL

U) Temporalis attachment to coronoid process

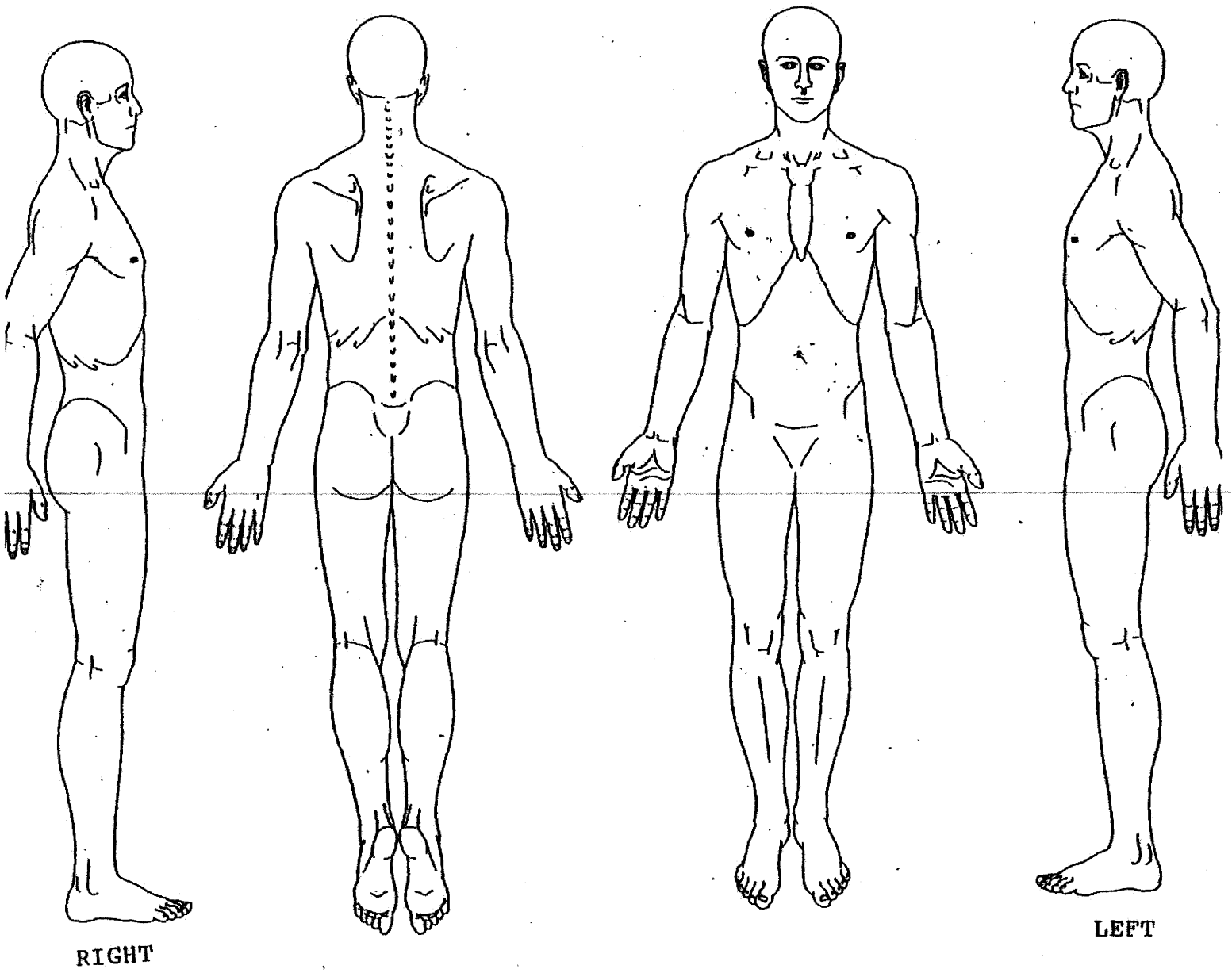
V) Masseter Deep

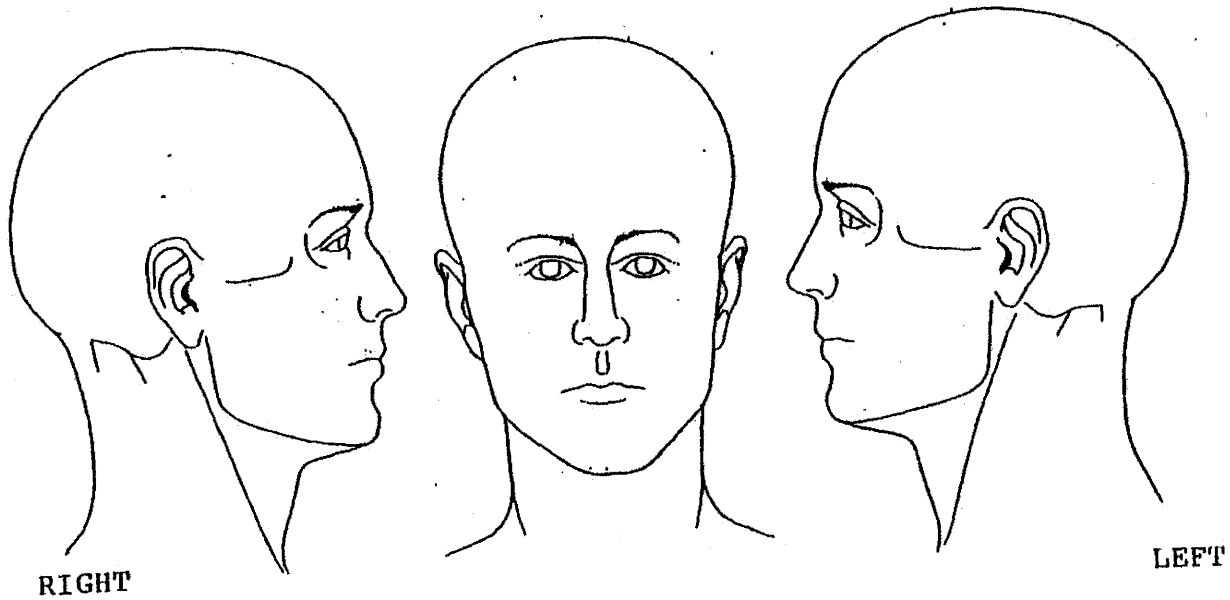
W) Masseter Deep Deep Intra-oral

X) Medial Pterygoid Intra-oral



INDICATE ON THE DRAWINGS BELOW WHERE YOU ARE HAVING PAIN





TOPICS COVERED BY DR. BLUMENTHAL

1) Review of medical and dental history and discussion of how medications and nutrition affect joint health. Also discussed supplements that can improve joint health.
2) Discussed relationship of past trauma and joint health.
3) Reviewed patient symptoms sheet (attached). Discussed the significance of each symptom and how each relates to joint and muscle function and dysfunction. Demonstrated the use of symptom sheet in 2 clinical exams.
4) Discussed relationship of sleep, sleep disorders and TMD.
5) Reviewed head and neck muscle and joint anatomy.
6) Reviewed muscle and joint palpation. Demonstrated all muscle palpations in 2 clinical exams and had a break out session of muscle palpation with entire group of participants. (See attached sheet)
7) Lecture and demonstration during 2 clinical exams regarding Dr. Blumenthal's Pain Guide (see attached guide). Discussed relationship of each muscle to patient's occlusion and function. Demonstrated during 2 clinical exams.
8) Discussed having the patient circle areas of pain on a body drawing and the relationship of head and neck pain to pain in other areas of the body. Discussed this during 2 clinical exams.
9) Lecture on treatment options for TMD.
10) Lecture on splint therapy.
11) Discussion of splint therapy in conjunction with physical therapy.
12) Discussion and demonstration of team treatment of TMD.
13) Lecture and discussion of imaging and TMD.
14) Discussion of equilibration and restoration for TMD patients.

NAME:_____DATE:_____

PLEASE INDICATE ANY SYMPTOMS BELOW THAT APPLY. CHECK PAST OR PRESENT BELOW

PAST	PRESENT	
____	____	HEADACHES
____	____	FACIAL PAIN
____	____	DIFFICULTY CHEWING
____	____	PAIN IN JAW JOINTS
____	____	NOISES IN JAW JOINTS WHEN MOVING OR CHEWING
____	____	LIMITED OPENING / RESTRICTED MOVEMENT
____	____	JAW LOCKS / IF SO DOES IT LOCK OPENED ____? OR CLOSED ____?
____	____	SHOULDER PAIN
____	____	NECK PAIN
____	____	EAR PAIN
____	____	BACK PAIN
____	____	JAW TIRES EASILY WHEN I CHEW
____	____	DIFFICULTY SLEEPING
____	____	DIFFICULTY REMAINING ASLEEP
____	____	PAIN BEHIND EYES
____	____	AWARE OF GRINDING TEETH
____	____	AWARE OF CLENCHING TEETH
____	____	SWELLING OF THE FACE OR NECK AREA
____	____	SORE TEETH
____	____	SENSITIVE TEETH
____	____	BROKEN TEETH
____	____	LOOSE TEETH

PAST PRESENT

____ ____ RINGING IN EARS

____ ____ MUSCLE SPASMS

____ ____ RECENT DENTAL WORK / IF SO PLEASE EXPLAIN WHAT WAS DONE_____

____ ____ EQUILIBRATION (HAVING BITE ADJUSTED)

____ ____ BITE FEELS AWKWARD

IS THIS PROBLEM RELATED TO AN ACCIDENT? YES____ NO____ IF SO PLEASE EXPLAIN_____

_____

WHEN DID THE SYMPTOMS BEGIN? _____

ANY CHANGES IN SYMPTOMS SINCE? ____IF SO PLEASE EXPLAIN_____

PLEASE LIST ALL SURGERIES YOU HAVE HAD BOTH MEDICALLY NECESSARY, AND COSMETIC _____

_____

RATE THE NUTRITION OF YOUR DIET EXCELLENT____GOOD ____ FAIR ____ POOR ____

DO YOU EXERCISE? YES____ NO ____ IF SO HOW OFTEN AND WHAT TYPE OF EXERCISE? _____

DO YOU DRINK WATER DAILY? YES ____ NO ____IF SO HOW MUCH? _____

DO YOU TAKE VITAMIN SUPPLEMENTS? YES____ NO ____ IF SO PLEASE LIST_____

ON AVERAGE HOW MANY HOURS DO YOU SLEEP PER NIGHT? _____

DO YOU FEEL RESTED WHEN YOU AWAKE? YES____ NO____

HOW DO SLEEP? ON BACK____ ON STOMACH____ ON SIDE____

Name:_____Date: _____

Muscle Examination:

0 = No Pain or Discomfort :) 10 = Most Uncomfortable :(

	Initial Exam		Re-Exam	
A___Upper Trapezius	R ___	L ___	R_____	L_____
B___Levator Scapulae	R___	L___	R_____	L_____
C___Longissimus Capitis	R___	L___	R_____	L_____
D___Omohyoid	R ___	L ___	R_____	L_____
E___Semispinalis Capitis	R ___	L ___	R_____	L_____
Y___Spinalis Capitis	R ___	L ___	R_____	L_____
F___Splenius Capitis	R ___	L ___	R_____	L_____
H___SCM Sternal	R ___	L ___	R_____	L_____
I___SCM Clavicular	R ___	L ___	R_____	L_____ J
J___Scalene (anterior)	R ___	L___	R_____	L_____
K___Scalene (middle)	R ___	L ___	R_____	L_____
L___Scalene (posterior)_____	R___	L___	R_____	L_____
M___Digastric (anterior)	R ___	L ___	R_____	L_____
N___Digastric (posterior)	R ___	L ___	R_____	L_____
O___Medial Pterygoid (external)	R ___	L ___	R_____	L_____
P___Masseter (Superficial)	R ___	L ___	R_____	L_____
Q___Masseter (Deep Extra-oral)	R ___	L ___	R_____	L_____
R___Temporalis (Ant)	R ___	L ___	R_____	L_____
S___Temporalis (Mid)	R ___	L ___	R_____	L_____
T___Temporalis (Post)	R ___	L ___	R_____	L_____

INTRAORAL MUSCLE EXAM

U___Temporalis (anterior fibers)	R ___	L ___	R_____	L_____
V___Masseter Deep	R___	L___	R_____	L_____
W___Masseter Deep Deep	R___	L___	R_____	L_____
X___Medial Pterygoid	R ___	L ___	R_____	L_____

OTHER MUSCLE INVOLVMENT:

Revised 1-2013

PAIN GUIDE

VERTEX PAIN

Sternocleidomastoid (sternal) (H)
Splenius Capitis (F)

BACK-OF-HEAD PAIN

Trapezius (upper) (A)
Sternocleidomastoid (sternal and clavicular) (H – I)
Semispinalis Capitis (E)
Semispinalis Cervicis
Splenius Cervicis
Suboccipital group
Occipitalis
Diagastric (M – N)
Temporalis (posterior) (T)

TEMPORAL HEADACHE

Trapezius (A)
Sternocleidomastoid (sternal) (H)
Temporalis (R-S-T)
Splenius Cervicis
Supoccipital groupSemispinalis Capitis
Semispinalis Capitis (E)

FRONTAL HEADACHE

Sternocleidomastoid (clavicular sternal) (H – I)
Semispinalis Capitis (E)
Frontalis
Zygomaticus Major

EAR AND TEMPOROMANDIBULAR JOINT PAIN

Lateral Pterygoid
Masseter (deep) (Q)
Sternocleidomastoid (clavicular) (I)
Medial Pterygoid

EYE AND EYEBROW PAIN

Sternocleidomastoid (sternal) (H)
Temporalis (anterior) (R)
Splenius Cervicis
Masseter (superficial) (P)
Suboccipital group
Occipitalis
Obicularis Oculi
Trapezius (upper) (A)

CHEEK AND JAW PAIN

Sternocleidomastoid (sternal) (H)
Masseter (superficial) (P)
Lateral Pterygoid
Trapezius (upper) (A)
Masseter (deep) (Q)
Diagastric (M – N)
Medial Pterygoid (X)
Platysma
Orbicularis Oculi
Zygomaticus Major

TOOTHACHE

Temporalis (upper middle posterior) (R – S – T)
Masseter (superficial) (P)
Diagastric (anterior) (M)

BACK-OF-NECK PAIN

Trapezius (upper middle and less frequent lower) (A)
Multifidi
Levator Scapulae (B)
Splenius Cervicis
Infraspinatus

THROAT AND FRONT-OF-NECK PAIN

Sternocleidomastoid (sternal) (H)
Diagastric (M- N)
Medial Pterygoid (X)

THE LETTERS AT THE END OF THE NAME OF THE MUSCLES REFER TO THE DRAWINGS THAT ARE LETTERED AND TO THE MUSCLE EXAMINATION SHEET.

This information is from:

"Myofacial Pain and Dysfunction The Trigger Point Manual"

Janet G. Travell, MD, David G. Simons, MD

Interdisciplinary Treatment of the TMD Patient

Course Objectives

Physical Therapy attendees will meet the following course objectives upon completion:

- Recognize how postural imbalances may affect occlusion.
- Recognize, in turn, how dental treatment of OMD (occlusal muscle dysfunction) may affect posture.
- Identify when a patient may benefit from a dental consultation to assist in accomplishing PT goals.
- Know how to best facilitate co-treatments with a dentist.
- Recognize that the visual/vestibular system may need to be addressed in treatment of the complex pain patient.

Syllabus

- Introduction
- Discussion of balancing "The Three S's" – how the diaphragm influences body positioning above and below
- Supporting the arches
- Practice diaphragmatic breathing exercise
- Recognizing postural asymmetries
- The inter-relationship of the visual/stomatognathic system
- Who to include in your circle of professionals
- Questions

Terri

From: Blumenthal <hbwb2@aol.com>
Sent: Friday, June 07, 2013 10:17 AM
To: office@omnidentalcentre.com; mary@maryosborne.com; kajohnson2537@aol.com; pam.welden@aol.com
Cc: dljones74@cox.net
Subject: Re: Pt info needed from Dr. B

As far as the patients .. have them arrive about 15 minutes before their appointment time.. ask them to wear clothing that would be suitable for being on the massage table and in front of the group (slacks) .. also ask them to wear loose clothing around their neck area so we can see the neck muscles.. bring what ever splint they may be currently wearing and not to take any medication that would mitigate symptoms such as headache or muscle tension. All other meds would be fine that they take on a regular basis. Also have them fill out the Initial Patient Questionnaire and the
Body Drawing (ask them to fill out all of the areas on the sheet that are applicable even though they might think it has nothing to do with TMD..) Current Health History including all medications both Rx and Over The Counter medications (Vitamins etc) ...Also any scans that may have been taken (and reports) along with radiographs, if available, also if there are mounted models that would be helpful but not necessary..... I spend some time with each of you and outlining what is going to happen and identify any areas of concern for you and the other patients.. (things you may not want to discuss in front of the group etc) We are very adaptable and can work with whatever is presented... not to worry... Everything will work perfectly... Thank you for all the work you are putting into this project... I am hopeful you will benefit greatly from this experience... Please let me know if there is any additional information you need from me.... Mary will probably respond to the photos of the room... whatever you and she decide on is perfect for me... Dr. B

> What all do you need from the patients ahead of time? Initial patient questionnaire, current health history, ? Jamie D, one of our hygienists and myself are going to be the patients.

-----Original Message-----
From: Terri <office@omnidentalcentre.com>
To: hbwb2 <hbwb2@aol.com>; mary <mary@maryosborne.com>; kajohnson2537 <kajohnson2537@aol.com>; pam.welden <pam.welden@aol.com>
Cc: dljones74 <dljones74@cox.net>
Sent: Fri, Jun 7, 2013 9:52 am
Subject: Pt info needed

Good Morning Everyone!

I met with the sales manager, Jessica, at the Holiday Inn-Ameristar this morning to finalize the room rental & food requirements. I took a couple photos of the room with my phone. She said we can certainly look at it Wednesday after 6:00pm (in case they used it during the day) & place anything in there that evening if we want. I gave her the list of items you need and I will pick up what they don't supply.

SET UP FOR TEAM WORKSHOP

(You already have the Zero Gravity chair and Massage table)

Mary/Kathy/Pam and I prefer not to be videotaped.

1. **Projector/Screen and Sound connection for Mary's PC an My Mac (I have an adaptor)**
2. **If possible have two wireless microphones that will work together .. one for me and one for the patient so everyone can hear their responses...**
3. **Wireless or Cable connection to the internet.**
4. **Gloves for everyone Small/Medium and Large... (Latex free if necessary for the group members and or patients)**
5. **Disposable mirrors for all the participants... we will be doing exams on each other and need the mirrors to do that exam.**
6. **Anterior deprogrammers that can be ordered from the Pankey Institute (305-428-5800 ask for Mark... they come in packages of 25 or 50)**
7. **Blu-Mousse FAST SET or other fast set material that has a thick consistency to put in the deprogrammers ... will need a cartridge and dispensing gun for each table along with multiple tips for dispensing the material for each participant. If necessary we could use one tip for several deprogrammers at the same table.**
8. **Flip chart that has enough sheets to distribute to each table / group and marking pens for each table.**
9. **Disposable neck towels for everyone ... Just need something to protect their clothing while making the deprogrammers.**
10. **Have the patients scheduled to wear clothing suitable for sitting in a chair in front of the group (slacks and a top that allows us to see their neck and upper shoulder area) They will also be on the massage table in front of the group...**
11. **Ask the patients not to take any medication to relax their muscles or any pain medication before seeing us for the examination... The medications may change the parameters of what we are seeing...**
12. **If the patients have splints , bring them with them to the appointment.**
13. **Please have the initial exam sheet and the body drawing for each patient to fill out prior to us seeing them...**
14. **Have the patient come in about 15 minutes prior to their appointment so that Kathy, Pam and I can talk with them prior to putting them in front of the group. This helps to relax the patient and let them know what to expect....etc...**
15. **Please have the patient's history available to go over prior to seeing the patient.**

Terri... if you have any questions ..let me know ... thank you for all your help... see you soon..... Dr. B

Referring TMD patients to Physical Therapy ~ When, Why, and How

When a patient presents to our office with a complaint of TMD our exam and diagnosis process begins as soon as the patient enters the office.

As they walk into the room I observe them to see how they move and document the following:

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- Is their head tilted to one side?
- Do they have a forward head posture?

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If they indicate whiplash injury or I note some significant asymmetry or if they have significant neck and or back pain that predates the TMD pain a PT referral is then appropriate.

We now start with the physical exam process by doing an exam of the TMJ joint and check the centric relation, and any slide from CR to MIP and all excursive movements. The range of motion of the jaw in protrusion and lateral excursive is also recorded at this time. We also observe and record if the jaw deviates when opening and closing.

We look closely at the guidance or the lack of it and the "smoothness" of the guidance.

We check for head rotation such as; how far they can rotate right and left and if there is any pain and/or restriction in the neck or shoulder area.

From here the muscle exam is completed, after first explaining to the patient what we are checking and how much force will be applied. If there are any *very* tender muscles noted I like to have the patient palpate them to see how little pressure is required to cause pain and where to apply that pressure.

After all the muscles are examined an anterior deprogrammer is carefully placed with fast set bite registration material, being sure the occlusal plane of the deprogrammer is parallel to the patients own occlusal plane. Once it is set, I have the patient open, then protrude jaw, then tap on the deprogrammer. Next I have them open with extreme lateral excursive and tap, then the same in the opposite direction. The patient continues to tap and slide as far as possible for several minutes.

After the patient has a couple of minutes wearing the deprogrammer we check the excursive movements. We want to see if they are smooth and if the range of motion has increased and record any change that is noted.

Next we check the head rotation and record the changes and if there is ay residual tenderness in the neck or shoulder area.

We then look at the muscle exam to see which muscles were sore and which ones you had the patient palpate. The previously tender muscles are re-examined and the patient is allowed to palpate the areas also. Hopefully there has been significant improvement of the muscle tenderness. If there is significant improvement the patient now has confidence you can help them with a splint and there is a relationship between how the teeth fit together and how the TMJ and muscles feel.

If there is improvement, but still residual muscle pain we still recommend splint therapy. However, we inform the patient they may need to be referred to other healthcare professionals, such as a Physical Therapist to resolve other issues before our treatment is complete.

After the patient has the splint inserted and it is adjusted precisely if they are better but not great I will then work with a postural restoration Physical Therapist. The patient will see the Physical Therapist with the deprogrammer in their mouth and come DIRECTLY to our office so the splint can be adjusted when the patient's body is in a balanced or "neutral" position. The last little bit of adjustment can make all the difference from having a patient that is better verses one that is good.

The last few years have been very interesting as I learn to refer to and work with Physical Therapy. It has certainly helped my patients on their journey to wellness.

To: Iowa Dental Board-Attention Angie

Below is the course description for a continuing education course, which was sent via the website July 23, for the Iowa Dental Board to approval. The request was for 3 hours of continuing education credit. However, due to some scheduling changes and the re-evaluation of course material, the presenters think the course should provide 1.5 continuing educations credits. Please note this when the Iowa Dental board makes it final recommendations.

Thank you,
Nancy Adrianse, BSDH adriansen@iowapca.org 515-333-5032
Iowa Primary Care Association

Sharing Patient Care between Medical and Dental Clinics, Oct. 24, 2013, sponsored by Iowa Primary Care Association

Course Objectives:
Discuss the movement towards a Patient Centered Health Home and how medical and dental integration fits into that movement.
Provide ways to promote medical and dental integration within other health centers by giving examples of the medical-dental integration efforts at Erie Family Health Center.
Discuss the role of management and leadership in promoting medical and dental integration

Course Outline:

1) Definition of Patient Centered Health Home
2) Definition of medical and dental integration
3) Medical and dental integration efforts at Erie Family Health Center
    a. Co-location
        i. Same hours of operation
        ii. Integrated front desk
        iii. Ability to schedule medical and dental appts through call center
        iv. Access for PBAs at Erie sites without dental to make dental appts
    b. Coordinated staff meetings
        i. All-Staff meetings
        ii. Leadership team meetings
        iii. Site management meetings
        iv. QI meetings
    c. Medical residents rotate through dental clinic
    d. Pregnancy centering and parenting programs
    e. Coordinated well-child visits
    f. Coordinated efforts of medical and dental providers
    g. BP and blood sugar screening for all adult dental patients
    h. Chronic Care model of treatment
        i. Caries risk assessment
        ii. Self-Management goals
        iii. Treatment protocols based on risk
        iv. Outcome measures
        v. Care coordination
4) Health center leadership's role in promoting medical and oral health integration
    a. Servant leadership
    b. Tools
    c. Creating expectations
    d. Sweet spot

REPORT TO THE CONTINUING EDUCATION ADVISORY COMMITTEE

ACTION

MEETING DATE:	October 25, 2013
SUBMITTED BY:	Melanie Johnson, Executive Director; Christel Braness, Program Planner; Angie Davidson, Administrative Assistant
ACTION REQUESTED:	Establish the 2014 Committee Meeting Schedule

Continuing Education Advisory Committee – Proposed 2014 Meeting Schedule

January 14	OR	January 21
March 26	OR	April 2
June 10	OR	June 17
July 15	OR	July 22
September 23	OR	September 30

Proposed start time: 12:00 P.M.

Iowa Dental Board 2014 Meeting Schedule

January 30-31	(Thursday, Friday)	
April 10-11		
*May 9	(Friday)	* Organizational mtg. to elect officers, appoint committees
July 31- August 1	(Thursday, Friday)	
October 16-17	(Thursday, Friday)	

2014 Board Calendar

Dates shaded in Yellow = Board Quarterly Meetings

* May 9th = annual election of officers and committee appointments

January						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	*9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	

August						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
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19	20	21	22	23	24	25
26	27	28	29	30	31	

November						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

State Holidays 2014

New Year's Day	Wednesday, January 1
Martin Luther King, Jr.'s Birthday	Monday, January 20
Memorial Day	Monday, May 26
Independence Day	Friday, July 4
Labor Day	Monday, September 1
Veterans Day	Tuesday, November 11
Thanksgiving Day	Thursday, November 27
Friday after Thanksgiving	Friday, November 28
Christmas Day	Thursday, December 25

Other Federal Holidays

Presidents' Day	Monday, February 17
Columbus Day	Monday, October 13

(FINAL - approved at May 10, 2013 meeting)

REPORT TO THE CONTINUING EDUCATION ADVISORY COMMITTEE

ACTION

MEETING DATE: October 25, 2013

SUBMITTED BY: Melanie Johnson, Executive Director; Christel Braness, Program Planner; Angie Davidson, Administrative Assistant

ACTION REQUESTED: Discussion Regarding Application Review Process and Deadlines

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Role of CEAC
The Continuing Education Advisory Committee is the responsible for reviewing all continuing education and sponsor applications and providing recommendations to the Dental Board.

CEAC Procedures
The Committee conducts its business at meetings open to the public. Prior to each scheduled meeting, Board staff distributes to Committee members copies of the applications to be reviewed at that meeting. At the meeting the Committee discusses the pending applications and prepares recommendations for the Iowa Dental Board. The Board meets quarterly and takes action on the Committee's recommendations.

For Discussion

Does the CEAC want to consider establishing due dates for applications to be considered at the regularly scheduled CEAC meetings? If yes, how much time is needed at each step of the process?

Attached for Review

- Draft for review - Application Deadlines

CONTINUING EDUCATION COURSE/SPONSOR APPLICATION DEADLINES 2013-2014

Deadlines for:

- **Continuing education course applications**
- **Continuing education sponsor applications**
- **All other requests for the CEAC**

CONTINUING EDUCATION ADVISORY COMMITTEE (CEAC)

Role of CEAC
The Continuing Education Advisory Committee is the responsible for reviewing all continuing education and sponsor applications and providing recommendations to the Dental Board.

CEAC Procedures
The Committee conducts its business at meetings open to the public. Prior to each scheduled meeting, Board staff distributes to Committee members copies of the applications to be reviewed at that meeting. At the meeting the Committee discusses the pending applications and prepares recommendations for the Iowa Dental Board. The Board meets quarterly and takes action on the Committee's recommendations.

Application Deadlines
In order to be considered at a regularly scheduled quarterly Board meeting, applications need to be submitted to the Board office three (3) weeks before the scheduled Committee meeting. Meeting materials are distributed to Committee members two (2) weeks before the Committee meeting. There is one (1) week period of time between the Committee meeting and the quarterly Board meeting to prepare the Committee's recommendations

The following table outlines the deadlines for submitting applications and requests to the Committee in time for consideration at the regularly scheduled quarterly Board meetings.

(3 wks. before mtg) **Submit application to IDB office by:**	**(2 wks. before mtg)** **Scheduled distribution to Committee:**	**Committee Meeting**	**Board Meeting**
October 4, 2013	October 11, 2013	October 25, 2013	Oct. 31- Nov. 1, 2013
October 22, 2013	October 29, 2013	November 12, 2013	Jan. 30-31, 2014