



STATE OF IOWA

IOWA DENTAL BOARD

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

PHIL MCCOLLUM
INTERIM DIRECTOR

CONTINUING EDUCATION ADVISORY COMMITTEE

AGENDA

Date/Time: January 21, 2014, 12:00 P.M.

Location*: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa

Members: *Lori Elmitt, Board member, chair; Steven Fuller, D.D.S.; George North, D.D.S.; Marijo Beasler, R.D.H.; Eileen Cacioppo, R.D.H.; Kristee Malmberg, R.D.A.; Jane Slach, R.D.A.*

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. COMMITTEE MINUTES**
 - a. *October 25, 2013 – Teleconference*
- III. CONTINUING EDUCATION COURSE APPLICATIONS FOR REVIEW**
 - a. *See course materials for list*
- IV. CONTINUING EDUCATION CONTINUING EDUCATION SPONSOR APPLICATIONS FOR REVIEW**
 - a. *See course materials for list*
- V. OTHER BUSINESS**
 - a. *Iowa AGD Request RE: CE Requirements and Acceptance of AGD Transcript*
 - b. *Request for CE for Licensees Who Utilize Cerec*
 - c. *Other items, if any*
- VI. OPPORTUNITY FOR PUBLIC COMMENT**
- VII. ADJOURN**

*Committee members may participate by telephone or in person.

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

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



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PHIL MCCOLLUM
INTERIM DIRECTOR

CONTINUING EDUCATION ADVISORY COMMITTEE

- TELEPHONIC MEETING -

MINUTES

October 25, 2013
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members

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

October 25, 2013

Present
Present
Present
Present
Present
Present
Absent

Staff Members

Christel Braness, Melanie Johnson

I. CALL TO ORDER FOR OCTOBER 25, 2013

The meeting of the Continuing Education Advisory Committee was called to order at 12:02 p.m. on Friday, October 25, 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 five (5) members present.

Roll Call:

<u>Member</u>	<u>Beasler</u>	<u>Cacioppo</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Malmberg</u>	<u>North</u>	<u>J. Slach</u>
Present	x	x	x		x	x	
Absent				x			x

II. APPROVAL OF MINUTES

- *September 10, 2013 – Teleconference*

❖ MOVED by CACIOPPO, SECONDED by NORTH, to recommend the APPROVAL of minutes as submitted. Motion APPROVED unanimously.

III. CONTINUING EDUCATION COURSE APPLICATIONS

- **Oral Surgeons, PC:** *“Restoratively-driven Implant Failure”* (7 hours)
- **Oral Surgeons, PC:** *“Managing the Transition Zone, Enhancing your Restorative Implant Practice”* (1.5 hours)

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

- **University of Iowa College of Dentistry:** *“Regional Dental Public Health Conference/Affordable Care Act and the Impact on Dentistry”* (8 hours)

Ms. Braness provided an overview of the request.

Ms. Cacioppo recommended denial of the course pursuant to IAC 650—25.3(7)c.

Ms. Beasler reported that she attended the meeting, and stated that part of it addressed more than just insurance. Due to her attendance, she was undecided regarding credit.

❖ MOVED by CACIOPPO, SECONDED by NORTH, to recommend the DENIAL of course as submitted. Motion APPROVED. Ms. Beasler abstained.

- **Iowa Department of Public Health:** *“The Role of the Oral Health Professional in Screening for Tobacco Use and Hypertension”* (1 hour)

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

- **Eastern Iowa Community College:** *“Impressive Impressions and Beautiful Bites”* (2 hours)

❖ MOVED by CACIOPPO, SECONDED by MALMBERG, to recommend the APPROVAL of course as submitted. Motion APPROVED unanimously.

➤ Dr. Fuller joined the call at 12:09 a.m.

- **Patterson Dental:** *“Essentials of Digital Radiography”* (2 hours)

- ❖ MOVED by CACIOPPO, SECONDED by FULLER, to recommend the APPROVAL of course as submitted. Motion APPROVED unanimously.
 - **Southwest Iowa District Dental Society:** “*Periodontal Disease: A Review of the Etiology, Progression and Treatment of Periodontal Inflammation*” (1 hour)
- ❖ MOVED by MALMBERG, SECONDED by NORTH, to recommend the APPROVAL of course as submitted. Motion APPROVED unanimously.
 - **Dental Designs Laboratory:** “*Technical Advancements in Implant Dentistry*” (2 hours)
 - **Dental Designs Laboratory:** “*Coordinating the Implant Team*” (4 hours)
 - **Dental Designs Laboratory:** “*Abutment Selection Guide*” (2 hours)
- ❖ MOVED by CACIOPPO, SECONDED by MALMBERG, to recommend the APPROVAL of course as submitted. Motion APPROVED unanimously.
 - **Dental Prosthetic Services:** “*2013 Dental Sleep Medicine Symposium*” (7 hours)
- ❖ MOVED by CACIOPPO, SECONDED by FULLER, to recommend the APPROVAL of course as submitted. Motion APPROVED unanimously.
 - **3-M – Scott Topp:** “*Caries Detection & Prevention*” (2 hours)

Ms. Cacioppo asked about the expertise of the speaker since the presenter is not a dentist. Ms. Cacioppo asked for input. Ms. Malmberg agreed with the concerns.

Ms. Beasler indicated that he would know about the product in question; however, legally, there would be restrictions on his being able to use it.

Ms. Elmitt asked the dentists for input. Dr. North and Dr. Fuller don't see this as being a problem since the representatives are familiar with the equipment.

- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to recommend the APPROVAL of course as submitted. Motion APPROVED unanimously.
 - **Alpha Orthodontics:** “*Straight Talk About Crooked Teeth*” (6 hours)
- ❖ MOVED by CACIOPPO, SECONDED by NORTH, to recommend the APPROVAL of course as submitted. Motion APPROVED unanimously.
 - **Southeast Iowa District Dental Society:** “*Restorative – What I Wish I Knew in ‘82*” (6 hours)
- ❖ MOVED by CACIOPPO, SECONDED by FULLER, to recommend the APPROVAL of course as submitted. Motion APPROVED unanimously.

IV. CONTINUING EDUCATION COURSE APPLICATION RECONSIDERATIONS -

- **Omni Dental:** “TMD Workshop: “Team Approach to TMD”

Ms. Cacioppo stated that this course appears to be geared more towards physical therapists. Ms. Cacioppo does not see a dental aspect to this course.

Ms. Braness clarified that this course has been reviewed by the committee on three occasions. The committee probably needs to make a recommendation for credit.

Dr. Fuller stated that the information is interesting, but the referral would be to a physical therapist. Dr. North agreed that it is beneficial. However, he may not choose to award full credit. Dr. Fuller agrees, but is not certain that the course warrants 15 hours of credit.

Ms. Malmberg recommended half credit for the course. Dr. North was comfortable with awarding 7 hours.

Ms. Cacioppo questions whether this much credit should be awarded based on the schedule. Ms. Malmberg and Ms. Cacioppo recommended 4 hours of credit following further discussion. Dr. North agreed.

❖ MOVED by CACIOPPO, SECONDED by MALMBERG to recommend the APPROVAL of course for 4 hours of credit. Motion APPROVED unanimously.

- **Iowa Primary Care Association:** “Sharing Patient Care Between Medical and Dental Clinics” (3 hours recommended; now requesting 1.5 hours due to course changes.)

Ms. Braness provided an overview regarding this request for review. The sponsor made changes to the course, shortening the length of the course.

❖ MOVED by CACIOPPO, SECONDED by ELMITT, to recommend the APPROVAL of course as submitted and thank them for notifying us of the correction/change. Motion APPROVED unanimously.

V. CONTINUING EDUCATION SPONSOR APPLICATIONS

- *Biologix, LLC*

Ms. Cacioppo questioned how long they had been providing continuing education. Ms. Cacioppo found it interesting that they were offering an online local anesthesia course. This course would be unlikely to be approved since the Board does not even accept online CPR certification courses.

Ms. Braness indicated that the Board would need to approve local anesthesia courses for eligibility pursuant to Iowa Administrative Code 650—Chapter 11.

Ms. Beasler and Ms. Malmberg were concerned about the ethics course, which they offer. Ms. Cacioppo referenced Iowa Administrative Code 650—Chapter 25, which requires prior Board approval for jurisprudence. The course approves to be directed towards the state of Indiana.

Ms. Cacioppo stated that there were some concerns regarding their history. Dr. North and Ms. Cacioppo recommended denial of the sponsor application, but allow course review upon request.

- ❖ **MOVED** by CACIOPPO, **SECONDED** by NORTH, to recommend the **DENIAL** of sponsor application as submitted, but may request individual review of courses. Motion **APPROVED** unanimously.

VI. OTHER BUSINESS

- *2014 Committee Dates*

Ms. Braness provided an overview.

Ms. Cacioppo is not available on January 14, 2013.

Ms. Beasler stated that she thought that an email asking about a quorum would be the best way to handle this.

Ms. Elmitt reported that she might not be available June 17.

- *2014 Application Deadlines*

Ms. Braness provided an overview.

Ms. Elmitt agreed. Ms. Cacioppo would recommend that this be sent to all sponsors. Ms. Braness indicated that this information would be available on the website.

Ms. Johnson asked if 10-14 days was enough time for the committee to review the meeting materials. Ms. Malmberg indicated that this was fine.

Ms. Johnson just wanted to get this information so that staff can plan ahead.

VII. OPPORTUNITY FOR PUBLIC COMMENT

No comments were received.

VIII. ADJOURN

❖ MOVED by NORTH, SECONDED by ELMITT, 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 January 21, 2014. 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.



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PHIL MCCOLLUM
INTERIM DIRECTOR

Continuing Education Advisory Committee Course & Sponsor List

**New Information in Blue*

Continuing Education Courses/Requests for Credit

1. IDHA – *“Dental Sleep Medicine: An Introduction”* – 2 hours
2. IDHA – *“What’s New in Nutrition? An Update for Dental Professionals”* – 1.5 hours
3. Joyce Nehring – *“Dental Radiography Techniques & Review”* – 2 hours
4. Joyce Nehring – *“OSHA & Infection Control”* – 2 hours
5. IDPH – *“I-SMILE Coordinator Meeting”* – 2.25 hours
6. Oral Surgeons, P.C. Implant Institute – *“Straumann Digital Workflow & Guided Surgery”* – 1.5 hours
7. Kiess Kraft Dental Lab – *“New Treatment Options Sinusitis Patients – Balloon Sinuplasty Technology”* – 2 hours
8. The Madow Brothers – *“The Hats of Dentistry”* – 16 hours
9. Cancun Study Club – (Multiple Titles) – 30 hours
10. Terri Bradley Consulting – *“Coming Soon to An Office Near You: ICD-10”* – 6 hours
11. Dr. Karl Swenson – *“Orthodontics 101: What to Look for and When to Refer”* – 1 hour
12. Town Square Dental Care – *“Mental Health First Aid”* – 6 hours
13. IDA – General Attendance – 3 hours
14. IDA – Table Clinics – 2 hours
15. IDA – Table Clinics Presenters – 4 hours
16. IDA – *“Topics in Oral Pathology – 1st Session”* – 3 hours
17. IDA – *“Topics in Oral Pathology – 2nd Session”* – 3 hours
18. IDA – *“BONDing 007th Generation and Beyond”* – 3 hours
19. IDA – *“The END – to Complications, Sensitivity, Discomfort and Open Contacts”* – 3 hours
20. IDA – *“Win the Battle Against Biofilm: Leverage the Power of Ultrasonic”* – 2 hours
21. IDA – *“Assessing Anesthetic Options for Non-Surgical Periodontal Therapy”* – 2 hours
22. IDA – *“Dental Sleep Medicine”* – 2 hours
23. IDA – *“Advancements in Digital Impressions”* – 2 hours
24. IDA – *“Restorative Implant Techniques for the Private Practice – 1st Session”* – 2 hours
25. IDA – *“Restorative Implant Techniques for the Private Practice – 2nd Session”* – 1.5 hours
26. IDA – *“Restorative Implant Techniques for the Private Practice – 3rd Session”* – 1.5 hours
27. IDA – *“Restorative Implant Techniques for the Private Practice – 4th Session”* – 1 hour
28. IDA – *“Evidence-Based Dentistry: A Clinical Context – 1st Session”* – 2 hours
29. IDA – *“Evidence-Based Dentistry: A Clinical Context – 2nd Session”* – 1.5 hours
30. IDA – *“Evidence-Based Dentistry: A Clinical Context – 3rd Session”* – 1.5 hours
31. IDA – *“Evidence-Based Dentistry: A Clinical Context – 4th Session”* – 1 hour

32. IDA – “*Am I Using My Practice Management Software to Its Fullest Potential*” – 2 hours
33. IDA – “*Flying Under the Radar: Avoiding Problems with Your Patients, Your Colleagues, and the Dental Board*” – 2 hours
34. IDA – “*A Panel of Lectures on Current Topics in Clinical Periodontics – 1st Session*” – 1.5 hours
35. IDA – “*A Panel of Lectures on Current Topics in Clinical Periodontics – 2nd Session*” – 1.5 hours
36. IDA – “*Considerations for Providing Dental Treatment to the New Geriatric Patient: Medical, Preventive and Restorative Strategies*” – 2 hours
37. IDA – “*The Affordable Care Act and the Implications for Dentistry*” – 2 hours
38. IDA – “*Infection Control and Prevention: How to Protect Yourself and Your Patients*” – 2 hours
39. IDA – “*Radiography Renewal – Intraoral Radiography: Occlusal Techniques Vision and Perception: WYSIWYG or Is It?*” – 2 hours
40. IDHA – “*Women’s Aging Complexities – The 2014 Oral Health Connection*” – 6 hours
41. Oral Surgeons, P.C. Implant Institute – “*Dental Implants*” – 3 hours
42. Delta Dental of Minnesota – “*Contemporary Patient Management Challenges in Dental Practice*” – 6 hours
43. Matthew Beattie, D.D.S. – “*Monitoring Nitrous Oxide*” – (hours not specified) (*Please note: this is a request for CE hours only. The CEAC recommendation would be pending approval of the course by the full Board for approved expanded functions training.)
44. Joseph Tesene, D.D.S. – “*Taking Occlusal Registrations; Placement & Removal of Gingival Retraction; Taking Final Impressions; Fabrication & Removal of Provisional Restorations*” – (hours not specified) (*Please note: this is a request for CE hours only. The CEAC recommendation would be pending approval of the course by the full Board for approved expanded functions training.)
45. Spring Park Dental Implant Club – “*Layering the Foundation for Aesthetic Implant Restorations of Edentulous Patients*” – 2 hours

Continuing Education Sponsor Application

1. Compliance Training Partners

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: Brenda Platz
Address: 503 PLUM ST. SOLON IA 52333
Phone: 319.530.4582 Fax: NA E-mail: bplatz25@gmail.com

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

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

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

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

4. Course Title: Dental Sleep Medicine : An Introduction

5. Course Subject:

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

6. Course date: 12/7/13 Hours of instruction: 2.0

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

Mr. Garrett Hufford

Please See attached Bio

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

Attached.

9. Name of person completing application: Brenda Platz, RDH

Title: ICDHA Con-Ed. Chair Phone Number: 319-530.4582

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

Address: 503 PLUM ST- SOLON, IA 52333

Signature: Brenda Platz, RDH Date: 10/19/13

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

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

Pursuant to Iowa Administrative Code 650—25.3(5), please submit the application for approval 90 days in advance of the commencement of the activity. The Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed. The Board may be unable to issue a final decision in less than 90 days. Please keep this in mind as you submit courses for prior approval.

I understand decision may occur after course date (BP)

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**

*ICDHA is
Approved sponsor under
IDHA Components. No fee
included.*

Mr. Garrett Hufford is a 2009 graduate of Wartburg College where he studied

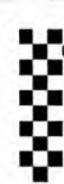
biology and biochemistry. In 2009 he began working for Dental Prosthetic Services (DPS) in Cedar Rapids as CE educator and outside sales and support. In this position he helped over 50 Iowa dental offices fabricate sleep appliances while also assisting dental professionals with clinical recommendations and implementation of a dental sleep medicine protocol. He was named an honor clinician for dental sleep medicine at the 2012 Iowa Dental Association Annual Session. He has also worked with the University of Iowa Dental School's ongoing study comparing efficacy of different oral appliances. He is now a field consultant for Henry Schein Dental and continues to consult with offices on protocol and the latest research.

Dental Sleep Medicine: An introduction Fatigue is the number one complaint heard by health professionals across the globe. This course will discuss what every dental professional should know about this life threatening medical disorder. Fifty to seventy million Americans suffer from a sleep related problem. Sleep related breathing disorders, such as snoring and obstructive sleep apnea (OSA), are at the top of this list. Less than 10% of these patients have been diagnosed. Integrating sleep apnea screening and treatment into a practice is a team effort. Learn how important the role of the hygienist is in these efforts and how they can be the discussion leader in the practice through patient education.

Course objectives:

- Background
- Understand normal breathing and airway anatomy and the problems and variants that lead to snoring and obstructive sleep apnea
- Learn the health risks associated with sleep disordered breathing
- Learn sleep basics
- Signs and symptoms
- Learn the effects of sub-optimal sleep on health and quality of life
- Recognize those symptoms and behaviors that may indicate sleep disordered breathing
- Understand current and proposed diagnostic methods and the role of the dentists in the team approach
- Review the current treatment modalities for snoring and mild, moderate and severe OSA
- Explore the role dental professionals can play in the management of sleep disordered breathing
- Understand the side effects of oral appliance therapy and how to manage them.

Presented by Mr. Garrett Hufford



Fax Cover Letter

To: Iowa Dental Board Continuing Education Committee

From: Iowa City Dental Hygienists' Association

Number of pages including cover letter: 4

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

IOWA DENTAL BOARD
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Des Moines, IA 50309-4687
515-281-5157
www.dentalboard.iowa.gov

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

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

Address: 503 PLUM ST, SOLON, IA 52333

Phone: 319-530-4582 Fax: NA E-mail: bplatz25@gmail.com

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

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

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

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

4. Course Title: What's new in Nutrition? An Update for
Dental Professionals

5. Course Subject:

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

6. Course date: 12/07/13

Hours of instruction: 1.5 HRS

7. Provide the name(s) and briefly state the qualifications of the speaker(s): Ms. Kym Wobble RD.
Please See attached Bio

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

9. Name of person completing application: Brenda Platz, RDH

Title: ICDHA Con-Ed. Chair Phone Number: 319-530.4582

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

Address: 503 PLUM ST. SOLON, IA 52333

Signature: Brenda Platz, RDH Date: 10/19/13

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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.

I understand decision may occur after course date (BP)

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**Iowa Dental Board
Continuing Education Advisory Committee
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Des Moines, Iowa 50309-4687**

ICDHA is
Approved sponsor under
IDHA Components. No fee
incl^{BP} included.

Ms. Kym Wroble RD, LD earned her Bachelor of Science degree in nutrition and dietetics and minored in food science at Dominican University, River Forest, Illinois. She completed the clinical component of her dietetic internship with Iowa State University at Great River Medical Center in Burlington, Iowa. Kym currently is a dietician with HyVee in Iowa City. Her previous experience working as a nutrition educator at Scott County WIC provided her with additional focused training in several areas including pregnancy, postpartum wellness, breastfeeding and infant and child nutrition. In June of 2009, Kym completed the CDR Certificate of Training in Adult Weight Management. Kym is a member of the Academy of Nutrition and Dietetics (formerly the American Dietetic Association) and the Iowa Dietetic Association. Additionally, she is also a member of several dietetic practice groups, including the Dietitians in Business and Communications, Food and Culinary Professionals dietetic practice group and the Sports, Cardiovascular and Wellness Nutrition dietetic practice group.

What's New in Nutrition? An Update for Dental Professionals Scientific and epidemiological data indicate that there is a synergistic relationship between diet and oral health. Learn about current diet and oral health research and the resulting evidence-based recommendations for health care professionals. Learn about specific foods and eating patterns that may increase/decrease the risk of dental caries and periodontal disease. Additionally, learn about current findings related to diet and oropharyngeal cancer, implications of tooth loss, dentures and implants on food intake and identification in the oral cavity of possible nutrient deficiencies.

Course Objectives:

- Explain rationale for dietetics and dental practice partnership
- Explain diet-related factors that increase/decrease the risk of dental caries
- Discuss eating patterns associated with an increased/decreased risk of dental caries
- Discuss periodontal disease and diet-related factors that influence severity and progression
- Identify diet patterns thought to reduce incidence of oropharyngeal cancers
- Identify complications resulting from cancer treatment that may affect diet and oral health
- Discuss diet implications of tooth loss, dentures and implants
- Identify oral cavity symptoms of nutrient deficiencies
- Identify roles and responsibilities of oral health care professionals and dietetics practitioners related to oral health nutrition

Presented by Ms. Kym Wroble RD, LD

RECEIVED

OCT 21 2013

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD

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

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

1. Name of organization or person requesting approval: Joyce Newring

Address: 1413 E. Euclid Ave, Indianola, Iowa 50125

Phone: 515-577-1441 Fax: 515-941-0536 E-mail: jnewring2013@gmail.com

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

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

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

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

4. Course Title: Dental Radiography Techniques & Review

5. Course Subject:

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

6. Course date: on request

Hours of instruction: Two hours

#11491
#10

* Typed Responses Attached

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

See Attached document

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

9. Name of person completing application: Joyce Nehring

Title: CDA, RDA, EFDA Phone Number: 515-577-1461

Fax Number: 515-961-6536 E-mail: jmnehring2012@gmail.com

Address: 1413 E. Euclid Ave, Indianola, Iowa

Signature: Joyce M. Nehring Date: 10/16/2013

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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**

1. **Name of person requesting approval:** *Joyce M. Nehring*
Address: *1413 East Euclid Ave, Indianola, Iowa 50125*
Home Phone: *515-961-3956* **Cell:** *515-577-1661*
Fax: *515-961-0536* **E-mail:** jmnehring2012@gmail.com

2. **Not an organization:** *Private individual*

3. **The following educational methods will be used in the program:**
 - ✓ *Lectures / power point*
 - ✓ *Participation*
 - ✓ *Discussion*
 - ✓ *Demonstration*

4. **Course title:** *Dental Radiography Techniques and Review*

5. **Course Subject :** *Related to clinical practice*

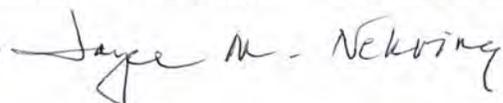
6. **Course date:** *By appointment* **Hours of Instruction:** *2 hours*

7. **Name and Qualifications of the speaker:** *I am a Working Dental Assistant with over 40 years of experience- My name is Joyce Nehring. I graduated from the dental assisting program @ DMACC in 1974. I have worked in nearly every aspect of a dental office; from chairside - Osha official, to Business Office - Hippa official. I am a CDA, RDA, EFDA, Business Office Manager, former Dental Assisting Program Director and Instructor. I currently live in Indianola, Iowa and work with an amazing group of dental professionals.*

8. **Course description included/ more information on request.**

9. **Name of person completing application:** *Joyce M. Nehring*

Title: *CDA, RDA, EFDA* **Home Phone:** *515-961-3956* **Cell:** *515-577-1661*
Fax: *515-961-0536* **E-mail:** jmnehring2012@gmail.com
Address: *1413 East Euclid Ave, Indianola, Iowa 50125*

Signature: 

Date: *10/14/2013*

RECEIVED

OCT 21 2013

IOWA DENTAL BOARD

Continuing Education For the Dental Professional

Course Title: Dental Radiography
Techniques and Review

Instructor: Joyce Nehring

Lecture and Lab: 2- hours

Phone Number: (515) 577-1661

Office Hours: *by appointment*

E-mail: jmnehring2012@gmail.com

Course Summary

My goal in developing Dental Radiography- Techniques and Review is to share practical information that is beneficial to dental auxiliary, meet the requirements of continuing education and exceed the expectations of those in the class! I will share Information that reflects not only what is gained from the text book, but compliments the text book in a way that only a experienced assistant can offer.

Course Objectives

Class participants may request any of the following topics for review; Radiation Safety, Patient education and the Dental Radiographer, Legal issues and the dental radiographer, infection control and the Dental Radiographer, Paralleling , Bisecting and BW techniques, Occlusal films , Panoramic Radiography, patient management, Digital Radiography. We can also go over Identification of Restorations, Dental Materials, and Foreign objects, Interpretation of Dental Caries, Interpretation of Periodontal Disease, or Interpretation of Trauma and Pulpal and Periapical Lesions. **We will examine new products and methods and exchange ideas and techniques.

Primary Course Textbooks

Title: Dental Radiography: Principles and Techniques, Third Edition
Publisher: Saunders Elsevier- copyright 2006
ISBN: 0-7216-15759

Title: Torres and Ehrlich, Modern Dental Assisting, 9th edition
Author: Bird & Robinson
Copyright: 2009 Saunders Elsevier Inc.
ISBN: 978-1-4160-4245-7

Additional Resources

Products provided by Henry Schein Dental

Additional Information

If you are interested in more information or to schedule a class, I can be contacted at jarsneh3@msn.com. This is an "in office" continuing education. For those that do not meet the minimum requirement, accommodations will be made. Evenings and Friday afternoons are welcomed. Thank you! JMN

RECEIVED

OCT 21 2013

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD

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

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

1. Name of organization or person requesting approval: Joyce Newring

Address: 1413 E. Euclid Ave Indianola, Iowa 50125

Phone: 515-577-1441 Fax: 515-941-0534 E-mail: jmnewring2012@gmail.com

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

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

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: OSHA & Infection Control

5. Course Subject:

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

6. Course date: on Request Hours of instruction: Two

#11492
#10

* Typed Responses Attached

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

See Attached document

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

9. Name of person completing application: Joyce Nehring

Title: CDA, RDA, EFDA Phone Number: 515-961-3954 H
515-577-1461 C

Fax Number: 515-961-0534 E-mail: jnehring2012@gmail.com

Address: 1413 E. Euclid Ave. Indianola, Iowa

Signature: Joyce M. Nehring Date: 10/16/2013

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**

1. **Name of person requesting approval:** *Joyce M. Nehring*
Address: *1413 East Euclid Ave, Indianola, Iowa 50125*
Home Phone: *515-961-3956* **Cell:** *515-577-1661*

Fax: *515-961-0536* **E-mail:** jmnehring2012@gmail.com

2. **Not an organization:** Private individual

3. **The following educational methods will be used in the program:**

- ✓ *Lectures / power point*
- ✓ *Participation*
- ✓ *Discussion*
- ✓ *Demonstration*

4. **Course title:** *Osha and Infection control*

5. **Course Subject :** *Related to clinical practice*

6. **Course date:** *By appointment* **Hours of Instruction:** *2 hours*

7. **Name and Qualifications of the speaker:** *I am a Working Dental Assistant with over 40 years of experience- My name is Joyce Nehring. I graduated from the dental assisting program @ DMACC in 1974. I have worked in nearly every aspect of a dental office; from chairside - Osha official, to Business Office - Hippa official. I am a CDA, RDA, EFDA, Business Office Manager, former Dental Assisting Program Director and Instructor. I currently live in Indianola, Iowa and work with an amazing group of dental professionals.*

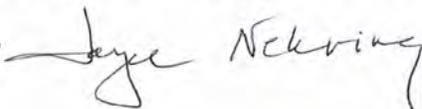
8. **Course description included/ more information on request.**

9. **Name of person completing application:** *Joyce M. Nehring*

Title: *CDA, RDA, EFDA* **Home Phone:** *515-961-3956* **Cell:** *515-577-1661*

Fax: *515-961-0536* **E-mail:** jmnehring2012@gmail.com

Address: *1413 East Euclid Ave, Indianola, Iowa 50125*

Signature: 

Date: *10/14/2013*

Continuing Education For the Dental Professional

Course Title: Osha and Infection Control
in Dentistry

Instructor: Joyce Nehring

Lecture and Lab: 2- hours

Phone Number: (515) 577-1661

Office Hours: *by appointment*

E-mail: jmnehring2012@gmail.com

Course Summary

My goal in developing Osha and Infection Control in Dentistry is to share practical information that is beneficial to dental auxiliary, meet the requirements of continuing education and exceed the expectations of those in the class! I will share Information that reflects not only what is gained from the text book, but compliments the text book in a way that only a experienced assistant can offer.

Course Objectives

Participants will review; osha and infection control in the dental office, Principals and Techniques of Disinfection, Principles and techniques of Instrument Processing and Sterilization, Chemical and Waste management, Dental Unit waterlines. We will examine new products and methods and exchange ideas and techniques.

Primary Course Textbooks

Title: Torres and Ehrlich, Modern Dental Assisting, 9th edition
Author: Bird & Robinson
Copyright: 2009 Saunders Elsevier Inc.
ISBN: 978-1-4160-4245-7

Title: OSHA Training for Dental Professionals
Copyright: 2007 American Dental Association
ISBN: 978-193520119-9

Additional Resources

Products provided by Henry Schein Dental

Additional Information

If you are interested in more information or to schedule a class, I can be contacted at jarsneh3@msn.com. This is an "in office" continuing education. For those that do not meet the minimum requirement, accommodations will be made. Evenings and Friday afternoons are welcomed. Thank you! JMN

RECEIVED

NOV 07 2013

APPLICATION FOR POST APPROVAL OF IOWA DENTAL BOARD
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: I-Smile Coordinator Meeting

2. Course Subject:

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

3. Course date: 10/11/2013 Hours of instruction: 2.25

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

See attached

5. Name of course sponsor: Iowa Dept. of Public Health
Address: 301 E. 12th St. Des Moines, IA 50319

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

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

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

See attached

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

9. Name of person completing application: Sara Schlievert

Title: Community Health Consultant Phone Number: 281-7630

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

Address: 321 E 14th St. Des Moines, IA 50319

Signature: Sara Schlievert Date: 10/29/13

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**

Attachment: Application for Post Approval of Continuing Education Program

I-Smile Coordinator Meeting

October 11, 2013

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

The meeting was 4.5 hour training with 2.25 hours of educational sessions. The meeting was an opportunity for hygienists working in public health to learn new skills for providing preventive care and assistance to families as part of the I-Smile dental home project. The meeting power point presentations and agenda are attached.

- ***Infection Control in Dental Public Health Settings (1.5 hour session) – Mary Kelly***
 - Ms. Kelly's presentation provided guidance about occupational safety and infection control for direct dental service providers within public health settings. She shared several related web links and a checklist from the Organization for Safety, Asepsis, and Prevention.

- ***Preschool Toothbrushing (.25 hour) – Sheila Temple***
 - Ms. Temple featured best practices on how to improve the oral health of young children in preschool settings.

- ***Health Promotion Tips (.5 hour) – Shaela Meister***
 - Ms. Meister provided the attendees with new skills for providing effective oral health promotion and increasing oral health awareness in their communities. The session featured lecture and group participation.

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

- Mary Kelly, RDH - Public Health Dental Hygienist, Iowa Dental Board member; BS Dental Hygiene, Loyola University
- Sheila Temple, RDH – I-Smile Coordinator, Washington County Public Health; AA, Dental Hygiene, Hawkeye Institute of Technology; BS, University of Northern Iowa
- Shaela Meister – Health Promotion Coordinator, Division of Health Promotion and Chronic Disease Prevention, Iowa Department of Public Health; BA, Simpson College; MPA, Drake University



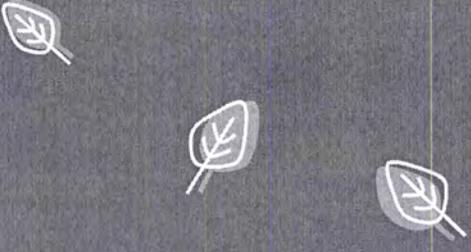
I-Smile™ Coordinator Training

Ola Babcock Miller Building
Des Moines, IA
October 11, 2013



Agenda

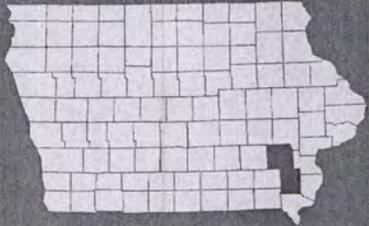
9:30 – 9:45	INTRODUCTIONS	All
9:45 – 11:15	INFECTION CONTROL IN DENTAL PUBLIC HEALTH SETTINGS	Mary Kelly
11:15 – 11:30	ISC SPOTLIGHT: OH BANNERS & PRESCHOOL TOOTHBRUSHING	Sheila Temple
11:30 – 12:00	HEALTH PROMOTION TIPS	Shaela Meister
12:00 – 12:45	LUNCH	All
12:45 – 1:45	ISC SHARING	All
1:45 – 3:00	OHC UPDATES	Tracy Rodgers Sara Schlievert



Infection Control in Dental Public Health Settings
Mary Kelly, RDH, BS

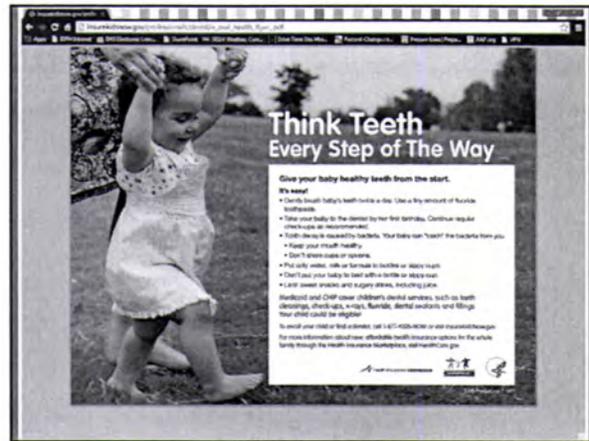
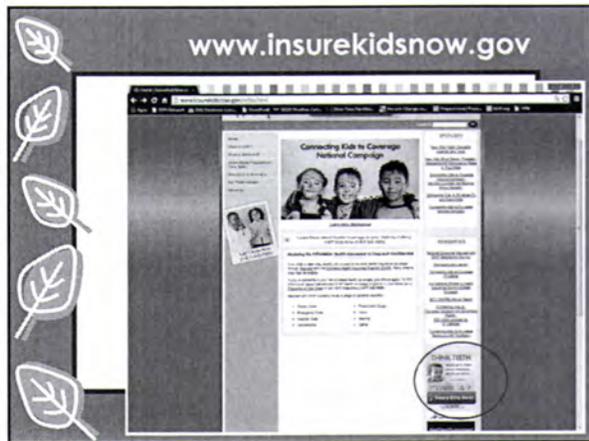
I-Smile™ Coordinator Spotlight

Sheila Temple, Washington County Public Health & Home Care
OH Banners & Preschool Toothbrushing





Target Audience	Who are you promoting to? Try to limit yourself to one primary target audience.
Goal/Purpose	What are you trying to do?
Budget	How much do you have to spend?
Plan	What do you want to do? What venues will you use?
Project dates	When will your promotion occur?
Why will this plan work towards the goal?	Does your methodology make an impact?
Barriers	Are there any barriers for you or your target audience?
Evaluation	Will you do evaluation? What methods?



Think Teeth See Your Dentist While You Are Pregnant

It's important to visit the dentist while you are pregnant. Why? Your oral health is important for your growing baby's health.

- Teeth decay caused by bacteria. Your baby can "taste" the bacteria from you.
- Keeping your teeth and gums healthy now can help protect your baby's teeth later.
- Here's how you can prevent dental disease:
 - Brush and floss daily, and use fluoride toothpaste.
 - Eat a healthy diet.
 - Visit the dentist. Dental care during pregnancy is safe - this includes X-rays and local anesthesia.

Schedule a check-up today. If you need help finding a dentist, ask your doctor. Be sure to tell your dentist or hygienist that you are pregnant.

You could be eligible for free or low-cost health coverage through Medicaid. Some states have dental coverage for pregnant women. To learn more, call 1-877-435-HELP or visit www.healthcare.gov

For more information about new affordable health insurance options for the whole family through the Health Insurance Marketplace, visit HealthCare.gov

NOTES

I-Smile™ Coordinator Sharing

Oral Health Center Updates

OSHA and Public Health Settings

Prepared for I Smile™ Coordinators October 1,
2013

Mary Kelly RDH,BS

Course Objectives:

- List the state and federal regulations related to dental professionals.
- Interpret the OSHA guidelines specific for your worksite.
- Conduct an Exposure Determination to dental care performed.
- Describe how public health supervision interacts with infection control in I Smile™ programs.
- Adapt the OSAP checklist for your worksite.
- List sources for further information.

Disclaimers

- I am here as a dental hygienist who has experience in public health and infection control.
- Today's presentation does not meet the annual training required by OSHA or the Iowa Dental Board.
- You are responsible for adapting the rules, regulations and guidelines appropriate for your practice site.

More Disclaimers

- The following information is current and accurate, but inadvertent errors or omissions may occur.
- Each participant is encouraged to read the Centers for Disease Control and Prevention guidelines, OSHA regulations, and Iowa Dental Board rules to reach their own conclusions regarding any matter subject to interpretation and appropriate for their own worksite.

Federal and state regulations for dental public health settings

The agencies:

- Iowa Dental Board (IDB)
 - Centers for Disease Control and Prevention (CDC)
 - Occupational Safety and Health Administration (OSHA)
- Iowa state plan

Iowa Dental Board

Has rules referring to following the CDC guidelines.

Hygienists responsibility

You are in a unique untested setting.

CDC

- OSHA and IDB adopted and refer to CDC guidelines

Infection Control Practices

MMWR CDC

Infection control checklists are based on the last part of this report.

OSHA training

Who is responsible for training?

- OSHA: Your employer

- Iowa Dental Board: Supervising dentist

Keep in mind

It's your dental hygiene license and your responsibility!

You are in a unique untested setting.

OSHA: several areas covered in dentistry

Dental workers may be at risk to:

- Bloodborne pathogens
- Pharmaceuticals
- Chemical agents
- Human factors
- Workplace violence
- Ergonomic hazards
- Vibration
- Noise

Infection Control training

- What needs to be included?
 - Copies of the standard
 - Exposure Control Plan and how to obtain a written copy
 - Specific information
 - Blood Born Pathogens
 - » **Epidemiology and symptoms**
 - » **Modes of transmission**

Infection control training

- Recognize activities that may involve exposure to blood and other potentially infectious materials
- Methods to prevent or reduce exposure
 - Engineering controls
 - Work practices
 - Personal protective equipment (PPE)
- Limitations of PPE

Infection control training

- Hepatitis B vaccine
- Other vaccines
- TB testing

Infection control training

- exposure incident occurs
 - reporting the incident and the medical follow-up
 - post-exposure evaluation and follow-up
- explanation of the signs and labels and/or color coding required by paragraph

Infection Control training

- An opportunity for interactive questions and answers with the person conducting the training session.
- The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace.

Exposure Control Plan requirements

Basically, a written form of annual infection control training information and OSAP checklist.

Selected excerpts

- The exposure determination which identifies job classifications with occupational exposure and tasks and procedures
- Standard Precautions
- Documentation of the annual consideration of after methods and devices
- Reviewed annual or after an exposure

Exposure Determination

- I. Anticipated contact with the patient's mucous membranes, blood or saliva visibly contaminated with blood.

Toothbrushing/Fluoride/Sealants

Exposure Determination

- II. Anticipated contact with the patient's mucous membranes but not with blood or saliva visibly contaminated with blood.

Screenings

ASTDD recommends that you always wear gloves and always change gloves for each child.

Exposure Determination

III. No anticipated contact with the patient's mucous membranes, blood, or saliva visibly contaminated with blood.

Education

Federal and state regulations for dental public health settings

The checklist (s)

Infection Control for Portable Equipment

Besides infection control

- Hazard Recognition and other workplace issues
 - Chemical safety
 - Weather emergencies
 - Violence and harassment

I Smile™ , PHS and Infection Control

- You are not in a traditional dental office
- Your dentist is not necessarily your employer
- Your agency may not have site specific information for your worksites.

You are in a unique untested setting.

Further information

Internet resources

- ASTDD www.astdd.org/infection-control-and-worker-safety/
- IDB www.dentalboard.iowa.gov/practitioners/dentists/infection-control.html
- OSAP www.osap.org/
- CDC www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm
www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm
- OSHA www.osha.gov/SLTC/dentistry/index.html

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NOV 12 2013

APPLICATION FOR PRIOR APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD

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

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

1. Name of organization or person requesting approval: Oral Surgeons PC Implant Institute
Address: 7400 Fleur Dr. Suite 800 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): private company

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

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

4. Course Title: Straumann Digital Workflow and Guided Surgery.

5. Course Subject:

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

6. Course date: 12-10-13 Hours of instruction: 1.5

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

Grady Crosslin, CDT
ITI member

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

9. Name of person completing application: Ronda Ceynar, CDA, RDA

Title: Prof. Relations Coordinator Phone Number: 515) 274. 0796

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

Address: 3940 Ingersoll Ave, DM 50312

Signature: Ronda Ceynar CDA Date: 11-7-13

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

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

Grady Crosslin, CDT is a second generation dental technician out of a long family history deeply devoted to dental technology. He has been an experienced lab technician since 1996. In 2004, Grady started Crosslin's Creative Ceramics, a Texas based dental lab specializing in implants, guided surgery, CAD/CAM, and cosmetic restorations. In 2011, he expanded to a second location in southeast Florida. Grady is an ITI member devoted to education and helping further the field he loves.

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NOV 4 2013

APPLICATION FOR POST APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM

IOWA DENTAL BOARD

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

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

1. Course Title: New Treatment Options for Sinusitis Patients - Balloon Sinuplasty Technology
2. Course Subject:
 Related to clinical practice
 Patient record keeping
 Risk Management
 Communication
 OSHA regulations/Infection Control
 Other: _____
3. Course date: Oct 30, 2013 Hours of instruction: 2
4. Provide a detailed breakdown of contact hours for the course or program:
See enclosed invitation

5. Name of course sponsor: Kiess Kraft Dental Lab
Address: 6601 S 118th St
Omaha, NE 68137
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

8545
\$10

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

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

9. Name of person completing application: Carol Miller

Title: HR Phone Number: 402 391 8424

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

Address: 6601 South 118th St Omaha, NE 68137

Signature: Carol Miller Date: 10/30/13

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



METRO WEST DENTAL SEMINARS PRESENTS:

“New Treatment Options for Sinusitis Patients– Balloon Sinuplasty Technology”

Keynote Speaker: Thomas Dobleman MD, FACS



Dr. Dobleman specializes in many areas of ear/nose/throat disorders, head and neck cancer and skin cancer, reconstructive surgery, Balloon Sinuplasty, Apex Skin Enhancing Treatments and more treatments.

- University of San Francisco—1979 Bachelor of Science
- University of California at Los Angeles 1983, MD
- University of Chicago 1983—1990 Residency in Otolaryngology– Head and Neck Surgery and Fellowship in Head and Neck Cancer and Reconstructive Surgery
- Pediatric Endoscopic Sinus Surgery Fellowship 1990 Denver Children’s Hospital
- Chief of Staff Bergan Mercy Medical Center 2002
- Director of Head and Neck Surgery Creighton University School of Medicine 2009
- Assistant Clinical Professor Oral-Maxillofacial Surgery CU School of Dentistry

Course Description: Sinusitis, an inflammation of the sinuses that occurs with an infection from a virus, bacteria, or fungus, is one of the most common reasons for visits to primary care physicians and /or dentists and afflicts approximately 37 million Americans annually. The etiology of chronic sinusitis in adults can be due to dental/periodontal infection and usually symptoms follow a cold that does not improve, or one that gets worse after 5-7 days of symptoms.

In this presentation, Participants will learn:

1. How the dentists can diagnose a dental related sinusitis and refer the case appropriately to the ENT specialist
2. Balloon Sinuplasty technique to treat dental related chronic sinusitis in lieu of conventional operations to open blocked sinus passageways
3. How to co-manage the patient who suffers from chronic sinusitis between the dental office and ENT specialist

Date: Wednesday, October 30, 2013

Time: 6PM to 8PM, light dinner included

Place: Kiess Kraft Dental Lab 6601 South 118th St. Omaha

RSVP: Patricia at Metro West Dental Specialty Group— 402.614.7022

CE credits: 2 CEs applied for in Nebraska and Iowa, AGD approved



#218337

METRO WEST DENTAL
SPECIALTY GROUP

Kiess KRAFT
Dental Laboratory

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: The Hats of Dentistry

2. Course Subject:

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

3. Course date: Nov. 8-9 2013 Hours of instruction: 16 hours

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

see attached sheet - 12 speakers

5. Name of course sponsor: The Meadow Brothers

Address: 216 Business Center Drive
Reisterstown, Maryland 21136

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

#16907
#10

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

See attached sheets -

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

9. Name of person completing application: Diana Pearce

Title: Business Manager Phone Number: 641-394-2137

Fax Number: 641-394-2138 E-mail: nhdental@iowatelecom.net

Address: 101 N. Broadway New Hampton, IA 50659

Signature: Diana Pearce Date: 11-12-13

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**

A Personal Message From **THE MADOW BROTHERS**



Rich

Dave

Dear Friend,

Thanks for joining us at the beautiful Planet Hollywood Hotel and Casino in Las Vegas for TBSE 2013!

Since 1995 it has been our goal to present a dental seminar that was more like a rock concert, featuring the best speakers in the world, crazy entertainment, and an attitude of FUN! People said it was impossible.

Then a crazy thing started happening - the dream became reality! Dentists and team members from all over the globe started showing up in costume, dancing and singing in the aisles, having the time of their lives, and doing all of that while learning how to grow their practices. Pretty soon people started saying it was "The Best Seminar Ever" and the name stuck!

And now welcome to the nineteenth TBSE - The Hats Of Dentistry!

As you know, dentists and team members need to wear many "hats" to be successful, and at TBSE 2013 we've got them covered. Communication, clinical dentistry, human resources, marketing, technology, stress reduction, teamwork, psychology, and even happiness - they're all here!

So sit back, relax, and prepare to be educated and entertained like never before!

If you're a first timer at TBSE, you will probably notice that there is nothing else like it in dentistry. The crazy costumes, rock and roll staging, outrageous entertainment, and world class speaker lineup seem to get better every year. But what also makes TBSE different is that the whole team is in the same room for the entire show! TBSE is the place where everyone can learn, grow, and have fun together!

Whether you're a neophyte or a TBSE veteran, be sure to take it all in this weekend! Make some time to visit our hand-picked exhibitors and educational partners - we have selected only the best services and products to help your practice grow and make your life easier. And don't forget to mingle with the coolest group of enthusiastic dental people to be found anywhere. Hang out at the margarita party, attend a meet and greet, or just walk around the hallways and share a smile with your fellow TBSE attendees.

And please be sure to stop by The Madow Brothers booth! We've got tons of great things to share with you - whether it's the latest ways to get more new patients into your practice or if you have a question to ask, or if you finally want to meet our fantastic team in person - we're here for you!

Lastly, thanks to everyone who has made TBSE a reality for the last nineteen years. Yes - that's you!! Feel free to approach us or anyone on Team Madow if there is anything we can do for you this weekend. Once again - thanks for being here!

The Madow Brothers

PS - Please be ready for an extremely exciting announcement which will take place during TBSE 2013. You absolutely DO NOT want to miss this one!!



Schedule of EVENTS

FRIDAY - NOVEMBER 8



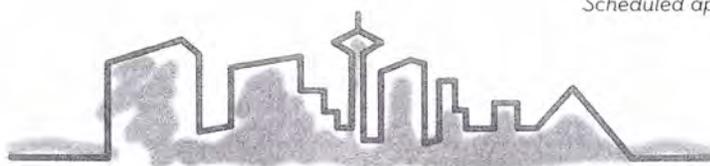
7:00 am	Exhibits Open
8:00 am	Doors Open
9:00 am	The Madow Brothers - "Welcome to TBSE!"
9:30 am	Bruce Christopher - "Are We Having Fun Yet?"
10:30 am	Fred Joyal / Linda Miles - "Did You Really Say THAT?"
11:30 am	Dr. Brady Frank - "The Implant Revolution!"
12:30 pm	Lunch Break / Exhibits Open
2:00 pm	Pam Mazza - "Protect Your Ass(ets)!"
2:30 pm	Gary Zelesky - "The Passion Centered Professional!"
3:30 pm	CareCredit Margarita Party/Exhibits Open Meet and Greet with Gary Zelesky

SATURDAY - NOVEMBER 9

2.9.013

7:00 am	Exhibits Open
8:00 am	Doors Open
9:00 am	Dr. Paddi Lund - "Building the Happiness Centered Practice with the Crazy Australian Dentist!"
10:30 am	Kirk Behrendt - "High Energy Marketing!"
11:30 am	"The Madow Brothers Live!"
12:30 pm	Lunch Break / Exhibits Open
2:00 pm	Dr. Mike DiTolla - "Take This Crown and Shove It!"
3:00 pm	Allison Massari - "The Survival Guide to Being Human!"
5:00 pm	Exhibits Open / Meet and Greet With Allison Massari Passport Drawing

Scheduled appearances are subject to change.





Featured SPEAKERS



BRUCE CHRISTOPHER: *THE PSYCHOLOGY HAT*



"Are We Having Fun Yet?"

After his incredible standing-ovation performance last year, there was no question that Bruce Christopher would wear the "Psychology Hat" at TBSE 2013! A clinical psychologist and personal relationship expert, Bruce is ready to teach you how to create success, shape moods, and deal with even the crankiest of people for excellent results in this humorous and dynamic presentation!

Attitude is Contagious!

FRED JOYAL AND LINDA MILES: *THE COMMUNICATIONS HAT*

"Did You Really Say THAT?"

For the first time at any major meeting two of the greatest minds in dentistry, Linda Miles (founder of Linda Miles and Associates) and Fred Joyal (co-founder of 1-800-DENTIST) will show how using the right words and phrases can change a mediocre practice to a great one - and turn a great practice into an amazing one!

With decades of innovation and knowledge between them, Fred and Linda will teach the entire team crucial skills to elevate the practice in a format you will never forget. Where else but TBSE - The Hats Of Dentistry could you see these two dental marketing geniuses on stage at the same time?



Tell pts about your technology

PAM MAZZA: *THE HUMAN RESOURCES HAT*



"Protect Your Ass(ets)!"

Over thirty percent of all dental practices will be faced with costly and time consuming issues in the next few years that could be prevented with the proper human resources knowledge. Sadly it's a situation most of us don't even think about until it's way too late. There is no question - the "HR Hat" is a very important one!

Pam is a nationally recognized human resources expert who works with dental offices all over the country, and is ready to show you how to avoid costly and stressful problems that way too many practices face!





Featured SPEAKERS



DR. BRADY FRANK: *THE CLINICAL HAT*



"The Implant Revolution"

If you're not doing implants in your practice or not doing many of them, you are missing out on one of the best services AND practice growth opportunities ever! But they can be pretty complicated and demanding. What if something gets screwed up? Lots of trouble! Enter Dr. Brady Frank, inventor of the OsteoCore No Drill Implant System!

Get ready to finally discover how to make implants one of the simplest, patient-friendly, predictable and highly productive-parts of your practice with Dr. Brady Frank at TBSE 2013!

DR. PADDI LUND: *THE HAPPINESS HAT*

"Building The Happiness Centred Practice With The Crazy Australian Dentist!"

He took down his sign, unlisted his office phone number, "fired" half of his patients, and created the most amazing referral system in history - and now in a rare North American appearance the one and only Dr. Paddi Lund is ready to show YOU how to truly achieve happiness in dentistry!

Think about it - is there ANYTHING more important at work than happiness? If you are providing excellent treatment and making tons of money but you're miserable, it's not worth it! That's why you can't miss Dr. Paddi Lund in what may well be his last North American seminar appearance!



KIRK BEHRENDT: *THE MARKETING HAT*



"High Energy Marketing!"

Kirk has spent his entire professional life studying the elite practices in dentistry and what makes them successful. As one of the most dynamic speakers and coaches we have ever met, he is a master at sharing this information to help other practices grow and succeed.

Kirk will show you some of the best "out-of-the-box" marketing ideas from extremely successful practices across North America. When you leave his presentation you'll be ready to join the ranks of elite dental marketers and have the tools to grow your practice like never before. And of course he will do it in the style that caused the legendary Dr. Pete Dawson to call Kirk "The best motivator I have EVER heard!"





Featured SPEAKERS



DR. MIKE DITOLLA: *THE TECHNOLOGY HAT*



"Take This Crown And Shove It!"

As clinical director for one of the largest dental labs in the world and a practitioner himself, Dr. Mike DiTolla has probably seen more impressions and crowns than any dentist on the planet! And yes - that means the good, the bad, and the incredibly ugly! So how will that help you?

At TBSE 2013 Dr. DiTolla will show the entire team how they can be involved in turning out consistently beautiful dentistry and which technologies are best suited to help you do so. Believe it or not - he will have you laughing while you are learning. (Even Steve Martin - yes THE Steve Martin - complimented him on his humorous presentation skills!)

ALLISON MASSARI: *THE STRESS REDUCTION HAT*

"The Survival Guide To Being Human"

Allison Massari was voted to the "Best Keynote Speakers" list by Meetings and Conventions Journal, and the prestigious National Speakers Association named her the "Number One Rising Star." She is absolutely one of the most engaging, motivating, entertaining, and compelling people we have ever encountered.

Through amazing true stories that you will never forget, Allison will share with you ways to truly conquer stress in the dental office, whether it comes from patients, co-workers, or the pressure of performing at constant peak levels in a very difficult profession.

After seeing Allison, you'll be armed with the tools to better manage your life and be more grounded with your own self, thus making it easier to bring true empowerment to the workplace - reducing your stress like never before!



GARY ZELESKY: *THE TEAMWORK HAT AND THE PASSION HAT!*



"The Passion Centered Professional"

One of our most requested speakers of all time, Gary has been teaching dental audiences across the globe how to truly find the passion in the practice, work together as a team, and get energized to do the best job possible! Once you discover and optimize your passion, your life will never be the same!!

Of all the hats you learn to wear at "The Hats Of Dentistry" - without the Passion Hat the rest will just not work! We spend so many of our waking hours at the dental office - why not increase your passion AND productivity? Gary Zelesky will show you how at TBSE 2013!





Featured SPEAKERS

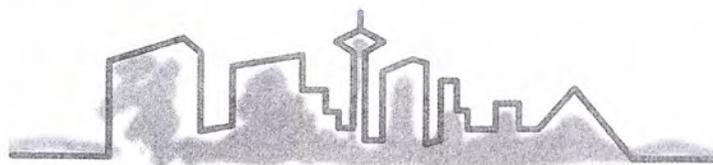


THE MADOW BROTHERS



"The Madow Brothers Live!"

You already know that whenever The Madow Brothers appear there will be the maximum amount of high-energy learning, fun, laughing and great practice growth information. For "The Hats Of Dentistry" we'll be wearing surprise hats that are surely going to help every aspect of your practice and motivate the entire team. Plus, for the first time ever, we will be revealing the most exciting news in TBSE history! This is absolutely not to be missed!! You gotta be there when the creators of TBSE take the stage for this historic announcement.



Exhibitor FLOOR LOCATIONS

EXHIBITORS	BOOTH	EXHIBITORS	BOOTH
1-800-DENTIST	317 & 319	MClub Powered by Darby Dental	215 & 314
American Dental Software	103	Medidenta	414
Best Instruments USA	113	One Mind Health	211
Bruce Christopher Seminars	309	Oral Cancer Cause, Inc.	209
Cain, Watters & Associates	312	OsteoReady	415 & 417
CareCredit	416 & 418	Prophy Magic	412
Demandforce	107	Quali-Som	313
Dental Herb Company	109	RGP	419
Dental R.A.T.	111	Rose Micro Solutions	421
Dental Vibe	306	Smile Reminder	213
DoWell Dental Products	304	Snap On Optics	315
Dr. Fuji Cyber Relax Chair	200	SocialWise	310
Dr. Phelps Call Tracker ROI	311	The Madow Brothers	104, 106, 108, 110 & 112
Golden Dental Solutions	408	TheraSnore by Distar	413
Lighthouse Practice Management Group	308	Ultralight Optics	208
Maverick Dental Laboratories	210 & 212	Yodle	410



TBSE EXHIBITOR LIST

1-800-DENTIST #317 & 319

1-800-DENTIST is a total marketing resource for dentists, offering multiple products to help them attract, retain and optimize their patients. In addition to its flagship PatientProducer® program (new patient leads), the company also offers PatientActivator® (automated patient communications), ReputationMonitor® (online reputation management), ReActivator® (dormant patient reactivation) and WebDirector® (websites and online identity).

American Dental Software #103

American Dental Software offers Custom and Instant Dental Websites, Patient Education Videos, HIPAA forms, Internet Marketing, Dental Directory, and much more. Stop by our booth # 103 while at the TBSE or call 1.877.748.2725.

Bruce Christopher Entertainer #309

Psychologist and Humorist, Bruce Christopher Laugh 'til you cry. Learn 'til you change. At the heart of it all, what separates Bruce from the pack is his outrageously funny dynamic delivery of today's hot topics. Bruce inspires audiences internationally by giving them real, immediate solutions for change without fluff and hype.

Cain, Watters & Associates #312

Cain, Watters & Associates is a CPA firm providing comprehensive business planning, personal financial planning, accounting and tax services to over 1,400 clients in 49 states.

CareCredit #416 & 418

Accept CareCredit's healthcare credit card and help patients accept your care recommendations, without delay. Visit booth #416 for your FREE custom Practice Performance Review.

Demandforce #107

Demandforce, an award-winning online marketing and communications solution, is the easiest and most effective way for practices to communicate with their patients. Demandforce automatically syncs with your management system to automate appointment scheduling, confirmations, reminders and more.

Dental Herb Company #109

Dental Herb Company has been improving oral health NATURALLY since 1996. Our *Truly Natural*® professional strength antimicrobial products contain only the finest herbal extracts and essential oils; working synergistically to reduce oral bacteria, encourage gum healing without alcohol, chemicals or staining.

Dental R.A.T. #111

The Dental R.A.T. 2.0 is a WIRELESS (or USB) premium periodontal charting input device. It runs your current dental software, eliminates cross-contamination, and is private for HIPAA or has audible feedback for education. The simple foot-operated mouse is the most effective, consistent hands-free periodontal charting solution, plus runs digital x-rays and intra-oral cameras!

DentalVibe #306

DentalVibe® is a patented, award winning multipurpose instrument designed to block the pain of intra-oral injections. It is a patented, cordless, rechargeable, hand held device that delivers soothing, pulsed, percussive micro-oscillations, to "shake up" the site where an injection is being given, distracting a patient from feeling pain.

DoWell Dental Products, Inc. #304

Best Choice, Buy Direct!



Dr. Fuji Cyber Massage Chair #200

Bringing you the best medical massage chairs, Fujiiryoki USA, the King of Medical Massage Chairs, has your best interest in mind and guarantees a massage chair experience that will transcend you into a tranquil state. Our medical massage chairs not only mimic the massage experience from the hands of a real masseuse, but also promotes a balanced and healthy lifestyle.

Dr. Phelps Call Tracker ROI #311

Dr. Phelps Helps your practice cut marketing costs, increase your new patient numbers and trains your staff on how to get more patients into the office. With his Call Tracker ROI service you'll never waste a penny on ineffective marketing or advertising again!

Golden Dental Solutions #408

Golden Dental Solutions is the manufacturer and direct seller of the revolutionary Physics Forceps™ dental extraction forceps and other innovative dental products. Golden Dental Solutions is comprised of a group of practicing dentists and other professionals with several years of experience in the dental industry.

Lighthouse Practice Management #308

Lighthouse 360 is the most automated, most comprehensive patient communications system in dentistry.

Maverick Dental Laboratories, Inc. #210 & 212

Maverick Dental Laboratories is a full-service dental laboratory, providing dental prosthetics to a national clientele. With more than 50 employees, Maverick celebrated its 10-year anniversary this year. In 2010, Maverick Dental was named to the Pittsburgh 100, a list of the fastest growing private companies in the region. For more information, visit www.maverickdental.com.

Medidenta #414

Your direct source for endo and handpiece solutions. Visit our booth to find out about our new single file NiTi system and our new Air King highspeed handpiece.

OneMind Health #211

OneMind Health (previously MDE), collaborating with industry experts, has identified the specific challenges of revenue management faced by dental practices of all sizes. To address those challenges, we have developed OM Dental, an intuitive cloud-based product suite designed to reduce denials, accelerate treatment acceptance, and simplify collection and payment processing.

Oral Cancer Cause #209

OCC Founders, Linda Miles and Robin Morrison, invite you to become an OCC practice to help us create public awareness and early diagnosis of the disease that kills one person every hour. Dentists and Oncologists will refer those oral cancer patients in need of financial assistance during treatment. Help OCC help many! Join the "Passion of Purple".

OsteoReady #415 & 417

OsteoReady Practical Implant Solutions is a comprehensive implant company providing general practitioners all of the tools, techniques and protocols necessary to thrive in today's implant environment. OsteoReady is a pioneer of the no drill implant procedure, the one drill implant procedure and the 3 in 1 implant procedure. Proprietary products include the Osteoconverter for the No-drill implant procedure and the OsteoHybrid implant which is a cross between a mini and conventional implant.

Prophy Magic #412

Your direct source for prophy angles, hygiene handpieces, highspeed handpieces, air/water syringe tips and carbide burs.

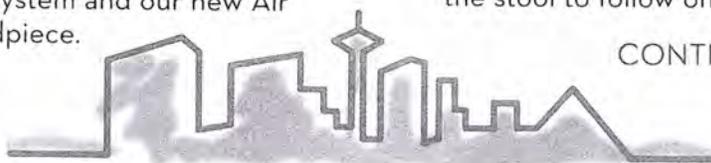
Quali-Som #313

Quali-Som introduces the latest FDA approved oral appliance to treat snoring and sleep apnea. The TheraSom Cast oral appliance is small, comfortable, stain resistant, and guaranteed for 5 years. Find us on the web at Quali-Som.com.

RGD #419

The Swedish Seating System is an ergonomically designed stool. The hydraulic mechanism allows the stool to follow ones' movement.

CONTINUED NEXT PAGE



TBSE EXHIBITOR LIST

CONTINUED

Rose Micro Solutions #421

Rose Micro Solutions sells High Quality Optical Loupes & LED Lights for Less! Our Loupes start at \$279.00. We are a "Family" Business consisting of 4 Brothers. We named the company after our Mother "ROSE". Stop by to see for yourself. www.rosemicrosolutions.com 716-608-0009.

Smile Reminder #213

Smile Reminder is a patient engagement software service. Utilizing the latest automated text/email technologies, Smile Reminder helps you to increase productivity and grow your practice.

Snap On Optics #315

Makers of the new generation of NEAR WEIGHTLESS LOUPE LIGHTS. Created by dentists for dentists.

SocialWise #310

SocialWise provides your dental practice with a powerful "hands free" social media solution to turn likes into local leads. SocialWise creates, manages and advertises daily social media posts, elevating your brand to that of a trusted provider that prospective patients "know, trust and like." Let SocialWise show you how to automate the referral process through the power of social media.

The Madow Brothers #104, 106, 108, 110 & 112

There is much more to The Madow Brothers than TBSE! Whether it's getting more new patients than ever before, learning about our one-day "Dental Boot Camp" seminars, our brand new "Patient Per Click" internet marketing strategy and much more - we're here for you! Stop by to meet our fantastic team and find out how we have been creating success in dentistry for over two decades. "We can help you!"

The MClub Powered by Darby Dental

#215 & 314

THE M CLUB powered by Darby is an extension of the Madow Brothers brand and mission to help your practice reduce the "fixed" expense of purchasing dental supplies and equipment. Our dedicated account concierges work closely with your purchasing team to identify the products, offers and opportunities that mean the most to your practice and to dramatically improve your bottom line. Call us at 855. THEMCLUB and see just how much you can save for your practice today.

TheraSnore by Distar #413

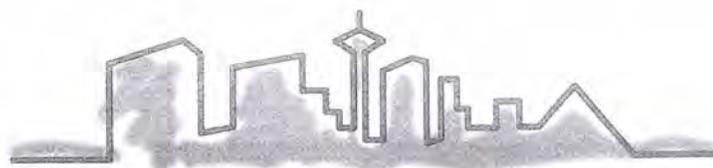
Distar has been providing safe sleep since 1987, with treatment methods for snoring and Obstructive Sleep Apnea (OSA). The TheraSnore appliances are custom chair-side fit oral appliances that are effective and economical for you and your patients. Visit our booth to learn how easy it is to add treatment for snoring and OSA to your practice and take advantage of the show specials! www.distar.com 1-800-47-SNORE.

Ultralight Optics #208

LED Loupe-Lights are smaller than a dime and lighter than a nickel. We have been the industry LEADER in both WEIGHT and SIZE by far and the ranked TOP choice for LED headlights by an independent non-profit dental education and product testing institute.

Yodle #410

Yodle, a leader in local online marketing, connects thousands of local businesses with consumers in a process so simple and cost-effective that business owners can't imagine any other way to advertise. Yodle has developed an integrated approach to signing up and servicing local businesses that are transitioning their marketing budgets online.





216 Business Center Drive
Reisterstown, Maryland 21136

PHONE: 1-888-88-MADOW
LOCAL: (410) 526-4780
FAX: (410) 526-5186
WEB: WWW.MADOW.COM

TBSE 2013

Course Attendance Verification

Attendee Name: _____ (attendee to complete)
AGD Member ID #: _____ (attendee to complete)
Attendee State: _____ (attendee to complete)
Attendee License #: _____ (attendee to complete)
Program Provider: The Madow Brothers Seminars
CE Provider ID #: AGD Pace #218581
Course Title: TBSE (The Best Seminar Ever)
Speaker Names: Bruce Christopher, Fred Joyal, Linda Miles, Dr. Brady Frank, Pam Mazza, Gary Zelesky, Dr. Richard Madow, Dr. David Madow, Dr. Paddi Lund, Kirk Behrendt, Dr. Mike DiTolla, Allison Massari

Educational Method: Lecture
Course Date: November 8-9, 2013
Course Location: Planet Hollywood Resort and Casino
Las Vegas, NV

Verification Number: 110913
CE Hours: 16
Subject Code: See Continuing Education Breakdown
Authorized Signature: DR. DAVID MADOW
Seminar Contact: Ann Ulick
Phone: 800-258-0060 / 410-526-4780
Email: ann@madow.com



Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance
By a state or provincial board of dentistry
or AGD endorsement.
06/01/2013 to 05/31/2015
Provider ID# 218581

TBSE 2013

November 8, 9, 2013

Planet Hollywood Resort and Casino, Las Vegas, NV

Presented by The Madow Brothers

AGD ID #218581

Continuing Education Breakdown

Speaker	Subject Matter	Subject Code	Hours
Bruce Christopher	Auxiliary Utilization	551	1
Fred Joyal	Practice Management	550	1
Linda Miles	Practice Management	550	1
Dr. Brady Frank	Implant Dentistry	690	2
Pam Mazza	Jurisprudence	555	1
Gary Zelesky	Practice Management	550	1
Dr. Richard Madow	Practice Management	550	1.5
Dr. David Madow	Practice Management	550	1.5
Dr. Paddi Lund	Practice Management	550	2
Kirk Behrendt	Practice Management	550	1
Dr. Mike DiTolla	Restorative Dentistry	250	2
Allison Massari	Self-Improvement	770	1

Sent 11/19/13

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: CANCON Study Club

c/o Address: JAMES T. Gimbel DDS PC 5335 EASTERN AVE, STE A,

DAVENPORT IA 52807

Phone: (563) 386-0301 Fax: (563) 386-0989 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): Study Club

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

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

4. Course Title: MULTIPLE TITLES - SEE ENCLOSED COPY

5. Course Subject:

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

6. Course date: JAN 25 - FEB 15, 2014 Hours of instruction: 30

#19321 \$10

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

SEE ENCLOSED COPY OF PRESENTERS AND
MEMBERSHIP FORM

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

9. Name of person completing application: JAMES T. Gimbel DAs PC

PRESIDENT - CANCON Study Club

Title: DENTIST Phone Number: (563) 386-0301

Fax Number: (563) 386-0957 E-mail: _____

Address: 5335 EASTERN AVE, SUITE A, DAVENPORT IA 52807-2788

Signature: [Handwritten Signature] Date: 11/19/13

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

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

Pursuant to Iowa Administrative Code 650—25.3(5), please submit the application for approval 90 days in advance of the commencement of the activity. The Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed. The Board may be unable to issue a final decision in less than 90 days. Please keep this in mind as you submit courses for prior approval.

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

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

The following topics will be discussed with the Cancun Study Club from January 30, 2013 thru February 23, 2013 Listed are the topic titles, presenters and proposed number of credit hours.

Topic	Presenter	Hours of Credit
Oral Mucosal Pathology Red & white lesions of the oral mucosa Diagnosis & treatment	Dr. Richard Young	2
Lumps & Bumps in the Head & Neck Diagnosis & Treatment of masses found in the head	Dr. Richard Young	2
Odontogenic & Non-Odontogenic Radiolucencies Diagnosis & Treatment of Radiolucent lesions found in the maxilla & mandible	Dr. Richard Young	2
Potpourri of Oral Soft & Hard Tissue Abnormalities Diagnosis & Treatment of oral soft & hard tissue abnormalities & anomalies found in the oral cavity	Dr. Richard Young	2
Tooth Fractures & Avulsions Diagnosis & Treatment of Fractured & Avulsed per- manent teeth	Dr. Richard Young	2
Trauma to the Ora-Facial Structures Diagnosis & Treatment of osseous, dental & soft tissue injuries	Dr. Richard Young	2
Evaluation & Treatment of Ankylosed Tooth	Dr. James Gimbel	2
Retained Primary Molar Treatment	Dr. James Gimbel	2
Lower partial Case Analysis	Dr. Philip Young	2
Review of Guidelines for Infection Control-MMWR	Dr. James Gimbel Dr. Michael Thomas Dr. Philip Young Dr. Richard Young	6

Military Dental Care
(Panama)

Overdenture-Restoration of Implants	Dr. James Gimbel	1.5
	Dr. Michael Thomas	1.5
Dental Office Emergencies		
	Dr. Michael Thomas	1.5
Treatment of Oral-Antral Opening		
	Dr. James Gimbel	1.5

CURRENT MEMBERSHIP

James T. Gimbel,BS DDS	President of the Cancun Study Club
Sandra L. Gimbel	Office Management
Michael S. Thomas,BS,DDS	Vice President of the Cancun Study Club Adjunct Faculty, U of I School of Dentistry
Claudia Thomas, BS,MD	Psychiatrist,(Child)
Philip Young,BS,DDS	Treasurer of the Cancun Study Club Interim Director of Broadlawns Medical Center
Pattie Young	Office Management
Eugene W. Young,BS,DDS	Professor Emeritus,U of I School of Dentistry
David Lickteig,BS,DDS	Secretary of the Cancun Study Club/Private Practice
Stephanie Lickteig,BSN	Intensive Care Nurse
Jeffrey Young,BS,DDS	Board Certified Pediatric Dentist Associate Professor, University of Colorado School of Dental Medicine, Director of Sedation Program, Pediatric Dentistry, Children's Hospital Colorado
Janet Young,BS,MS	Office Management/Personnel Director
Kimberly Kretsch,BS,DDS	Pediatric Dentistry
Kevin Kretsch,BS,MS	Computer Analyst
Nancy Betz	Human Resource Consultant
Robert Betz	
Richard B. Young,DDS,MS	Oral Surgeon
Carol Young,RN	Nurse



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NOV 21 2013
IOWA DENTAL BOARD

November 19, 2013

To; Iowa Board of Dental Examiners
RE: Cancun Study Club

While we request numerous informative hours of Dental Continuing Education to be granted to the Cancun Study Club..... It is not to be considered our "Mainstay" of continuing education hours required under state law.

Sincerely,

A handwritten signature in black ink, appearing to read "James T. Gimbel", is written over a large, stylized loop.

James T. Gimbel, DDS, PC
President, Cancun Study Club

**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: Terri Bradley Consulting
Address: 31 Wildwood Drive, Newburyport MA 01950
Phone: 9786978338 Fax: 9787467019 E-mail: terri@terribradleyconsulting.com

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IOWA DENTAL BOARD

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

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

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

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

4. Course Title: Coming Soon to an Office Near You: ACD -10

5. Course Subject:

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

Other: Coding/billing - ACD-10 - Required implementation date of 10/14

6. Course date: 4/4/14 Hours of instruction: 6 hrs

presented at:
Great River Oral + Maxillofacial Surgery
100 Bryant St
Dubuque, Iowa 52003

#529 \$10

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

Terrri Bradley, Certified JED-10 trainer
Consultant for oral & maxillofacial practices
and dental offices for medical/dental
Cross coding.
See attached resume

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

9. Name of person completing application: Terrri Bradley

Title: President, Speaker Phone Number: 978 697 8338

Fax Number: 978 746 7019 E-mail: terrri@terrribradleyconsulting.com

Address: 31 Wildwood Drive, Newburyport MA 01950

Signature: T. Bradley Date: 11/26/13

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.

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

Terri Bradley
31 Wildwood Drive
Newburyport, MA 01950
(978) 697-8338
[*terri@terribradleyconsulting.com*](mailto:terri@terribradleyconsulting.com)

Experience

Terri Bradley, LLC **Practice Management Consulting** **2008-Present**

Medical/Dental Cross Coding for Dental Practices.
Full scope Practice Management Consulting for Oral Surgery Practices

Lowell Oral Surgery Associates, Inc., **Practice Administrator** **1996-2008**

Responsible for all phases of non-clinical medical practice support including human resources, finances, compliance issues, information technology advancements and support and management of 20 support staff including Human Resources, Finances, Compliance, Information Technology, and Medical Management

Professional Presentations

2013 Carestream, local user's conference "Negotiating Insurance Contracts"
2013 Oregon Dental Society, annual meeting " Billing Dental implants to Medical Carriers"
2013 Carestream, OMS Users Conference "Untangling the Web of OMS Coding"
2012 American Association of Dental Office Managers "Medical Billing for the Dental Practice"
2012 Ohio Society of Periodontology, Medical Billing for the Dental Practice
2012 Maryland Society of OMS " Coding and Billing for the OMS office"
2012 ODEA, No Longer Lost in Translation: Medical Coding for the Dental Office"
2012 Carestream, OMS Users Conference " Coming to an office near you, ICD-10"
2011 Carestream, OMS Users Conference "Untangling the Web of OMS Coding"
2011 ODEA, "No Longer Lost in Translation: Medical Coding for the Dental Office"
2010 Practice Works OMS User Conference, "Untangling the Web of OMS Coding"
2010 Insurance Solutions Newsletter , 7 Part Webinar Series: Medical Billing for Dental Practices
2009 Keystone Dental, "How to Survive in these Economic Times"
2009 Jaws Society, "Untangling the Web of OMS Coding"
2008 The Consulting U
2005 Yankee Dental Conference, "Current Trends in Practice Management"
2004-2006 Vice President, Jaws Society
2004 American Association of Oral and Maxillofacial Surgery, Annual Meeting
Coding Workshops, presented as panel member

- 2002-2003 American Association of Oral and Maxillofacial Surgery, Annual Meeting
Proctor for practice management clinic and coding workshops
- 2002 Maryland Society of Oral and Maxillofacial Surgeons, "Coding, What you
Don't Know Can Hurt You" Co-presented with Dr. Jeffrey D. Stone

Professional Accomplishments

- 2013 Certification as ICD-10 Trainer, American Institute of Healthcare Compliance
- 2008 The Consulting U
- 2004-2006 Co-founder and Vice President of the Jaws Society

Certification

- 2009 Human Resource Certification, Bent Ericksen and Associates
- 2009 Integrated Performance Management Consultant, Bent Ericksen and Assoc.
- 1998 Certified Medical Manager, Professional Association of Health Care Office
Managers
- 1996 Certified, Dental Radiology, Massachusetts Dental Society

Memberships

- 2012-present Speaker's Consultant Network
- 2010-present Academy of Dental Management Consultants
- 2004-present Jaw's Society
- 1997-present Medical Group Management Association
- 1996-2010 Professional Association of Health Care Office Managers

Education

- 2004 B.S. in Health Care Administration, minor in Business Administration, Emmanuel
College, Graduated Summa Cum Laude



COMING SOON TO AN OFFICE NEAR YOU: ICD-10

For *Dental Practices*

ICD-10 presents a *whole new diagnosis coding system* for the entire medical industry.

ICD-10 will contain *triple the number of codes from ICD-9.*

It is anticipated **claim processing will be slow** while insurance companies switch systems.



The time has come! In less than one year, the switch to ICD-10 will be made and it is important that your office be prepared to transition. Now is the time to gain a more in depth understanding of what ICD-10 means to your practice. Early preparation and understanding of the new codes, coding procedures and ICD-10 specific terminology will help ensure that your practice has a smooth transition from ICD-9 to ICD-10.

Attend this dynamic, in-depth session to learn what you can do now to help prepare your office. We will conduct a detailed overview of the ICD-10 topics and guidelines that affect dental offices. Attendees will work through numerous coding examples that cover both basic procedures (i.e. extractions) and more complex procedures (i.e. fractures). Co-morbidities that affect common procedures will be reviewed, as will the new guidelines for coding neoplasms. Attendees can expect to walk away from this course with a detailed, intimate knowledge of ICD-10 coding guidelines and procedures. This is a hands on session that is designed to give dental practices the tools they need to successfully transition from ICD-9 to ICD-10.

Learning Objectives:

- Review the differences between the ICD-9 and the ICD-10 coding systems.
- Learn the importance of extensions, sequela and laterality in coding for fractures.
- Understand the new coding guidelines for neoplasms.
- Review mapping, and its restrictions, between ICD-9 and ICD-10.
- Understand how to code for late effects and personal histories.
- Conduct an in-depth assessment of how to code for co-morbidities for dental procedures.
- Work through multiple, detailed coding examples.

Terri Bradley



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IOWA DENTAL BOARD

APPLICATION FOR POST APPROVAL OF CONTINUING EDUCATION COURSE OR PROGRAM

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

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

1. Course Title: Orthodontics 101: what to look for & when
2. Course Subject: to refer

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

3. Course date: 12.10.13 Hours of instruction: 1 hr

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

Lecture from 1-2 pm over lunch hour on powerpoint

5. Name of course sponsor: Dr. KARL SWENSON

Address: 222 Edgewood Rd NW
Cedar Rapids, IA 52405

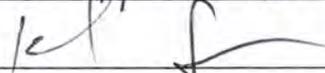
6. Which of the following educational methods were used in the program? Please check all applicable.

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

#1962 \$10 CB 12/16/13

7. Provide the name(s) and briefly state the qualifications of the speaker(s):
- Karl Swenson, DDS, MS in orthodontics from University of Iowa
Been in private practice 1.5 years
- Brady Novak, DDS, MS in orthodontics from University of Iowa
Been in private practice >10 years

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

9. Name of person completing application: Karl Swenson
Title: Dr. Phone Number: 319-36-8364
Fax Number: _____ E-mail: elitorthocv@gmail.com
Address: 222 Edgewood Rd NW Cedar Rapids, IA 52405
Signature:  Date: 12/10/13

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

Attendance for Lecture on Orthodontics 101 with Dr. Karl Swenson (12/10/13)

Name (Print)

Signature

Amy Wilken

Amy Wilken

Joel Sardzinski

Joel Sardzinski

Jessica Heckmann

Jessica Heckman

CARISSA Brennm

Carissa Brennm

Elisa Brady

Elisa Brady

Darcy Ries

Darcy Ries

Jill Woods

Jill Woods

Nancy Myott

Nancy Myott

Paula Hoff

Paula Hoff

Jamie Goranson

Jamie Hoff

Deb Rassler

Deborah Rassler

Cristy McNamara

Cristy McNamara

Julia Stanley

Julia Stanley

Nicole Donaldson

Nicole Donaldson

Tiffany Nielsen

Tiffany Nielsen

Jamie Hayes

Jamie Hayes

Dani Geimis

Dani Geimis

BRADY NOVAK

Brady Novak

KARL SWENSON (Lecturer)

Karl Swenson

Orthodontics 101: What to look for and when to consider referral

ELITE
ORTHODONTICS

Brady Novak, DDS, MS / Kari Swenson, DDS, MS

A little bit about me...

- From Manson, IA
- College at Luther and dental/ortho at Iowa
- Married to Sarah, a pediatric dentist in town
- Have a yellow lab, Kinnick
- Huge Hawkeye fan
- Been with Dr. Novak for 1.5 years




Objectives/Goals

- Review the main orthodontic issues we evaluate
- Ideal time for referral
 - Official statement from AAO... "The AAO recommends that your child get an orthodontic check-up no later than age 7"
 - Is this necessary?
- I'll cover some research and have lots of patient cases

Reasons AAO recommends to see orthodontist

When to see an orthodontist
If you recognize any of these signs in your child or yourself, it might be time to schedule a consultation with an orthodontist.

- Early or late loss of baby teeth
- Difficulty chewing or biting
- Mouth breathing
- Sucking the thumb or fingers, or other oral habits
- Crowded, misplaced or blocked-out teeth
- Jaws that shift, make sounds, protrude or are recessed
- Speech difficulty
- Biting the cheek or biting into the roof of the mouth
- Protruding teeth
- Teeth that meet in an abnormal way or don't meet at all
- Facial imbalance or asymmetry (features out of proportion to the rest of the face)
- Grinding or clenching of teeth
- Inability to comfortably close lips

Our thoughts:

- Some malocclusions should be seen early and treated, others can delay.
- If the parents/patient want to be seen we will be happy to take a look/photos at no charge.
- Most 7-8 year olds → annual recall for eruption checks.
- 10-20% → recommended extractions and/or phase 1 treatment.

Major orthodontic issues to cover:

- A. Malocclusion: Class I/Class II/Class III
- B. Arch Length: Spacing/crowding
- C. Crossbites: Anterior/posterior
- D. Ectopic eruption
- E. Deep Bite

If time....open bites

Class I Occlusion

- Most of these patients can be observed in your office until the full permanent dentition.
- If any concerns, can refer the patient. We do not charge for initial consults and like to meet parents/children early so can teach about ortho.

Class I Malocclusion

ELITE
ORTHODONTICS
By Jim
New Patient, 08/21/13

- Decision: can monitor or refer if want. He would be put onto recall and followed annually

Class II Malocclusion

- Ideally, we want to see them in early mixed dentition to time full orthodontic treatment in the late mixed to early permanent dentition (capitalize on their growth)
- Most cases can be treated in one phase of orthodontics
- Early class II treatment (i.e. 2-phase orthodontics: treatment in early mixed dentition and permanent dentition) is much less common today

Class II continued

- Research from studies found that early phase 1 treatment of class II (i.e. treating 7-8 year olds) has "little effect on the subsequent treatment outcomes."¹
- "Early treatment also appears to be less efficient...produced no reduction in the average time a child is in fixed appliances during a second stage of treatment, and it did not decrease the proportion of complex treatments involving extractions or orthognathic surgery."¹
- "Treatment of Class II Division 1 malocclusions is more efficient in the permanent dentition (late treatment) than it is in the mixed dentition (early treatment)."²

1. Daniels W, Priddy W, Phillips C. Orthodontics a 7 phase randomized clinical trial in early class II treatment. ASDJ. 1974; 43(1): 1-11
2. Proffit W, van Hecke J. Efficiency of early and late class II division 1 treatment. ASDJ. 1984; 53(1): 1-11

Class II Malocclusion

ELITE
ORTHODONTICS
By Jim
New Patient, 08/21/13

Patient is 9-9. It is a little early to start (early mixed) full treatment but good time to refer to follow growth.

Class II malocclusion

ELITE
ORTHODONTICS
By Jim
New Patient, 07/10/13

Similar to last patient, slightly early for full treatment. However, can also discuss possible phase 1 tx to align/close #7-10 due to trauma risk (let parent decide)

Class II Tx Options

- If slight/moderate:
 - Class II elastics
- If severe:
 - Forsus springs → are looking to speed up Md growth and move teeth (combo skeletal/dental movements)
 - HG → we rarely do as hoping mandible will grow, not worn enough to get full dental movements
 - TE 5/12: compromise to close overjet
 - Md advancement: pt never grew and want profile change

Arch Length: Moderate Crowding

- Goal to maintain space and preserve option of non-extraction treatment
- May require LLHA and/or Nance to preserve leeway space
- May require removal of primary teeth to guide eruption
- Moderate crowding is 4-6mm per arch

Arch Length: Moderate Crowding

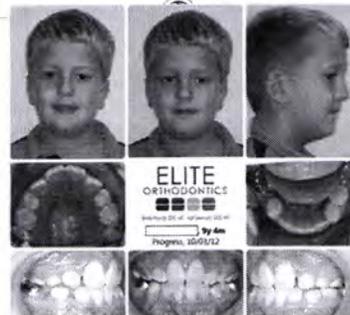


Moderate-severe mandibular crowding and will need early removal of mandibular canines.

Arch Length: Severe Crowding

- Will need extractions of permanent teeth
- Key is timing: some need extractions in early-late mixed dentition to allow for eruption. Others will wait until full permanent dentition to evaluate shape/size of teeth for ideal esthetics and profile
- 7mm or greater per arch is severe

Arch Length: Severe Crowding



Severe crowding (zero space for canines). Need to refer to assess early vs. late extractions.

Arch Length: Severe Crowding



Note: Very severe crowding (Note: UL missing space for 2 teeth) and protrusive lips. Needs early extractions to aid with eruption.

Will extractions change profile?

- The answer is not a simple yes or no. Things to take into consideration:
 - Position of maxilla/mandible
 - Lip support at start of treatment
 - Amount/severity of crowding
- If planned correctly, can often maintain lip fullness. We try to treat to the best profile possible when plan extractions.

Extractions done right...



Arch Length: Spacing

- Can refer if feel spacing excessive (i.e. patient and/or parents have a concern), otherwise can monitor.
- Will ideally treat in permanent dentition.
- If frenectomy necessary, delay until AFTER orthodontic treatment (don't want to develop scar tissue that could prevent space closure)
- Even with good retainer wear post-orthodontics, some will re-open space and require buildups or retreatment

Arch Length: Large Diastema

- Patient: Will
- CC: "front teeth space"
- Exam: diastema over 3mm
#7/10 not yet erupted



- Decision: I would recommend treatment and make space for #7, 10. This patient will need frenectomy after close space

Arch Length: Space Loss

- If posterior primary teeth are lost early, can refer for evaluation for space maintenance or regaining

Arch Length: Space Loss

- Patient: Nathan
- CC: "dentist said we lost a baby tooth early and don't have room for permanent teeth"
- Exam: early loss #K, #19 has drifted mesial and blocking #20 from erupting



- Decision: Limited phase 1 treatment to regain space and fabricate space maintainer #19-L

Crossbites

Anterior Crossbite



- Our main goal is to prevent
 - Wear to permanent incisors
 - Mandibular gingival recession
 - Shift
- If there is a concern for any of these 3, should have phase 1 treatment. Otherwise, can monitor anterior crossbites.
- If early treatment, want #7-10 to be erupted
- Treatment options: 2x4 braces, retainer



Anterior Crossbite





No recession but starting to show wear on #8. Needs early treatment

Anterior Crossbite

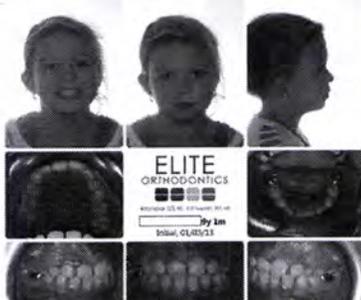




No wear and not causing a shift. Functionally, does not need early treatment. Can treat for esthetic concerns and will require TE #C, H

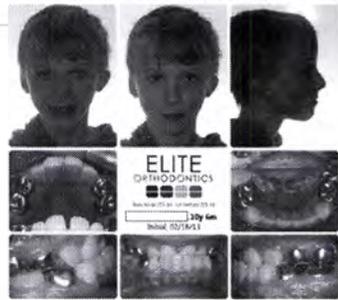
Anterior Crossbite





Recession starting on #25 facial. Needs early treatment (ideal timing)

Anterior Crossbite



Complete anterior crossbite. Needs full records to assess growth, crowding and proper method for phase 1 tx

Posterior Crossbite



- Will need expansion → prefer to have permanent 1st molars fully developed so have anchorage to expand
- Ideal situation is expand 11-13 years old in permanent dentition (fusion of maxilla usually starts 15-16 years old)
- May expand early (7-10) in early mixed dentition if large shift present
- Exception is craniofacial disorders where will manage completely separately. An aside: if have any cleft lip/palate patients need be seen by orthodontist by age 5!

Ectopic Eruption

Ectopic Molar Eruption

- Quick review: when see on a Pan/BW/Peri take note and plan on re-evaluating in 6-9 months
- Incidence maxillary 1st molar: 4%
- 69.4% will correct spontaneously

Ectopic Molars

- High degree of self-correction. Take new x-ray at 6-9 months
- May self correct. Get nervous when 50% coverage of primary root. New x-ray in 6-9 months
- Needs treatment



Ectopic Molars

- Treatment options
 - TE #A, J
 - ✦ May need Nance after #3, 14 erupt
 - ✦ May need 2x4 braces to regain space
 - Halterman appliance
 - None



Ectopic Maxillary Canines

- Ideal age to evaluate is 9-11 (earlier for girls, later boys)
- #6, 11 impaction incidence: 1.5%¹
- Palatal impaction 2x more likely¹
- Treatment:
 - If 50% or less overlap of #7, 10: removal of #C, H will correct ectopic canine eruption 94% of time²
 - If ≥50% overlap (or even overlap of #8, 9): removal of #C, H helps correct canines a reported 62-78% of time versus no treatment (32% only came in)²
 - Current new research on success of TE #B, C, H, I versus just #C, H shows that we may switch to removal of more teeth to help canines come in³

1. Conkle and Wang. Canine impaction: incidence and management. Int J Orthod Craniofac Surg. 2006; 34(2): 105-110.
2. Jansen and Birk. Early mandibular dental-erupting secondary eruption by early loss of the primary canines. J Clin Orthod. 1994; 28(1): 4-10.
3. Bowers. A 20-year retrospective study of the management of maxillary canine impaction. Pediatr Orthod. 2002; 26(2): 105-110.

Ectopic & Crowded Mandibular Canines

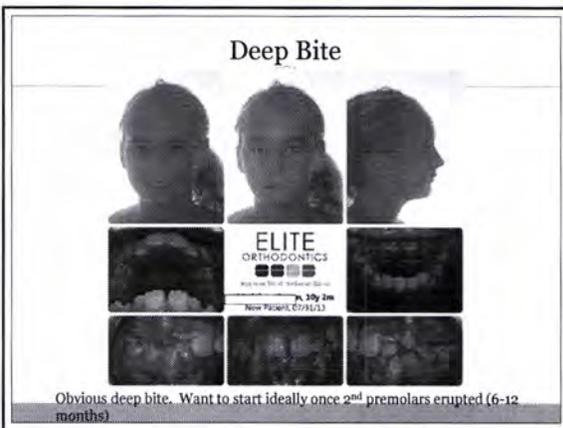
- Extraction of #M, R can help relieve up to 6mm crowding #23-26, but costs 2mm of arch length in permanent dentition.¹
- If goal is treat non-ex may leave primary canines. Have to balance esthetics short-term vs. long-term treatment plan
- If asymmetric loss primary canine need to remove other to prevent midline shift → consider then place LLHA to preserve arch length

1. Epner et al. Esthetic management of crowding in the developing dentition. J Orthod. 2003; 30(2): 105-110.

Open/Deep Bites

Deep Bite

- Damaging to mandibular incisors and can “lock” in the mandible, preventing full mandibular growth expression
- Best treated in full permanent dentition (more teeth, more anchorage).
- Level the bite by extruding premolars and intruding anteriors to get rid of Curve of Spee



Open Bite

- Causes
 - Digit habit
 - Tongue posture
 - Vertical growth
 - Eruption not complete
 - Primary failure eruption → rare and cannot treat
 - Ankylosis → may require extraction
- 50% of open bites close without treatment.¹ Key is diagnosing cause (skeletal, dental, habit, combo).
- Most difficult treatments due to multiple causes. Highest relapse rates in orthodontics. And very dependent on patient compliance to treat

Open Bite

- Digit habit
 - Requires behavior modifications
 - Try extraoral methods first
 - Last resort intraoral appliances
 - If child not ready to quit, there is not much we can do at this time
- Appearance
 - Football shaped open bite
 - Constricted maxilla
 - Flared maxillary incisors

Open Bite

- Tongue habit
 - Extremely difficult to overcome tongue habit
 - Must be for a duration of time to move teeth (often done at night when don't realize)
 - Can bond reminder appliances to back of teeth
 - Could relapse in future and require retreatment

Open Bite



- Vertical growth
 - Estimate amount of growth remaining
 - May require maxillary impaction
 - Must wait until at least 17 (females) or 21-22 (males) as can have late vertical maxillary growth
 - May elect to extract 4 premolars to retract incisors to aid with closure

Open Bite



Very difficult case (occlusal issues, vertical growth). Ready for full treatment



Thanks for your time today!

APPLICATION FOR PRIOR APPROVAL OF
CONTINUING EDUCATION COURSE OR PROGRAM

RECEIVED

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

DEC 20 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: Town Square Dental Care (Timothy Patrick Jones)
Address: 107 High Ave E Oskaloosa, IA 52577
Phone: (641) 673-3008 Fax: (641) ~~673-3008~~ 672-8807 E-mail: pjones86@gmail.com

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

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

Mahaska Health Partnership - Behavior Health Services

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: Mental Health First Aid

5. Course Subject:

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

6. Course date: ~~1/10/13~~ 1/10/14 Hours of instruction: 6 CEU's

will also be offered multiple times during

the year. If we go to the same class, but a different date do I need to resubmit for CEU approval?

8:00 am - 5:00 pm

#5592 \$10
12/20/13
CS

7. Provide the name(s) and briefly state the qualifications of the speaker(s):
Jan Lebahn is the director of behavior health services at Mahaska Health partnership. She is also a therapist at the hospital. I called the hospital to see who would be speaking at the class

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

9. Name of person completing application: Timothy Patrick Jones
Title: DDS Phone Number: (641) 673-3008
Fax Number: (641) 672-8707 E-mail: pjones86@gmail.com
Address: 107 High Ave E Oska, IA 52527
Signature: Timothy Patrick Jones Date: 12/19/13

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

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

Pursuant to Iowa Administrative Code 650—25.3(5), please submit the application for approval 90 days in advance of the commencement of the activity. The Board shall issue a final decision as to whether the activity is approved for credit and the number of hours allowed. The Board may be unable to issue a final decision in less than 90 days. Please keep this in mind as you submit courses for prior approval.

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

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

- Jan Lebahn,
Director and Therapist

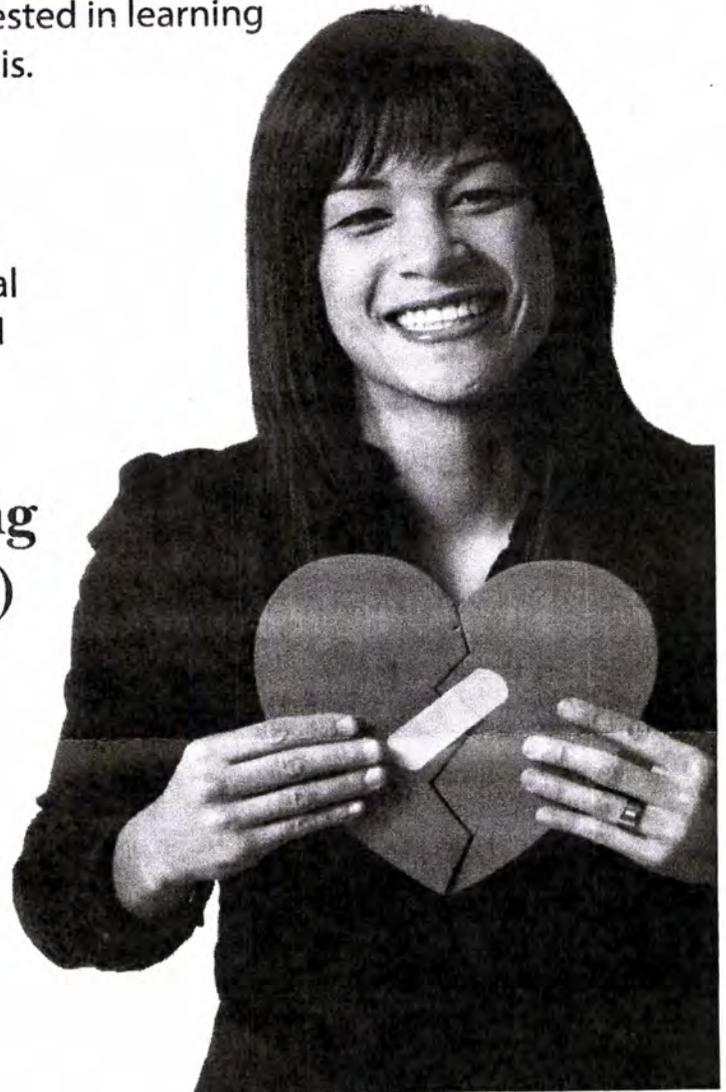
Mental Health First Aid

You are more likely to encounter someone in an emotional or mental crisis than someone having a heart attack. Anyone can take this eight-hour Mental Health First Aid Course - first responders, students, teachers, faith leaders, human resources professionals and caring citizens who are interested in learning how to help others through a crisis.

Mental Health First Aid teaches a five-step action plan to offer initial help to people with the signs and symptoms of mental illness.

**Cedar Bluff Learning
Center (entrance #3)
Friday, Jan. 10
8:00 am - 5:00 pm**

Pre-registration is required by
Monday, Dec. 23. Cost is \$35.
Six CEU hours will be awarded.



Call us at: **641.672.3159** | For more information
or to register.



P.O. Box 31088
Johnston, IA 50131
(515) 986-5605 or (800) 828-2181
(515) 986-5626 (Fax)
info@iowadental.org (e-mail)

RECEIVED

JAN 07 2014

IDA DENTAL BOARD

DATE: January 6, 2014

TO: Iowa Dental Board
Advisory Committee on Continuing Education

FROM: Suzanne Lamendola, Convention Coordinator

RE: Additional Information for Course

Please find enclosed additional information regarding Dr. Richard Niederman's course to be presented on May 2, 2014. Please use this information in your consideration of CEU credits along with the material previously provided.

Thank you.

ADA Center for Evidence-Based Dentistry

Find chairside value in scientific literature at advanced EBD workshop

BY JEAN WILLIAMS

Aspects of EBD to be explored include asking precise, structured clinical questions; understanding clinical trial design; understanding and using medical statistics; and how to critique scientific literature. The instructors designed each section to help workshop participants imple-

ment EBD in practice and teaching.

Need a couple of strong reasons to consider the workshop as a way to boost your dental know-how and credentials? Consider the everyday practice challenges the workshop will address.

"I think that there are two issues," said workshop lead instructor Dr. Richard Niederman. "One is the overwhelming amount of information that's coming at clinicians, patients, insurers, instructors and any academic institution teaching oral health. The data we have indicates that there's more than one clinical trial per day, 365 days per year in each clinical specialty. That's more than anybody can identify, obtain, read, analyze and implement in their practice. So that's the problem. How do you keep up?"

"As important as keeping up is how you stay current so you stay out of trouble. We learn new things. We have to stop doing certain things and start doing other things. And if we don't stay current, we place ourselves at risk."

Dr. Niederman, a professor and chair, Department of Epidemiology and Health Promotion, and director, Center for Evidence-Based Dentistry, College of Dentistry, New York University, said that the workshop will help teach practicing dentists, for one, how to cut through the jumble of scientific literature and get what they need far quicker than before.

"One of the nicest things about the workshop is that we work in a big group, which is about

35 to 40 or so participants," he said. "But then we break up into four or so small groups of about 10 or 12 participants, and we really start to dissect the papers more fully, whether it's a trial, a systematic review or even a clinical guideline. The small group is really helpful. It's really interactive. It's like a journal club with a lot of back and forth."

RECEIVED

DEC 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: Iowa Dental Association

Address: 5530 West Parkway, Suite 100, Johnston, IA 50131

Phone: 515-986-5605 Fax: 515-986-5626 E-mail: info@iowadental.org

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

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

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

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

4. Course Title: see attached listing

5. Course Subject:

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

6. Course date: May 1-2-3, 2014 Hours of instruction: see attached listing

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

see attached listing

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

see attached listing

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

10. Name of person completing application: Suzanne Lamendola

Title: Convention Coordinator Phone Number: 515-986-5605, ext. 104

Fax Number: 515-986-5626 E-mail: suzanne.lamendola@iowadental.org

Address: 5530 West Parkway, Suite 100, Johnston, IA 50131

Signature: *Suzanne Lamendola* Date: 12/26/13

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.

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

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

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

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

Dental Shared/ConEd App Prior Approval.doc

**IOWA DENTAL ASSOCIATION / 2014 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

GENERAL ATTENDANCE-MAY 1-2-3, 2014

CEU'S REQUESTED: 3.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TABLE CLINICS ATTENDANCE-MAY 3, 2014 / 9:00 to 11:00 a.m.

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TABLE CLINICS PRESENTERS-MAY 3, 2014

CEU'S REQUESTED: 4.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

**IOWA DENTAL ASSOCIATION / 2014 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

MAY 1, 2014

TIME: 9:00 a.m. to Noon / 1st Session

SPEAKER: Dr. Ricardo Padilla

TOPIC: Topics in Oral Pathology

CEU'S REQUESTED: 3.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 2:00 to 5:00 p.m. / 2nd Session

SPEAKER: Dr. Ricardo Padilla

TOPIC: Topics in Oral Pathology

CEU'S REQUESTED: 3.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 9:00 a.m. to Noon

SPEAKER: Dr. Todd Snyder

TOPIC: BONDing 007th Generation and Beyond

CEU'S REQUESTED: 3.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 2:00 to 5:00 p.m.

SPEAKER: Dr. Todd Snyder

TOPIC: THE END – To Complications, Sensitivity, Discomfort and Open Contacts

CEU'S REQUESTED: 3.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

**IOWA DENTAL ASSOCIATION / 2014 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

MAY 1, 2014/continued

TIME: 9:00 to 11:00 a.m.

SPEAKER: Doreen Johnson, RDH, MA Ed.

TOPIC: Win the Battle Against Biofilm: Leverage the Power of Ultrasonic

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 1:00 to 3:00 p.m.

SPEAKER: Doreen Johnson, RDH, MA Ed.

TOPIC: Assessing Anesthetic Options for Non-Surgical Periodontal Therapy

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 9:00 to 11:00 a.m.

SPEAKER: Garrett Hufford

TOPIC: Dental Sleep Medicine: An Introduction

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 1:00 to 3:00 p.m.

SPEAKER: Bob Devine

TOPIC: Advancements in Digital Impressions

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

**IOWA DENTAL ASSOCIATION / 2014 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

MAY 2, 2014

TIME: 7:30 to 9:30 a.m. / 1st Session

SPEAKER: Dr. Barry Franzen

TOPIC: Restorative Implant Techniques for the Private Practice

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 10:30 a.m. to Noon / 2nd Session

SPEAKER: Dr. Barry Franzen

TOPIC: Restorative Implant Techniques for the Private Practice

CEU'S REQUESTED: 1.5

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 1:30 to 3:00 p.m. / 3rd Session

SPEAKER: Dr. Barry Franzen

TOPIC: Restorative Implant Techniques for the Private Practice

CEU'S REQUESTED: 1.5

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 3:30 to 4:30 p.m. / 4th Session

SPEAKER: Dr. Barry Franzen

TOPIC: Restorative Implant Techniques for the Private Practice

CEU'S REQUESTED: 1.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

**IOWA DENTAL ASSOCIATION / 2014 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

MAY 2, 2014/continued

TIME: 8:00 to 10:00 a.m. / 1st Session

SPEAKER: Dr. Richard Niederman

TOPIC: Evidence-Based Dentistry: A Clinical Context

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 11:00 a.m. to 12:30 p.m. / 2nd Session

SPEAKER: Dr. Richard Niederman

TOPIC: Evidence-Based Dentistry: A Clinical Context

CEU'S REQUESTED: 1.5

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 2:00 to 3:30 p.m. / 3rd Session

SPEAKER: Dr. Richard Niederman

TOPIC: Evidence-Based Dentistry: A Clinical Context

CEU'S REQUESTED: 1.5

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 4:00 to 5:00 p.m. / 4th Session

SPEAKER: Dr. Richard Niederman

TOPIC: Evidence-Based Dentistry: A Clinical Context

CEU'S REQUESTED: 1.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

**IOWA DENTAL ASSOCIATION / 2014 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

MAY 2, 2014/continued

TIME: 9:00 to 11:00 a.m.

SPEAKER: Daniel Easty

TOPIC: Am I Using My Practice Management Software to Its Fullest Potential?

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 1:00 to 3:00 p.m.

SPEAKER: Dr. Robert McNurlen

**TOPIC: Flying Under the Radar: Avoiding Problems With Your Patients, Your Colleagues, and
the Dental Board**

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

**IOWA DENTAL ASSOCIATION / 2014 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

MAY 3, 2014

TIME: 8:00 to 9:30 a.m. / 1st Session

SPEAKER: Dr. Satheesh Elangovan/Dr. Paula Weistroffer

TOPIC: A Panel of Lectures on Current Topics in Clinical Periodontics

CEU'S REQUESTED: 1.5

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 10:30 to Noon / 2nd Session

SPEAKER: Dr. Adrienne Gunstream/Dr. Derek Borgwardt

TOPIC: A Panel of Lectures on Current Topics in Clinical Periodontics

CEU'S REQUESTED: 1.5

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 8:00 to 10:00 a.m.

SPEAKER: Dr. Howard Cowen

**TOPIC: Considerations for Providing Dental Treatment to the New Geriatric Patient:
Medical, Preventive and Restorative Strategies**

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

TIME: 11:00 a.m. to 1:00 p.m.

SPEAKER: Dr. Pete Damiano

TOPIC: The Affordable Care Act and the Implications for Dentistry

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: _____ dentists/dental hygienists
dental assistants**

**IOWA DENTAL ASSOCIATION / 2014 ANNUAL SESSION
REQUEST FOR CONTINUING EDUCATION UNITS APPROVAL**

MAY 3, 2014/continued

TIME: 8:00 to 10:00 a.m.

SPEAKER: Dr. Carrie McKnight/Dr. Sherry Timmons

TOPIC: Infection Control and Prevention: How to Protect Yourself and Your Patients

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: ____ dentists/dental hygienists
dental assistants**

**Approved for 2 hour requirement in infection control for
dental assistants registration renewal? _____**

**content intended to meet requirement of 2 hour qualification in infection control
for dental assistants*

TIME: 11:00 a.m. to 1:00 p.m.

SPEAKER:

**TOPIC: Radiography Renewal – Intraoral Radiography: Occlusal Techniques
Vision and Perception: WYSIWYG or Is It?**

CEU'S REQUESTED: 2.0

**CEU'S APPROVED: ____ dentists/dental hygienists
dental assistants**

**Approved for 2 hour requirement in radiography for
dental assistants registration renewal? _____**

**content intended to meet requirement of 2 hour qualification in radiography
for dental assistants*

**-PLEASE SEE ATTACHED PAGES-
FOR SPEAKER CREDENTIALS & COURSE DESCRIPTIONS**

Topics in Oral Pathology

Iowa Dental Association Meeting - Thursday, May 1st 2014

Speaker: Ricardo Padilla, DDS

Course content & objectives:

Human Papillomavirus and its relationship to precancerous lesions and oral cancer (1hr)

1. Review the current literature and knowledge regarding oral carcinogenesis related to HPV
2. Present cases of HPV-driven carcinogenesis
3. Explain the possible transmission and prevention of HPV in the dental practice

Lesions of the periodontal apparatus (1 hr)

1. Discuss common and unusual pathological conditions associated with the periodontal apparatus
2. Consider diagnostic and management strategies for pathology of the periodontal system
3. Describe possible etiologies of common masses associated with the periodontal apparatus

Management of patients with xerostomia(1hr)

1. Define what is dry mouth from the patient's and the practitioner's perspective
2. Discuss the assessment of patients with salivary hypofunction
3. Present possible strategies to evaluate and explain the concept of xerostomia in clinical practice
4. Review pharmacological and non-pharmacological management of xerostomia

Pathology of the jawbones(1hr)

1. Review the spectrum of benign fibro-osseous lesions of the jaws
2. Show examples of typical and atypical presentations of lesions of the mandible and maxilla
3. Discuss classical and novel treatments of intraosseous lesions
4. Present examples of systemic disease manifested as jaw pathology

Immune-mediated diseases involving the oral cavity(1hr)

1. Contrast the concepts of immune-mediated disease vs. autoimmunity vs. immunosurveillance
2. Discuss the clinical, pathological, and immunopathological evaluation with suspected vesiculo-bullous disease
3. Discuss the selection and use of steroids to manage immune-mediated diseases of the oral mucosa

Clinical-radiographic-pathological correlations and case discussions (1hr)

1. Case-based Interactive discussion of the entities covered during the day

Dr. Ricardo Padilla is an Oral and Maxillofacial Pathologist. Dr. Padilla was born in Guatemala, where he obtained his D.D.S. degree in 1997. He then completed a 3-year Residency in Oral and Maxillofacial Pathology at the University of Florida College Of Dentistry in Gainesville, FL; and a one-year Postdoctoral Fellowship in Head and Neck Surgical Pathology at The University of Texas Health Science Center at San Antonio.

He has been a full time faculty member at the UNC School of Dentistry since 2002, where he is currently a Clinical Associate Professor.

He is a Diplomate of The American Board of Oral and Maxillofacial Pathology, and a Fellow of the American Academy of Oral and Maxillofacial Pathology. He is also a Fellow of the International College of Dentists and a member of the ADA.

His practice includes Clinical Oral Pathology and participation in the UNC Dental School's Biopsy Service. He teaches Dental Students, Residents, and Dental Hygiene Students, and has served as the Program Director for the Oral and Maxillofacial Pathology Residency since 2006.

His recent research interests focus around bone tissue engineering by means of scaffolds constructed with nanocomposites and biodegradable matrixes and adult mesenchymal stem cells; and also chemical surface modification of dental implants to influence osteoblastic differentiation.

He is married to Paulina, his high school sweet heart. They are the proud parents of Annika and Krista. During his free time, Ricardo races triathlons and plays tennis.

Todd C. Snyder, DDS

25500 Rancho Niguel Rd #230, Laguna Niguel, CA 92677

(949) 643-6733

www.aestheticdentaldesigns.com

www.dr toddsnnyder.com

Lecture 1:

BONDing 007th generation and beyond

A discussion of when to do bonding and when other alternatives may be better suited for longevity. The lecture will evolve from simple single surface easy to repair defects to more advanced multilayered cosmetic disciplines. Emphasis will be placed on adhesion, function and aesthetics.

Learning Objectives:

- 1) Preparation techniques.
- 2) Occlusion.
- 3) Adhesion techniques and options.
- 4) Composite layering techniques vs. bulk fill
- 5) Glass Ionomers and more.

Lecture 2:

THE END – To Complications, Sensitivity, Discomfort and Contacts.

Done, fixed, problem resolved! You and your patients need the confidence of knowing that when you are done with any indirect restoration that you are done, and at "The End". The days of sensitive teeth, discomfort or missed contacts upon placing a permanent restoration should be an extinct entity in our offices. Today's program is going to provide practical solutions utilizing various materials to solidify The End of your restorative complications.

Learning Objectives:

- 1) Preparation techniques to instill greatness.
- 2) Perfect occlusion with minimal to no adjustment.
- 3) Simplified Provisional techniques.
- 4) Impression techniques and tips to get it right the first time!
- 5) Glass ionomer applications to eliminate all of your headaches and more.

Dr. Todd C. Snyder received his doctorate in dental surgery at the University of California at Los Angeles School of Dentistry. Dr Snyder co-developed & co-directed the first and only comprehensive 2-year postgraduate program in aesthetic and contemporary restorative dentistry at UCLA. He is a F.A.C.E. institute graduate for complex gnathological disorders. Dr Snyder is an Accredited Member of the American Academy of Cosmetic Dentistry.

Dr. Snyder has been on the faculty at U.C.L.A.'s Center for Esthetic Dentistry and Esthetic Professionals. Dr. Snyder lectures nationally and internationally on dental materials, techniques, occlusion, equipment, business development and marketing. Dr. Snyder consults for numerous dental companies and has authored articles in dental publications nationally and abroad. Dr Snyder is also a member of the Catapult Elite Group.

Win the Battle Against Biofilm: Leverage the Power of Ultrasonic

This course is based on current scientific literature and evidence-based strategies to give the clinician practical guidelines on the use of ultrasonic instrumentation for non-surgical periodontal therapy. Ultrasonic instrumentation techniques will be covered extensively, detailing the dental hygiene process of care and utilizing hands-on activities. Patient cases demonstrating successful treatment with ultrasonic instrumentation will be shared.

Assessing Anesthetic Options for Non-Surgical Periodontal Therapy

To deliver optimal patient care, pain management is an essential component of periodontal therapy procedures. Supported by science, this course will provide the dental professional with the information necessary to make a choice in anesthesia based on each patient's needs. This course will include information on a new non-injectable local anesthetic for non-surgical periodontal debridement.



Doreen B. Johnson, RDH, MA. Ed.

Clinical Educator/Midwest

Email: doreen.johnson@dentsply.com

DENTSPLY
PROFESSIONAL

Doreen is a Clinical Educator for DENTSPLY Professional, covering the Midwest region of the US. She came to DENTSPLY with 21 years of clinical expertise and 10 years of experience as a Dental Hygiene Educator. She is a graduate of the University of Pittsburgh School of Dental Medicine, holding certification as a Dental Assistant and a Registered Dental Hygienist. She received her bachelor's degree from Edinboro University in education, and a master's degree from National Louis University in adult education. She also serves as an active Dental Hygiene Consulting Examiner for the North East Regional Board of Dental Examiners.

Doreen has developed educational programs and presented them to dental and dental hygiene students, professional associations, dental societies, and study clubs—both nationally and internationally. Her goal is to provide dental professionals with current scientific research and information to assist them in implementing effective and efficient evidence-based treatment protocols in their clinical practices.



CLINICAL EDUCATION

Suzanne Lamendola

From: Suzanne Lamendola
Sent: Thursday, December 26, 2013 8:44 AM
To: Suzanne Lamendola
Subject: FW: Course Description and Objectives

From: Hufford, Garrett [mailto:Garrett.Hufford@henryschein.com]
Sent: Wednesday, December 11, 2013 11:53 PM
To: Johnston, Nathan
Subject: Course Description and Objectives

Dental Sleep Medicine: An Introduction

Fatigue is the number one complaint heard by health professionals across the globe. This course will discuss what every dental professional should know about this life threatening medical disorder. Fifty to seventy million Americans suffer from a sleep related problem. Sleep related breathing disorders, such as snoring and obstructive sleep apnea (OSA), are at the top of this list. Less than 10% of these patients have been diagnosed. Integrating sleep apnea screening and treatment into a practice is a team effort.

Course objectives:

Background

Understand normal breathing and airway anatomy and the problems and variants that lead to snoring and obstructive sleep apnea

Learn the health risks associated with sleep disordered breathing

Learn sleep basics

Signs and symptoms

Learn the effects of sub-optimal sleep on health and quality of life

Recognize those symptoms and behaviors that may indicate sleep disordered breathing

Understand current and proposed diagnostic methods and the role of the dentists in the team approach

Review the current treatment modalities for snoring and mild, moderate and severe OSA

Explore the role dental professionals can play in the management of sleep disordered breathing

Understand the side effects of oral appliance therapy and how to manage them.

Garrett Hufford
Henry Schein Dental
Field Sales Consultant
319.640.1895

Suzanne Lamendola

From: Hufford, Garrett <Garrett.Hufford@henryschein.com>
Sent: Wednesday, December 11, 2013 11:50 PM
To: Johnston, Nathan
Subject: CE Bio

Garrett Hufford is a 2009 graduate of Wartburg College where he studied biology and biochemistry. In 2009 he began working for Dental Prosthetic Services (DPS) in Cedar Rapids as a CE educator and outside sales and support representative. In this position he helped over 50 Iowa dental offices fabricate sleep appliances while also assisting dental professionals with clinical recommendations and implementation of a dental sleep medicine protocol. He was named an honor clinician for at the 2012 Iowa Dental Association Annual Session. He has also worked with the University of Iowa Dental School's ongoing study comparing efficacy oral appliances. He is now a field consultant for Henry Schein Dental and continues to consult with offices on protocol and the latest research.

Garrett Hufford
Henry Schein Dental
Field Sales Consultant
319.640.1895



Bob Devine Started with 3M in 2007 as a Tech Service representative for core dental materials. In 2009 he became a Dental Practice Specialist in San Diego. Here he conducted hands on training and educated dental practices on the differences in dental materials. In 2013 he relocated to Minnesota and became a Clinical Digital specialist handling the revolutionary True Definition Scanner. Bob works closely with Labs and Dental offices that are moving into the digital age of Dental Impressions. He has a passion for Prevention and the In-direct procedure and has dedicated his time to increasing his customer's knowledge in all ways of dentistry. He enjoys golf, fishing, bike riding and hanging out with family and friends.

Course Description ----- Advancements in Digital Impressions----2 hours

Learn about the current advancements of Digital Impressions and the available technologies for dental offices and labs. This course will cover Traditional vs. Digital impression work flows and were your lab fits into the equation. Not ready to Mill? No Problem, the True Definition scanner is a great first step to digital Impressions that keeps your lab involved, yet improves the fit of every restoration. Come learn more about the future of Digital Impression systems!!

Dr. Barry Franzen

Restorative Implant Techniques for the Private Practice

Participants in this course should:

- 1. Gain an appreciation for the factors one should consider when choosing and implant system**
- 2. Understand step by step methods for insuring profitability in implant dentistry**
- 3. Gain an appreciation in methods to increase communication and the creation of a strong implant team**
- 4. Appreciate the evolution of the surgical guide and its applications clinically**
- 5. Understand the role of the restorative team in socket preservation cases especially in the anterior esthetic zone**
- 6. Gain an appreciation of the "3 C's" of proper exit form development for optimal esthetics**
- 7. Understand the different clinical scenarios for cemented vs. screw retained restorations**
- 8. Understand the advantages of patient specific custom abutments**
- 9. Understand the 11 rules for overdenture therapy**
- 10. Gain an appreciation for same day immediate loaded protocols for full arch edentulous restorations**

Bio For Dr. Barry Franzen

Dr. Franzen is a 1982 graduate of the Marquette University School of Dentistry in Milwaukee, Wisconsin. From 1982-85 he completed a three year residency in Prosthodontics and Maxillofacial Prosthodontics at the University of Missouri School of Dentistry and Truman Medical Center in Kansas City. Since that time he has maintained a private practice limited to Prosthodontics in Milwaukee, Wisconsin which includes all phases of Prosthodontics but with a major emphasis on implantology.

Dr. Franzen maintains memberships in many major professional organizations, including the ACP and AO as well as many local Wisconsin associations. Dr. Franzen is a past president of the Wisconsin Section of the American College of Prosthodontics, member of the AO Newsletter editorial board, AO 2014 Curriculum Planning Committee and editor of the PEERS E-newsletter.

Department of Epidemiology & Health Promotion
250 Park Avenue South, Room 636
New York, NY 10003

Richard Niederman, DMD Professor and Chair

Title: Evidence-Based Dentistry: A Clinical Context

Course Description: This interactive workshop introduces evidence-based dentistry for rapid implementation in practice. The workshop will provide participants with hands-on interactive experiences with all aspects of EBD: asking a PICO question, searching PubMed for answers, critically appraising published studies, and implementing this information in practice – all in less than 5 minutes. Simultaneously the workshop integrates the current best evidence with clinical experience and patient needs and circumstances to improve care.

CV: Dr. Richard Niederman is professor and chair, Department of Epidemiology and Health Promotion, College of Dentistry, New York University, and director of the NYU Center for Evidence-Based Dentistry.

He graduated magna cum laude in 1976 from the Harvard School of Dental Medicine where he also received his periodontal specialty training. He received certificate training in Evidence-Based Medicine at Oxford University in 1996.

He is the founding USA editor of the journal Evidence-Based Dentistry; and co-author of the book *Evidence-based Dentistry*. He has published more than 100 evidence-based articles most recently on practice implementation, and provided training in evidence-based dentistry on 5 continents over the last 10 years.

His current work is implementing evidence-based caries prevention programs in at-risk communities in the U.S., the Pacific, and Latin America.

Photograph



Course Description:

Am I Using My Practice Management Software To Its Fullest Potential?

This lecture is recommended for Front Office staff. Ask yourself this question, am I using my Practice Management Software to its fullest potential? In this session we will cover many items that are sometimes over looked or have not been introduced. Are you utilizing tablets for patient check-in? How about electronic appointment reminders? With many insurance companies on board with electronic submission and eligibility, are you taking advantage of this and other great tools within your software? The end goal should be fully integrated and optimized software. We will look at all these areas and understand how these administrative applications tie in to make your practice more efficient, effective and productive.

Daniel Easty started his career with Patterson Dental as a Technology Sales Representative in Wisconsin. In this capacity, Dan sold Eaglesoft and computer hardware to a variety of dental offices, becoming expert in the software and how offices implemented technology. After three years of selling technology, Dan moved to a training role where he has been for the past five years. In his current role, Dan educates and instructs dental offices on how to become paperless and the proper or best way to implement technology into their practice.

Flying Under the Radar –

Avoiding problems with your patients, your colleagues, and the dental board

As all of us know, dentistry is a high-stress occupation. We work to achieve perfect results in imperfect mouths. Problems can arise with clinical outcomes, financial issues, interactions between patients and the dentist or his/her staff.

How do we handle patient expectation vs. reality? How do we avoid problems or defuse them once they start? What if the patient contacts the dental board?

If you are contacted by the dental board, what should you do? If records are requested, does this automatically mean you are the subject of an investigation?

What is the dental board “looking for” when they come to your office and/or examine your records?

Dr. McNurlen has served on peer review subcommittees in the Des Moines district for several years and he currently chairs the IDA’s Council on Dental Care. He has testified for the defense as an expert witness in several malpractice trials. This presentation will be prepared in consultation with staff from the Iowa Dental Board.

	Ralph P. Appleby Award for Outstanding Junior Student in Removable Prosthodontics	1982
	Dental "Class of 1923" Award for Scholarship, Professional Attitude, Character, and Personality	1982
	Who's Who in American Universities and Colleges	1982-83
	Omicron Kappa Upsilon Dental Honor Society	1983
	All-University Hancher-Finkbine Distinguished Student Leader Award	1983
	Academy of General Dentistry Award for Outstanding Senior Practitioner in General Dentistry	1983
<u>Education:</u>	<u>Theodore Roosevelt High School</u> Des Moines, Iowa Involved in several extracurricular activities including student government, instrumental music, and theater productions. Played saxophone professionally during high school and college.	1973-75
	<u>Drake University</u> Des Moines, Iowa Bachelor of Arts, magna cum laude Several student leadership positions held. Tutored students in physics.	1975-79
	<u>University of Iowa College of Dentistry</u> Iowa City, Iowa Doctor of Dental Surgery, magna cum laude Created several special projects at faculty request including classroom presentations, photography, and sample dental restorations. Tutored other dental students. Class yearbook editor for two years.	1979-83
<u>Residency:</u>	General Practice Residency <u>University of Iowa Hospitals and Clinics</u> Iowa City, Iowa	1983-84
<u>Practice Experience:</u>	Associated with William A. Miller, D.D.S. in private practice in Des Moines, Iowa	1984-87
	Solo practice in West Des Moines, Iowa	1987-present
<u>Teaching Experience:</u>	Clinical Instructor, Des Moines Area Community College Department of Dental Hygiene	1988-90
<u>Society Membership:</u>	Iowa Dental Association	1983-present
	American Dental Association	1983-present

Academy of General Dentistry	1983-present
University of Iowa alumni Association (Life Member)	1983-present
Des Moines District Dental Society	1984-present
G.V. Black Study Club of Des Moines	1985-present

Professional Accomplishments and Awards:

Designed a series of three wax/amalgam carving instruments manufactured by American Dental Mfg. Co.	1982
Fellowship in Pierre Fauchard Academy	1993
Fellowship in the Academy of General Dentistry	1996

Service Activities:

Des Moines District Dental Society:	1984-present
President	1994-95
District Trustee to the Iowa Dental Association	1998-2004
Committees: Peer Review, Ethics & Intra-Professional Relations	1987-present
West Des Moines Rotary Club	1988-1998
Board Member and Paul Harris Fellow	1992
Director of Vocational Service	1993-94
Iowa Dental Association Public Relations Committee; trained as a Media Spokesperson by the American Dental Association; coordinator of Iowa ADA Spokesperson Training Seminars	1992-2002
Table Clinics Chairperson, Iowa Dental Association State Meeting	1993
Iowa Dental Association Membership Council;	
Chair of New Dentist Subcommittee	1996-2003
Council on Dental Care / Peer Review	
District Chairperson	2003-2012
State chairperson	2008-2012
West Des Moines Community Schools Staff Recognition Committee	1998-2000
Iowa Dental Association / Des Moines District Dental Society Smile Squad Mobile Dental Clinic Volunteer	2003-present
Delta Dental Plan of Iowa	
Advisory Board	1995-present
Claims Review	2003-2005

Wellmark/Blue Cross Blue Shield of Iowa Advisory Board	1998-present
Vatterott College Dental Assistant/Dental Hygiene Advisory Board	2003-present
Des Moines Health Center Governing Board	2013-present

Avocational Activities: Woodworking, photography, writing, automobiles

Bio Sketch

Satheesh Elangovan BDS., DSc., DMSc.

I was born and raised in India, where I completed my dental training. Upon graduation, I moved to Boston where I completed two doctorate degrees in Oral Biology at Boston University and at Harvard. I completed my periodontics residency at Harvard, following which; I joined the University of Iowa College of Dentistry in 2011. In my current position as an Assistant Professor in the department of Periodontics, I am involved in classroom lecturing, clinical instruction as well as conducting basic and translational research focusing on tissue engineering. I am also involved in clinical practice restricted to periodontics within the college faculty group practice.

Lecture Description

Diagnosis and Management of Chronic Periodontitis

The lecture is designed mainly for general dentists and dental hygienists. It will cover basic concepts related to the current understanding of the pathogenesis of periodontitis and the various tools that are currently available to diagnose periodontitis in clinical settings. Various strategies that are involved in the management of periodontitis and the rationale for their selection will also be covered in this lecture.

Lasers in Periodontics

Course description: This presentation will review the types of laser energy and products on the market, as well as their use in Periodontics. Both non-surgical and surgical applications will be discussed.

Paula Weistroffer, DDS, MS

FACULTY PROFESSIONAL BIOGRAPHY
College of Dentistry
University of Iowa

Date of Preparation: Oct 15, 2013

I. Personal Data

- | | |
|---|--|
| <p>1. <u>Name</u>
Paula L. Weistroffer</p> <p>3. <u>Present Rank</u>
Clinical Associate Professor</p> | <p>2. <u>Department</u>
Periodontics</p> <p>4. <u>Date Appointed to Present Rank</u>
July 2013</p> |
|---|--|

II. Higher Education, formal programs (most recent first)

<u>Date Awarded</u>	<u>Degree</u>	<u>Specialty/Major</u>	<u>Institution</u>
2007	MS	Oral Sciences	University of Iowa
2007	Certificate	Periodontics	University of Iowa
2002	DDS	Dentistry	University of Iowa
1996	BA	Biology & Spanish	Cornell College

III. Professional Employment: Appointments (most recent first)

<u>Dates</u>	<u>Rank/Title</u>	<u>Institution</u>
July 2013 – Present	Clinical Associate Professor	Department of Periodontics, University of Iowa
August 2008 – Present	Clinical Staff	University of Iowa Hospitals and Clinics, Iowa City
July 2007 – Present	Clinical Assistant Professor	Department of Periodontics, University of Iowa
July 2007 – Present	Dental Staff	VA Hospital, Iowa City
July 2005 - July 2007	Postdoctoral Trainee	National Research Service Award (NRSA T32), National Institute of Dental & Craniofacial Research (NIDCR), Department of Periodontics, University of Iowa
March 1997 - July 1998	Research Assistant I	Gene Transfer Vector Core, University of Iowa,

IV. Certification and Licensure (Eligibility, stage of completion)

<u>Year Obtained</u>	<u>Dental License (State)</u>
2002	Iowa
<u>Year Obtained</u>	<u>Board</u>
2008	Diplomate, American Board of Periodontology
<u>Year Obtained</u>	<u>Other</u>
2007	Moderate Sedation Permit
2003	Advanced Cardiac Life Support (ACLS)
1999	Basic Life Support (BLS)

V. Honors and Awards (most recent first)

<u>Year/s</u>	<u>Award</u>	<u>Organization</u>
2012	Evidence Reviewer Training	American Dental Association
2011	Institute for Teaching and Learning Certificate	Academy for Academic Leadership/American Dental Education Association (AAL/ADEA)
2011	Institute for Teaching and Learning Scholarship	American Academy of Periodontology Foundation
2010	Educator Award – Outstanding Teaching and Mentoring in Periodontics	American Academy of Periodontology
2008	Teaching Fellowship	American Academy of Periodontology Foundation
2005	Balint Orban Competition Finalist, Honorable Mention	American Academy of Periodontology
2004	Graduate Student Forum Finalist, Honorable Mention	Midwest Society of Periodontology
2002	AAP National Award, A plaque to the outstanding senior student in Periodontics	American Academy of Periodontology
2002	Dean's Leadership Award	The University of Iowa College of Dentistry
2002	Dr. R. A. Greenawalt Fund, Awarded to a dental student pursuing a degree in the Department of Periodontics	The University of Iowa College of Dentistry

2002	Max Smith Young Investigators Award, First Place	Iowa Section of AADR, University of Iowa, College of Dentistry
2002	Research Achievement Award, Recognizes exemplary contributions to dental research in graduating seniors, who have shown substantial and sustained involvement on productive research during their years in dental school, as determined by a panel of faculty, staff, and students	University of Iowa College of Dentistry
1998 - 2002	Dental Research Award, a four-year award given to outstanding predoctoral students to reward their research efforts as they work with a faculty mentor on research projects	The University of Iowa College of Dentistry
2001	Collegiate Overall Winner, 1st place	Iowa Section of AADR, Table Clinic Competition
2001	Dean's Leadership Award	The University of Iowa College of Dentistry
2001	Periodontics Summer Externship	The University of Iowa
2001	Periodontology Award, Table Clinic, 1st place	Iowa Section of AADR, Iowa Society for Periodontology
2001	Student Table Clinic Award, 1st place	Iowa Section of AADR, ADA/Dentsply
2000	Collegiate Overall Winner, 3rd place	Iowa Section of AADR, Table Clinic Competition
2000	Iowa Society for Periodontology Award, 1st place	Iowa Section of AADR, Table Clinic Competition
2000	James E. Boltz Scholarship, Awarded to a third or fourth year student with demonstrated financial need, good clinical skills, and compassion for patients	The University of Iowa College of Dentistry
1999	Halverson-Wettach Scholarship, Awarded to dental students who are Iowa residents with financial need	The University of Iowa College of Dentistry

VI. Professional Appointments (consultantships, editorships, review panels, etc.; most recent first)

National

Years

2011 –
Present

Type of Appointment

Reviewer

Organization or Journal

Special Care in Dentistry

2012 –
Present

State of Iowa Liaison

State and Regional Assembly,
American Academy of Periodontology

VII. Committees (include chair and officer positions; most recent first)

Regional

<u>Years</u>	<u>Committee</u>	<u>Organization</u>
2008 - 2011	Constitution and By-Laws (Chair)	Midwest Society of Periodontology

University

<u>Years</u>	<u>Committee</u>	<u>Organization</u>
2012 – Present	Interprofessional Education Steering (Member)	University of Iowa
2010 - Present	Interprofessional Planning Group (Member)	College of Medicine

College

<u>Years</u>	<u>Committee</u>	<u>Organization</u>
2012 – Present	Oral Health Information Systems (Member)	College of Dentistry
2012 – Present	Website Steering (Member)	College of Dentistry
2012 – Present	Marketing (Member)	College of Dentistry
2012 – Present		
2012 – 2013	Faculty Retreat Planning (Member)	College of Dentistry
2010 – Present	Dental Interdisciplinary Planning Group (Co-Chair)	College of Dentistry
2008 – Present	Go Green, Sub-committee (Member)	College of Dentistry
2007 – Present	Curriculum (Member)	College of Dentistry
2007 – 2010	Scholarship Advisory (Member)	College of Dentistry
2007 – 2008	Electronic Forms (Member)	College of Dentistry

Department

<u>Years</u>	<u>Committee</u>	<u>Organization</u>
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2012 – Present	Administrative Services Coordinator Search (Member)	Department of Periodontics
2010	Faculty Search (Member)	Department of Periodontics

VIII. Dental Service Plan Practice

<u>Academic Year</u>	<u>Time Allocated Per Week (# of Half Days)</u>
2012-2013	2
2011-2012	2
2010-2011	2
2009-2010	2
2008-2009	2
2007-2008	1-2

IX. Professional Memberships (include offices held; most recent first)

<u>Years</u>	<u>Organization</u>
2011 - Present	Academy of Osseointegration (AO)
2009 - Present	American Association of Women Dentists (AAWD) 2009 - Present, Faculty advisor for Iowa student chapter
2008 – Present	American Dental Society for Anesthesiology (ADSA)
2008 – Present	Johnson County Dental Society (JCDS)
2007 - Present	American Dental Education Association (ADEA)
2007 - Present	Iowa Dental Association (IDA)
2007 - Present	Iowa Society of Periodontology (ISP) 2010 - 2011, President 2009 - 2010, Vice President
2007 - Present	Midwest Society of Periodontology (MSP) 2012, Secretary 2008 - 2011, Committee Member
2007 - Present	University District Dental Society
2002 - Present	American Academy of Periodontology (AAP)
2002 - Present	American Dental Association (ADA)

X. Areas of Research

Antimicrobial activity of cathelicidins against oral pathogens - August 1998-2007

This topic was under research as a part of the four-year Dental Research Award (DRA) program as a dental student, continued throughout specialty training in periodontics, and culminated in a master's degree in oral science.

XI. Current Research Topics

Interdisciplinary/Interprofessional Education - January 2008 - present

This topic is research on a patient care model that is patient-centered and multidisciplinary in nature. It teaches a team approach using all types of health care professionals, including dentistry. While not widely practiced currently, this concept is thought to be where healthcare is and should be going in the future.

Technology in Teaching - Fall 2008 - present

This is an ongoing topic that promises to better involve students and engage them in the use of technology and includes remote audience participation and web/mobile applications.

XII. Financial Resources (Grants and Contracts; include funded, pending, and approved but not funded applications; list most recent first in each category)

Current

<u>Funding & Title</u>	<u>Role on Project</u>	<u>Dates</u>	<u>Amount</u>
Josiah Macy Jr. Foundation & Interprofessional Education Collaborative Collection - Major Public Health Issue as a Vehicle for Interprofessional Curriculum	Contributing Author	July 2012 - Present	\$2,000.00
Astra Tech, Sweden - An Open, Prospective, Randomized, Multicenter Study Comparing OsseoSpeed Plus with OsseoSpeed TX in Partially Edentulous Maxillae and Mandibles. A 5-year follow-up study.	Clinical Investigator	December 2011 - December 2016	\$306,000.00
Astra Tech, Sweden - An Open Prospective, Randomized, Multi-Center Study Comparing Osseospeed Implant 6mm with Osseospeed Implant 11mm in the Posterior Maxilla and Mandible. A 5-year Follow-up Study	Clinical Investigator	June 2009 - April 2014	\$210,774.00

Completed

<u>Funding & Title</u>	<u>Role on Project</u>	<u>Dates</u>	<u>Amount</u>
Astra Tech, Sweden - Prospective, Comparative Assessment of Single-Tooth Replacement in Different Implant-	Clinical Investigator	April 2009 - April 2012	\$199,300.00

Abutment Interface Settings

Astra Tech, Sweden - A Randomized Prospective Clinical Trial Comparing the Effects of 3 Loading Protocols on Dental Implant Stability in Healed Ridges	Clinical Investigator	December 2007 - December 2011	\$207,525.00
Federal - Ruth Kirschstein NRSA T32 Training Grant	Clinical Investigator	July 2009 - September 2009	\$12,759.00
Federal - Ruth Kirschstein NRSA T32 Training Grant	Clinical Investigator	June 2008 - September 2008	\$12,213.00

XIII. Bibliography (attach sections in the following order, with authors in sequence; most recent first; list work that is published or "in press". Submitted work may also be listed; include journal title and date of submission; manuscripts in progress should not be included)

1. Books and/or Chapters

2. Journal Articles (include initial and final page numbers)

Guthmiller JM, Vargas KG, Srikantha R, Schomberg LL, Weistroffer P, McCray PB, Tack BF. Susceptibilities of oral bacteria and yeast to mammalian cathelicidins. *Antimicrob Agents Chemother.* 2001;45(11):3216-9.

3. Book Reviews

4. Abstracts

Weistroffer P. Susceptibility of a Panel of Oral Organisms to Cathelicidin-Derived Peptides. *J Periodontol* 76 (8), 2005.

Weistroffer P. Susceptibility of a Panel of Oral Organisms to Cathelicidin-Derived Peptides. *AAP News*, 2005.

Weistroffer P, Maze CM, Joly S, Tack BF, Guthmiller JM. Susceptibility of Periodontal Pathogens to Cathelicidin-Derived Peptides. *Journal of Dental Research* 81 (Spec Iss A):1456, 2002.

Schomberg LL, Srikantha T, Guthmiller JM, Vargas KG, Weistroffer P, McCray PB, Tack BF. Susceptibility of oral bacteria and yeast to mammalian cathelicidins. *Journal of Dental Research* 79 (Spec Iss 479):2688, 2000.

5. Other Publications

6. External Presentations and Lectures

Weistroffer, P., Conference, National, ADEA, Presenter, Oral Presentation for Commission on Change and Innovation in Dental Education, "Pilot Program in Interdisciplinary Dental Education." (2011).

Weistroffer, P., Master's Thesis Defense, University, Master's Thesis Defense, Presenter, Master's

Thesis Defense, "SMAP29 Congeners Demonstrate Activity Against Oral Bacteria and Reduced Toxicity Against Oral Keratinocytes." (2007).

Weistroffer, P., Guthmiller, J. M., Faculty Application to the Department of Periodontics, Department, Presenter, "Oral Bacteria are Susceptible to Sheep Cathelicidin SMAP29 & Derivatives." (2006).

Weistroffer, P., Guthmiller, J. M., Conference, National, American Academy of Periodontology Annual Meeting, Presenter, "Susceptibility of Oral Organisms to Cathelicidin-Derived Peptides." (2005).

Weistroffer, P., Guthmiller, J. M., Conference, Regional, Midwest Society of Periodontology, Presenter, "Susceptibility of Oral Bacteria to Cathelicidin-Derived Peptides." (2004).

Weistroffer, P., Guthmiller, J. M., Conference, National, AADR/IADR National Meeting, Presenter, Poster, "Susceptibility of Periodontal Pathogens to Cathelicidin-Derived Peptides." (2002).

Weistroffer, P., Guthmiller, J. M., Symposium, State, Max L. Smith Oral Competition, Iowa Section of AADR, Presenter, "Susceptibility of Periodontal Pathogens to Cathelicidin-Derived Peptides." (2002).

Weistroffer, P., Guthmiller, J. M., Conference, State, Iowa Section of AADR, Presenter, Poster, "Radial Diffusion Assay: A Technique Assessing Antimicrobial Activity of Mammalian Cathelicidins." (2001).

Weistroffer, P., Guthmiller, J. M., Conference, Regional, Midwest Student Research Meeting, Presenter, Poster, "Radial Diffusion Assay: A Technique Assessing Antimicrobial Activity of Mammalian Cathelicidins." (2001).

Weistroffer, P., Guthmiller, J. M., ADA/DENTSPLY Student Program, National, National Table Clinic Competition at ADA Meeting, Presenter, "Susceptibility of Oral Bacteria to Mammalian Cathelicidins." (2001).

Weistroffer, P., Guthmiller, J. M., Conference, State, Iowa Section of AADR, Presenter, Poster, "Susceptibility of oral bacteria and yeast to mammalian cathelicidins." (2000).

Weistroffer, P., Guthmiller, J. M., Conference, Regional, Midwest Student Research Meeting, Presenter, Poster, "Susceptibility of oral bacteria and yeast to mammalian cathelicidins." (2000).

XIV. Student Mentoring:

1. Graduate Theses Directed

2. Other Graduate Committee Service

<u>Degree</u>	<u>Years</u>	<u>Candidate</u>	<u>Title</u>
MS	2008 - 2011	Borgwardt, Derek	Histatin 5 Attenuates IL-8 Dendritic Cell Response to P. gingivalis Hemagglutinin B
MS	2007 - 2010	Carlisle, Matthew	Degradation of Human a and B-

3. Predocctoral Student Research Mentorship

XV. Teaching Activities (Include the most recent first; provide narrative describing responsibility in each course)

<u>Year</u>	<u>Term</u>	<u>Course Title and No.</u>	<u>Role</u>	<u>No. Registered</u>
2011 - Present	Fall	Periodontic Methods II 092:141	Lecturer	41-80
2011 - Present	Fall	Topics in Family Dentistry - Periodontics 114:194	Course Director, Lecturer	41-80
2009 - Present	Spr	Periodontal Literature Review IV: Implants 092:228	Course Director, Seminar Leader	1-10
2008 - Present	Fall	Graduate Periodontal Clinic 092:C40	Clinical Instructor	1-10
2008 - Present	Spr	Experiential Learning II - Periodontal Tutorials 112:119	Presenter	41-80
2007 - Present	Fall	Periodontic Methods I 092:140	Lecturer	41-80
2007 - Present	Fall	Periodontics (D3 Clinic) 092:160	Clinical Instructor	31-40
2007 - Present	Fall	Periodontology (D3 Seminar) 092:165	Lecturer	41-80
2007 - Present	Fall	Advanced Periodontology 092:C01	Seminar Leader	1-10
2007 - Present	Fall	Case Management Seminar 092:C02	Lecturer, Seminar Leader	1-10
2007 - Present	Fall	Recent Advances in Periodontics 092:C08	Course Director, Seminar Leader	1-10
2007 - Present	Fall	Experiential Learning II - Perio PBL 112:119	Facilitator, Lecturer	41-80
2007 - Present	Fall	D4 Family Dentistry Clinic - Periodontics 114:188	Clinic Director, Clinical Instructor	41-80
2010 - 2011	Fall	Periodontic Methods I 092:140	Course Director	41-80
2011	Fall	Advanced Didactic Pediatric Dentistry 090:225	Lecturer	1-10

2011	Spr	Operative Graduate Seminar 82:227(28)	Lecturer	1-10
2007 - 2010	Fall	Periodontic Methods II 092:141:	Course Director	41-80
2007 - 2009	Fall	Experiential Learning III 112:115	Seminar Leader	41-80
2007 - 2009	Fall	Experiential Learning IV 114:195	Clinical Instructor, Presenter	11-20
2009	Spr	Advanced Didactic Pediatric Dentistry 090:225	Lecturer	1-10
2007	Fall	Clinical Issues and Prosthodontic Treatment Planning 084:251	Seminar Leader	11-20

XVI. Continuing Education

<u>Course Title</u>	<u>Role</u>	<u>Location</u>	<u>Sponsor</u>	<u>Date</u>
Revisiting the Basics of Periodontal Therapy	Presenter	Fort Dodge, IA	Fort Dodge District Dental Society	September 23, 2013
Interprofessional Education – What is it and Why?	Presenter	Coralville, IA	Faculty Retreat	September 10, 2013
Clinical Teaching Tips from the Institute for Teaching and Learning	Presenter	College of Dentistry	Curriculum Committee	June 7, 2012
How to Decide whether or not to Extract	Presenter	Davenport, IA	Iowa-Illinois Study Group	October 3, 2011
How to Decide whether or not to Extract	Presenter	Burlington, IA	Burlington Study Club	September 13, 2011
Soft Tissue Coverage of Non-Intact Root Surfaces	Presenter	West Des Moines	GV Black Study Club	April 4, 2011
Extractions – Clinical Decision-Making	Presenter	West Des Moines	GV Black Study Club	April 4, 2011
To Extract or Not To Extract	Presenter	Chicago, IL	Midwest Society of Periodontology, Lunch & Learn	February 26, 2011
To Extract or Not to Extract	Presenter	Holiday Inn, Coralville, IA	College of Dentistry	June 11, 2010

Nitrous Oxide Certification Course	Clinical Instructor	College of Dentistry	College of Dentistry	April 18, 2009
Soft Tissue Esthetics - Framing Your Work	Presenter	Coralville, IA	Johnson County Dental Society	February 9, 2009
Lunch & Learn in Periodontics	Presenter	Riverside, IA	Riverside Family Dentistry	September 10, 2008
Lunch & Learn in Periodontics	Presenter	Tipton, IA	Cedar Ridge Dental	January 25, 2008

Course title: Periodontal-prosthetic treatment planning in the esthetic zone

Adrienne Gunstream, DDS, MS

Diplomate, American Board of Periodontology

The objective of the lecture is to use case examples to demonstrate the following:

- Principles related to gingival esthetics and anterior crown lengthening
- Predicting papilla fill in the maxillary anterior
- Treatment planning strategies for replacing missing anterior teeth
- Designing prostheses to achieve esthetic goals
- Strategies for managing single unit anterior implant sites

Curriculum Vitae

Biographical Information:

Name: Adrienne S. Gunstream
Address: Eastern Iowa Periodontics, PC
2441 Coral Ct., Ste 5
Coralville, IA 52241

Phone: (319) 645-0018 office
(319) 645-0020 fax
Email: easterniaperio@gmail.com

Education:

University of California, San Francisco
Certificate in Periodontology, 2007
MS, Oral and Craniofacial Sciences, 2007

University of the Pacific School of Dentistry, San Francisco, CA
DDS, 2004 *High Honors*

Northwestern University, Evanston, IL
BS, Biomedical Engineering, 2001

Certifications:

Iowa Dental License 4/2009 to present

Diplomate, American Board of Periodontology
Awarded May 2008

California Dental License 6/2004 to present

Western Regional Examining Board
Successful completion of exam 5/2004

American Heart Association Healthcare Provider Basic Life Support

Work Experience:

Owner, Periodontist, Eastern Iowa Periodontics, PC, Coralville and Muscatine, IA
(10/2009-present)

- Comprehensive periodontal treatment
- Dental implant placement

Adjunct Assistant Professor, Department of Periodontics, University of Iowa College of Dentistry (December 2009-present)

- Clinical instruction of 3rd year dental students in the periodontal clinic

Periodontist, Forest Periodontics, Office of Dr. Christine Hayashi, DDS, MS (11/2007 to 4/2009)

- Comprehensive periodontal treatment
- Dental implant placement
- Continuing education presentations for dental colleagues

Clinical Assistant Professor, University of the Pacific, Dugoni School of Dentistry, Department of Periodontics (8/2007 through 3/2009)

- Treatment planning and non-surgical instruction in main dental clinic
- Surgical instruction in periodontal surgery clinic
- Leading treatment planning seminars with dental students

Periodontist, Office of Dr. Mauricio Ronderos, DDS, MS, MPH (9/2007 to 10/2008)

- Comprehensive periodontal treatment
- Dental implant placement

General Dentist, Office of Dr. Michal Staninec (2/2005 to 6/2007)

- Dental and periodontal exams
- Dental prophylaxis and periodontal maintenance therapy
- Emergency treatment
- Non-surgical periodontal treatment

General Dentist, Dental Fill-ins Temporary Dental Placement Service (8/2004 to 2/2005)

- General dentistry
- Dental prophylaxis
- Emergency treatment

Periodontal Training and Experience:

- Surgical and non-surgical treatment of periodontal disease
- Non-surgical treatment with Perioscope
- Periodontal plastic surgery
- Implant site development including completion of the Zimmer Puros block graft course
- Implant placement including Nobel Biocare, Straumann, 3i, and Bicon implant systems
- Clinical teaching of pre-doctoral students
- Anesthesia training including experience in general anesthesia, IV conscious sedation, and oral sedation
- Diagnosis and treatment of oral pathology at UCSF Oral Medicine Clinic
- Hospital training at San Francisco VA Hospital

Research Experience:

University of California, San Francisco (5/2005 to 6/2007)

- Examining the use of low amperage current for elimination of biofilms in dental unit waterlines

University of California, San Francisco (1/2006 to 11/2006)

- Therapist, FDA clinical trial
- Provide non-surgical periodontal treatment and apply local antibiotics to study subjects over the duration of nine months

University of the Pacific (8/2002 to 6/2004)

- Measured the effect of occlusal guidance on masticatory muscles and related jaw movements with laser doppler vibrometer

University of the Pacific (8/2002 to 6/2003)

- Designed and built a system for the quantitative analysis of surface roughness
- Presented at Pacific Research Day, June 2003

Northwestern University (1/2001 to 6/2001)

- Designed and built a prototype of Water BUGS; an apparatus that utilizes ultraviolet light to reduce the number of microorganisms in dental water lines
- Presented at Northwestern University, March 2001

Northwestern University and The Rehabilitation Institute of Chicago (4/1999 to 9/1999)

- Developed an apparatus for stabilizing and testing human subjects to analyze the effect of prosthetic limb attachment on range of arm motion in trans-humeral amputees

Honors:

Western Society of Periodontology Student Award, 4/2007

Omicron Kappa Upsilon Honor Fraternity, inducted 6/2004

Student Award of the American Academy of Periodontology, 6/2004

Tau Kappa Omega Honor Fraternity, inducted 6/2003

University of the Pacific Anatomical Sciences Award, 2002

Professional Organizations:

American Dental Association

American Academy of Periodontology

Iowa Dental Association

University District Dental Society

Johnson County Dental Society (President-elect for 7/2014-7/2015, Secretary/Treasurer 7/2013-7/2014, Vice President 7/2012-7/2013)

Iowa Society of Periodontology (President 9/2012-9/2013, Vice President 9/2011-9/2012)

Activities:

Delta Sigma Delta Dental Fraternity, 2001 to present

University of the Pacific School of Dentistry Alumni Association, 2004 to present

Derek Borgwardt

Prevention, Recognition and Treatment of Peri-Implant Disease

This course will discuss the recognition and diagnosis of peri-implant mucositis and peri-implantitis. Strategies for prevention of peri-implant disease will be discussed from both a surgical and restorative point of view including: a discussion on proper implant positioning, techniques to avoid cement-related complications, and restorative options for ideal implant restorations. The program will also discuss proper implant cleaning and maintenance, as well as strategies for treatment of peri-implantitis.

Derek Borgwardt, DDS, MS

Dr. Derek Borgwardt is a board-certified periodontist at Periodontal Associates, Iowa City, Iowa. Prior to entering private practice, he attended the University of Iowa, College of Dentistry, where he received his DDS in 2008, followed by his specialty certificate in periodontics and a master's in oral science. He currently also serves as a visiting, adjunct faculty in the graduate clinics, Department of Periodontics, at the University of Iowa. Dr. Borgwardt is a member of multiple local and national professional organizations including the American Academy of Periodontology, the American Dental Association, and the American Dental Society of Anesthesiology. He serves as a Diplomate of the American Board of Periodontology, Vice-president of the University District of the Iowa Dental Association, and President-elect of the Iowa Society of Periodontology. Dr. Borgwardt has also been recognized for both his clinical and research achievements, being the recipient of the Max Smith award for dental research and the C. Mahlon Fraleigh award for scholastic and clinical excellence.

Suzanne Lamendola

From: Cowen, Howard <howard-cowen@uiowa.edu>
Sent: Wednesday, December 04, 2013 2:32 PM
To: Suzanne Lamendola
Cc: Cowen, Howard
Subject: RE: Course Description

Here is the course description:

This program will address the unique and complex challenges the general practitioner faces when treating the Geriatric & Special Needs Patient. These issues will be discussed, complemented with evidence based research, techniques and case histories. Information on preventive and restorative techniques and materials, as well as common medical considerations encountered when treating the medically compromised frail and older adult patient. Dentists, hygienists, and assistants who treat these populations, or wish to in the future, will gain valuable knowledge and insight into the complex world of the "new" Geriatric & Special Needs patient.

At the completion of this presentation, participants should be able to:

- 1) Understand the concept of "medical clearance": including the controversial use of antibiotics and safely managing patients on anticoagulants, steroids and bisphosphonates.
- 2) Identify new preventive and restorative techniques and circumstances in which they are successful in these populations
- 3) Understand new evidence-based restorative concepts and techniques that are useful in these populations

Sorry for the delay,
Howard

Howard Cowen DDS, MS, DABSCD
Director, Geriatric & Special Needs Dentistry
Clinical Professor
319-335-6961

Howard J. Cowen, DDS, MS, DABSCD
Clinical Professor
Department of Preventive & Community Dentistry

Education:

B.A., University of Colorado, 1972

D.D.S., University of Iowa, 1976

M.S., Public Health Dentistry, University of Iowa, 1996

Boards:

Fellow, American Society of Geriatric Dentistry

Diplomate, American Board of Special Care Dentistry

Brief Professional Resume:

Dr. Cowen spent 4 years in the U S Navy and then 3 years in private practice in Seattle, WA. He joined the University of Iowa College of Dentistry in 1982. He has been Director, of the Geriatric & Special Needs Program and the Geriatric Mobile Dental Unit in the Department of Preventive & Community Dentistry for over 25 years. He is presently the Director of the Geriatric & Special Needs Program and Director, Geriatric Graduate Certificate Program, as well as Director of Geriatric & Special Needs Dentistry.

Teaching Responsibilities:

Dr. Cowen participates in predoctoral clinical and didactic teaching in the Special Care Clinic, the Geriatric Mobile Dental Unit and graduate clinical and didactic courses in Geriatric & Special Needs.

Research Activities:

Dr. Cowen's research interests include epidemiology of oral diseases in the elderly, etiology of tooth loss, osteoporosis and fluoride intake, and the oral health of nursing home residents.

National or International Professional Appointments or Activities:

Dr. Cowen is a member of the American Association of Public Health Dentistry, the International Association of Dental Research, the Iowa Public Health Association, the American Society for Geriatric Dentistry, and the American Dental Association. He is also a board member of the Delta Dental of Iowa Foundation.

Honors and Awards

Delegate, White House Conference on Aging

Diplomate, Special Care Dentistry

Educator of the Year, Iowa Dental Alumni Association

Fellow, American Society for Geriatric Dentistry

ADA, Geriatric Oral Health Care Award

Collegiate Teaching Award

The Affordable Care Act and the Implications for Dentistry

Dr. Damiano will provide information about the Affordable Care Act (ACA or Obamacare), what led to its establishment, the impact it is having in Iowa, and the implications for dentistry.

PETER C. DAMIANO

Peter Damiano is the director of the University of Iowa Public Policy Center and is a Professor in the Department of Preventive & Community Dentistry. He is a health services researcher studying access to and quality of primary care services, including dental care. He is conducting funded studies in the areas of health care reform, maternal and child health, health disparities and health care for underserved populations. He is the author of over 100 journal articles and research monographs and has been principal investigator on over 50 funded research studies. He staffed the Iowa State Health Care Reform Commission in the past and often provides research information to state and federal policymakers. He also provides dental services to patients in the University of Iowa's Faculty Group Practice. He will be talking about the Accountable Care Act, and the implications for oral health and the dental delivery system.

This program will present the fundamentals of infection control and provide suggestions for implementing better infection control programs in the dental office. Recent changes in the CDC's Recommended Infection Control Practices for Dentistry will be incorporated into the discussion. Specific topics that will be covered include standard precautions, use of personal protective equipment, hand hygiene, latex sensitivities and allergy, operatory preparation, instrument processing and sterilization, and management of sharps. Infectious diseases that could be transmitted during dental care will also be discussed.

Upon completion of the program, participants should be able to:

- implement an effective infection control program for their dental office
- explain the concept of standard precautions
- effectively utilize personal protective equipment
- practice safe and effective hand hygiene
- explain the signs, symptoms, diagnosis, and management of contact dermatitis and latex hypersensitivity in the dental office
- safely and effectively disinfect environmental surfaces

- safely and effectively reprocess contaminated dental instruments
- utilize techniques and devices with features designed to prevent sharps injury
- explain issues involved with dental water quality, including dental unit waterline biofilms and delivery of water of acceptable biological quality
- identify the infectious diseases that may be transmitted during dental care and take the appropriate precautions to decrease the risk of transmission

Carrie McKnight, DDS

Carrie McKnight, D.D.S., completed a General Practice Residency at the University of Iowa Hospitals and Clinics after graduation and then served as a staff dentist at Broadlawns Hospital, Des Moines, from 1999-2001. From 2001-2005, she became clinical assistant professor and General Practice Residency director in the Hospital Dentistry division of UI Hospitals and Clinics. Dr. McKnight is now clinical assistant professor in the College of Dentistry's Department of Oral Pathology, Radiology, and Medicine. She maintains a private practice within the College of Dentistry.

Sherry R. Timmons, DDS

Sherry R. Timmons, D.D.S., became a faculty member in the Department of Oral Pathology, Radiology and Medicine (OPRM) in 2002. Dr. Timmons teaches third-year dental students in the Oral Diagnosis Clinic; treats general dentistry and oral medicine/head and neck pain patients within the faculty practice; and is the Director of Graduate Education Programs for OPRM. She is also the director of the Sterilization Monitoring Program at The University of Iowa College of Dentistry.

Suzanne Lamendola

From: Ruprecht, Axel <axel-ruprecht@uiowa.edu>
Sent: Tuesday, December 03, 2013 4:46 PM
To: Suzanne Lamendola
Subject: RE: Course Description

I hope that the following is what you need.

Occlusal Techniques

Although amongst the easiest although amongst the easiest intraoral images to make occlusal radiographs are underutilized and often have a reputation for being difficult to make. This lecture will show of the seven standardized occlusal radiographs of the maxilla and mandible are made. At the end of the lecture the attendee should have a basic understanding of how occlusal radiographs are made.

Vision and perception

When we look at radiographs we use a combination of the physiology of site and the psychology of perception. This lecture will introduce the attendee to the difference between vision and perception and how the influence but we think we are seeing. It will also show how we bring knowledge that we have gained elsewhere to interpreting what it is we are looking at. At the end of the lecture the attendee should have a greater appreciation of the various factors involved in looking at and interpreting images

Rgds
Axel

Axel Ruprecht D.D.S., M.Sc.D., F.R.C.D.(C)
Diplomate, American Board of Oral and Maxillofacial Radiology
Gilbert E. Lilly Professor of Diagnostic Sciences
Professor and Director of Oral and Maxillofacial Radiology
Director of Advanced Education in Oral and Maxillofacial Radiology
Professor of Radiology
Professor of Anatomy and Cell Biology
The University of Iowa
<http://www.omfimaging.com>
319-335-7341
Mail: Dr. A. Ruprecht
The University of Iowa - DSB
Iowa City IA 52242-1001

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Please consider the environment before printing this e-mail!

The only man ever to get all his work done by Friday was Robinson Crusoe.

From: Suzanne Lamendola [mailto:Suzanne.Lamendola@iowadental.org]
Sent: Tuesday, December 03, 2013 3:33 PM

Axel Ruprecht is Gilbert E. Lilly Professor of Diagnostic Sciences, and is Professor of OM Radiology, of Radiology, and of Anatomy and Cell Biology at The University of Iowa. He has taught at the Universities of Western Ontario and Saskatchewan in Canada, King Saud University in Saudi Arabia, and the University of Marburg, in Germany. His DDS and MScD are from the University of Toronto. He is a Fellow of the Royal College of Dentists of Canada in OM Radiology and a Diplomate of the American Board of Oral and Maxillofacial Radiology, as well as a Fellow of the American Academy of Oral and Maxillofacial Radiology, International College of Dentists and American College of Dentists. He is past president of the American Academy of Oral and Maxillofacial Radiology, Canadian Academy of Oral and Maxillofacial Radiology, and American Board of Oral and Maxillofacial Radiology, and belongs to the Radiological Society of North America, American Society of Head and Neck Radiology, Iowa Radiological Society, American College of Radiology, Midwest Head and Neck Club, and International Association of Dento Maxillo Facial Radiology. Axel is also in private practice at OM Radiology Consultants, dealing mainly, but not exclusively, with CBCT referrals, and at the University Iowa Hospitals & Clinics in the Department of Radiology. Axel is an instrument-rated private pilot (single engine land and sea), scuba diver, traction Steam Engineer and family genealogist.

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

RECEIVED

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

JAN 08 2014

IOWA DENTAL BOARD

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

Name of organization or person requesting approval: [Iowa Dental Hygienists' Association](#)

Address: [Lea Snedden RDH, BS IDHA Continuing Education Chair](#)
[1702 Palisades Road SW, Mount Vernon, IA 52314](#)

Phone: [319-895-0505](#) Fax: _____ E-mail: dlsnedden@msn.com

Type of organization (attach bylaws if applicable):

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

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

Course Title: [Women's Aging Complexities ~ The 2014 Oral Health Connection](#)

Course Subject:

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

Course date: Friday, October 24, 2014

Hours of instruction: 6 hours

Provide the name(s) and briefly state the qualifications of the speaker(s): Pam Hughes, RDH, MS is a recognized speaker throughout the United States on advances in therapeutic oral care products, women's aging complexities, oral risk assessment and improving patient care with evidence-based decision making. She is a past President of the California Dental Hygiene Educators' Association and the California Dental Hygienists' Association.

Pam remains clinically active in a general practice with 34 years of experience and holds a faculty position at the Ostrow School of Dentistry of University of Southern California in the Division of Periodontology, Diagnostic Sciences, Dental Hygiene and in the Master of Science Dental Hygiene Graduate Program. She has authored several articles on topics related to women's aging and their compromised health concerns along with effective home care strategies in treating gingival disease.

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

Women's Aging Complexities ~ The 2014 Oral Health Connection

As the numbers of aging women increase worldwide, dental professionals face significant challenges and opportunities. Recognizing gender specific health concerns impacting the overall well-being of patients has become increasingly important. A number of health conditions are more prevalent, may cause different symptoms and affect women differently than men. Oftentimes, women are at greater risk for specific medical conditions and are simply unaware. Knowledge of a condition's symptoms, risk factors and preventive approaches can assist the dental professional in being more informed. From preventive care to treatment strategies, options, medications and resources, we as dental professionals become challenged to stay informed as medical needs continually change during the aging years.

Women's medical concerns such as cardiovascular disease, diabetes and osteoporosis will be addressed along with their surprisingly strong influence on the oral cavity. With oral health being an integral part of general health, oral problems indigenous to women will be discussed. The impact from medications and the oral manifestations they create greatly determine how dental products should be utilized and tailored to meet specific needs. This presentation will detail the current research linking systemic disease with gingival and periodontal inflammation. Treatment protocols and home care recommendations designed to assist in achieving optimal oral health will be outlined. As research unfolds additional oral discoveries and causal relationships in systemic diseases, discussion will surround the latest evidence-based technology impacting oral health and whole body wellness.

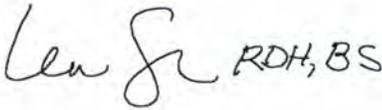
This program will additionally provide dental professionals a detailed overview of osteoporosis and its treatments. With the issue of osteonecrosis of the jaw being prominent in the media, understanding the risk benefit ratio of treating osteoporosis with oral bisphosphonates is important for all dental professionals. In osteoporotic patients, long term treatment is essential for bone health and prevention of fracture. Routine dental care is important and should be part of the osteoporosis treatment regimen. Education will help dental professionals balance dental health needs with bone health concerns.

Name of person completing application: **Lea Snedden RDH, BS**

Title: **IDHA Continuing Education Chair** Phone Number: **319-721-3309**

Fax Number: _____ E-mail: **dlsnedden@msn.com**

Address: **1702 Palisades Road SW, Mount Vernon, IA 52314**

Signature:  **RDH, BS**

Date: **January 6, 2014**

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

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

JAN 10 2014

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: Oral Surgeons PC Implant Institute
Address: 7400 Fleur Dr. Suite 200 DM IA 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): 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: Dental Implants

5. Course Subject:

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

6. Course date: Feb. 22, 2014 Hours of instruction: 3-hrs

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

Dr John A. Frank, DDS

Dr Scott A. Johnson, DDS, M.D

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

9. Name of person completing application: Ronda Ceynar, CDA, RDA

Title: Professional Relations Coordinator Phone Number: 515) 274-0796

Fax Number: 515) 274-1472 E-mail: rceynara@oralsurgeonpc.com

Address: 3940 Ingersoll Ave DM Ia 50312

Signature: Ronda Ceynar CDA Date: 1-7-14

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**

Dr. Scott Johnson was born and raised in Des Moines, Iowa.

He completed his dental studies at the University of Iowa College of Dentistry, where he received both the Dean's Leadership Award and the College of Dentistry Research Achievement Award. He graduated with his Doctor of Dental Surgery degree in 1999, receiving the Outstanding Achievement Award from the Iowa Section of the American College of Dentists.

Dr. Johnson continued his education at the University of Pittsburgh. Through the integrated D.D.S./M.D. program, he attended the University of Pittsburgh School of Medicine, earned his medical degree, and completed a post-graduate General Surgery Internship. He went on to complete his residency in Oral and Maxillofacial Surgery through the University of Pittsburgh Medical Center, training at UPMC Presbyterian Hospital, Montefiore Hospital, Children's Hospital of Pittsburgh, Jefferson Regional Medical Center, and Veterans Affairs Medical Center Oakland. While in residency, Dr. Johnson was given both the prestigious 2003 Straumann Oral and Maxillofacial Surgery Resident Research Award and the 2003 Synthes Maxillofacial Scientific Award for his research in the use of polymers in reconstructive surgery. Dr. Johnson's current interests include dental alveolar surgery, anesthesia, oral reconstruction, dental implant therapy, and 3-D imaging for computer aided surgical planning.

Dr. Johnson is board certified by the American Board of Oral and Maxillofacial Surgery. Dr. Johnson is also actively licensed by both the Iowa State Dental Board and the Iowa State Medical Board.

Active in several professional organizations, Dr. Johnson is a member of the American Medical Association, the [American Association of Oral and Maxillofacial Surgeons](#), the Iowa Society of Oral and Maxillofacial Surgeons, the American Dental Association, the Iowa Dental Association, and the International Team for Implantology.



ORAL SURGEONS, PC IMPLANT INSTITUTE

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515-287-7279 fax
800-547-6677
www.oralurgeonspc.com

Dental Implants:

Who is a Good Candidate?

What Should I Tell My Patients?

Where Can Implants Be Placed?

How Do We Maintain the Implants?

Timeline of Treatment.

Presenting: Dr. Scott Johnson, DDS, MD and Dr. John Frank, DDS

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

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

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

1. Name of organization or person requesting approval: Delta Dental of Minnesota
Address: 500 Washington Ave. South; Ste 2060; Mpls, MN 55415
Phone: 612.224.3256 Fax: ———— E-mail: mcanderson@deltadentalmn.org

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

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

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

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

4. Course Title: Contemporary Patient Management Challenges
in Dental Practice.

5. Course Subject:

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

6. Course date: Fri, Feb 14, 2014 Hours of instruction: 6.00

7. Provide the name(s) and briefly state the qualifications of the speaker(s): Dr. Leon Assall, DMD, is the Dean of the School of Dentistry and Professor of the Division of Oral and Maxillofacial Surgery. He earned his degrees at Columbia, Harvard and Kentucky College School of Business. Dr. Assall also was awarded the "America's Promise Award" by then President George W Bush in 2001.

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

9. Name of person completing application: Mallory C. Anderson

Title: Sec. Asst. to the Board Phone Number: 612.224.3256

Fax Number: — E-mail: mcanderson@deltadentalmn.org

Address: 500 Washington Ave. South, Ste 2060; Mpls, MN 55415

Signature: Mallory C. Anderson Date: 1.3.14

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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**

*Dear Ms. Daniels,
Thank you for your help.
May I pay via credit
card somehow? Please
let me know - Thank you!
Mallory C. Anderson*

REGISTRATION DETAILS

Visit www.deltadentalmn.org/dentalprofessionals for registration, payment and event details

Fees:

- \$50 per person for participating providers
- \$50 per person for staff
- \$125 per person for non-participating providers

Please register and submit payment by Feb 7, 2014.

Contact:

To request a hard copy of the registration form, or to cancel your registration, contact Mallory Anderson at mcanderson@deltadentalmn.org. Cancellations must be made before 2/7/2014 for a full refund. Substitutions welcome in lieu of cancellations. Cancellations must be made in writing.

Hotel Reservations:

The rate of \$139 plus applicable tax is available through the Minneapolis Airport Marriott Hotel, 2020 American Blvd. East, Bloomington, Minnesota 55425 between 2/13/14 through 2/15/14. Reservations must be made on or before 1/23/14 by calling 1-800-228-9290 (1-800-MARRIOTT). The group name is "Delta Dental Forum."



DELTA DENTAL OF MINNESOTA

DELTA DENTAL OF MINNESOTA

forum



Contemporary Patient Management Challenges in Dental Practice

An oral surgeon's view for the general dentist

Presenter: Leon A. Assael, DMD
Friday, February 14, 2014

7:30am – 4:30pm
Minneapolis Airport Marriott
2020 American Blvd. East,
Bloomington, MN



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DELTA DENTAL OF MINNESOTA

P.O. Box 9304
Minneapolis, MN 55440-9304

PRESENTER

Leon A. Assael, DMD



Leon A. Assael AB, DMD, FACD, FICD is Dean of the School of Dentistry and Professor of the Division of Oral and Maxillofacial Surgery at the University of Minnesota in Minneapolis, Minnesota.

Assael is a graduate of Columbia University and earned his Doctor of Dental Medicine from Harvard University, School of Dental

Medicine, as well as a Certificate in Medical Management from the University of Kentucky Gatton School of Business. He completed his residency in oral and maxillofacial surgery at Vanderbilt University. Assael served as Dean to the College of Dentistry, University of Kentucky until 2003, when he was appointed professor and chairman of Oral and Maxillofacial Surgery at the School of Dentistry at Oregon Health & Science University.

Dr. Assael is the past editor-in-chief of the Journal of Oral and Maxillofacial Surgery, the past chairman of the Council on Dental Education, Licensure of the American Dental Association, and a diplomat to the American Board of Oral and Maxillofacial Surgery. He is the recipient of several national and international awards including The Donald Osbon award for outstanding educator, the William F. Harrigan award, and the Kurt Thoma award.

In 2001, President George W. Bush awarded Assael the America's Promise Award for advancements in oral health in Appalachia achieved by the University of Kentucky faculty. In 2010, the American Association of Oral and Maxillofacial Surgeons awarded Assael the Board of Trustees special recognition award. Included among the professional societies on which he serves are the American Dental Association and the Hispanic Dental Association. Assael's primary clinical interest is in the area of facial injuries, facial pain and maxillofacial nerve injuries, and he is a nationally known lecturer on a variety of issues.

AGENDA

Friday, February 14, 2014

8:30-10:00am

Local Anesthesia Update

- Why do we have a selection of local anesthetics?
- What are indications and contraindications for use?
- What are risks of nerve injury and other complications of local anesthetic selection?

10:00-10:15am

Break

10:15-10:45am

Osteoporosis and Oral Health

- What effects does osteoporosis have on oral health?
- What are the effects of osteoporosis management on oral health?
- How is dental treatment altered when there is a risk of osteonecrosis due to use of anti-osteoclastic drugs?

10:45-12:00noon

Bleeding Disorders

- What should every dentist know about bleeding disorders in patients having dental care?
- How is risk of bleeding assessed in contemporary dental practice?
- What local hemostatic measures are best matched to which bleeding disorders?

12:00-1:00pm

Lunch

1:00-2:15pm

Cardiac, Pulmonary, and Vascular Problems

- Does your patient's physician understand assessing common medical comorbidities for dental care?
- How should you perform cardiac, pulmonary and vascular risk assessment in your dental practice?
- Hypertension, atherosclerosis, stroke, obstructive pulmonary disease, peripheral vascular disease: How much must you know?

2:15-2:30pm

Break

2:30-4:00pm

Sleep Apnea

- How and why patients with sleep apnea need a dentist to be involved in their diagnosis and treatment
- Diagnosis, appliances, surgery and CPAP, dental implications

4:00pm

Q&A



REGISTRATION DETAILS

Visit www.deltadentalmn.org/dentalprofessionals for registration, payment and event details

Fees:

- \$50 per person for participating providers
- \$50 per person for staff
- \$125 per person for non-participating providers

Please register and submit payment by Feb 7, 2014.

Contact:

To request a hard copy of the registration form, or to cancel your registration, contact Mallory Anderson at mcanderson@deltadentalmn.org. Cancellations must be made before 2/7/2014 for a full refund. Substitutions welcome in lieu of cancellations. Cancellations must be made in writing.

Hotel Reservations:

The rate of \$139 plus applicable tax is available through the Minneapolis Airport Marriott Hotel, 2020 American Blvd. East, Bloomington, Minnesota 55425 between 2/13/14 through 2/15/14. Reservations must be made on or before 1/23/14 by calling 1-800-228-9290 (1-800-MARRIOTT). The group name is "Delta Dental Forum."



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forum



Contemporary Patient Management Challenges in Dental Practice

An oral surgeon's view for the general dentist

Presenter: Leon A. Assael, DMD
Friday, February 14, 2014
7:30am – 4:30pm
Minneapolis Airport Marriott
2020 American Blvd. East,
Bloomington, MN

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PRESENTER

Leon A. Assael, DMD



Leon A. Assael AB, DMD, FACD, FICD is Dean of the School of Dentistry and Professor of the Division of Oral and Maxillofacial Surgery at the University of Minnesota in Minneapolis, Minnesota.

Assael is a graduate of Columbia University and earned his Doctor of Dental Medicine from Harvard University, School of Dental

Medicine, as well as a Certificate in Medical Management from the University of Kentucky Gatton School of Business. He completed his residency in oral and maxillofacial surgery at Vanderbilt University. Assael served as Dean to the College of Dentistry, University of Kentucky until 2003, when he was appointed professor and chairman of Oral and Maxillofacial Surgery at the School of Dentistry at Oregon Health & Science University.

Dr. Assael is the past editor-in-chief of the Journal of Oral and Maxillofacial Surgery, the past chairman of the Council on Dental Education, Licensure of the American Dental Association, and a diplomat to the American Board of Oral and Maxillofacial Surgery. He is the recipient of several national and international awards including The Donald Osbon award for outstanding educator, the William F. Harrigan award, and the Kurt Thoma award.

In 2001, President George W. Bush awarded Assael the America's Promise Award for advancements in oral health in Appalachia achieved by the University of Kentucky faculty. In 2010, the American Association of Oral and Maxillofacial Surgeons awarded Assael the Board of Trustees special recognition award. Included among the professional societies on which he serves are the American Dental Association and the Hispanic Dental Association. Assael's primary clinical interest is in the area of facial injuries, facial pain and maxillofacial nerve injuries, and he is a nationally known lecturer on a variety of issues.

AGENDA

Friday, February 14, 2014

8:30-10:00am Local Anesthesia Update

- Why do we have a selection of local anesthetics?
- What are indications and contraindications for use?
- What are risks of nerve injury and other complications of local anesthetic selection?

10:00-10:15am Break

10:15-10:45am Osteoporosis and Oral Health

- What effects does osteoporosis have on oral health?
- What are the effects of osteoporosis management on oral health?
- How is dental treatment altered when there is a risk of osteonecrosis due to use of anti-osteoclastic drugs?

10:45-12:00noon Bleeding Disorders

- What should every dentist know about bleeding disorders in patients having dental care?
- How is risk of bleeding assessed in contemporary dental practice?
- What local hemostatic measures are best matched to which bleeding disorders?

12:00-1:00pm Lunch

1:00-2:15pm Cardiac, Pulmonary, and Vascular Problems

- Does your patient's physician understand assessing common medical comorbidities for dental care?
- How should you perform cardiac, pulmonary and vascular risk assessment in your dental practice?
- Hypertension, atherosclerosis, stroke, obstructive pulmonary disease, peripheral vascular disease: How much must you know?

2:15-2:30pm Break

2:30-4:00pm Sleep Apnea

- How and why patients with sleep apnea need a dentist to be involved in their diagnosis and treatment
- Diagnosis, appliances, surgery and CPAP, dental implications

4:00pm Q&A



Revised 08/19/13

CURRICULUM VITAE LEON ALLEN ASSAEL

OFFICE ADDRESS:

School of Dentistry
University of Minnesota
15-209 Moos Health Sciences Tower
515 Delaware St. S.E.
Minneapolis, MN 55455

Tel: 612 624 2424
Cell: 503 502 0029
Fax: 612 626 2654
Email: assael@umn.edu

HOME ADDRESS:

100 Third Avenue, #2905
Minneapolis, MN 55401

EDUCATION:

University of Kentucky Gatton School of Business 60 credit hours towards M.B.A.	1998-2003
University of Kentucky Gatton School of Business Certificate In Medical Management (CMM)	1998-1999
Vanderbilt University Residency in Oral & Maxillofacial Surgery (Including Vanderbilt University Hospital, Nashville General Hospital, Nashville Veterans Administration Hospital)	1975-1978
Harvard University School of Dental Medicine, D.M.D.	1971-1975
Columbia University Columbia College, B.A. (Government)	1967-1971

CURRENT POSITION:

Dean, School of Dentistry Professor, Oral and Maxillofacial Surgery University of Minnesota	August 1, 2012
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PREVIOUS POSITIONS:

Program Director Residency in Oral and Maxillofacial Surgery Oregon Health & Science University	2005-2012
Professor and Chair Oral and Maxillofacial Surgery School of Dentistry Oregon Health & Science University	2003-2012
Medical Director Hospital Dental Services Oregon Health & Science University	2003-2012
Professor, Department of Surgery School of Medicine Oregon Health & Science University	2003-2012
Dean College of Dentistry University of Kentucky	1997-2003
Professor Division of Oral and Maxillofacial Surgery Department of Oral Health Science, College of Dentistry University of Kentucky	1997-2003
Professor Department of Surgery, College of Medicine, University of Kentucky	1997-2003
Professor Graduate School University of Kentucky	

LICENSURE:

Current:

Minnesota #S51

Past/Inactive:

Oregon #D8246
Oral and Maxillofacial Surgery/Anesthesia Class IV

Kentucky, 1977 #7340
Oral and Maxillofacial Surgery

New York
State, 1977 #032629

Connecticut, #7560
1989 Oral and Maxillofacial Surgery
Wisconsin #2472
Illinois #19-A16234

SPECIALTY BOARD:

Diplomat 1980
American Board of Oral and Maxillofacial Surgery

CURRENT ACADEMIC APPOINTMENTS:

Affiliate Professor 2013-
Oregon Health Science University
School of Dentistry
Adjunct Professor 2004-
Oral and Maxillofacial Surgery
University of Washington
School of Dentistry
Adjunct Professor 2003-
Oral and Maxillofacial Surgery
University of Kentucky
College of Dentistry

PAST ACADEMIC APPOINTMENTS:

Professor 2003-2012
Oral and Maxillofacial Surgery
Oregon Health & Science University
School of Dentistry
Professor 2003-2012
Surgery
Oregon Health Science University
School of Medicine
Professor 1997-2003
Department of Oral Health Science
Division of Oral and Maxillofacial Surgery
University of Kentucky
College of Dentistry
Professor 1997-2003
Department of Surgery
College of Medicine
University of Kentucky

Professor & Associate Professor Department of Oral and Maxillofacial Surgery School of Medicine University of Connecticut	1994-1998
Adjunct Professor Oral and Maxillofacial Surgery University of Pennsylvania School of Dental Medicine	1994-
Associate Professor Department of Oral and Maxillofacial Surgery School of Dental Medicine University of Connecticut Health Center	1989-1994
Associate Professor Department of Surgery School of Medicine University of Connecticut Health Center	1989-1994
Associate Professor Surgery School of Medicine State University of New York at Stony Brook	1988-1990
Associate Professor Oral & Maxillofacial Surgery School of Dental Medicine State University of New York at Stony Brook	1988-1990
Associate Professor Dentistry, Division of Oral & Maxillofacial Surgery The Mt. Sinai School of Medicine	1987-1989
Adjunct Assistant Professor Oral and Maxillofacial Surgery Columbia University	1982-1989
Assistant Professor Clinical Dentistry Division of Oral & Maxillofacial Surgery The Mt. Sinai School of Medicine	1981-1987
Assistant Clinical Professor Oral and Maxillofacial Surgery Marquette University School of Dentistry	1980-1981
Assistant Professor Oral & Maxillofacial Surgery Department of Surgery Medical College of Wisconsin	1980-1981

Assistant Clinical Professor Oral & Maxillofacial Surgery School of Dental Medicine Southern Illinois University	1978-1980
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PAST ADMINISTRATIVE APPOINTMENTS:

Member Executive Committee Medical Professional Board Oregon Health & Sciences University Hospital	2007-2012
Representative Dentistry University Senate Oregon Health & Science University	2004-2011
Clinical Chief Dentistry Oregon Health & Sciences University Hospital	2003-2012
Department Head Dentistry Oregon Health & Sciences University Hospital and Doernbecher Children's Hospital	2003-2012
Executive Committee Member Medical Board Oregon Health & Sciences University Hospital	2003-2012
Representative Dentistry Medical Board Oregon Health & Sciences University Hospital	2003-2012
Board Member University Physicians Governing Council Chandler Medical Center	1999-2003
Chairman Employee Dental Benefit Program University of Kentucky Dental Care	1998-2003
Division Head Dental Health Enterprise University of Kentucky Medical Center	1997-2003
Trustee Board of Directors Fund for the Advancement of Education and Research University of Kentucky Medical Center	1997-2003
Trustee Health Care Board University of Kentucky Medical Center	1997-2003
Division Head Oral and Maxillofacial Surgery Connecticut Children's Medical Center	1995-1997

Chairman	1994-1997
Department of Oral and Maxillofacial Surgery	
School of Dental Medicine	
University of Connecticut Health Center	
Associate Chief of Staff	1989-1997
John Dempsey Hospital	
University of Connecticut Health Center	
Clinical Chief	1989-1997
John Dempsey Hospital Department of Dentistry	
University of Connecticut Health Center	
Director	1989-1997
Oral & Maxillofacial Surgery Residency Program	
School of Dental Medicine	
University of Connecticut Health Center	
Chief	1989-1990
Division of Oral & Maxillofacial Surgery	
Long Island Jewish Medical Center	
Director	1989-1990
Residency Education	
Long Island Jewish Medical Center	
Director	1981-1988
Residency Program	
Oral & Maxillofacial Surgery	
The Mt. Sinai School of Medicine	
Director	1981-1988
Department of Dental and Oral Surgery	
Mount Sinai Services, City Hospital Center	
Elmhurst, New York	
Director	1981-1988
Residency Program	
Oral & Maxillofacial Surgery	
The Mt. Sinai School of Medicine	
Director	1980-1981
Residency Program	
Oral & Maxillofacial Surgery	
Medical College of Wisconsin, Wood VA Hospital	

HOSPITAL APPOINTMENTS:

Attending Oral & Maxillofacial Surgeon	2003-2012
Dorenbecher Children's Hospital	
Attending Oral & Maxillofacial Surgeon	2003-2012
Oregon Health & Science University Hospital	
Attending Oral & Maxillofacial Surgeon	1999-2003
Lexington Veterans Administration Hospital	

Attending Oral & Maxillofacial Surgeon Chandler Medical Center University of Kentucky Lexington, KY	1997-2003
Attending Oral & Maxillofacial Surgeon Connecticut Children's Medical Center	1995-1997
Attending Oral & Maxillofacial Surgeon New Britain General Hospital	1995-1997
Attending Oral & Maxillofacial Surgeon, St. Francis Hospital Hartford, Connecticut	1992
Attending Oral & Maxillofacial Surgeon Newington Veterans Administration Hospital	1991-1997
Attending Oral & Maxillofacial Surgeon John Dempsey Hospital	1989-1997
Senior Attending Oral & Maxillofacial Surgeon Hartford Hospital	1989-1997
Chief Division of Oral & Maxillofacial Surgery Long Island Jewish Medical Center	1988-1990
Attending Oral & Maxillofacial Surgeon Queens Hospital Center	1988-1990
Attending Oral & Maxillofacial Surgeon University Hospital, Stony Brook	1988-1990
Attending Oral & Maxillofacial Surgeon Department of Dentistry Beth Israel Medical Center	1982-1988
Attending Oral & Maxillofacial Surgeon Department of Dentistry Mt. Sinai Medical Center	1981-1988
Attending Oral & Maxillofacial Surgeon Department of Dentistry Bronx Veterans Administration Hospital	1981-1988
Attending Oral Surgeon Milwaukee County Medical Center Milwaukee, Wisconsin	1980-1981
Attending Oral Surgeon Froedert Memorial Hospital Milwaukee, Wisconsin	1980-1981
Director Oral & Maxillofacial Surgery Wood Veterans Administration Hospital Milwaukee, Wisconsin	1980-1981
Attending Oral Surgeon Alton Memorial Hospital Alton, Illinois	1978-1980

Attending Oral Surgeon St. Joseph's Hospital Alton, Illinois IL	1978-1980
Attending Oral Surgeon St. Anthony's Hospital Alton, Illinois	1978-1980
Attending Oral Surgeon Jerseyville Community Hospital Jerseyville, Illinois	1978-1980

PROFESSIONAL SOCIETIES:

Minnesota Society of Oral and Maxillofacial Surgeons	2013
Minnesota Dental Association	2012
Minneapolis District Dental Society	2012
Multnomah Dental Society	2003
Oregon Dental Association	2003
Council of Science Editors	2001
International College of Dentists	2000
Academy of General Dentistry	1999
Hispanic Dental Association	1998
Blue Grass Dental Society	1997
Kentucky Dental Association	1997
Kentucky Dental Health Coalition	1997
Kentucky Society of Oral and Maxillofacial Surgeons	1997
American College of Dentists	1996
American Association of Dental Editors	1994
Academy of Osseointegration	1992
American Association for Dental Research	1990
American Cleft Palate-Craniofacial Association	1990
International Team for Implantology	1990
Connecticut State Dental Association	1989- 1998
Hartford Dental Society	1989- 1998
Northeast Society of Oral & Maxillofacial Surgeons	1981-1997
Dental Society of the State of New York	1981-1988
New York State Society of Oral & Maxillofacial Surgeons	1981-1988
American Association of Oral and Maxillofacial Surgeons	1978
American Dental Association	1975
American Student Dental Association	
American Dental Education Association	
British Association of Oral and Maxillofacial Surgeons	
Connecticut Society of Oral and Maxillofacial Surgeons	
Friends of the National Institute of Dental and Craniofacial Research	
International Association for Dental Research	
International Association of Oral & Maxillofacial Surgeons	

Kentucky Rural Health Association
 National Academies of Practice
 New York Head and Neck Society
 Oregon Society of Oral and Maxillofacial Surgeons
 Society of Educators in Oral & Maxillofacial Surgery
 Southeastern Society of Oral and Maxillofacial Surgeons
 The Association for the Study of Internal Fixation
 (Arbeits Gemeinschaft Fur Osteosynthesen Fragen)
 Western Society of Oral and Maxillofacial Surgeons

HONORS:

Founding Fellow	May 2013
American Academy of Craniomaxillofacial Surgeons Kurt Thoma Award and Lectureship	June 2005
American and Canadian College of Oral and Maxillofacial Surgeons Halifax, Nova Scotia Class Day Speaker	June 2004
Harvard University School of Dental Medicine First Annual Diversity Commission Award of Excellence President Lee Todd Presiding University of Kentucky	Sept. 29, 2003
Kentucky Colonel Commissioned by Paul Patton, Governor Commonwealth of Kentucky	Aug. 26, 2002
William H. Ware Visiting Professor Department of Oral and Maxillofacial Surgery College of Dentistry University of California San Francisco	Feb. 2002
America's Promise Recognition for Community Projects in Kentucky Promoting a Healthy Start for Children President George W. Bush Presiding The White House	July 9, 2001
Class Representative Silver Anniversary Class Harvard School of Dental Medicine	May 2000
Outstanding Alumnus Silver Anniversary Award, Class of 1975 Harvard School of Dental Medicine	May 2000
Pierre Fauchard Academy Certificate of Merit	March 2000 Feb. 1, 2000
D.L. Williams Presiding The Senate of the Commonwealth of Kentucky Peter Connole Lectureship	2012
Washington Hospital Center	

Recognized Top Reviewer Oral Surgery, Oral Pathology, Oral Medicine, and Oral Radiology (OOOO)	2011
Special Recognition Award Board of Trustees American Association of Oral and Maxillofacial Surgeons	2011
Daniel E. Waite Lectureship University of Minnesota	2010
Donald Osbon Award for Outstanding Educator in Oral and Maxillofacial Surgery American Association of Oral and Maxillofacial Surgeons	2009
Ben Alley Lectureship University of Tennessee-Knoxville	2008
Professional Contribution Award Graduate Medical Education Oregon Health & Science University School of Medicine	2007 & 2011
Laskin Oral and Maxillofacial Surgery Award Indiana University	2006
Sadie Oral and Maxillofacial Surgery Award University of Pacific	2006
Distinguished Lectureship William Harrigan Society New York City	2005
Skagg's Oral and Maxillofacial Surgery Award University of Louisville	2005
International College of Dentists	2001
Society of Executive Leadership in Academic Medicine (SELAM) Award	2001
Guide to America's Top Dentists Consumer Research Council of America	2000
Examining Committee Award American Board of Oral and Maxillofacial Surgery	1998
Distinguished Practitioner National Academies of Practice	1998
Omicron Kappa Upsilon Dental Honor Society	1997
Advisory Committee Award American Board of Oral and Maxillofacial Surgery	1997
Fellow American College of Dentists	1993
Advisory Committee Award American Board of Oral and Maxillofacial Surgery	1989
Outstanding Service Award New York State Society of Oral and Maxillofacial Surgeons	1988
Honors Graduate Harvard School of Dental Medicine	1975
Graduation Class Speaker Harvard Medical School Commencement	1975

Biostatistics Academic Achievement Award	1973
Harvard Medical School	
Merit Scholarship	1971-1975
Harvard School of Dental Medicine	
Frank Randall McCullaugh Scholarship	1971-1975
Harvard University	
New York State Regents Scholarship	1967-1971
National Honor Society	1966

PROFESSIONAL SERVICE POSITIONS HELD:

Co-Chair	2013
Minnesota Nexus Steering Committee	
Secretary	2013-2015
American College of Oral and Maxillofacial Surgeons (ACOMS)	
Board of Trustees	2009-2012
Western Society of Oral and Maxillofacial Surgeons	
Member	2007-2012
Public Information Committee	
Oregon Dental Association	
Member	2007
Taskforce on Osteonecrosis	
American Association of Oral and Maxillofacial Surgeons	
Education Committee	2005
International Association of Oral and Maxillofacial Surgeons	
Alaska Taskforce on Dental Therapists	2003-2005
American Dental Association	
Chairman	2002-2004
Council on Dental Education and Licensure	
American Dental Association (ADA)	
Delegate	2002 & 2003
Summit on the Future of Dental Education	
American Dental Association	
Chairman Committee on Lifelong Learning	2002
American Dental Association (ADA)	
Chairman	2002
Special committee on Resolution 85	
Dental School Clinical Programs	
American Dental Association (ADA)	
Chairman	2002
Faculty Section Board	
American Association of Oral and Maxillofacial Surgeons (AAOMS)	

Chairman	2001
Committee B Council on Dental Education American Dental Association (ADA)	
Member	2000-2002
Council on Dental Education and Licensure American Dental Association (ADA)	
Member, Task force on Longitudinal Education	2000
American Association Oral and Maxillofacial Surgeons	
Member	2000
Kentucky Dental Health Coalition Executive Committee	
Fellow	2000
Robert V. Walker Society Oral and Maxillofacial Surgery Foundation	
Program Chairman & Board Member	1999-2003
Summer Dental Dean's Institute	
Member	1999
Program Committee Academy of Osseointegration	
Member	1998-2003
Research America Board National Institutes of Dental and Craniofacial Research	
Member	1997-2002
Committee on Residency Education American Association of Oral & Maxillofacial Surgeons	
Chairman	1997
Committee on Longitudinal Surgical Education American Association of Oral and Maxillofacial Surgeons	
Member	1997
Board of Trustees Kentucky Dental Association	
Member	1997
Board of Trustees Blue Grass Dental Society	
Member	1997
Council of Dean's American Association of Dental Schools	
Consultant	1996-2002
Commission on Dental Accreditation American Dental Association	
Faculty Section	1996-2002
Board of Directors American Association of Oral and Maxillofacial Surgeons (AAOMS)	
Chairman	1995-1997
Committee on Continuing Education, American Association of Oral and Maxillofacial Surgeons (AAOMS)	

Member	1995
Committee on Oral and Maxillofacial Surgery Patient Service Needs American Association of Oral and Maxillofacial Surgeons (AAOMS)	
Member	1995
Board of Trustees' Advisory Commission on Education American Association of Oral and Maxillofacial Surgeons (AAOMS)	
Member	1993-1998
Committee on Continuing Education American Association of Oral and Maxillofacial Surgeons (AAOMS)	
Chairman	1993
Third Molar Consensus Conference American Association of Oral and Maxillofacial Surgeons (AAOMS)	
Chairman	1993
Education Committee AO/MF Association for the Study of Internal Fixation	
Founding member	1992
North American International Team for Implantology (ITI)	
Member	1992
Building Committee American Association of Oral and Maxillofacial Surgeons (AAOMS)	
Member	1992
Consensus Conference, TMJ Implants American Association of Oral and Maxillofacial Surgeons (AAOMS)	
Chairman	1992
TMJ Implant Oversight Committee American Association of Oral and Maxillofacial Surgeons (AAOMS)	
Consultant	1991-1994
Commission on Dental Accreditation American Dental Association (ADA)	
Member	1991-1992
Budget and Finance Committee American Association of Oral and Maxillofacial Surgeons (AAOMS)	
Board Advisor	1990
Committee on Professional Conduct American Association of Oral & Maxillofacial Surgeons	
Education Committee	1989-1996
Association for the Study of Internal Fixation	
Chairman	1989-1995
Pathology Section, Parameters of Care American Association of Oral and Maxillofacial Surgery	
Trustee	1989-1993
1st District AAOMS Board of Directors	
Technical Commission	1989-1992
Association for the Study of Internal Fixation	

Vice-President & President Elect	1989
Northeast Society of Oral & Maxillofacial Surgeons	
President Elect	1989
New York State Society of Oral & Maxillofacial Surgeons	
President	1988-1989
Society of Educators in Oral & Maxillofacial Surgery	
Secretary & Treasurer	1988-1989
Northeast Society of Oral & Maxillofacial Surgeons	
Member	1988
Special Committee on Quality of Care	
Maxillofacial Surgeons	
Co-chairman & Member	1987-1991
Steering Committee, Standards of Care	
American Association of Oral & Maxillofacial Surgeons	
Member	1987-1989
Committee on Scientific Sessions	
American Association of Oral & Maxillofacial Surgeons	
Board Examiner & Member	1987-1989
Advisory Committee, Pathology/Reconstruction Section	
American Board of Oral & Maxillofacial Surgery	
President Elect	1987
Society of Educators in Oral & Maxillofacial Surgery	
Member	1986-1994
Special Committee on Standards of Care	
American Association of Oral & Maxillofacial Surgeons	
Chairman	1986-1987
Committee on Audiovisual Education Services	
American Association of Oral & Maxillofacial Surgeons	
Chairman	1986
Reference Committee on Health Care Plans	
American Association of Oral & Maxillofacial Surgeons	
Member	1986
Special Committee on Scope of Oral & Maxillofacial Surgery	
American Association of Oral & Maxillofacial Surgeons	
Member	1983-1989
House of Delegates	
American Association of Oral & Maxillofacial Surgeons	
Secretary & Member	1982-1987
Board of Directors	
New York State Society of Oral & Maxillofacial Surgeons	

EDITORIAL POSITIONS:

Reviewer	2013
Oral Surgery, Oral Pathology, Oral Medicine, and Oral Radiology (OOOO)	

Reviewer	2012
International Journal of Oral and Maxillofacial Surgery	
Reviewer	2011
International Journal of Oral and Maxillofacial Surgery	
Reviewer	2008
Journal of the American Medical Association	
Editorial Board	2007
Oral Surgery	
Reviewer	2007
Bone	
Reviewer	2006
Otolaryngology	
Reviewer	2006
Journal of the American Medical Association	
Reviewer	2004
Head and Neck	
Editorial Board	2003
China Journal of Oral and Maxillofacial Surgery	
Editor in Chief	2002
Journal of Oral and Maxillofacial Surgery	
Reviewer	2000
Journal of the American Dental Association	
Editor in Chief Designee	2000
Journal of Oral and Maxillofacial Surgery	
Reviewer	1994
Oral Surgery, Oral Pathology, Oral Medicine, and Oral Radiology (OOOO)	
Assistant Editor	1993-2001
Journal of Oral and Maxillofacial Surgery	
Consulting Editor	1993
Atlas of the Oral and Maxillofacial Surgery Clinics of North America	
Reviewer	1988
Journal of Oral and Maxillofacial Surgery	
Editor in Chief	
The Westerner	
Official Journal of the Western Society of Oral and Maxillofacial Surgeons	

HOSPITAL/UNIVERSITY COMMITTEE APPOINTMENTS:

Member	2011
Educational Outcomes Leadership Taskforce	
Office of the Provost	
Oregon Health and Sciences University	

Member	2011
Patient Safety Executive Committee	
Oregon Health and Sciences University Hospital	
Member	2010-2012
Surgical Services Leadership Group	
Oregon Health and Sciences University	
Member	2009
Patient Quality Resources Subcommittee	
Oregon Health and Sciences University Hospital	
Member	2007
Credentials Committee of Professional Staff	
Oregon Health and Sciences University Hospital	
Member	2006-2011
EPIC Implementation Taskforce	
Oregon Health and Sciences University Hospital	
Member	2004
Patient Safety Committee	
Oregon Health and Sciences University	
Member	2003
Dental Education Committee for Undergraduate Education	
Oregon Health and Sciences University	
Member	2003
Strategic Planning for Clinical Programs Committee	
University of Kentucky	
Member	2003
Graduate Medical Education Committee	
Oregon Health and Sciences University	
Member	2003
Graduate Dental Education Committee,	
Oregon Health and Sciences University	
Member	2001-2003
Commission on Diversity	
President Lee Todd's University of Kentucky	
Chair	1999
Dean Search Committee	
College of Pharmacy	
University of Kentucky	
Member	1999
Space Planning Committee	
Chandler Medical Center	
Board Member	1998
Kentucky Dental Health Consortium	
Member	1998
Healthcare Enterprise Board	
University of Kentucky	

Member	1998
University of Kentucky Council of Deans	
Member	1998
University of Kentucky Senate	
Dean's Advisory Committee	1997
Lexington VA Hospital	
Hospital Board Member	1997
Chandler Medical Center	
Member	1996
Academic performance committee, Year I	
Member	1995
Vice President's Advisory Council	
Member	1994
Graduate Clinical Education Committee of Dental Council	
Member	1994
Task Force on Customer Relations/ Communications	
Physicians Focus Group	
University of Connecticut School of Dental Medicine	
Member	1994
Dean's Advisory Committee	
University of Connecticut School of Dental Medicine	
Member	1994
Executive Committee of the Dental Staff	
University of Connecticut School of Dental Medicine	
Member	1994
Board of Directors	
University Dentists	
University of Connecticut	
Member	1994
Academic Performance Committee, Year IV	
Chairman	1994
Committee on Undergraduate Dental Education	
Member	1994
Dental Sciences Subject Committee	
Foundations of Dental Medicine	
Member	1992-1997
Hospital Directors Advisory Committee	
John Dempsey Hospital	
Member	1992-1996
Dental Planning Committee	
Newington Children's Hospital	
Member	1992-1996
Dental Council Steering Committee	
University of Connecticut School of Dental Medicine	

Member	1992
Basic Medical Science Parallel Planning Committee	
University of Connecticut	
Member	1992
Standard 5 Committee	
University of Connecticut School of Dental Medicine	
Member	1992
Standard 6 Committee	
University of Connecticut School of Dental Medicine	
Member	1991-1997
Advanced Dental & Graduate Education Committee	
University of Connecticut School of Dental Medicine	
Member	1991-1997
Quality Assurance Committee	
University of Connecticut School of Dental Medicine	
Member	1991
Utilization Management	
University of Connecticut John Dempsey Hospital	
Chair	1991
Strategic Planning Committee	
Service Subcommittee	
University of Connecticut School of Dental Medicine	
Member	1990-1994
Animal Care Committee	
University of Connecticut	
Member	1990
Quality Assurance Committee	
University of Connecticut John Dempsey Hospital	
Member	1990
Predocctoral Academic Affairs Committee	
University of Connecticut School of Dental Medicine	
Member	1990
Joint Conference Committee	
University of Connecticut John Dempsey Hospital	
Member	1990
Medical Board	
University of Connecticut John Dempsey Hospital	
Member	1990
Operating Room Committee	
University of Connecticut John Dempsey Hospital	
Member	1988
Disaster Committee	
Long Island Jewish Medical Center (LIJMC)	
Member	1988
Operating Room Committee	
Long Island Jewish Medical Center (LIJMC)	

Member	1988
Transfusion Committee	
Long Island Jewish Medical Center (LIJMC)	
Chairman	1987-1988
Credentials Committee	
Mt. Sinai Services, City Hospital Center	
Vice President	1987
Medical Board	
Mt. Sinai Services, City Hospital Center	
Consultant	1986-1990
New York Department of Health	
Bureau of Dentistry Orthodontic Advisory Committee	
Member	1986-1988
Presidents Directors Committee	
Health and Hospitals Corporation, New York	
Member	1985-1988
Medical Education Committee	
Mt. Sinai Hospital	
Secretary Treasurer	1985-1987
Medical Board	
Mt. Sinai Services	
City Hospital Center	
Member	1985-1987
Case Mix Committee	
Mt. Sinai Services	
City Hospital Center	
Co-Chairman	1985-1986
Committee on the Use of Physicians Assistants	
Mt. Sinai Services	
City Hospital Center	
Chairman	1984-1988
Committee on Constitutional Amendments	
Mt. Sinai Services	
City Hospital Center	
Chairman	1984-1986
Medical Records Committee	
Mt. Sinai Services	
City Hospital Center	
Member	1983-1988
Medical Board	
Mt. Sinai Services	
City Hospital Center	
Vice Chairman	1982-1988
Ambulatory Care Committee	
Mt. Sinai Services	
City Hospital Center	

Member	1982-1988
Radiation Protection Committee	
Mt. Sinai Services	
City Hospital Center	
Member	1982-1988
Surgery Committee	
Mt. Sinai Services	
City Hospital Center	
Member	1982-1988
Medical Education Committee	
Mt. Sinai Services	
City Hospital Center	
Member	1982-1988
Quality Assurance Committee	
Mt. Sinai Services	
City Hospital Center	
Member	1982-1988
Surgery Committee	
Mt. Sinai Hospital	
Member	1982-1986
Committee on Utilization Review	
Mt. Sinai Services	
City Hospital Center	
Chairman	1978-1980
Medical Records Committee	
St. Joseph's Hospital	
Alton, Illinois	

TEACHING ACTIVITIES:

Presenter	June 2013
Failures to Communicate or Opportunities to Cure: The Maxillofacial Surgeon/Pathologist Interface on Our Time	
AAOMP's 2013 Annual Meeting & Continuing Education Program	
Presenter	April 2013
"Clinical Grand Rounds: Maxillofacial Nerve Injuries"	
University of Minnesota Continuing Dental Education Program	
Presenter	March 2013
"Annual Dean's Day: Dental Research Updates from the U of M"	
University of Minnesota Continuing Dental Education Program	
Presenter	Jan. 2013
"What's New is Dentistry-Bisphosphonates & Oral Health"	
University of Minnesota Continuing Dental Education Program	

Presenter "Common Oral Diseases and Oral Health Issues in Primary Care Medicine" Mini Medical School-University of Minnesota	Fall 2012
Presenter "12 th Annual Oral and Maxillofacial Surgery Review" University of Minnesota Continuing Dental Education Program	Aug. 2012
Course Director Local Anesthesia Oregon Health & Sciences University School of Dentistry	2011-2012
Course Director Pain and Anxiety Control, Oregon Health & Sciences University School of Dentistry	2011-2012
Course Director Advanced Oral Maxillofacial Surgery	2009-2011
Course Director Principles of Regional Anesthesia OSG 725 Oregon Health & Sciences University	2008
Lecturer Endocrinology Oregon Health & Sciences University School of Medicine	2008
Lecturer and Preceptor Principles of Clinical Medicine Oregon Health & Sciences University School of Medicine	2008
Lecturer Anatomy Oregon Health & Science University	2004
Lecturer Anesthesia and sedation Oregon Health & Science University	2004
Course Director Principles of Medical Writing Oregon Health & Sciences University School of Medicine	2004
Course director OSG 530 Principles of Oral and Maxillofacial Surgery Oregon Health & Science University	2003
Course Director Graduate Oral and Maxillofacial Surgery Education Oregon Health & Sciences University	2003
Lecturer Infectious Diseases and Immunology University of Kentucky School of Medicine	1999
Lecturer Endocrinology University of Kentucky School of Medicine	1998

Lecturer	1997
Oral/Facial Pain	
University of Kentucky	
Preceptor and Lecturer	1997
Head and Neck Anatomy	
University of Kentucky	
Lecturer	1997
Fundamentals and Advanced Topics of Oral and Maxillofacial	
University of Kentucky	
Facilitator	1995
Correlated Medical Problem Solving Basic	
Medical Science Curriculum	
Preceptor and Lecturer	1994
Head and Neck Anatomy	
University of Connecticut	
Course Director	
Fundamentals of Oral and Maxillofacial Surgery	
University of Connecticut School of Dental Medicine	
Course Director	
Advanced Topics in Oral and Maxillofacial Surgery	
University of Connecticut School of Dental Medicine	
Course Director	
Didactic Program	
Residency in Oral and Maxillofacial Surgery	
University of Connecticut School of Dental Medicine	
Co-developer and Co-director	
Implant Dentistry	
Interdepartmental Course, 4th year	
University of Connecticut School of Dental Medicine	
Co-developer and Co-director	
TMJ-Facial Pain Clinic	
University of Connecticut School of Dental Medicine	
Co-developer and Co-director	
TMJ-Facial Pain Course, 4th year	
University of Connecticut School of Dental Medicine	
Division Representative	
Oral and Maxillofacial Surgery	
Craniofacial Team	
Connecticut Children's Medical Center	
Co-director	
Surgery-Orthodontic Teaching Series	
Faculty Lecturer and Surgical Preceptor	
Residency in General Surgery and Otolaryngology	
University of Connecticut	

Faculty
 Lecturer and Orthognathic Surgical Case Preceptor
 Postdoctoral Program in Orthodontics
 University of Connecticut
 Lecturer
 Advanced Educational Programs in General Dentistry
 Postdoctoral Program in Endodontics & Periodontics
 University of Connecticut

Continuing Dental Education

Course	Date	Credit Hours
Research Seminar Series: Novel Concepts in Periodontal Inflammation	April 25, 2013	1
Operative Dentistry In-service	Feb. 23, 2013	4
The Park Dental Education Forum for Students and Faculty	Feb. 28, 2013	3.5
All-School Dentistry Faculty Workshop: Rural Dentistry Strategic Thinking	Jan. 4, 2013	3
Clinical Grand Rounds for the Dental Team: Maxillofacial Nerve Injuries	April 4, 2013	1.5
54 th Annual Dean's Conference	Nov. 10-12, 2012	7
Bisphosphonate-Related Osteonecrosis of the Jaw	Nov. 9, 2012	1
Clinical Grand Rounds for the Dental Team: Removable Prosthodontics	Oct. 4, 2012	1.5
Research Meets Practice: Involve Your Team, Impress Your Patients, Improve Your Profession!	Oct. 12, 2012	2
American Association of Dental Boards (AADB) Annual Meeting	Oct. 17-18, 2012	3.5

RESEARCH ACTIVITIES:

Clinical Research Training Grant, 10% salary support, Oregon Health & Sciences University, School of Medicine, 2008 1UL1RR024140 (Orwoll) 10/06 - 09/11NIH/NCRR
 Co-investigator, Biomaterials with surface molecular level design, Jon Goldberg, Principle investigator, National Institute of Dental Research, Submitted
 Co-investigator, Bisphosphonates and osteonecrosis of the jaws, correlated imaging findings, Dotter Institute Radiology, Dr. Pham Dr. Myall.
 Co-investigator, Oral Health Disparities Grant, Oral Health Education, Pikeville Medical College, National Institutes of Health, funding pending, 2001.
 Co-Investigator, Outcome of Early Loading of ITI SLA Implants, International Team for Implantology, 1999.
 Co-Investigator: "An evaluation of the dental health status of indigent residents of Nassau County, New York." Harvard School of Dental Medicine, 1972. D. Giddon, Principal Investigator.

Co-Investigator: "Analysis of human TMJ fluid for tumor necrosis factor". University of Connecticut Health Center Research Advisory Committee funded, D. Shafer, Principal Investigator, 1991-1992.

Co-Investigator: "Direct Current Electrical Stimulation of Implant Osseointegration". K. Rogerson, Principal Investigator, University of Connecticut Department of Oral and Maxillofacial Surgery funded, 1991-1993.

Co-Investigator: "Longitudinal Third Molar Study". American Association of Oral and Maxillofacial Surgeons. Raymond White, principle investigator, Agency for Health Care Policy Research, Oral and Maxillofacial Surgery Foundation, 1995-1997 University of Connecticut.

Co-Investigator: "Propofol in Out-Patient Oral and Maxillofacial Surgery". University of Connecticut Department of Oral and Maxillofacial Surgery funded, J. Bennett, Principal Investigator, 1991.

Co-Investigator: "PTFE (Gortex) Protection of Bone Grafts with Rigid Internal Fixation in Rabbit Mandible". Gore Corporation funded, D. Shafer, Principal Investigator, 1991-1994.

Co-Investigator: "The Effects of LeFort I Osteotomy on Taste and Smell Perception", D. Shafer, Principal Investigator, 1991.

Co-Investigator: "The effects of Sodium Hyaluronate on the temporomandibular joint of the rabbit." Long Island Jewish Hospital Funded, 1989. D. Shafer, Principal Investigator.

Co-Investigator: Psychosocial Aspect of Orthognathic Surgery, R. Nanda, Principal Investigator. 1991.

Co-Investigator: "The use of heparin in thrombotic and embolic cerebrovascular accidents: a study of 43 patients." Harvard Medical School Funded, 1972.

Co-Principal Investigator: "Site Specific Analysis of Outlines with ITI Implants. Straumann USA. Funded 1995-1999.

Multicenter assessment of interpositional decellularized nerve allografts for neurorrhaphy of trigeminal nerve, 2011.

Oregon Clinical and Translational Research Institute
This funds the CTSA infrastructure at OHSU. Dr. Morris directs all educational activities of the center, including an embedded K30, K12 and T32.

Principal Investigator: "Biomechanical aspects of rigid internal fixation of a mandibular fracture model." 1990-1992 .

Principal Investigator: "Comparison of healing of rigid and non-rigid fixation of osteomized facial bones in the rabbit." University of Connecticut, 1990-1992.

Principal Investigator: "In Vitro/In Vivo Testing LCDCP for use in Mandible Fractures". Synthes USA funded, 1991-1992.

Principal Investigator: "Osteoradionecrosis in 33 patients." Harvard School of Dental Medicine, Honors Thesis, 1975.

Principal Investigator: "Tissue loss pattern following avascular necrosis of maxillary osteotomy, an evaluation of 11 patients." Vanderbilt Medical School Funded, 1977.

Principle investigator, Implant surface microflora in nonsubmerged and submerged implants, Department funded, 1996.

Principle Investigator, Role of Fanconi's Proteins in Oral Dysplasia, 2004.

RESEARCH ADVISOR:

Aurelie Marjoreu, Master's Thesis, Orthodontic Post-doctoral Program, University of Connecticut, Masticatory Function Following Orthognathic Surgery - 1992, 1993
Castillo, Silvia, Imaging for dental implants and clinical decision making, Masters Co-Advisor, 1997
Gregory Hack, Master's Thesis, Orthodontic Post-doctoral Program, University of Connecticut, Long Term Stability and Prediction of Soft Tissue Changes Following LeFort I Surgery - 1991
Hardeep Daliwal, Assessment of Fanconi's anemia protein expression in oral premalignant lesions and squamous cancer. 2004
K 30 Grant "Career training in therapeutics and translational research" University of Kentucky College of Medicine, Advisory Committee, 2000
Luis Chammoro, Dental Student Summer Research, Outcome Assessment of Alveolar Bone Grafts in Cleft Lip and Palate Patients, 1993
Matt Goldschmidt, Dental Student Summer Research, Outcome Assessment of Internal Fixation of Maxillofacial Fractures, 1993
Nathan Lenox, Sharokh Baghieri, OHSU, "Assessment of advances in the oral and maxillofacial surgery literature, 1971-2004
Oral and Maxillofacial Surgery Resident Research Advisor, University of Connecticut, 1990-1997.
Reardon, Christine, Early morbidity associated with facial trauma, Co-Advisor, 1996
Robert Drozd, Dan Geelan, Melissa Pray, Dental Student Summer Research, Internal Fixation of Discontinuity Defects of the Rabbit Mandible, 1991
Women's Health Center Grant, Advisory Committee, University of Kentucky College of Medicine, 2002
Yuen, Lim, Evaluation of submerged and nonsubmerged implants, 1996

BIBLIOGRAPHY

BOOKS AND CHAPTERS:

Assael L Anderson P, Surgical Treatment of Ranula, Operative Otolaryngology, Elsevier, 2011.
Assael L, contributor in Wilson T, ITI Dental Implants: planning, placement, and maintenance, Quintessence Books, Chicago,1993.
Assael L, in Miloro, oral and Maxillofacial Surgery, Elsevier, 2011.Surgical treatment of condylar fractures.
Assael L, in Yamashita, Oral and Maxillofacial Surgery Clinics of North America, Understanding bisphosphonates: September 2011.
Assael L, Maxillofacial Movement Disorders, Treatment, in Laskin, Oral Facial Pain, 2005.
Assael L. The Pregnant Patient: in Bennett J, Rosenberg M, Medical Emergencies in Dentistry, W.B. Saunders 2002 pp. 493-501.
Assael L. Maxillofacial Trauma, Part 2: Oral and Maxillofacial Surgery Clinics of North America, Vol. 1, Number 1, W.B. Saunders, March 1999.

Assael L., Maxillofacial Movement Disorders, Diagnosis, in Laskin, Oral Facial Pain, 2005.

Assael, L & Ellis, E. Dentoalveolar and soft tissue trauma. Chp. 23 in: Contemporary Oral & Maxillofacial Surgery, Peterson, L., ed. C.V. Mosby's. Louis, 1987.

Assael, L and Ueeck B., Body and Angle Fractures of the Mandible, Manual of Internal Fixation, Springer Verlag, 2006.

Assael, L, Temporomandibular Disorders, in Sibell the 5 minute Pain Consult, 2005.

Assael, L. Arthrotomy for Internal Derangements of the Temporomandibular Joint. Chp 32 in: Temporomandibular Disorders, Kaplan, A. and Assael, L., eds. W.B. Saunders, Philadelphia, 1991.

Assael, L. Bony facial trauma. Chp. 33 in: Essentials of Otolaryngology, Lucente, F. & Sobol, S., eds. Raven Press: New York, 1983, Revised 1987.

Assael, L. Complications in the rigid internal fixation of midface fractures. Chp. 28 in: Rigid Internal Fixation of the Cranio- maxillofacial Skeleton, Yaremchuk, et al., eds. Boston: Butterworth-Heinemann, 1992.

Assael, L. Developmental Disorders. Chp 13 in: Temporomandibular Disorders, Kaplan, A. and Assael, L., eds. W.B. Saunders, Philadelphia, 1991.

Assael, L. Functional anatomy of the temporomandibular joints. Chp 1 in: Textbook on Craniomandibular Disorders, Kaplan, A. and Assael, L., eds. W. B. Saunders: Philadelphia, 1991.

Assael, L. Hard tissue trauma of the temporomandibular joint. Chp 12 in: Temporomandibular Disorders, Kaplan, A. and Assael, L., eds. W. B. Saunders, Philadelphia, 1991.

Assael, L. Headache and facial pain. Chp. 15 in: Essentials of Otolaryngology, Lucente, F. & Sobol, S., eds. Raven Press: New York, 1983, Revised 1987.

Assael, L. Infection in the maxillofacial trauma patient. Chp. in: Topazian, R.G. and Goldberg, M.H., eds., Oral and Maxillofacial Infections, 3rd ed., Philadelphia: W.B. Saunders, 1994.

Assael, L. Rigid internal fixation of facial fractures. Chp. 16 in: Principles of Oral and Maxillofacial Surgery, Peterson, Indresano, Marciani, Roser, eds. J.B. Lippincott: Philadelphia. 1992.

Assael, L. Stable internal fixation of osteotomies of the facial skeleton. Chp. in Manual of Internal Fixation in the Facial Skeleton. Springer-Verlag, Berlin, 1998.

Assael, L. Surgical management of odontogenic cysts and tumors. Chp. 30 in: Principles of Oral and Maxillofacial Surgery, Peterson, Indresano, Marciani, Roser, eds. J.B. Lippincott: Philadelphia, 1992.

Assael, L. & Tucker, M. Management of facial fractures. Chp. 24 in: Contemporary Oral & Maxillofacial Surgery, Peterson, L., ed. C.V. Mosby's. Louis, 1987.

Assael, L. Maxillofacial Trauma, Part I: Applying Science to Practice, Oral and Maxillofacial Surgery Clinics of North America, Vol. 10, Number 4, W.B. Saunders, November 1998.

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Haug, R, Assael, L. Infection in the maxillofacial trauma patient. In: Topazian, R.G. and Goldberg, M.H., Hupp J, editor., Oral and Maxillofacial Infections, 4th ed., Philadelphia: W.B. Saunders, 2001, pp. 359- 381.

Kaplan, A. and Assael, L., eds. Temporomandibular Disorders: Diagnosis and Treatment, W.B. Saunders, Philadelphia, 1991.

Osborn T., Assael L., Surgical Management of Head and Neck Infections, Oral and Maxillofacial Surgery Clinics of North America, In press, July 2008.

Ueek B, and Assael L, Surgical Management of the Pregnant Patient, Oral and Maxillofacial Surgical Clinics of North America, Feb., 2006.

ARTICLES:

American Association of Oral and Maxillofacial Surgeons position paper on bisphosphonate-related osteonecrosis of the jaw - 2009 update.

Ruggiero SL, Dodson TB, Assael LA, Landesberg R, Marx RE, Mehrotra B; Task Force on Bisphosphonate-Related Osteonecrosis of the Jaws. Aust Endod J. 2009 Dec;35(3):119-30.

American Association of Oral and Maxillofacial Surgeons position paper on bisphosphonate-related osteonecrosis of the jaws--2009 update.

Ruggiero SL, Dodson TB, Assael LA, Landesberg R, Marx RE, Mehrotra B; American Association of Oral and Maxillofacial Surgeons. J Oral Maxillofac Surg. 2009 May;67(5 Suppl):2-12.

American Association of Oral and Maxillofacial Surgeons position paper on bisphosphonate-related osteonecrosis of the jaw - 2009 update.

Ruggiero SL, Dodson TB, Assael LA, Landesberg R, Marx RE, Mehrotra B; Task Force on Bisphosphonate-Related Osteonecrosis of the Jaws, American Association of Oral and Maxillofacial Surgeons. Aust Endod J. 2009 Dec;35(3):119-30

Arce K, Assael LA, Weissman JL, Markiewicz MR, Imaging findings in bisphosphonate-related osteonecrosis of jaws. J Oral Maxillofac Surg. 2009 May;67(5 Suppl):75-84.

Assael LA Ally the future: building relationships that build the future of oral and maxillofacial surgery. J Oral Maxillofac Surg. 2007 May;65(5):823-4.

Assael LA Are you a politician? The oral and maxillofacial surgeon leader. J Oral Maxillofac Surg. 2007 Nov;65(11):2135

Assael LA Journal of oral and maxillofacial surgery: news you must use. J Oral Maxillofac Surg. 2007 Sep;65(9):1677-8.

Assael LA The oral systemic link: now a task for health care policy. J Oral Maxillofac Surg. 2007 Aug;65(8):1445-6.

Assael LA The science of bisphosphonate-related osteonecrosis of the jaws: the thin white line. J Oral Maxillofac Surg. 2007 Jul;65(7):1275-6.

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Assael L, Fear: A Surgical Problem, a surgeon's choice J Oral Maxillofac Surg 62: 771-772, 2004.

Assael L, Lifelong Learning: A Passion for the Art of Surgery, J Oral Maxillofac Surg 62: 1181-1182, 2004.

Assael L, Risk Avoidance in Surgical Practice, Mitigating the Inevitable, J Oral Maxillofac Surg 62: 1053-1054, 2004.

Assael L, The Offshore medical degree: an opportunity to reflect on the future of our profession and our specialty, J Oral Maxillofac Surg, 63: 1-2, 2005.

Assael L, Closing the Gap Between Academic Surgery and Community Practice, J Oral Maxillofac Surg 62: 911-912, 2004.

Assael L, Managing the Trauma Pandemic: Learning from the Past, J Oral and Maxillofac Surg 61: 859-860, 2003.

Assael L, Oral Health in the Global Community: the Tasks Ahead for oral and Maxillofacial Surgery, J Oral Maxillofac Surg, 62: 525-526, 2004.

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Holmgren EP, Dierks EJ, Assael LA, Bell R B, Potter BE Facial Soft Tissue Injuries as an Aid to Ordering a Combination Head and Facial Computed Tomography in Trauma Patients The Journal of Oral and Maxillofacial Surgery - May 2005 (Vol. 63, Issue 5, Pages 651-654)

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Assael L, Dealing In Uncertainty, J Oral and Maxillofac Surg 60:242, 2002.

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Assael L, Patient safety in anesthesia practice: partnerships that make the impossible routine, *J Oral Maxillofac Surg* 61: 981-982, 2003.

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Assael LA Recruiting the future: who will our specialty be? *J Oral Maxillofac Surg*. 2007 Mar;65(3):367-8.

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Assael LA Gun safety and social responsibility: a means to reduce maxillofacial trauma. *J Oral Maxillofac Surg.* 2008 Jan;66(1):1-2

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Assael LA, Distance traveled: The millennial generation enters oral and maxillofacial surgery *The Journal of Oral and Maxillofacial Surgery* - February 2005 (Vol. 63, Issue 2, Pages 161-162)

Assael LA, Lies: the cruelty of scientific and clinical dishonesty. *J Oral Maxillofac Surg.* 2006 Apr;64(4):569-70.

Assael LA, Mandibular reconstruction: expert opinion and outcome studies remain a fragile guide to treatment. *J Oral Maxillofac Surg.* 2009 Dec;67(12):2557-8.

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Assael LA, Disclosing risk: a potential path to inaction in surgical practice. *J Oral Maxillofac Surg.* 2006 Nov;64(11):1575-6.

Assael LA, Drugs, science, the press, and politics: An unwieldy mélange toward the public good *The Journal of Oral and Maxillofacial Surgery* - March 2005 (Vol. 63, Issue 3, Pages 289-290)

Assael LA, Einstein on the train: lessons in creativity for surgeons. *J Oral Maxillofac Surg.* 2008 Sep;66(9):1783-4.

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Assael LA, Mandibular reconstruction: expert opinion and outcome studies remain a fragile guide to treatment. *J Oral Maxillofac Surg.* 2009 Dec;67(12):2557-8.

Assael LA, Maxillofacial health, beauty, and chi: andy gump and the avatars. *J Oral Maxillofac Surg.* 2010 Mar;68(3):499-500.

Assael LA, Maxillofacial Oncologic and Reconstructive Surgery Group (MORS): at harvest time. *J Oral Maxillofac Surg.* 2010 Dec;68(12):2933-4.

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ABSTRACTS:

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Assael L, Thirty years of scientific contribution to the Journal of Oral and Maxillofacial Surgery, British Association of Oral and Maxillofacial Surgeons, Killearney, Ireland, June, 2002.

Assael L, Orbital Trauma, Surgical Approaches and Complications, J Oral Maxillofac Surg 62S:8, 2004.

Assael, L, et. al. An assessment of condylar position and bone contact in vertical subcondylar osteotomies. Case Reports and Abstracts of Scientific Sessions, American Association of Oral & Maxillofacial Surgeons, Abst., p. 112 1984.

Assael, L. and Shafer, D. Mandibular tension band differences with 4 and 6 screw plates. J. Dent. Res. 70:554, 1991.

Assael, L. Complications of major oral and maxillofacial surgery performed by a resident under direct and indirect supervision. AAOMS Educational Summaries & Outlines, Abst. 48:92, 1990.

Assael, L. Management of complicated facial injuries with rigid internal fixation. Case Reports & Outlines of Scientific Sessions, American Association of Oral & Maxillofacial Surgeons, Abst., p. 91, 1987.

Assael, L. Results of Rigid Internal Fixation of Mandible Fractures Performed as a laboratory exercise, AAOMS Educational Summaries and Outlines, Abst., 49:75, 1991.

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Assael, L. & Hammon, K. A comparison of rigid internal fixation with wire osteosynthesis of mandibular fractures. Case Reports and Outlines of Scientific Sessions, American Association of Oral & Maxillofacial Surgeons, Abst., p. 11, 1987.

Assael, L. Fifteen years of scientific abstracts at the AAOMS annual meeting, Journal of Dental Research 76:150, 1997 (#1089).

Assael, L., Alpert, B. Lag screw fixation of symphyseal fractures in the teaching laboratory. J. Dent. Res. 72:121, 1993.

Assael, L., Beliefs Among Surgeons Regarding Principle Decisions in Surgical Management (#2205). J. Dent. Res. 73:377, 1994.

Assael, L., Rogerson, K. and Shafer, D. Healing of mandibular defects treated via different rigid fixation methods. J. Dent. Res. 69:279, 1991.

Assael, L., Rogerson, K., & Shafer, D. Evaluation of 2.4 mm low contact plates in a mandibular fracture model. J. Dent. Res. 71:110, 1992.

Assael, L., Rogerson, K., Shafer, D., Rissolo, A. Comparison of Rigid Internal Fixation Methods in a Simulated Fracture Model. AAOMS Educational Summaries and Outlines, Abst., 50S95, 1992.

Assael, L., Topazian, R. Potential Academic Performance of Applicants to OMS Programs, AAOMS Educational Summaries and Outlines, Abst. 152:204, 1993.

Chamorro, L., Assael, L., Shafer, D., Results with Reverse Moczar Closure of the Cleft Alveolus with Bone Grafts (#2071). J. Dent. Res. 73:361, 1994.

Goldschmidt, M., Assael, L., Cavanagh, N., Castiglione, D. A Prospective Review of Craniofacial Fractures at a Trauma Center (#548). J. Dent. Res. 73:170, 1994.

Lim, J., Shafer, D., Assael, L., Burstone, C. Relapse in gonial angle morphology with rigid internal fixation. J. Dent. Res. 72:121, 1993.

Murphy, S, Assael L, Jacobs, L, Goupil M, Prehospital Intervention for patients with craniofacial and maxillofacial Fractures, Journal of Dental Research, J Dent Res, 1997.

Rogerson, K., Assael, L. & Shafer, D., Rissolo, A., et al. Comparison of bone plate positions in a simulated mandibular fracture. *J. Dent. Res.* 71:119, 1992.

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Shafer, D, Assael L, Taylor T, Bontempi, B, Evaluation of a 4 year experience with TPS endosseous implants, *AADR*, 1995.

Shafer, D., Assael, L. and Rogerson, K. Predictability of fractures of the rabbit mandible. *J. Dent. Res.* 70:511, 1991. Rogerson, K.

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Shafer, D., Rossomando, E., White, L., Assael, L., Rogerson, K. Clinical implications of TNF-alpha in synovial fluid from TMJ's. *Internat. A. Dent. Res., Abst.*, 70th General Session, 67:621, 1992.

Shafer, D., Rossomando, E., White, L., Assael, L., Rogerson, K. Recovery of TNF-alpha from synovial fluid in inflamed TMJ's. *J. Dent. Res.* 71:550, 1992.

Sidman, J., Assael, L., Poole, A. Mandibular Advancement for Correction of Airway Obstruction in Young Children, *American Cleft Palate and Craniofacial Association*, 1994.

JOURNALISM CONTRIBUTIONS:

News and Announcements, *Journal of Oral and Maxillofacial Surgery* 2002.
 Perspectives, Dean’s Column, *University of Kentucky*, 1997-2003.

TEACHING MATERIALS:

Assael, L. & Knox, I. “The Wisdom of Phillip Head” Problem based learning case, *University of Connecticut*, 1995.
 Readers Circle, *Continuing Education in the Journal of Oral and Maxillofacial Surgery*, Monthly CME, 2002.

MAJOR DEVELOPMENT ACTIVITIES:

Ronald McDonald Foundation, pediatric dentistry initiative, \$280,000	2002
John Mink Professorship in Pediatric Dentistry and Health Services Research, University of Kentucky, \$1,000,000 goal , raised \$2,500,000	1999
Alvin B. Morris Professorship in Oral Health Research, University of Kentucky, \$500,000	1999
Center for Oral Health Research, University of Kentucky, \$454,000 private, Equal match from Kentucky legislature.	1998
Wilbur Van Ziles endowment for advancement of oral and maxillofacial surgery education, Oregon health and Science University, \$8,500,000	
Straumann Corporation and ITI, Predoctoral Implant Dentistry Program, \$750,000	

Delta Dental of Kentucky, Clinical Research Center, \$1,500,000
Daniel Seaver Scholarship, \$50,000

DEVICES AND INNOVATIONS:

In conjunction with the AO/ASIF Technical Commission

Transbuccal trochar for lag screw fixation of sagittal split osteotomies

The AO Titanium craniofacial system

Rigid adjustable fixation of maxillary osteotomies

Condyle ramus prosthesis

Low profile-low contact mini dynamic compression plate (LCDCP) for mandible fracture treatment.

In conjunction with the ITI

Submerged implant for onlay graft fixation

Cylindrical implant extension for tumor reconstruction

Measuring and paralleling device for dental implants, ITI.

SELECTED INVITED PRESENTATIONS AND CONSULTANTSHIPS:

A Dental College Starts Its Own Prepaid Dental Plan, Dean's Summer Institute, Banff Canada, August 7, 2000.

Access to the orbit for trauma repair, American Association of Oral and Maxillofacial Surgeons, San Francisco, California, October 1, 2004.

Advanced course on mandible fractures, E Ellis Chair, San Diego, California, lectures on mandible angle fractures and skeletal fixation, July 20-21, 2002.

Advanced Symposium, Association for the Study of Internal Fixation, Open Versus Closed Reduction of Condylar Fractures and Controversies in the Treatment of Craniofacial Trauma and Reconstruction, British Columbia, February, 2005.

Advances in Biomechanics of Internal Fixation of the Maxillofacial Skeleton, ITI Annual Meeting, Lucerne, Switzerland, October 2000.

American Association of Dental Examiners, Dean's Perspective on Dental Licensure, Chicago, March 2000.

American Association of Dental Schools, Council of Sections, Recruitment and retention of dental faculty, Dallas, Texas, October 2000.

American Association of Oral & Maxillofacial Surgeons Annual Meeting. An assessment of condylar position and bone contact in vertical subcondylar osteotomies (Abstract), 1984.

American Association of Oral & Maxillofacial Surgeons Annual Meeting. Management of complicated facial injuries. (Surgical Roundtable), 1984.

American Association of Oral & Maxillofacial Surgeons Annual Meeting. Multiple facial trauma. (Surgical Roundtable), 1985.

American Association of Oral & Maxillofacial Surgeons Annual Meeting. Complicated facial injuries and rigid internal fixation (Surgical Roundtable), 1986.

American Association of Oral & Maxillofacial Surgeons, Scope Conference Speaker, 1986.

American Association of Oral & Maxillofacial Surgeons. Future needs of the practicing oral & maxillofacial surgeon, 1986.

American Association of Oral and Maxillofacial Surgeons Annual Meeting, Dental Implants, European and American Experience, Orlando, September 1993.

American Association of Oral and Maxillofacial Surgeons Midwinter Meeting. The evaluation process. Orlando, FL., February, 1995.

American Association of Oral and Maxillofacial Surgeons, Faculty Mentorship Program, Tampa, Florida February 2001.

American Dental Education Association, Assuring Junior Faculty Become Senior Faculty, Symposium, Chicago, March 2001.

American Society of Maxillofacial Surgeons of the APRS, Cincinnati, OH. The management of the dentoalveolar complex in pan-facial trauma. Rigid internal fixation of midface fractures, 1989.

Annual Meeting Harvard University Alumni Association, What Harvard Gave Kentucky , Newport, Rhode Island, May 2000.

AO Maxillofacial Course, Facial Trauma Mandible Fractures, Biomechanics Orthognathic, Denver, June 1998.

AO/ASIF advanced craniofacial symposium, Late Sequelae of Condylar Fractures, February 9, 2004.

AO/ASIF Advanced Symposium on Craniomaxillofacial Reconstruction: Current controversies, alternatives and techniques for optimal results. Steamboat Springs, CO., January, 1995.

AO/ASIF Maxillofacial Course - Advanced Applications, Phoenix, AZ. Complex Mandibular Fractures and Management of Complications, 1990.

AO/ASIF Maxillofacial Course - Advanced Applications, Phoenix, AZ. Indications and Contra-Indications for Internal Fixation in the Mandible, 1990.

AO/ASIF Maxillofacial Course - Principles and Techniques, Bolton Landing, NY. Occlusion and fracture reduction, 1990.

AO/ASIF Maxillofacial Course - Principles and Techniques, Bolton Landing, NY. Mandible fractures, complications and problems, 1990.

AO/ASIF Maxillofacial Course - Principles and Techniques, Bolton Landing, NY. Panel Discussion: Management of facial trauma, 1990.

AO/ASIF Maxillofacial Course - Principles and Techniques, Bolton Landing, NY. Orthognathic osteotomies, 1990.

AO/ASIF Maxillofacial Course - Principles and Techniques, Bolton Landing, NY. Condylar positioning techniques, 1990.

AO/ASIF Maxillofacial Course Director, Williamsburg, VA, 1988.

AO/ASIF maxillofacial course, Redondo Beach, Dynamic Compression plate, Mandible Fractures, January 23, 2004.

AO/ASIF Maxillofacial Course, Monterey, CA. Mandible fractures, June, 1994.

AO/ASIF Maxillofacial Course, Principles and Techniques, Naples, Florida, Lag screw fixation of sagittal osteotomies and condylar positioning, 1991.

AO/ASIF Maxillofacial Symposium - Advanced Techniques, Davos, Switzerland, 1990, Course Director, Papers on complications of maxillofacial trauma surgery, fixation of osteotomies, and condylar positioning.

AO/ASIF Maxillofacial Workshop for Residents, The Mount Sinai Medical Center, New York, N.Y. Principles of plates and screws; mandibular fractures, July, 1994.

Assael, L., Hall, H. Mandibular reconstruction with cortico- cancellous iliac crest bone

grafts. American Association of Oral & Maxillofacial Surgeons Annual Meeting, Chicago, IL, 1978.

Association for the Study of Internal Fixation, Principles Course, Chairman, Vancouver, WA, 2006.

Bisphosphonates & Osteonecrosis of the Jaw, New York Academy of Sciences, 2007.

Bisphosphonate Related Osteonecrosis of the Jaws, American Association for Dental Research, 2008.

Blue Grass Dental Society, Nonsubmerged Dental Implants, March 1998.

Building a diverse dental school community at the University of Kentucky, symposium at the American Dental Education Association meeting, San Diego, California, March 2002.

Challenges facing dental education: panel speaker, American Dental Education Association, Dental Dean's Symposium, Palm Beach, Fla., October 2000.

City Hospital Center at Elmhurst. Instructor, Advanced Cardiac Life Support, 1987, 1988.

Columbia Presbyterian Hospital. Gunshot wounds to the jaws, 1986.

Complex implant surgery, Arizona Society of Oral and Maxillofacial Surgery, Phoenix, AZ, November, 1993.

Connecticut Society of Oral and Maxillofacial Surgeons Mid-Winter Meeting and Mini Symposium. Third Molar Study & Manpower Study. Wallingford, CT. January, 1997.

Consultant, Oregon Health Sciences University, Department of Oral and Maxillofacial Surgery, August 1999.

Course Director, Rigid Internal Fixation of Facial Bones, Long Island Jewish Medical Center, 1987.

Course Director, Society of Educators in Oral & Maxillofacial Surgery Cleft Palate Conference, Nashville, 1987.

Delaware Valley Society of Oral and Maxillofacial Surgeons. Surgical treatment of pathologic lesions of the facial skeleton. King of Prussia, PA., April, 1995.

Dental implants in the maxilla - The AAOMS and you, New York Residents Conference, 1993.

Dental Implants, Greater New York Dental Meeting, 1992. Infection in the trauma patient, Oral and Maxillofacial Infections Conference, University of Connecticut, 1993.

Dental Implants, Yankee Dental Meeting, 1991.

Dental Society of the State of New York. Educator's perspective on anesthesia legislation, 1986.

Dental Society of the State of New York. The diagnosis of disorders of the temporomandibular joint, 1984.

Development of a Dental School Based Prepaid Dental Plan, Medical College of Virginia, December 2000.

Grand rounds, University of California San Francisco, Maxillofacial nerve injuries, January 7, 2003.

Harvard University Council of Academic Deans, External Consultant on Promotion and Tenure, February 2000.

Indiana University, Supporting nomination of Daniel M. Laskin for the degree Doctor of Science, Honorary, May 2001.

Indication for rigid internal fixation of mandible fractures, sagittal split osteotomy RIF. AO/ASIF Maxillofacial Course, San Diego, CA., 1987.

Indications for Elective third molar removal, PROH conference, Portland Oregon,

November 2007.

International Conference on Oral & Maxillofacial Trauma, Knoxville, TN. The role of the oral & maxillofacial surgeon; Management of zygoma fractures, 1989.

International Team for Implantology, Integrated surgical prosthetic treatment of the implant patient. Orlando, June 2000.

ITI World Symposium Boston MA, reconstruction of the atrophic maxilla, June 1998.

Kentucky Society Oral Maxillofacial Surgeons Nerve Injuries, April 1998.

Long Island Jewish Medical Center. Rigid internal fixation in trauma, orthognathic and reconstructive surgery, 1986.

Medical College of Virginia Maxillofacial Internal Fixation, November 1997.

Midface trauma, University of Rochester, Rochester, NY, October, 1993.

Mount Sinai Hospital & Medical Center, Facial Trauma & Reconstruction, September 1997.

New York State Society of Oral & Maxillofacial Surgeons. Gunshot wounds to the temporomandibular joint, a case presentation. 1982.

New York State Society of Oral & Maxillofacial Surgeons. Rigid internal fixation symposium, 1986.

New York University School of Dentistry, Consultant to the Dean on Diversity, 2002.

Northeast Society of Oral & Maxillofacial Surgeons Meeting. Possible mechanisms of tissue loss following maxillary osteotomy, 1983.

Northeastern Society of Oral & Maxillofacial Surgeons. Teaching ambulatory anesthesia to oral & maxillofacial surgery residents, 1985.

Northern Kentucky Dental Society, Maxillofacial nerve injuries, January 1999.

Oncology Grand Rounds, Cancer Treatment Centers of America, Webinar, Oral health in patients with advanced metastatic cancer, 2010.

Orthognathic Surgery, Internal Fixation, Operating Room Personnel Course, Las Vegas Nevada, 2005.

Pennyrile Dental Society, The Future of Dental Education, Bowling Green, KY, June 2000.

Rationale for a Predoctoral Dental Implant Curriculum and Clinical Experience, symposium at the American Dental Education Association, March 2002.

Second Annual Skull Base Surgery Symposium-Craniofacial Access, Cancun, Mexico, February 1998.

Speaker, moderator, Symposium on Incorporating Technology into Residency Education, American Association of Oral and Maxillofacial Surgeons/American Association of Orthodontists Faculty Section, Orlando, Florida, February 3, 2000.

Speaker-Moderator, AAOMS annual meeting, Symposium on Health Care Delivery September 1999.

Stacking the deck or reshuffling to enhance diversity? Provost's seminars, Speakers L. Assael, M. Nietzel Provost, M Kern, psychology, B Shay Dean of fine arts, University of Kentucky, October 14, 2002.

State of Louisiana, Consultant on the Oral Health Center Grant Application, Louisiana State University, 1998-99.

State of the Faculty, Faculty Section Business Meeting, AAOMS Annual Meeting, Chicago, October 2, 2002.

State University of New York at Stony Brook. Oral medicine seminar - medical case studies, 1988.

Symposium on temporomandibular disorders, moderator, American Association Oral and

Maxillofacial Surgeons and American College of Prosthodontists, Midwinter meeting, Chicago, IL, 1997.

Teachers' conference ITI, Bern Switzerland, bone grafts, 1998.

Temporomandibular Disorders, Facial Pain and necessary Treatment, Metropolitan Life Insurance Company, Board of Directors, Dental Advisory Council, San Antonio, Texas, February, 2005.

Temporomandibular disorders, National Ehlers Danlos Foundation Farmington, CT, August 1993.

The great debate vs. RV Walker, rigid versus non rigid fixation in maxillofacial bone surgery, Western Society of Oral and Maxillofacial Surgeons, Kohala, Hawaii, March 2002.

The management and treatment of the developmentally disabled dental patient, review of the patient with cleft lip and palate, Long Island Jewish Medical Center, 1988.

The need for a postgraduate dental education year. New York State Dental Association, Garden City, New York, May 2002.

The status of education in oral and maxillofacial surgery: Implications for the practicing surgeon, Canadian Association of Oral and Maxillofacial Surgeons, American College of Oral and Maxillofacial Surgeons, Halifax, Canada, June, 25 2005.

Third Molar Consensus Conference, Chicago, August 1993. Facial Trauma Symposium, University of Oklahoma. Rigid internal Fixation of midface fractures, mandible fractures and MMF wires or plates, August, 1993.

Third Molars: To extract or not, The New York Academy of Dentistry, New York, N.Y., March, 1994.

Three Rivers Community College. Mini medical school on dental implants. Norwich, CT. April, 1996.

University of Connecticut. Rigid internal fixation in trauma, 1986.

University of Florida, Continuing Education, Treatment planning implant surgery, October 2000.

Veterans Administration Hospital, Lexington, Keynote Speaker, Hispanic Awareness in Healthcare, February 2000.

Visiting professor and lecturer, Boston University, oral and maxillofacial surgery, Microneurosurgical trigeminal nerve repair, August 9, 2002.

Visiting Professor, Grand Rounds, Microneurosurgery for maxillofacial neuropathic pain, Massachusetts General Hospital, December 17, 2002.

Workshop on rigid internal fixation, Emory University, 1989.

World Dental Congress, FDI/ADA, Washington, DC. Symposium: Temporomandibular joint anatomy and clinical correlation, 1988.

Rigid internal fixation pan-facial fractures, Northwestern University, 1988.

**ACCREDITATION CONSULTANT FOR THE COUNCIL ON DENTAL ACCREDITATION
(1993)**

Catholic Medical Center, New York
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Presenter: Leon A. Assael DMD

Friday, February 14, 2014

7:30am – 4:30pm

Minneapolis Airport Marriott

2020 American Blvd. East, Bloomington, MN

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

Name of organization or person requesting approval: Matthew Beattie DDS
Address: 1544 W. Kimberly Rd. Davenport IA 52804
Phone: 563 3866910 Fax: 563 3866967 E-mail: drmbearie@yahoo.com
Signature: *Matthew Beattie* Date: 10/23/13

How many credit hours of continuing education are you requesting? 1

Expanded function course you are submitting for review:

- Taking Occlusal Registrations
- Placement and Removal of Gingival Retraction
- Taking Final Impressions
- Fabrication and Removal of Provisional Restorations
- Applying Cavity Liners and Bases, Desensitizing Agents and Bonding Systems
- Placement and Removal of Dry Socket Medication
- Placement of Periodontal Dressings
- Testing Pulp Vitality
- Monitoring Nitrous Oxide

Name of instructor providing training: Matthew Beattie DDS

Educational background: (Attach a copy of curriculum vitae or other relevant information):

#6653
#10
entered 12/16/13

Nitrous Oxide Monitoring Training

Instructor: Matthew Beattie D.D.S.

Educational Background: 1995 B.A. Augustana College, Rock Island, IL

2000 D.D.S. University of Iowa College of Dentistry, Iowa City, IA

2000-2002 – Private Practice General Dentist, Family Dental Center, Coralville, IA

2003-present: Private Practice General Dentist, Beattie Family Dental, Davenport, IA

Course Objectives: Upon completion of this course, the student will be able to:

- Understand the history and background for Nitrous Oxide as an anesthetic agent.
- Identify indications for use in clinical dentistry.
- Identify contraindications for use in clinical dentistry.
- Evaluate patients suitable for nitrous oxide sedation.
- Know the basic equipment and its use in the dental operator.
- Understand best clinical practices for nitrous oxide sedation.
- Implement workplace monitoring and safety guidelines per OSHA guidelines.
- Identify signs and symptoms of exposure.
- Understand nitrous monitoring systems, i.e. Laudauer Monitoring Badge.
- Maintain absolute safety for patients in the clinical setting.

Plan for Initial Assessment: A pre-test will be given to the students. See attached.

Didactic Materials: See attached. "Nitrous Oxide Sedation: Clinical Review and Workplace Safety"

Lab Training: No lab training to be provided.

Plan for Clinical component of training:

- Clinical demonstration of proper application of nitrous oxide nasal mask.
- Demonstration of pulse oximeter
- Nitrous equipment trouble shooting
- Demonstration of emergency protocols during nitrous oxide sedation

Plan for Post-Course Competency

- Oral review questions
- Clinical demonstration of skills
- Administration of written post-test. See attached.

Times and Dates for entire course and location: This course will be offered to the qualified staff of Beattie Family Dental, P.C. only. It will be offered after course approval during an office in-service training date, yet to be determined.

Intended Recipients: The intended recipients of this course will be Iowa Registered Dental Assistants Donna Bick and Carrie Jacobsen. Hygienists Tracy Elliott and Wendy Anderson will also participate in the course.

Nitrous Oxide Monitoring: Pre-test

1. What is the molecular formula for nitrous oxide?
 - a. NO
 - b. N₂O
 - c. NO₂
2. Which of the following is a contraindication for the use of nitrous oxide?
 - a. First Trimester Pregnancy
 - b. Hypertension
 - c. Diabetes
 - d. Asthma
3. Which of the following is not a common side effect to nitrous oxide sedation?
 - a. Uncontrollable fits of laughter
 - b. Heavy feeling in extremities
 - c. Tingling in face
 - d. Diarrhea
4. What is the device used to monitor pulse and blood oxygen saturation called?
 - a. Sphygmomanometer
 - b. Pulsonomer
 - c. Pulse Oximeter
 - d. Finger Do-dad
5. What is the range of percent oxygen saturation acceptable during nitrous oxide sedation?
 - a. 10%-20%
 - b. 50%-60%
 - c. 65%-75%
 - d. 90%-100%
6. Which of the following should a patient NOT do during nitrous oxide sedation?
 - a. Talk excessively
 - b. Breath through their mouth
 - c. Snore
 - d. All of the above
7. What should the assistant monitoring nitrous oxide do if the patient becomes nauseated?
 - a. Call 911
 - b. Tell the patient to hold their breath for 15 seconds
 - c. Quickly turn off the nitrous oxide/oxygen gasses
 - d. Call for the doctor, and prepare an emesis basin, and have patient turn to their right side.

Nitrous Oxide Monitoring: Post-test

1. What is the color of the compressed gas tank for nitrous oxide?
 - a. Blue
 - b. Green
 - c. Black
2. Which of the following are potential indications for the use of nitrous oxide?
 - a. History of difficulty obtaining anesthesia with local anesthetic
 - b. Anxiety with dental treatment
 - c. Patient with strong gag response
 - d. All of the above are potential indications
3. Which of the following are common side effects to nitrous oxide sedation?
 - a. Uncontrollable fits of laughter
 - b. Heavy feeling in extremities
 - c. Tingling in face
 - d. All of the above
4. What is the device placed over the patient's nose and used to administer nitrous oxide called?
 - a. Nasal hood
 - b. Elephant nose
 - c. Laryngoscope
 - d. Nitro-nose
5. What pulse rate listed below (beats per minute) would be concerning during nitrous oxide sedation?
 - a. 75
 - b. 60
 - c. 130
 - d. 30
 - e. c and d
6. How long should a patient remain on oxygen only after nitrous oxide sedation?
 - a. 0 minutes
 - b. 30 seconds
 - c. 5 minutes
 - d. 10 minutes
7. What condition may result if a patient is rapidly taken off a N₂O/O₂ mixture without a recovery period of O₂?
 - a. Hyperbaria
 - b. Diffusion Hypoxia
 - c. Pnuemothroax



The Academy of Dental Learning & OSHA Training

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St. Paul, MN 55118

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Nitrous Oxide Sedation: Clinical Review & Workplace Safety

Updated March 2013

4 credit hours (4 CEs)

Health Science Editor:

MaryLou Austin, RDH, MS

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Click here to take
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1. Review the Objectives

Objectives provide an overview of the entire course and each chapter. Read the Course Description and focus on the Learning Objectives listed.

2. Study the Chapters in Order

Each chapter contains information essential to understanding subsequent sections. Keep your learning 'programmed' by reviewing the materials in order.

3. Complete the Post-Examination Online or by Fax

After studying the course take the test. You can access the exam by clicking on the red exam box which is located in the upper right corner of this page and at the end of the last chapter.

Answer each question by clicking on the button corresponding to the correct answer. All questions must be answered before the test can be graded. There is no time limit on the test. You may refer back to the course at any time with the back arrow on your browser.

You may also choose to print the exam and complete it manually. If you choose this option, please FAX your answer sheet to (703) 935-2190.

4. Grade the Test

If you completed the test online, click on 'Grade Test'. You will then have the option to Register your name and license number or Login if you have previously registered. Finally, you will be required to provide a credit card number for secure transmission to pay the exam processing fee.

If you completed the test manually and faxed it to us, someone from our office will grade it and contact you with the results and your certificate.

A score of 70% or more is required to pass the test. If your score is less than 70%, you may try again.

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6. CE Certificate

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LEARNING OBJECTIVES

Upon completion of this course, the student will be able to:

- Understand the history and background for Nitrous Oxide as an anesthetic agent.
- Identify indications for use in clinical dentistry.
- Identify contraindications for use in clinical dentistry.
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- Understand best clinical practices for nitrous oxide sedation.
- Implement workplace monitoring and safety guidelines per OSHA guidelines.
- Identify signs and symptoms of exposure.
- Understand nitrous monitoring systems, i.e. Laudauer Monitoring Badge.
- Maintain absolute safety for patients in the clinical setting.

INTRODUCTION

Patient anxiety has always been a major issue in dental offices. This course reviews guidelines for use of nitrous oxide for the dental practitioner and dental staff to manage anxiety and pain. Nitrous Oxide (N_2O), when administered properly, is safe, effective, and tends to increase patient satisfaction during some dental procedures. Since clinical dentistry often



needs chemical agents to maintain patient comfort and to allay anxiety (anxiolytic properties), the ideal agent would have a fairly rapid onset of action, good therapeutic effectiveness, a wide safety margin, quick recovery time, no "hangover" effect or excessive sedative effects, and which does not require the presence of an anesthesiologist.

An anesthetic which is ideally suited to clinical dentistry is nitrous oxide or N_2O as nitrous oxide is commonly abbreviated. Nitrous oxide produces analgesic and anxiolytic effects when used correctly in a clinical setting. Nitrous oxide (N_2O on many forms or chemical symbol N_2O) gas has been available to the medical and dental community for over 150 years. The use of nitrous oxide as an anesthetic is common for anesthesiologists and dental practitioners as an adjunct to local anesthetic agents, and fulfills almost all of the criteria listed above.

Benefits of Nitrous Oxide Sedation

1. Increase patient comfort during procedures
2. Safe and effective
3. Potential practice building tool
4. Short recovery time
5. Easy to administer

After a discussion of nitrous oxide's chemical and physical properties, the course emphasizes best clinical practices to support absolute patient safety and to assure that clinicians minimize exposure to themselves in the workplace. OSHA sets forth specific guidelines for clinical and workplace safety which will be discussed in detail. Also a review of common terms is provided as an appendix, as well as information about workplace safety and monitoring systems for exposure management in the dental clinical setting. Ironically, nitrous oxide exposure issues for the patient are relatively minimal. Of more concern are the long-term health issues for clinicians, particularly child bearing age women, who may be exposed on a daily basis and therefore subject to more cumulative effects based on the frequency of exposure.

HISTORY OF NITROUS OXIDE AND USE IN DENTISTRY



Joseph Priestly

Nitrous oxide, one of the first modern anesthetics, was first manufactured in 1772 by English chemist, Joseph Priestly. About 1800, Sir Humphrey Davy experimented with the physiological properties of the gas and stated: "As nitrous oxide in its extensive operation appears capable of destroying physical pain, it may probably be used with advantage during surgical operation". The surgical world ignored his suggestion, and interest in the surgical use of nitrous oxide would have to wait another half century.

After Sir Davy observed the amusing effects on people who inhaled nitrous oxide, he coined the term "laughing gas" which is also commonly used today.



Nitrous oxide was used for the first time as a dental anesthetic drug in 1844. Dr. Horace Wells, with assistance by Gardner Quincy Colton and John Mankey Riggs, collaborated successfully to use nitrous oxide on a patient for an extraction. In the following weeks, Wells treated the first 12-15 patients with nitrous oxide, and according to his own record only failed in two cases. In spite of these convincing results reported by Wells to the medical society in Boston, this new method of pain management was not immediately adopted by other dentists.



In early 1845, Wells' first public demonstration of nitrous oxide anesthesia for the medical faculty in Boston was only partly unsuccessful, leaving his colleagues doubtful regarding its efficacy and safety. Wells was booed off the stage and in the aftermath, he lost his reputation and eventually committed suicide. However, to this day, Dr. Wells is considered the "discoverer of anesthesia".

In 1863 nitrous oxide anesthesia came into general use, when Gardner Quincy Colton successfully began to use nitrous oxide in all his "Colton Dental Association" clinics. Up to the 1860's nitrous oxide was used alone as an inhalational anesthetic with 100% concentration of the gas administered to patients. Oxygen was added to the gas mix, and soon Colton and his associates successfully administered nitrous oxide to more than 25,000 patients, with over 75,000 extractions completed with the use of N_2O as an anesthetic. Now with the efficacy and safety demonstrated by large numbers of successful procedures, the use of nitrous oxide rapidly became the preferred anesthetic method in

dentistry. The gas is mild enough to keep a patient in a conscious and conversational state, and in most cases is strong enough to suppress the pain caused by dental procedures. Therefore, nitrous oxide remains today as the preferred anesthetic gas used in dentistry.

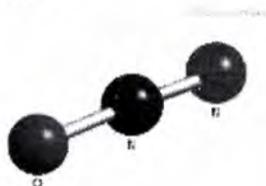
Every year approximately 45 million dental patients undergo anesthesia in North America, with nitrous oxide constituting a major component in about half of these procedures. A significant percentage of general dentists use nitrous oxide sedation in their practices to manage pain, anxiety, and excessive gag reflex. Nitrous is the most used gaseous anesthetic in the world, commonly administered for the purpose of decreasing the amount of more potent and usually more toxic agents during general anesthesia cases.



CHEMICAL AND PHYSICAL PROPERTIES

Formula

N_2O



Synonyms

- Synonyms for Nitrous Oxide include:
- Dinitrogen monoxide
- factitious air
- hyponitrous acid anhydride
- laughing gas
- nitrogen oxide

Identifiers

1. CAS No.: 10024-97-2
2. RTECS No.: QX1350000
3. DOT UN: 1070 14 (compressed); 2201 23 (refrigerated liquid)
4. DOT label: Nonflammable gas, oxidizer (nitrous oxide, compressed); nonflammable gas (nitrous oxide, refrigerated liquid)



Appearance and Odor

Nitrous oxide is a colorless gas at room temperature with a slightly sweet odor and taste.

Physical Data

1. Molecular weight: 44.02
2. Boiling point (at 760 mm Hg): -88.5 degrees C (-127.3 degrees F)
3. Specific gravity (air = 1): 1.97 at 25 degrees C (77 degrees F)

4. Vapor density: 1.53
5. Melting point: -91 degrees C (-132 degrees F)
6. Vapor pressure: 760 mm Hg at 88.5 degrees C (191.3 degrees F)
7. Solubility: Slightly soluble in water; soluble in alcohol, ether, oils, and sulfuric acid .
8. Evaporation rate: Data not available.

Reactivity

1. Conditions contributing to instability: Nitrous oxide can form an explosive mixture with air.
2. Incompatibilities: Contact of nitrous oxide with aluminum, boron, hydrazine, lithium hydride, phenyllithium, phosphine, sodium, tungsten carbide, hydrogen, hydrogen sulfide, organic peroxides, ammonia, or carbon monoxide may cause violent reactions to occur.
3. Hazardous decomposition products: Toxic gases (such as carbon monoxide and oxides of nitrogen) may be released in a fire involving nitrous oxide.
4. Special precautions: None reported.

Flammability

Nitrous oxide is a non-flammable gas at room temperature. The National Fire Protection Association has not assigned a flammability rating to nitrous oxide.

1. Flash point: Not applicable.
2. Auto-ignition temperature: Not applicable.
3. Flammable limits in air: Not applicable.
4. Extinguishant: For small fires use dry chemical or carbon dioxide. Use water spray, fog, or standard foam to fight large fires involving nitrous oxide.

Fires involving nitrous oxide should be fought upwind from the maximum distance possible. Keep unnecessary people away; isolate the hazard area and deny entry. Isolate the area for 1/2 mile in all directions if a tank, rail car, or tank truck is involved in the fire. For a massive fire in a cargo area, use unmanned hose holders or monitor nozzles; if this is impossible, withdraw from the area and let the fire burn. Emergency personnel should stay out of low areas and ventilate closed spaces before entering. Vapors are an explosion hazard indoors, outdoors, or in sewers. Containers of nitrous oxide may explode in the heat of the fire and should be moved from the fire area if it is possible to do so safely. If this is not possible, cool the fire-exposed containers from the sides with water until well after

the fire is out. Stay away from the ends of containers. Firefighters should wear a full set of protective clothing and self-contained breathing apparatus when fighting fires involving nitrous oxide.

EXPOSURE LIMITS

OSHA

The Occupational Safety and Health Administration (OSHA) does not currently regulate exposure limits of nitrous oxide.

NIOSH REL

The National Institute for Occupational Safety and Health (NIOSH) has established a recommended exposure limit (REL) for nitrous oxide of 25 parts per million (ppm) parts of air (45 milligrams per cubic meter (mg/m³)) as a time-weighted average (TWA) for the duration of the exposure.

Rationale for Limits

The NIOSH limit is based on the risk of reproductive system effects and decreases in audiovisual performance.

The ACGIH limit is based on the risk of reproductive, hematological, and nervous system effects.

HEALTH HAZARD INFORMATION

Routes of Exposure

Exposure to nitrous oxide occurs through inhalation.

Summary of Toxicology

Effects on Animals

Nitrous oxide has central nervous system, teratogenic, bone marrow, and liver effects in animals [ACGIH 1991]. Rats exposed to an 80 percent concentration for 2 or more days showed signs of bone marrow toxicity [ACGIH 1991]. However, rats exposed to a 1 percent concentration of nitrous oxide for periods ranging from 7 days to 6 months showed no bone marrow effects [ACGIH 1991]. Exposure to nitrous oxide also causes neurotoxic (spinal cord lesions, demyelination, peripheral neuropathy) and hepatotoxic (focal inflammatory lesions) effects in experimental animals [ACGIH 1991]. In one study, pregnant rats were exposed to 50 percent nitrous oxide for 24 hours/day starting on day 8 of gestation and continuing for 1, 2, 4, or 6 days; dose-related embryo-lethal and teratogenic effects occurred among the offspring. The most common effects were embryonic death, resorption, and abnormalities of the ribs and vertebrae [Rom 1992]. Nitrous oxide was negative in three carcinogenicity assays in mice and rats exposed to concentrations as high as 400,000 ppm for 4 hours/day, 5 days/week for 78

weeks [ACGIH 1991]. The results of mutagenicity assays involving nitrous oxide were negative [ACGIH 1991].

Effects on Humans

Nitrous oxide is an asphyxiant at high concentrations. At lower concentrations, exposure causes central nervous system, cardiovascular, hepatic, hematopoietic, and reproductive effects in humans. At a concentration of 50 to 67 percent (500,000 to 670,000 ppm) nitrous oxide is used to induce anesthesia in humans [Rom 1992]. Patients exposed to a 50:50 mixture of nitrous oxide:oxygen for prolonged periods to induce continuous sedation developed bone marrow depression and granulocytopenia. Although most patients recover, several deaths from aplastic anemia have been reported. Neurotoxic effects occur after acute exposure to concentrations of 80,000 to 200,000 ppm and above; effects include slowed reaction times and performance decrements [Hathaway et al. 1991]. Long-term occupational exposure (dentists, dental assistants) has been associated with numbness, difficulty in concentrating, paresthesias, and impairment of equilibrium [ACGIH 1991]. In one study, exposure to 50 ppm nitrous oxide was associated with a decrement in audiovisual performance, but this result has not been duplicated in other studies. Epidemiological studies, primarily of operating room personnel, have shown increased risks of spontaneous abortion, premature delivery, and involuntary infertility among these occupationally exposed populations [ACGIH 1991; Hathaway et al. 1991].

SIGNS AND SYPTOMS OF EXPOSURE

Acute Exposure

The signs and symptoms of acute exposure to nitrous oxide include dizziness, difficult breathing, headache, nausea, fatigue, and irritability. Acute exposure to nitrous oxide concentrations of 400,000 to 800,000 ppm may cause loss of consciousness.

Chronic Exposure

The signs or symptoms of chronic overexposure to nitrous oxide may include tingling, numbness, difficulty in concentrating, interference with gait, and reproductive effects.

OSHA EXPOSURE SOURCES AND CONTROL METHODS



(per OSHA Guidelines 2013)

The following operations may involve nitrous oxide and lead to worker exposures to this substance:

- The manufacture and transportation of nitrous oxide
- Use as an anesthetic gas
- Use as a propellant (foaming agent) in whipped creams
- Use as a leak detecting agent on natural gas pipelines
- Use as an oxidant for the production of organic compounds
- Use in rocket fuel formulations
- Use in the manufacture of nitrates from alkali metals

Methods that are effective in controlling worker exposures to nitrous oxide, depending on the feasibility of implementation, are as follows:

- Process enclosure
- Local exhaust ventilation
- General dilution ventilation
- Personal protective equipment

Workers responding to a release or potential release of a hazardous substance must be protected as required by paragraph (q) of OSHA's Hazardous Waste Operations and Emergency Response Standard.

Emergency Medical Procedures with Exposure

Remove an incapacitated worker from further exposure and implement appropriate emergency procedures e.g., those listed on the Material Safety Data Sheet required by OSHA's Hazard Communication Standard. All workers should be familiar with emergency procedures, the location and proper use of emergency equipment, and methods of protecting themselves during rescue operations.

Good sources per OSHA of information about control methods are as follows:

1. ACGIH [1992]. Industrial ventilation--a manual of recommended practice. 21st ed. Cincinnati, OH: American Conference of Governmental Industrial Hygienists.

2. Burton DJ [1986]. Industrial ventilation--a self-study companion. Cincinnati, OH: American Conference of Governmental Industrial Hygienists.
3. Alden JL, Kane JM [1982]. Design of industrial ventilation systems. New York, NY: Industrial Press, Inc.
4. Wadden RA, Scheff PA [1987]. Engineering design for control of workplace hazards. New York, NY: McGraw-Hill.
5. Plog BA [1988]. Fundamentals of industrial hygiene. Chicago, IL: National Safety Council.

WORKPLACE MONITORING AND MEASUREMENT

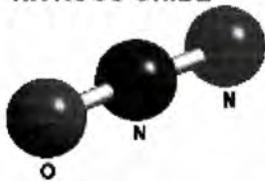
Determination of a worker's exposure to airborne nitrous oxide can be made using one of the following techniques:

1. Use of a Landauer Passive Dosimeter badge, which can be used for a minimum sampling duration of 1 hour (maximum duration 40 hours). Analysis is performed by the manufacturer of the badge as described in the OSHA Computerized Information System.
2. An ambient air or bag sample with a minimum collection volume of two spectrophotometer cell volumes. Analysis is conducted using a long-path length portable infrared spectrophotometer as described in NIOSH Method No. 6600.



PROPERTIES AND MECHANISM OF ACTION

NITROUS OXIDE



Nitrous oxide produces analgesic (pain killing) and anxiolytic (anxiety reduction) effects. Nitrous oxide is the weakest of the inhalant anesthetics used for patient sedation in dentistry or medicine. The chemical formula is N_2O . The gas is colorless, nonflammable, with a slightly sweet odor.

Nitrous oxide has low solubility in blood, diffuses rapidly across the alveolar-arterial membrane and is excreted unchanged through the lungs. As a result, nitrous takes effect rapidly and is quickly reversible on discontinuation. Nitrous oxide can induce loss of consciousness at high concentrations, typically 70% or higher. Nitrous oxide produces either no change, or a slight increase in blood pressure, while all other volatile anesthetics reduce blood pressure. There is no effect on heart rate, but high doses may cause myocardial depression.

The exact mechanism of action is unknown. However, the most widely accepted theory is that the analgesic effect is occurs by interaction with the opioid receptors. These are the same receptors activated by morphine and heroin. This stimulation occurs in the mid-brain leading to activation of the descending inhibitory pathways, which alters pain processing in the spinal cord. The anxiolytic effect is

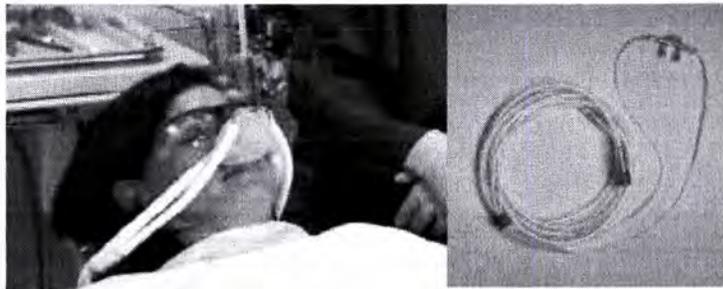
mediated by interaction with the GABA-A receptors. The mechanism of action closely resembles that of ethanol. GABA is an inhibitory neurotransmitter that inhibits the pre-synaptic cells from transmitting thus decreasing nervous system activity.



Nitrous oxide gas is used in both the medical and dental professions to ensure patient comfort during procedures. A 40%-70% N_2O mixture (the remainder consisting of oxygen) is used as an adjunct to inhalation and IV general anesthesia.

The gaseous mixture is administered using either a mask, nasal canula, or an endotracheal tube. The onset of action for N_2O is between 2-5 minutes. However, since the mean alveolar concentration (MAC) of N_2O considered the ED50 for general anesthesia (the dose at which 50% of patients will experience anesthesia) is 105%, nitrous cannot be used alone as a general anesthetic. Typically, nitrous oxide is only used to start the anesthesia process.

In dentistry, nitrous oxide is typically used as an anxiolytic or as an anxiety reducing agent. N_2O is given as a 25%-50% mixture with oxygen. Most often it is administered through a nasal mask or nasal canula.



The patient should be started out breathing 100% oxygen and then slowly allowed to breathe increasing amounts of N_2O until the desired effect is achieved. It is important that the patient be reminded to breathe through the nose in order for the gas to work. The patient should be questioned as to how they are feeling to ensure an optimal level of nitrous is being administered. Therapeutic levels will vary from patient to patient. If the nitrous level being administered is too low, the patient will not be receiving an effective anxiolytic dose. If the nitrous level is too high, unwanted side effects may occur. After the procedure is finished, allow the patient to breathe 100% oxygen again for 2-5 minutes in order to clear the nitrous from the lungs and return the patient to a pre-anesthetic state or normal feeling.

Disinfection

Disposable nose masks are available and widely used due to their convenience. However, if a reusable nosepiece is used, it is important to disinfect it between each patient. Nosocomial infections have occasionally been linked with the use of unsterile inhalation devices due to cross contamination. The recommended technique for disinfection of these masks is the use of an alkaline glutaraldehyde solution.

USES IN CLINICAL DENTISTRY

Indications

- A fearful, anxious, or obstreperous patient
- Certain patients with special health care needs
- A patient whose gag reflex interferes with dental care
- A patient for whom profound local anesthesia cannot be obtained
- A cooperative child undergoing a lengthy dental procedure

Contraindications

- Some chronic obstructive pulmonary diseases
- Severe emotional disturbances or drug-related dependencies (see abuse)
- First trimester of pregnancy
- Treatment with bleomycin sulfate
- Methylenetetrahydrofolate reductase deficiency (B12)

The contraindications for use of nitrous are important especially when considering that nitrous oxide is the only inhaled anesthetic proven to be teratogenic (causing birth defects) in animals, so is to be avoided in the first trimester of pregnancy. Patients with pulmonary hypertension or major cardiac disease should be evaluated carefully and in consultation with the medical doctor before using nitrous. Patients with severely compromised cardiac function are not candidates for nitrous oxide sedation because of the slight myocardial depressant action of the gas on the circulatory system. And patients who are claustrophobic may be unable to tolerate a nasal mask although use of a nasal canula may solve the issue. Some patients may fear "losing control" of themselves and adamantly refuse N₂O

sedation. Patients with persistent nasal congestion or obstruction or who unable to breathe comfortably through the nose, may not be candidates for nitrous oxide sedation.

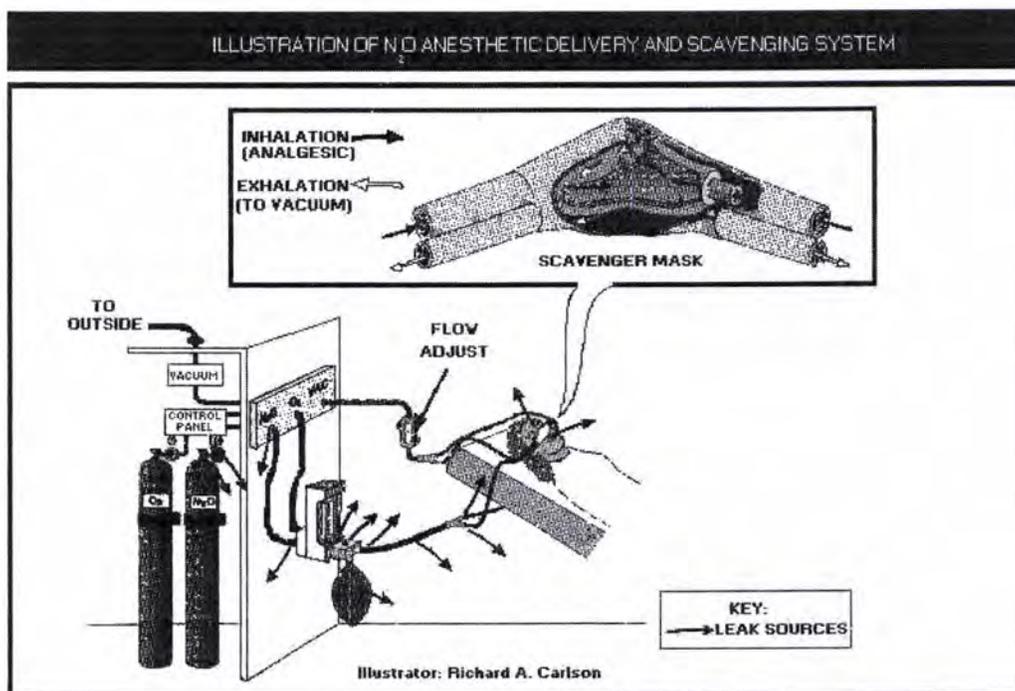
Review of patient's current medical history is critical prior to the decision to use nitrous oxide sedation and a medical consultation with the patient's physician may be necessary. This assessment should include:

- Allergies and previous allergic or adverse drug reactions
- Current medications including dose, time, route, and site of administration
- Diseases, disorders, or physical abnormalities and pregnancy status
- Previous hospitalization to include the date and purpose
- Obtain written consent from patient or the guardian of a minor patient.

EQUIPMENT

Mixtures of N_2O and oxygen have been used in dentistry as general anesthetic agents, analgesics, and sedatives for more than 100 years. The usual analgesia equipment used by dentists includes a N_2O and O_2 delivery system, a gas mixing bag, and a nasal mask or nasal canula with a positive pressure relief valve.

The illustration below shows basic N_2O equipment set up and arrows represent possible leakage areas, discussed below.



Engineering Controls / Maintenance Procedures

The following engineering controls and maintenance procedures have been shown to be feasible and effective in reducing workplace exposure to N₂O during anesthetic administration.

Anesthetic delivery

Excessive exposure to N₂O may occur as a result of leaks from the anesthetic delivery system during administration. The rubber and plastic components of the anesthetic equipment are potential sources of N₂O leakage because they may be degraded by the N₂O and the oxygen as well as by repeated sterilization.

These sources include leaks from the high-pressure connections present in the gas delivery tanks, the wall connectors, the hoses connected to the anesthetic machine, and the anesthetic machine (especially the on-demand valve). Low-pressure leaks occur from the connections between the anesthetic flowmeter and the scavenging mask. This leakage is due to loose-fitting connections, loosely assembled or deformed slip joints and threaded connections, and defective or worn seals, gaskets, breathing bags, and hoses.

All newly installed dental facilities that deliver nitrous oxide/oxygen must be checked for proper gas delivery and fail-safe function prior to use. Inhalation equipment must have the capacity for delivering 100%, and never less than 30%, oxygen concentration at a flow rate appropriate to the child's or adult's size. Additionally, inhalation equipment must have a fail-safe system that is checked and calibrated regularly according to the dental practitioner's state laws and regulations. All nitrous oxide delivery system equipment must have an appropriate scavenging system.

The dental clinician, who utilizes nitrous oxide/oxygen analgesia for a pediatric or general practice dental patient, shall possess appropriate training and skills and have available the proper facilities, personnel, and equipment to manage any reasonably foreseeable emergency. Training and certification in basic life support are required for all clinical personnel and per state regulation. These individuals should participate in periodic review of the office's emergency protocol, the emergency drug cart, and simulated exercises to assure proper emergency management response. Ideally the dental team meets regularly to review clinical emergency management protocols. All dental personnel need current CPR and basic life support training.



An emergency cart (kit) must be readily accessible. Emergency equipment must be able to accommodate adults and children of all ages and sizes. It should include equipment to resuscitate a non-breathing, unconscious patient and provide continuous support until trained emergency personnel arrive.

A positive pressure oxygen delivery system capable of administering >90% oxygen at a 10 liters/minute flow for at least 60 minutes (650 liters, "E" cylinder) must be available. When a self-inflating bag valve mask device is used for delivering positive pressure oxygen, a 15 liters/minute flow is recommended. There should be documentation that all emergency equipment and drugs are checked and maintained on a regularly scheduled basis. Where state law mandates equipment and facilities, such statutes should supersede this guideline.



Analgesia machines for dentistry are designed to deliver up to 70 percent (700,000 ppm) N₂O to a patient during dental treatment. The machine restricts higher concentrations of N₂O from being administered to protect the patient from hypoxia (lack of oxygen). In most cases, patients receive between 30 and 50 percent N₂O during a procedure. The amount of time N₂O is administered to a patient depends on the dentist's judgment of an individual patient needs and the complexity of the case.



Single-use mask

A newer type of mask is a frequent choice in dental practice: a single patient use nasal hood or single use nasal canula. This single use mask or canula does not require sterilization after surgery because it is used once and is disposable.

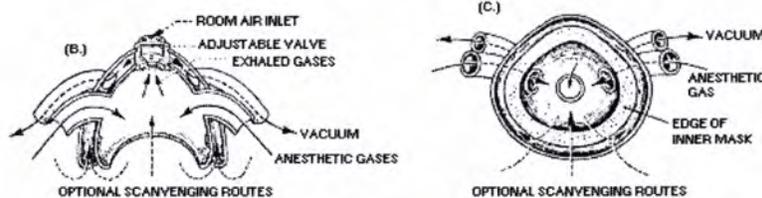
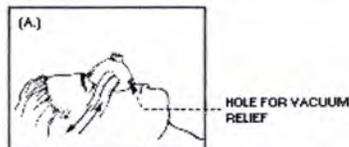
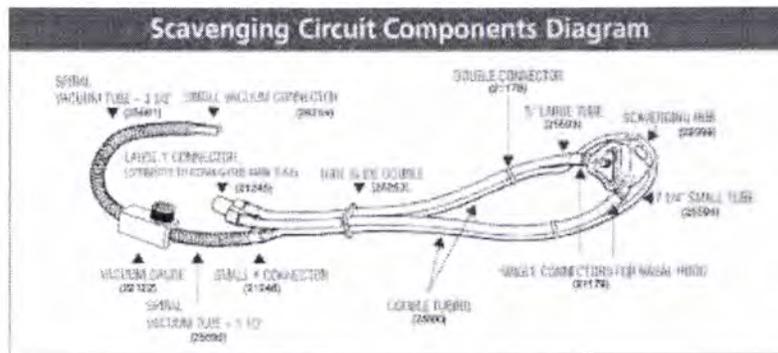
In a dental operator, a scavenging system is part of a high-volume evacuation system used with a dental unit. The vacuum system may dispose of a combination of waste gases, oral fluid, and debris, and is not limited to waste gas removal. The exhaust air of the evacuation system should be vented outside the building and away from fresh-air inlets and open windows to prevent re-entry of gas into the operatory.

Scavenging System

A scavenging system designed to pick up excess gases consists of five basic components:

1. Gas collection assembly which captures excess anesthetic gases at the site of emission, and delivers it to the transfer tubing.
2. Transfer tubing: conveys the excess anesthetic gases to the interface.
3. The interface: provides positive (and sometimes negative) pressure relief and may provide reservoir capacity. It is designed to protect the patient's lungs from excessive positive or negative scavenging system pressure.
4. Gas disposal assembly tubing: conducts the excess anesthetic gases from the interface to the gas disposal assembly.

5. Gas disposal assembly: conveys the excess gases to a point where they can be discharged safely into the atmosphere. Several methods in use include a non-recirculating or recirculating ventilation system, a central vacuum system, a dedicated (single-purpose) waste gas exhaust system, or a passive duct system.



Circle breathing system connected to a closed reservoir scavenging interface.

The general ventilation should provide good room / air mixing. In addition, auxiliary (local) exhaust ventilation should be used in conjunction with a scavenging system and has been shown to be effective in reducing excess N_2O in the breathing zone of the dentist and dental assistant, from nasal mask leakage and patient mouth breathing. This type of ventilation captures the waste anesthetic gases at their source. However, there are practical limitations in using it in the dental operator. These include proximity to the patient, interference with dental practices, noise, installation and maintenance costs. It is most important that the dentist not work between the patient and a free-standing local exhaust hood. Doing so will cause the contaminated air to be drawn through the dentist's breathing zone.

SAFETY IN THE DIGITAL AGE

(per ADA Guide to Dental Therapeutics, 2008)

Significant and recent changes in safety protocols relates to the technology used to control the precise flow of gasses delivered through the inhalation sedation unit. Although the old flow tube flowmeter technology is still available, it is being replaced by the state-of-the-art digital electronic flow control devices, such as the Centurion Mixer and Digital MDM. Both of these devices are percentage devices and overcome the limitations of the older flow tube technology. The devices have resolution of the gas flow in increments of 0.1 liter per minute, and the total flow and percent of oxygen are displayed digitally, eliminating the guesswork or calculations required with simple flow tube devices. The ability to clean the front panel with a disinfection wipe reduces the potential of cross patient infection, an issue associated with the crevices created by knobs and levers. Patient safety is ensured with built-in alarms for all gas depletion conditions along with servo control of the gas delivery. Continuous internal self-monitoring of all operational parameters by the device frees the practitioner to concentrate on the patient's needs. The device alerts the practitioner or staff to unusual parameters requiring attention, similar to those seen in larger hospital-based systems.

The digital units deliver pure oxygen during the "flush" function by electronically shutting off the nitrous oxide flow, as opposed to the flow tube units, which only dilute the nitrous oxide delivered. Again, the removal of extra steps in shutting down the nitrous oxide supply before pressing the "flush" button is removed and greatly simplifies the practitioner's tasks.

The units contain flashing LEDs to afford the practitioner a simple method of ensuring that the individual component gas is flowing and that the relative ratio and amount of flow is correct. Additionally, the digital unit provides the capability of displaying the flow rate of either of the constituent gasses. The non-silenceable alarm function for oxygen depletion ensures patient safety. The air intake valve located on the bag tee provides room air to the patient whenever the patient's breathing demand is greater than the combined output of the mixer head's settings and reservoir bag volume.

Various models of the electronic gas mixing head allow mounting as a wall unit, portable unit, countertop unit, or as a flush-mount unit in modern cabinetry. Digital heads have the most flexibility, especially when combined with various remote bag tee options provided by the manufacturer. The units are fully compatible with central gas supply systems such as the popular Flo-Safe Manifold, Centurion Gas Manifold, and all existing scavenging systems.

Electronic digital administration heads for delivery of conscious sedation advance the art of dentistry. The digital heads once considered the wave of the future are the standard today. The digital accuracy and exacting control is highly recommended for patient comfort and safety (Malamed, 2008, for the ADA Dental Therapeutics).

Safety Features Incorporated into Modern Inhalation Sedation Units

- Alarm
- Color coding
- Diameter index safety system
- Emergency air inlet
- Lock
- Minimum oxygen liter flow
- Minimum oxygen percentage
- Oxygen fail-safe
- Oxygen flush button
- Pin index safety system
- Quick-connect for positive-pressure oxygen
- Reservoir bag

CLINICAL WORK PRACTICES

- Prior to first use each day of the N₂O machine and every time a gas cylinder is changed, the low-pressure connections should be tested for leaks. High-pressure line connections should be tested for leaks quarterly. A soap solution may be used to test for leaks at connections. Alternatively, a portable infrared spectrophotometer can be used to detect an insidious leak.
- Prior to first use each day, inspect all N₂O equipment (e.g., reservoir bag, tubing, mask, connectors) for worn parts, cracks, holes, or tears. Replace as necessary. Connect mask to the tubing and turn on vacuum pump. Verify appropriate flow rate (i.e., up to 45 L/min or manufacturer's recommendations).
- A properly sized mask should be selected and placed on the patient. A good, comfortable fit should be ensured. The reservoir (breathing) bag should not be over or under-inflated while the patient is breathing oxygen (before administering N₂O).
- Encourage the patient to minimize talking, mouth breathing, and facial movement while the mask is in place.



- During N₂O administration, the reservoir bag should be periodically inspected for changes in tidal volume, and the vacuum flow rate should be verified.
- On completing anesthetic administration and before removing the mask, non-anesthetic gases/agents should be delivered to the patient for a sufficient time based on clinical assessment that may vary from patient to patient. In this way, both the patient and the system will be purged of residual N₂O. Do not use an oxygen flush.

CLINICAL ADMINISTRATION PROTOCOLS

Some dentists administer N₂O at higher concentrations at the beginning of the procedure, and then decrease the amount as the procedure progresses. Others administer the same amount of N₂O throughout the procedure. When the procedure is completed, the N₂O is turned off. Some dentists turn the N₂O on only at the beginning of the operation, using N₂O as a sedative during the administration of local anesthesia, and turn it off before operating procedures. Based on variations in dental practices and other factors in room air, N₂O concentrations can vary considerably for each operation and also vary over the course of the dental procedure.

In the typical dental office procedure, the nasal mask or nasal canula is placed on the patient, fitted, and adjusted prior to administration of the nitrous oxide/ oxygen gases. The mask or canula is designed for the nose of the patient since access to the patient's mouth is essential for dental procedures.

Ideal sedation has been achieved when the patient states that he or she is experiencing some or all of the following:

- feeling of warmth throughout his or her body
- numbness of the hands and feet
- numbness of the soft tissues of the oral cavity
- a feeling of euphoria, and a feeling of lightness or of heaviness of the extremities.

***Note that not all patients will experience the same symptoms.**

.A local anesthetic, if needed, is typically administered after the N₂O takes effect. The patient's mouth is opened and the local anesthetic is injected. The dental procedure begins after the local anesthetic takes effect. The patient opens his/her mouth but is instructed to breathe through the nose.

Nonetheless, a certain amount of mouth breathing frequently occurs. The dentist may periodically stop the dental procedure for a moment to allow the patient to close the mouth and breathe deeply to re-establish an appropriate concentration of N₂O in the patient's body before resuming the procedure.

Depending on the nature of the procedure, high velocity suction is regularly used to remove intra-oral debris and, when used, creates a negative air flow and captures some of the gas exhaled by the patient.

At the end of the procedure, the nosepiece is left on the patient while the N₂O is turned off and the oxygen flow is increased. The anesthetic mixture diffuses from the circulating blood into the lungs and is exhaled. Scavenging is continued while the patient is eliminating the N₂O.

Monitoring the Patient

The response of patients to commands during procedures performed during nitrous oxide anesthesia serves as a guide to their level of consciousness. Clinical observation of the patient must be done during any dental procedure. During nitrous oxide/oxygen analgesia, continual clinical observation of the patient's responsiveness, color, and respiratory rate and rhythm must be performed. Spoken responses provide an indication that the patient is breathing. If any other pharmacologic agent is used in addition to nitrous oxide/oxygen and a local anesthetic, monitoring guidelines for the appropriate level of sedation must be followed.

The use of a pulse oximeter is also indicated. The oximeter measures the amount of oxygen saturation in the bloodstream via a sensor device placed on a finger or in the case of an infant, on a foot. If the reading falls below 90%, the attending dental personnel need to increase oxygen by increasing flow by making sure the airway is unobstructed and that the patient is breathing deeply enough to maintain appropriate levels. Pulse oximeters are relatively inexpensive and are extremely helpful in monitoring the patient during nitrous oxide administration. Most pulse oximeters have a sound notification if the oxygen saturation in the blood falls below 90%.



Examples of Pulse Oximeter Devices

Side Effects of Nitrous Oxide / Oxygen Inhalation

The side effects of N₂O take three main forms:

1. Metabolic inhibition
2. Pressure/volume problems
3. Problems related to the administration of oxygen.

Metabolism of Nitrous Oxide

Nitrous oxide irreversibly oxidizes the cobalt atom of vitamin B12, inhibiting the activity of the cobalamine-dependent enzyme methionine synthase. Synthesis of the enzyme is required to restore activity and takes several days. A 50% decrease in methionine synthase activity is seen after only 2 hours of exposure. Loss of this enzyme shuts off the synthesis of methionine, a principle substrate for assembly of myelin sheaths and DNA synthesis, and leads to an accumulation of its precursor homocysteine. In adults with untreated B12 deficiency exposed to nitrous or those who chronically abuse N_2O leading to depletion of body stores of cobalamine, a myeloneuropathy is seen which is identical to subacute combined degeneration of the spinal column as seen in pernicious anemia. A high degree of suspicion is necessary for any patient who develops neurologic symptoms after nitrous anesthesia. For these reasons, patients with suspected B12 deficiency (history of B12 supplementation, post gastrectomy, ileal malabsorption) or anemia should not receive nitrous.

Pressure/Volume Toxicity

The other major cause of adverse events from nitrous oxide is due to pressure/volume complications. Compared to nitrogen, nitrous oxide is 34 times more soluble in blood. It will thus diffuse from the blood into any closed air-filled cavity in the body faster than the nitrogen can diffuse out. In a cavity with thick or noncompliant walls, the pressure inside such a cavity will immediately begin to increase. On the other hand, if the nitrous diffuses into a compliant, thin-walled air-filled space such as a pulmonary cyst or a loop of incarcerated bowel, the elevation in pressure will lead to distention of the structure. The major example of nitrous diffusing into a poorly compliant cavity is the eyeball.

Ophthalmologists frequently inject inert gases, e.g., sulfur hexafluoride or perflouropropane, into the eye to treat retinal detachments. These injections are administered during retinal surgery but may also be done in an office setting. These gas bubbles can remain in the eyeball for weeks before they are reabsorbed. If a patient with an intraocular gas bubble receives nitrous oxide anesthesia, the nitrous will diffuse into the gas bubble and lead to an immediate and dangerous elevation of intraocular pressure. The elevated pressure leads to central retinal artery occlusion and irreversible vision loss. Cases of total vision loss have been reported in patients with diabetic retinopathy followed by nitrous anesthesia. Therefore, the first question to be asked of any patient before nitrous oxide anesthesia is given should ascertain whether the patient has had any ocular procedures, injections, or surgery in the previous 3 months prior to the contemplated use of nitrous oxide.

Ideally, such a patient will still be wearing their green plastic wristband, issued by the ophthalmologist warning against the use of nitrous oxide.

Oxygen Toxicity

Nitrous oxide administration should be avoided in patients who have received therapy with Bleomycin, an anti-neoplastic antibiotic, which is known to cause pulmonary toxicity. Acute respiratory distress

syndrome has occurred in patients who have received bleomycin and is felt to be due to fluid overload and high inspired oxygen concentrations given during the surgical procedure.

Post-inhalation Hypoxia (lack of oxygen)

In 1955, Dr. Raymond Fink published a paper documenting oxygen desaturation of up to 10% occurring after patients given N₂O /O₂ anesthesia were placed on room air, with the effect lasting up to 10 minutes. For this reason, the standard of care is to administer 100% oxygen for at least 5 minutes to all patients at the conclusion of inhalation anesthesia with N₂O /O₂. This has been shown to completely prevent this so-called post-inhalation hypoxia.

Acute and chronic adverse effects of nitrous oxide on the patient are rare. Nausea and vomiting are the most common adverse effects, occurring in 0.5% of patients. A higher incidence is noted with longer administration of nitrous oxide/oxygen, fluctuations in nitrous oxide levels, and increased concentrations of nitrous oxide. Fasting is not required for patients undergoing nitrous oxide analgesia. The practitioner, however, may recommend that only a light meal be consumed in the 2 hours prior to the administration of nitrous oxide to avoid any possibility of aspiration of vomit during a procedure.

DOCUMENTATION

Informed consent must be obtained from the parent and documented in the patient's record prior to administration of nitrous oxide/oxygen. The practitioner should provide instructions to the parent regarding pre-treatment dietary precautions, if indicated. In addition, the patient's record should include indication for use of nitrous oxide/oxygen inhalation, nitrous oxide dosage (i.e., percent nitrous oxide/oxygen and/or flow rate), duration of the procedure, and post treatment oxygenation procedure.

Documentation is critical to protect a dentist in the case of a lawsuit. All aspects of a procedure must include the percentage of N₂O administered, the length of time the patient was sedated, and the flow of gas during administration.

An acceptable example of documentation for the procedure:

"Pt. given 25% N₂O/75%O₂ for 45 minutes @ 7L/min. Pt. initially given 35% N₂O/65% O₂ and reported "slight uneasy feeling" – N₂O was subsequently adjusted and comfortable level of sedation achieved". In 10:45am – Out 11:30am".

Documentation must be consistent and accurate. If in doubt more documentation is better than less.

ADDITIONAL WORKPLACE SAFETY INFORMATION

(per OSHA & NIOSH)

Health Effects

Animal studies have shown adverse reproductive effects in female rats exposed to airborne concentrations of N₂O. Data from these studies indicate that exposure to N₂O during gestation can produce adverse health effects in the offspring.

Several studies of workers have shown that occupational exposure to N₂O causes adverse effects such as reduced fertility, spontaneous abortions, and neurologic, renal, and liver disease. A recent study reported that female dental assistants exposed to unscavenged N₂O for 5 or more hours per week had a significant risk of reduced fertility compared with unexposed female dental assistants. The exposed assistants had a 59% decrease in probability of conception for any given menstrual cycle compared with the unexposed assistants. For dental assistants who used scavenging systems during N₂O administration, the probability of conception was not significantly different from that of the unexposed assistants. Since environmental exposures were not measured during these epidemiologic studies, no dose-effect relationship could be established.

Workers Exposed

More than 600,000 workers (i.e., dentists, dental assistants, and dental hygienists) practice dentistry in the United States. In 2010, the American Dental Association (ADA) reported that 35% of all dentists used N₂O to control pain and anxiety in their patients. The ADA Survey of Dental Practice indicated that 58% of dentists reported having N₂O anesthetic equipment, and 64% of those practitioners also reported having a scavenging system.

General Workplace Controls

Occupational exposure for dental clinicians can be controlled by the application of a number of well-known principles including engineering and work practice controls, administrative controls, personal protective equipment, and monitoring.

Exposure may be controlled by some or all of the following:

- Effective anesthetic gas scavenging systems that remove excess anesthetic gas at the point of origin.
- Effective general or dilution ventilation.
- Good work practices on the part of the health-care workers, including the proper use of controls.
- Proper maintenance of equipment to prevent leaks.

- Periodic personnel exposure and environmental monitoring to determine the effectiveness of the overall waste anesthetic gas control program.

Occupational Exposure Limits

The Occupational Safety and Health Administration (OSHA) does not currently have an exposure limit standard for N₂O.

The NIOSH recommended exposure limit (REL) for N₂O is 25 ppm as a time-weighted average (TWA) during the period of anesthetic administration [NIOSH 1977b]. This REL is intended to prevent decreases in mental performance, audiovisual ability, and manual dexterity during exposures to N₂O. An REL to prevent adverse reproductive effects cannot be established until more data are available.

The American Conference of Governmental Industrial Hygienists (ACGIH) threshold limit value (TLV) for N₂O is 50 ppm as an 8-hour TWA.

Guidelines for Minimizing Exposure

Exposure monitoring should be the first step in developing work practices and worker education programs, since measurements of N₂O are needed to determine the type and extent of controls that are necessary. Guidelines for this section are provided from OSHA and NIOSH websites.

<http://www.osha.gov/SLTC/healthguidelines/nitrousoxide/recognition.html>

Determination of a worker's exposure to airborne nitrous oxide can be made using one of the following techniques:

- Landauer Passive Dosimeter badge, which can be used for a minimum sampling duration of 1 hour (maximum duration 40 hours). Analysis is performed by the manufacturer of the badge as described in the OSHA Computerized Information System.
- Use of an ambient air or bag sample with a minimum collection volume of two spectrophotometer cell volumes. Analysis is conducted using a long-path length portable infrared spectrophotometer as described in NIOSH Method No. 6600.
- ADA (American Dental Association) approved manufacturer of various dosimeter badges for nitrous oxide exposure measurement.

NITROUS OXIDE BADGE MONITORS

The United States Department of Labor recommends healthcare workers and dental clinicians monitor exposure to N₂O by use of badges. Several manufacturers make monitoring badges. Landauer is specifically mentioned by the Labor Department and offers the information below from their website:

The Landauer nitrous oxide monitor (NITROX[®]) is a diffusion type air monitoring badge assembly worn in the breathing zone of personnel to evaluate potential exposure to N₂O gas. Nitrous oxide gas is

adsorbed on the selected adsorbent material (molecular sieve), sent to the laboratory and thermally desorbed and analyzed by the manufacturer using IR. Both an active cartridge sample collected by drawing air through the cartridge with a calibrated sampling pump, (referred to as “active samples” in this report), and a passive monitor sample which requires no sampling pump to collect the sample (referred to as “passive samples” in this report) were taken. Both use the same proprietary adsorbent material.

Advantages and Disadvantages

(per Dept. of Labor)

This badge monitor method, such as Landauer has adequate sensitivity for measuring workplace atmosphere concentrations of N₂O.

The sampling procedure for this method involves no liquid and mechanical pumps. A somewhat bulky direct-reading instrument is not used and pre- and post-calibration is not necessary.

One disadvantage is the requirement that the monitor is analyzed at the manufacturer’s laboratory, which does not allow for immediate results as given by a direct-reading instrument. Quality control is dependent mainly on the manufacturer; this makes it difficult for those laboratories which prefer to conduct their own quality control program. It is recommended that users occasionally prepare spiked samples to assure adequate quality control.

Signs and Symptoms of Exposure

Acute exposure: The signs and symptoms of acute exposure to nitrous oxide include dizziness, difficult breathing, headache, nausea, fatigue, and irritability. Acute exposure to nitrous oxide concentrations of 400,000 to 800,000 ppm may cause loss of consciousness.

Chronic exposure: The signs or symptoms of chronic overexposure to nitrous oxide may include tingling, numbness.

ABUSE OF NITROUS OXIDE

- The substance disrupts learning ability. In a typical experiment volunteers who inhaled a low dose of the drug showed worsened reaction time, worsened ability to do arithmetic, and general sedation accompanied by nervous system depression (as opposed to stimulation).
- Interference with driving ability has been noted one-half hour after a dose.
- Short-term exposure can cause dizziness, nausea, vomiting, and breathing difficulty.

- Some recreational users quickly inhale as much nitrous oxide as possible and hold their breath. This technique causes a sudden change of pressure inside the lungs and can rupture small interior structures needed for breathing.
- Blood pressure can go up or down, depending on dosage. Users can lose consciousness, which may be hazardous in a recreational context due to falls or inability to shut off the gas source.
- The substance deactivates vitamin B12, an effect that can cause numbness and difficulty in moving arms and legs.
- Other results can be impotence and involuntary discharge of urine and feces.
- Nitrous oxide interferes with blood clotting, and long-term exposure has caused blood abnormalities.
- Persons with chronic industrial exposure have more kidney and liver disease than usual.
- Nitrous oxide can become very cold when released as a gas from a pressurized container, cold enough to cause frostbite upon meeting skin or throat.
- Breathing nitrous oxide without an adequate supply of oxygen can be fatal; a little in a closed space or a lot from a face mask can suffocate a user.
- Although nitrous oxide is called nonflammable, when inhaled it can seep into the abdominal cavity and bowels, mixing with body gases to create a flammable combination. If ignited the result would be like setting off an explosive inside the body; the danger is real enough that surgical personnel administering nitrous oxide as an anesthetic have been warned about it.

CONCLUSION

Nitrous oxide / oxygen anesthesia is used in a standard way in dentistry and medicine. And review of the standards on a regular basis is invaluable to maintain the highest standard of care. Professional use and administration of nitrous oxide is a tried and true method to manage patients' anxiety for dental procedures. The overall patient experience is enhanced by careful and professional use of this practice-building anesthetic gas. Dental team members must adhere to the best clinical protocols and know the standard of care to ensure absolute safety for the patient and to minimize exposure to themselves. Nitrous oxide is safe and effective for use by qualified dental professionals in a wide variety of situations requiring pain and anxiety management in the dental office setting.

GLOSSARY OF TERMS

The following glossary of terms relates to use of N₂O sedation. This list is abbreviated from the OSHA list. The full glossary is available by searching the OSHA website: <http://www.osha.gov/dts/osta/anestheticgases/index.html>

Air is the elastic, invisible mixture of gases (chiefly nitrogen and oxygen) that may be used with medical equipment; also called medical air.

Anesthesia machine is equipment intended for dispensing and delivering anesthetic gases and vapors into a breathing system.

Anesthetic agent is a drug that is used to reduce or abolish the sensation of pain, e.g., halothane, enflurane, isoflurane, desflurane, sevoflurane, and methoxyflurane.

Anesthetic gas is any gaseous substance, e.g., nitrous oxide, used in producing a state of anesthesia.

Anesthetizing location is any area in a facility where an anesthetic agent or drug is administered in the course of examination or treatment. This includes operating rooms, delivery rooms, emergency rooms, induction rooms, and other areas.

Area sample is a sample collected at a fixed point in the workplace.

Breathing system is a gas pathway in direct connection with the patient's lungs, through which gas flow occurs at respiratory pressures, and into which a gas mixture of controlled composition may be dispensed. The function of the breathing system is to convey oxygen and anesthetic gases to the patient's lungs and remove waste and anesthetic gases from the patient's lungs. Scavenging equipment is not considered part of the breathing system. The system is also referred to as breathing or patient circuit, respiratory circuit or system.

Breathing zone is defined as the area immediately adjacent to the employee's nose and mouth; a hemisphere forward of the worker's shoulders with a radius of approximately 6 to 9 inches.

Carbon dioxide (CO₂) is a colorless, odorless gas, and is a normal end product of human metabolism. It is formed in the tissues and eliminated by the lungs.

Carcinogenicity is the ability of a substance to cause cancer.

Check valves are also known as unidirectional valves, one-way valves, and inspiratory and expiratory valves (refer to definition of unidirectional valve).

Compressed gas is defined as any material or mixture having in the container an absolute pressure exceeding 40 psig at 70°F or having an absolute pressure exceeding 104 psig at 130°F.

Congenital anomaly is a structural or functional abnormality of the human body that develops before birth but is not inherited. One type of birth defect.

Cylinder supply source is a cylindrical-shaped tank that is color-coded and pin-indexed or Compressed Gas Association (CGA) valve-specific and used to contain a specified medical gas.

Cylinder pressure gauge monitors the pressure of gas within a cylinder.

Epidemiology is the study of health and illness in human populations.

Excess gases are those gases and anesthetic vapors that are delivered to the breathing circuit in excess of the patient's requirements and the breathing circuit's capacity. These gases are removed from the breathing circuit by the waste gas scavenging system.

Exhalation check valve, also known as expiratory unidirectional valve, refers to that valve that ensures that exhaled gases flow away from the patient and into the waste gas absorber.

Flow control valve, also known as the needle valve, controls the rate of flow of a gas through its associated flow meter by manual adjustment.

Flowmeter is a device that measures and indicates the flow rate of a gas passing through it.

Gas is defined as a formless fluid that expands readily to fill any containing vessel, and which can be changed to the liquid or solid state only by the combined effect of increased pressure and decreased temperature.

General anesthesia is a state of unconsciousness in which there is an absence of pain sensation.

HVAC system, also known as the heating, ventilating, and air conditioning system, supplies outdoor replacement (make-up) air and environmental control to a space or building. HVAC systems condition the air by supplying the required degree of air cleanliness, temperature and/or humidity.

Medical gas is any gaseous substance that meets medical purity standards and has application in a medical environment. Examples are oxygen, nitrous oxide, helium, air, nitrogen, and carbon dioxide.

Medical gas mixture is a mixture of two or more medical gases to be used for a specific medical application.

NIOSH RELs (recommended exposure limits) are occupational exposure limits for a 40 hour work week.

Nitrous oxide (N₂O) is used as an anesthetic agent in medical, dental, and veterinary operatories. N₂O is a weak anesthetic with rapid onset and rapid emergence. In dental offices, it is administered with oxygen, primarily as an analgesic (an agent that diminishes or eliminates pain in the conscious patient) and as a sedative to reduce anxiety.

Occupational exposure to waste anesthetic gases includes exposure to any inhalation anesthetic agents that escape into locations associated with, and adjacent to, anesthetic procedures. **Oxygen (O₂)** is an element which, at atmospheric temperatures and pressures, exists as a colorless, odorless, tasteless gas. Outstanding properties are its ability to sustain life and to support combustion.

Oxygen flush valve is a separate valve designed to rapidly supply a large volume of oxygen to the breathing system.

PACU (post-anesthesia care unit) is also known as the recovery room.

Pin Index Safety System is a safeguard to eliminate cylinder interchanging and the possibility of accidentally placing the incorrect gas on a yoke designed to accommodate another gas.

Pipeline supply source is a permanently installed piped distribution system that delivers medical gases such as oxygen, nitrous oxide, and air to the operating room.

Reservoir bag is also known as the respiratory bag or breathing bag. It allows accumulation of gas during exhalation so that a reservoir is available for the next inspiration. It can serve, through visual and tactile observation, as a monitor of a patient's spontaneous respirations and acts to protect the patient from excessive pressure in the breathing system.

Respiration is the process by which a rapid exchange of oxygen and carbon dioxide takes place between the atmosphere and the blood coming to the pulmonary capillaries. Oxygen is taken up and a proportional amount of carbon dioxide is released.

Scavenging is defined as the collection of excess gases from the breathing circuit and removal of these gases to an appropriate place of discharge outside the working environment.

Scavenging system is defined as a device (assembly of specific components) that collects and removes the excess anesthetic gases that are released from the breathing circuit.

Source sample is a sample collected at the origin of contamination.

Teratogenicity is the ability of a substance to cause birth defects in offspring, as a result of maternal (before or after conception) or paternal exposure to the toxic substance.

Tracheal tube also called the endotracheal tube, intratracheal tube, and catheter is inserted into the trachea and is used to conduct gases and vapors to and from the lungs.

TWA is a time-weighted average concentration. It is a way of expressing exposure such that the amount of time spent exposed to each different concentration level is weighted by the amount of time the worker was exposed to that level.

Unidirectional valve is a valve that allows gas flow in one direction only.

Vapor is the gaseous phase of a substance which at ordinary temperature and pressure exists as a liquid.

Ventilation is (1) the physical process of moving gases into and out of the lungs. (2) It is also defined for the purposes of industrial hygiene engineering as a method for providing control of an environment by strategic use of airflow.

Waste anesthetic gases are those gases that are inadvertently released into the workplace and/or can no longer be used.

APPLICATION FOR PRIOR APPROVAL OF EXPANDED FUNCTION TRAINING

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309-4687
http://www.dentalboard.iowa.gov
515-281-5157

RECEIVED

NOV 6 2013

IOWA DENTAL BOARD

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

Name of organization or person requesting approval: Joseph P. Tesene DDS. PC
Address: 8342 Heritage Bend Rd. West Des Moines, IA 50266
Phone: 319.400.3332 Fax: N/A Email: dr.tesene@aspendental.com
Signature: Joseph Tesene Date: 11/3/13

Expanded function course you are submitting for review:

- Taking Occlusal Registrations
- Placement and Removal of Gingival Retraction
- Taking Final Impressions
- Fabrication and Removal of Provisional Restorations
- Applying Cavity Liners and Bases, Desensitizing Agents and Bonding Systems
- Placement and Removal of Dry Socket Medication
- Placement of Periodontal Dressings
- Testing Pulp Vitality
- Monitoring Nitrous Oxide

Name of instructor providing training: Joseph P. Tesene DDS
Educational background: (Attach a copy of curriculum vitae) See Attached

Course objectives: See Attached

#1014
#10

1. Plan for initial assessment: See Attached

2. Resources used for didactic materials. Include a copy of the didactic materials for Board review.
See Attached

3. Will lab training be provided? YES NO If yes, detail lab experience: See Attached

4. Describe your plan for the clinical component of training. Be specific. See Attached

5. Plan for post-course competency assessment: _____

See Attached

6. Provide a detailed breakdown of the dates and times for the entire course: _____

See Attached

7. Where do you intend to offer the course? _____

See Attached

8. Who are the intended recipients of the course? _____

See Attached

9. How many credit hours of continuing education are you requesting? 3

If available, please include a copy of the course brochure.
A copy of the didactic materials must also be included with your request.

You will be contacted after the Iowa Dental Board has reviewed your request.

MAIL COMPLETED APPLICATION, ALONG WITH A FEE OF \$10 FOR PRIOR APPROVAL OF CONTINUING EDUCATION HOURS, TO:

Iowa Dental Board
Expanded Function Committee
400 SW 8th St., Suite D
Des Moines, IA 50309-4687

Braness, Christel [IDB]

From: Braness, Christel [IDB]
Sent: Monday, December 16, 2013 9:41 AM
To: 'drtesene@aspendental.com'
Subject: Expanded Functions Courses Review
Importance: High

In looking over your request for expanded functions courses review, it appears that Dr. Hal Harris is providing much of the training. Dr. Harris has been approved by the Board to provide expanded functions training. If Dr. Harris is providing the training, there would be no need to have this course work further reviewed by the Board.

Is there any portion of this expanded functions training that will not be taught by Dr. Harris? If yes, what portions specifically will be taught by yourself and which portions will be taught by Dr. Harris? This information is necessary to determine if further reviewed is necessary; and if so, what portion of the information requires review.

Let me know if you have any questions. Thank you.

Christel Braness, Program Planner

Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309

Phone: 515-242-6369 | Fax: 515-281-7969 | www.dentalboard.iowa.gov

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Braness, Christel [IDB]

From: POP 0493 Dr. Joseph Tesene <drtesene@aspendental.com>
Sent: Wednesday, December 18, 2013 8:53 PM
To: Braness, Christel [IDB]
Subject: RE: Expanded Functions Courses Review

Hello Christel,

Thanks for following up with my request. Yes, Dr Hal Harris I have chosen to provide for the didactic training portion of the training. I am planning to provide the clinical training in office. I assumed that I needed to submit the application for approval for the clinical portion. Please let me know if you need further information from me regarding this matter.

Best,

Joe Tesene, DDS

From: Braness, Christel [IDB] [Christel.Braness@iowa.gov]
Sent: Monday, December 16, 2013 10:40 AM
To: POP 0493 Dr. Joseph Tesene
Subject: Expanded Functions Courses Review

In looking over your request for expanded functions courses review, it appears that Dr. Hal Harris is providing much of the training. Dr. Harris has been approved by the Board to provide expanded functions training. If Dr. Harris is providing the training, there would be no need to have this course work further reviewed by the Board.

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Let me know if you have any questions. Thank you.

Christel Braness, Program Planner
Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309
Phone: 515-242-6369 | Fax: 515-281-7969 | www.dentalboard.iowa.gov<<http://www.dentalboard.iowa.gov/>>

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Joseph Patrick Tesene, DDS

8342 Heritage Bend Rd.
West Des Moines, IA 50266
319.400.3332
drtesene@aspendental.com

Professional

- Practice Owner; Aspen Dental, 4930 SE 14th St; Des Moines, IA 50320 (Aug 2010-Present)
- Associate Dentist; Stone Ridge Dental, PLC. 1008 W. Pleasant St; Pleasantville, IA 50225 (June 2009-Aug 2010)
- Associate Dentist; Emergency Dental Care USA. 4409 SW 9th St; Des Moines, IA 50315 (Dec 2009-Aug 2010)

Education

The University of Iowa, Iowa City, IA

- Doctor of Dental Surgery, *June 2009* GPA 3.7
- Master of Science in Chemistry, *July 2005* GPA 3.7
- Bachelor of Science in Environmental Science, *May 2004* GPA 3.5

Research and Teaching Experience

- Dows Institute for Dental Research, University of Iowa College of Dentistry
Spring 2006 – Present
- Graduate and Undergraduate Electrochemical research, University of Iowa Department of Chemistry. *July 2003 – July 2005*
- Masters thesis “Magnetically-Treated Electrolytic Manganese Dioxide in Alkaline Electrolyte.”
July 2005
- Graduate and Undergraduate Teaching Assistant for Chemistry Lab
- Chemistry tutor for New Dimensions in Learning at the U of I

Educational Achievements

- Dr. R.A. Greenawalt Fund/Summer Periodontal Externship, July 2008
- AADR Student Research Fellowship Award, *March 2007*
- AADR Block Travel Grant, *March 2007*
- Dean’s Recognition for academic achievement, *October 2006 and 2007*
- Dental Research Award, *2005 to 2009*
- L.B. Sims Distinguished Masters Thesis Award, *March 2006*

References

- Michael Obeng, D.D.S. Owner, Emergency Dental Care USA. Omaha, NE. (402) 597-1186
- Marco Rouman, D.D.S, Cert. in Gerodontology, Assistant Professor, College of Dentistry, The University of Iowa. (319) 335.7188
- Johna Leddy, Ph.D, Associate Professor, Department of Chemistry, The University of Iowa. (319) 335.1720

Expanded Function Training for the Dental Assistant

Joseph P. Tesene DDS

The purpose of this course is to provide the qualified dental assistant the prerequisite knowledge related to making excellent final impressions, bite registrations, and provisional restorations. At the completion of this course, the dental assistant will show academic and clinical competency necessary to begin performing these allowed operations while supervised by the training dentist.

Course Objectives

A. Final Impressions

1. Understand the importance of accurate impressions and the common causes of inadequate impressions
2. Define steps involved in predictable soft tissue management for fixed prosthodontics.
3. Discuss materials available for impression-making, their indications, and limitations
4. Show clinical proficiency in obtaining excellent impressions.

B. Occlusal Registrations

1. Discuss the rationale for occlusal registrations.
2. List materials and methods for obtaining occlusal records.
3. Show clinical proficiency in obtaining accurate occlusal records.

C. Provisional Restorations

1. Define the functions a provisional restoration should accomplish
2. Evaluate types of resins used to create provisional restorations.
3. Make single-unit and three-unit provisional restorations.
4. Compare cements used for adhering provisional restorations.

Plan for Initial Assessment

- A. The registered dental assistant must have at least 2 years of work experience in Iowa or be DANB certified.
- B. A minimum 6 months employment period by Joseph P. Tesene DDS, PC
- C. Shows good general knowledge in fixed prosthodontics and good hand skills required for performing these expanded functions.

Resources used for Didactic Portion

- A. Dental assistant to attend Board-Approved didactic course offered by Dr. Hal Harris (see enclosed copy of course handout)

- B. Video instruction: Alginate Impressions-Predictable and Accurate, Predictable Fixed and Removable Prosthodontic Impressions, Effective Provisional Restorations (Gordon Christensen, Practical Clinical Courses; 3707 North Canyon Road, Suite #3D; Provo, UT 84604. 800.223.6569)

Lab Training Portion

- A. Fabrication of vacuum-formed matrix for provisional restorations.
- B. Fabrication of custom impression trays for final impressions
- C. Finishing and polishing of provisional restorations.

Clinical Component

- A. Weeks 1 and 2: Watch and discuss PCC videos "Alginate Impressions-Predictable and Accurate," and "Predictable Fixed and Removable Prosthodontic Impressions." The dental assistant makes all single-unit and three-unit final impressions under personal supervision of training dentist.
- B. Weeks 3 and 4: Watch and discuss PCC video "Effective Provisional Restoration." The dental assistant makes all single-unit and three-unit provisional restorations under personal supervision of training dentist.
- C. Week 5: Discuss materials and methods for obtaining accurate occlusal records. The dental assistant performs all occlusal registration procedures under personal supervision of the training dentist.
- D. Week 6: Lab instruction on making vacuum-formed matrix, custom impression trays, and finishing/polishing provisional restorations.

Post-Course Competency Assessment

- A. In the final week, the dental assistant performs all final impressions, provisional restorations, and bite registrations for single-unit and three-unit fixed prosthodontics under personal supervision of training dentist.

- B. The dental assistant shows academic proficiency by passing (80% or higher) a written essay examination.
- C. Following the passage of the course, periodic assessments are made to ensure quality control and patient safety.

Course Schedule

The course is offered once per year to eligible dental assistants. The dental assistant shall complete the didactic component prior to the clinical component. The clinical component begins the second Monday in January at 12:00 PM and runs for 6 weeks as indicated above. The post-course competency exam is scheduled for 3:00-5:00 PM on the concluding Friday (6th) of the course. For 2014, the course schedule is as follows:

Jan 13-24: Soft tissue management and final impressions. Dental assistants meet on Jan 13 and 20 at 12:00 PM for video instruction and discussion. Clinical instruction and practice follows and continues through Jan 24.

Jan 27 – Feb 7: Fabrication of provisional restorations. Dental assistants will meet on Jan 27 at 12:00 PM for video instruction and discussion. Clinical instruction and practice follows and continues through Feb 7.

Feb 10 – 14: Occlusal registrations. Dental assistants will meet on Feb 10 at 12:00 PM for oral discussion. Clinical instruction and practice follows and continues through Feb 14.

Feb 17 – 20: Lab training and post-course competency. Dental assistants will meet in the dental lab for hands-on training Feb 17 at 12:00 PM. The post-course competency exam will be held from 3-5 PM on Feb 20.

Course Location

The didactic component taught by Dr. Hal Harris is held at the Covenant Presbyterian Church in West Des Moines, IA

The clinical component taught by Joseph P. Tesene DDS PC is held at Aspen Dental, 4930 SE 14th St., Des Moines, IA 50320

Intended Recipients

Jamie Brown
Jenny Sickles

Credit Hours Requested

3

EXPANDED FUNCTIONS FOR DENTAL ASSISTANTS

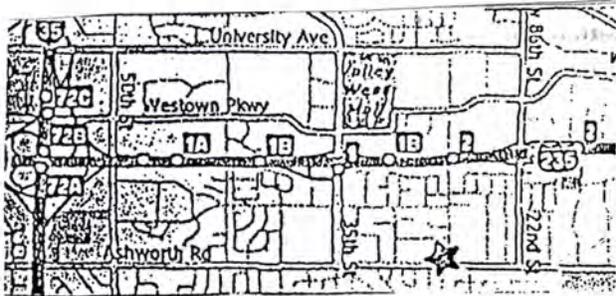
Provides an opportunity for Dental Assistants to perform
Expanded Function duties in a dental office

Didactic Portion Presented by - Dr. Hal Harris

This course is approved by the Iowa Board of Dental Examiners and DANB

Date: THURSDAY, October 17, 2013
FRIDAY, October 18, 2013

Location: Covenant Presbyterian Church
28th & Ashworth, West Des Moines



*Free parking-east side of bldg/follow signs

THURSDAY, October 17 (8:00 AM-5:30 PM)

- * Pulp Testing
- * Cavity Liners and Bases
- * Nitrous Oxide

Objectives:

- Differentiate structure and function of pulp and related tissues
- Identify the function and use of the materials
- Explain history of nitrous oxide
- Recognize and record occlusal relationships
- Identify the minimal anatomical detail required for the fabrication of a prosthetic device
- Identify and replicate anatomical characteristics of the tooth shape and alignment that protect the periodontium and preserve the integrity of the dentition
- Define alveolitis
- State the purpose of the periodontal dressing

Cost per person: Includes tuition, handouts,
and lunch each day

- * Both days 1.7 CEU's (17 hrs.) - \$360
- * Thurs. only 0.9 CEU's (9 hrs.) - \$230
- * Friday only 0.8 CEU's (8 hrs.) - \$230
- * Additional 1.4 CEU's (14 hrs) after
completion of in-office procedures
(Possible total of 31 hours CEU credit)

Textbook: for Thurs. session (one book per
office is recommended)

"Handbook of Nitrous Oxide and Oxygen
Sedation", 3rd edition, by Clark & Brunnick
Mosby (ISBN 978-0-323-04827-9)

Available used and new at Amazon.com or
at elsevierhealth.com

FRIDAY, October 18 (8:00 AM-5:00 PM)

- * Occlusal Registration
- * Gingival Retraction
- * Final Impressions
- * Provisional Restorations
- * Dry Socket Treatment
- * Periodontal Dressing

Dr. Hal S. Harris

1969 Graduate - University of Iowa College of Dentistry
Over 40 years private dental practice
Former Adjunct faculty member - UI College of Dentistry
Former Adjunct faculty member - DMAACC (Ankeny)
PHONE: (515) 226-8391

Assistants should be a CDA or have two years experience as an RDA to be eligible to take this Expanded Functions course.

To Register for the October 17th and October 18th course -

Send the appropriate amount for both days or either one-- being certain to register for the topics you wish to complete.

Registration will be limited and all registrations must be received by Friday, October 11, 2013. Anyone wishing to drop the course and receive a refund must do so by Friday, October 11, 2013.

I make an attempt to have a comfortable temperature in the meeting room. However, everyone's comfort zone is different. Please bring a jacket or sweater in case the room is too cool for your comfort.

If you have any questions, please contact:

Dr. Harris at (515) 226-8391 or hlharris@juno.com

Complete the Form below and make check payable to Dr. Harris. Forward both to the following address:

Dr. Hal S. Harris
1720 Rio Valley Drive
Clive, Iowa 50325

(This form may be duplicated for additional registrations)

Name _____

Employer's Address _____

Employer's Phone Number _____

Circle the sessions you will be attending and the amount enclosed:

Both Days - \$360

Thursday Only - \$230

Friday Only - \$230

Nitrous Oxide Only - Thursday beginning at 12:15 PM - \$185

Final Impressions

Copyright – May 2004
Dr. Hal S. Harris

Oral Anatomy Review

- Tooth Structure
- Periodontium
- Oral Cavity

Tooth Structure

- Occlusal anatomy
- Amount of recession
- Third molar region
- Position of tooth in arch

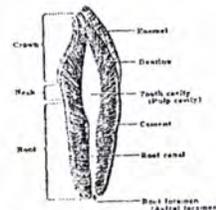
Periodontium

- Inflammation present
- Periodontal defects
- Bony defects

Oral cavity

- Soft tissue present
- Tori present
- Depth of floor of mouth
- Vestibular areas
- Frenum attachments
- Ascending ramus of mandible

Anatomy of An Incisor



601 An Incisor Tooth,
longitudinal section

Impression Materials

- An impression is a negative reproduction of the oral tissue
- Main function is to accurately record the dimension of oral tissues and their spatial relationships
- Used to make a positive reproduction (replica)
- Enables us to evaluate situations better, to make restorations outside the mouth and then in the mouth
- Material must be accurate and stable

Some Definitions Concerning Impressions

- Study model
- Cast
- Die

GYPSUM

- Depending on the accuracy needed – different types of gypsum is used to pour the impression
- The more accuracy desired – the higher the cost

Properties of "ideal" impression material

- Ease of manipulation
 - Reasonable cost
 - Adequate flow properties
 - Appropriate setting time
 - Adequate mechanical strength
 - Good dimensional accuracy
 - Safe
 - Be able to be disinfected
 - Compatible with gypsum materials
 - Good shelf life
- At the present time, there is no ONE material that meets all of these criteria

Classification of Impression materials (many ways)

- Rigid
- Flexible
- Chemical
- Physical
- Use

Rigid

- Compound
- Impression plaster
- Zinc oxide/eugenol

Discussion

- Silicone rubber
 - Condensation
 - Addition
- Poly ethers
 - Hydrophilic
 - Stiff when set
 - Long shelf life

Poly Vinyl Siloxanes

- Very popular today
- Shorter working time and setting time
- Pleasant odor & color
- Good viscosity
- Comes in two paste system
 - Automix in cartridge
 - Two tubes – mix by hand

Impression Materials In General

- Two paste system
 - Paper pad
 - Equal lengths & spatulate
- Cartridge
 - Automix
 - Need gun & tips

Other Uses For Impression Materials

- Putty – Then a wash – Making Temporaries
- Bite registration

Hydrophilicity

- Claims made in new polyvinyl siloxane materials that they do not need a dry prep
- NO validation
- Have a surfactant added
- Still need a dry prep even though hydrophilic
- Still need moisture control

Disinfection of Impressions

- Do NOT immerse for over 2-3 minutes
- Better to spray the disinfectant on the impression and leave for 10 minutes
- Check the instructions– both for impression material and the disinfectant used

- Cost and time can be a factor in choosing the appropriate impression tray

Impression Trays

- Flexure causes distortion
- Use strong impression trays
- Use adhesive in the tray
- Custom tray the Best
- Use enough material in your tray
- Improve your injection technique
- Inject wash material to prevent separation and folds

Key Factors in Obtaining a GOOD Impression

- Prepare soft tissues
- Select an impression technique
- Select an impression material
- Impression recording procedure

Preparing The Soft Tissue

- Want healthy tissue before taking the Impression if possible
- Want to ensure that the margin of the prep is recorded accurately
- Want to ensure the entire prepped tooth is recorded accurately

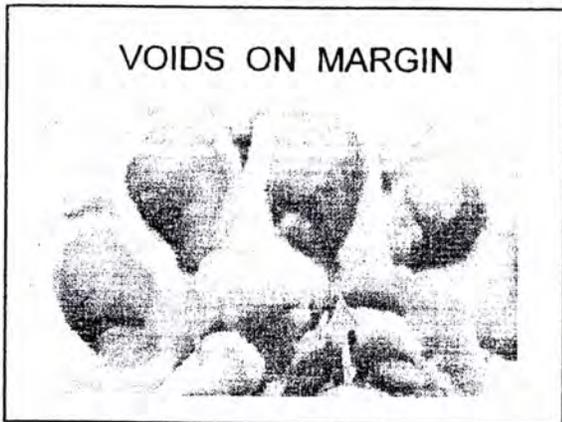
Some Impression Techniques

- Putty/wash
- Dual phase
- Monophase
- Triple tray
- Single arch

GOOD Procedure for Taking Impressions

- Prepare the patient
- Select and prepare impression tray
- Prepare soft tissue
- Apply syringe material
- Load tray and seat in mouth
- Follow manufacturer's directions as to setting times
- Remove tray
- Rinse
- Inspect for accuracy – Have dentist inspect
- Disinfect

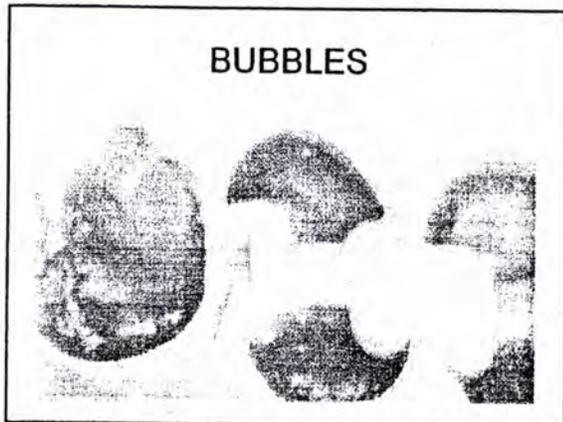
VOIDS ON MARGIN



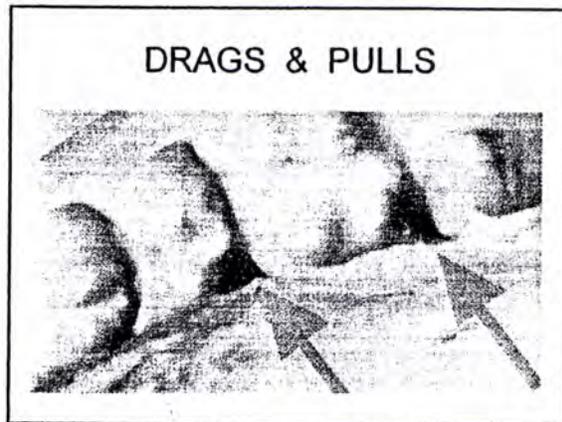
MARGINAL TEARS



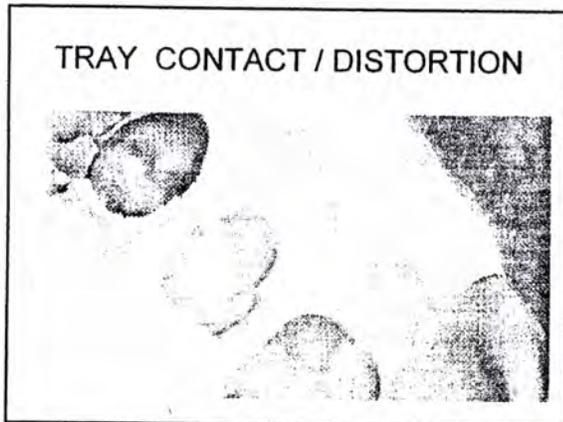
BUBBLES



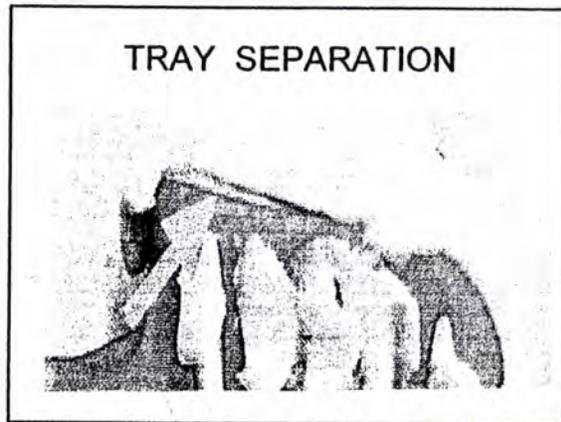
DRAGS & PULLS



TRAY CONTACT / DISTORTION



TRAY SEPARATION



Other Facts About Alginate

- Shelf life of unmixed alginate is about one year
- Environmental affects
 - Moisture & humidity
- Imbibition – Absorption of additional water
 - Causes expansion
- Syneresis – Loss of moisture
 - Causes shrinkage

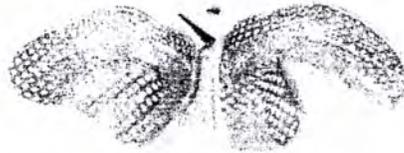
Altering Setting Time

- Warm water – reduces set time
- Normal set - 4-5 minutes
- Fast set - 1-2 minutes

PROCEDURE FOR ALGINATE IMPRESSIONS

- Explain procedure to the patient
- Pick out tray
- Try in tray
 - Check extension
 - Check fit around teeth
 - Check for anatomical obstructions
 - Want 2-3 mm clearance on periphery

PERFORATED TRAY



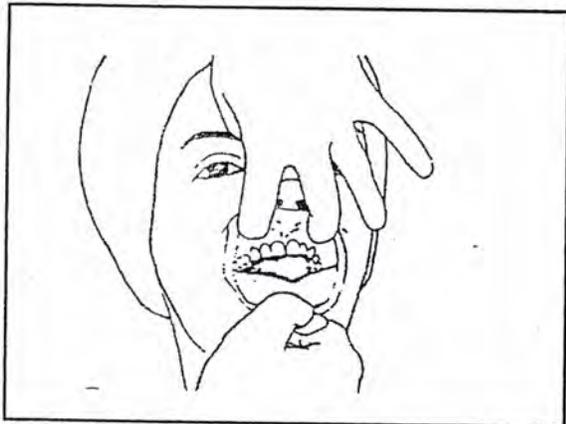
RIM LOCK TRAY



PLASTIC TRAY

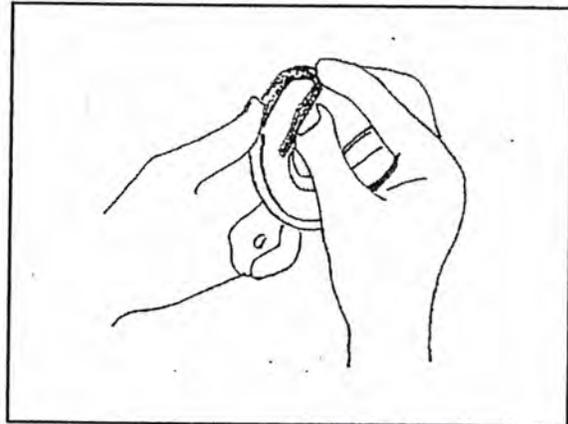
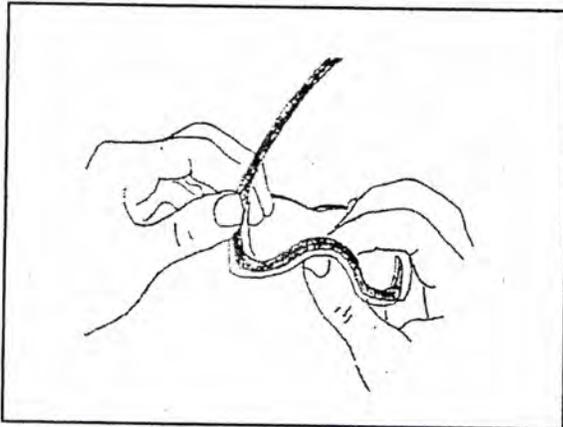
Maxillary Alginate Impression

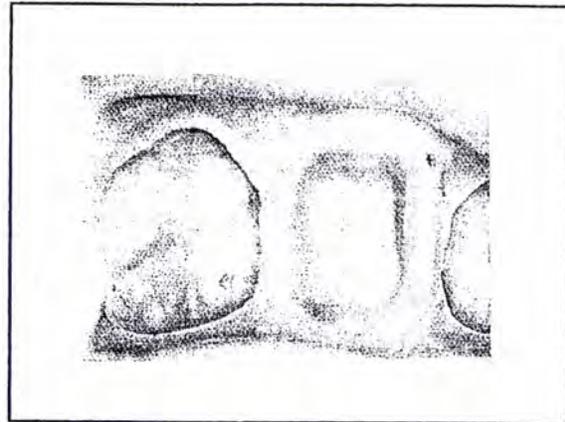
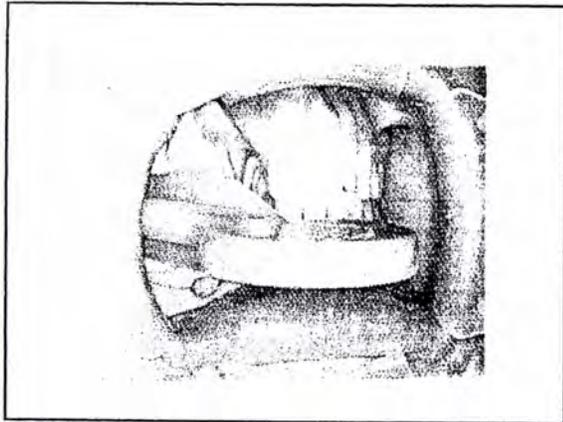
- Same as mandible
- Retract cheek
- Start in posterior and then go anteriorly
- Use finger to keep cheek away
- Check posterior for alginate flowing down throat
- Remove same as mandible
- Check patients mouth for left over alginate



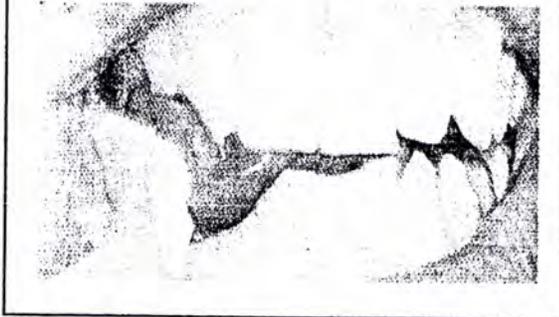
Modifying The Trays

- May use rope wax
- Post dam area – to keep alginate confined
- Anatomical abnormalities
- Retro molar area
- Helps prevent pressing tray against teeth when seating

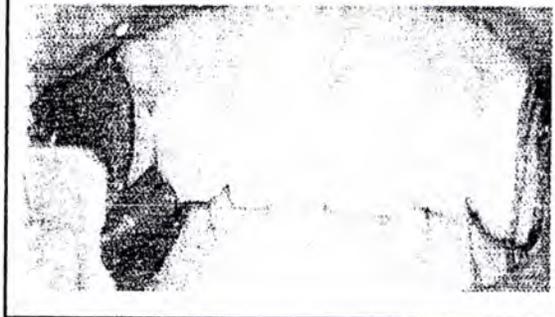




Patient Not Biting Right



Patient Biting Correctly



GENERAL STATEMENTS

- On MSDS sheets
 - Shelf life
 - Varies
 - Most 12 months to 3 years
 - Majority are hydrophilic
 - Different viscosities
 - Odor/taste

GENERAL STATEMENTS (Cont)

- Tells time within which impression should be poured
- Tells how long to wait to pour
- Disinfection methods
- Firmness
- Setting time & working time

1 **Provisional Restorations
Fabrication and Removal**

Copyright – May 2004
Dr. Hal S. Harris

2 **SUBJECT: MALE or FEMALE**

You might not have known this,

but a lot of non-living objects are actually male or female.

Here are some examples:

3

4

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9

10

11

12 **Review of oral anatomy**

- Function, morphology and traits of tooth classification
- Incisors
- Cuspids
- Bicuspids
- Molars

13

14

- Pulp protection

- Periodontal health

20 **Mechanical**

- Positional stability
 - Mesiodistal position
 - Opposing tooth
- Prevention of tooth fracture

21 **Esthetics**

- Self explanatory
- Want patient to look good

22 **Psychological Implications of Provisionals**

- Communication of appearance
- Patient's speech
- Facial profile
- Anxiety

23 **Properties of Ideal Provisional Materials**

- Convenient handling
- Biocompatible
- Dimensional stability
- Ease of contouring and polishing
- Adequate strength
- Good esthetics
- Good patient acceptance
- Ease of modification – Able to add to
- Compatible with cements
- Psychological implications
- Non irritating and odorless

24 **The Make-up of Plastics**

- Polymerization
- Monomers
- Polymers

25

33

34

35

36 **Custom Fabricated Provisional
Polyethylmethacrylate**

- Direct technique
- Advantages
- Disadvantages
- Examples of materials

37

38

39 **Polymethyl Methacrylate Resin**

- Similar to dentin resin
- Advantages
- Disadvantages
- Examples of Materials

40

41 **Epimines**

- Resin Material
- Advantages
- Disadvantages
- Examples of materials

42 **Composite Provisional Materials**

- Bis-Acrylic resins
- Similar to Bis-GMA resin
- Silanes
- Fillers

43 **Advantages of Composites**

- Good for long spans
- Good for veneers
- Low curing temperature

- Spoon excavator
- Impression
 - Alginate
 - Putty
- Separating medium – vasoline
- Cotton rolls
- Self- curing resin
- Scissors

53 EQUIPMENT & SUPPLIES (Cont)

- Surgical blade
 - #15 or #12 Bard Parker blade
- Burnisher – beaver tail or ball
- Straight handpiece
- Finishing burs, diamonds, & discs
- Polishing burs or discs
- Articulating paper

54 EQUIPMENT in LAB

- Pumice
- Lathe
- Sterile rag wheels

55 PROVISIONAL CEMENTATION SET UP

56 PROCEDURAL STEPS

- Impression – Before preparation
 - Free of debris & tears
- Preparation by dentist
- Isolate & coat prepared tooth or teeth
- Shade selection
- Mix temporary material
 - Hand mix
 - Automix
- Place material in area of prepared tooth (teeth) in matrix

57 STEPS (Cont)

- Let material sit for 1 – 2 minutes
- Place loaded matrix (Impression) back into mouth
- Allow material to reach initial set
- Remove tray from mouth

72 |

73 | Removal of Excess Cement

- Instrumentation
- Finger rest
- Instrument stroke
- Flossing
- Exam treatment area
- Consequences of improper or poor cement removal

74 | Removal of Provisionals

- Usually use a spoon excavator
- Use fundamental intraoral instrumentation principles
- Want to maintain hard and soft tissue integrity
- May need to use a handpiece or ultrasonic to remove
- DO NOT CREATE AN IATROGENIC PROBLEM

75 | Manipulation and Placement of Temporary Restoration
Material in Cavity Preparation

- Materials vary
- Mix
- Incrementally place and condense
- Overfill and carve
- Restoration should meet previously described criteria

76 | Home Care Instructions

- OHI
- Diet
- Chewing
- Color
- Size and shape
- Sensitivity

77 |

- THE END

- Copyright-May 2004
- Dr. Hal S. Harris

1 **Occlusal Registration**

Copyright – May 2004

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2

3

4 **Occlusion**

The relationship between all of the components of the masticatory system in normal function, dysfunction and para function.

It is a repeatable position

5

Occlusion is important

It is the foundation of function

Failures are mainly due to occlusion
NOT materials

6 **Mandible**

A sling with three (3) contact areas

1. Left TMJ
2. Right TMJ
3. Teeth

Three functions

1. Swallowing
2. Eating – chewing
3. Talking

7 **Muscles Involved**

- Masseter
- Lateral pterygoids
- Temporalis

Adaptability of the patient is very important in the success of dentistry

8 **Edward H. Angle - 1899**

Angle Classification

Class I (neuroclulsion)

Class II (distoclusion)

Division 1 – mandibular retrusion

Division 2 – maxillary overbite

18 KEY POINT

- The material that sets the fastest within the operator's control is the material that should be used.

19 Procedure

- Inspect the oral cavity
- Have the patient practice
- Want the teeth slightly separated
- Impression material over posterior teeth only when using PVS or similar material
- Easier to place on the mandibular teeth first

20 Characteristics of Wax

- Using wax for bite registration
- Can use a full arch sheet
- Try in and adjust wax accordingly
- Heat wax
- Position wax
- Allow wax to cool in mouth
- Patient opens
- Remove wax carefully

21

22

23

24 BITE REGISTRATION WITH ELASTIC MATERIALS

- Can use polyvinylsiloxanes , polyethers or polysulfides
- Can be automix system(cartidges)
- Can be two paste system
- Less chance of distortion compared to wax

25 Advantages (Polyvinylsiloxanes)

- Fast setting
- Not much resistance to biting forces
- No odor or taste
- Dimensional stability
- Convenient

- Polyethers similar

26 Bite Registration with Elastic Materials

- Use special tray
- Usually auto mix system

Regisil Rigid - Caulk

39

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THE END

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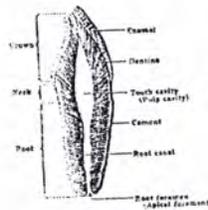
Gingival Retraction

Copyright – May 2004
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Oral Anatomy Review

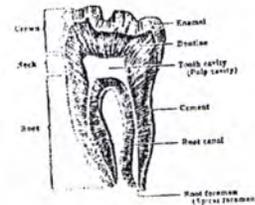
- ↳ Tooth Structure
- ↳ Enamel
- ↳ Cementum
- ↳ Cemento-enamel junction (CEJ)

Anatomy of An Incisor



601 An Incisor Tooth, longitudinal section

Anatomy of a Molar



601.1 A Molar Tooth, longitudinal section

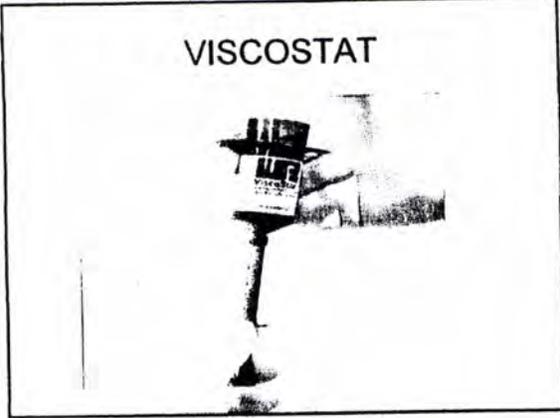
Periodontium

- ↳ Gingival Unit
- ↳ Attachment Apparatus
- ↳ Circumferential fibers

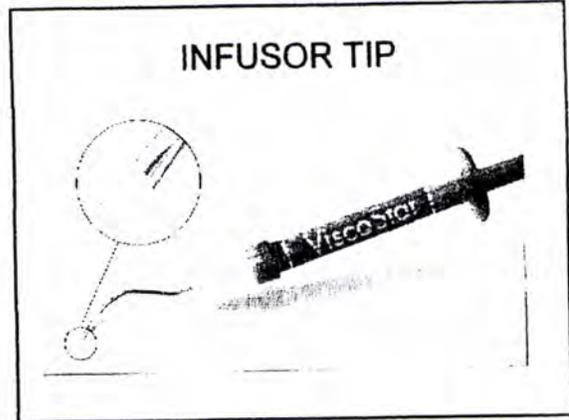
Gingival Retraction

- ↳ Gingival retraction goes hand in hand with the taking of final impressions

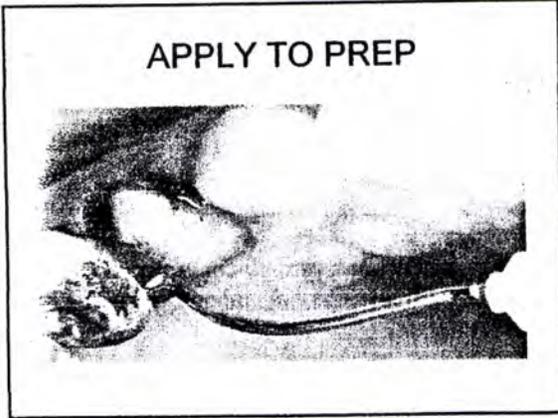
VISCOSTAT



INFUSOR TIP



APPLY TO PREP



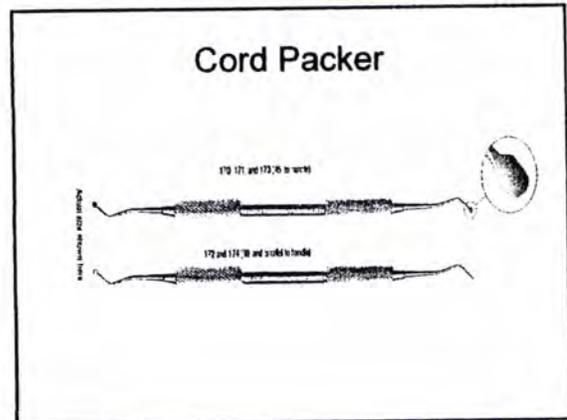
Retraction Cord Placement

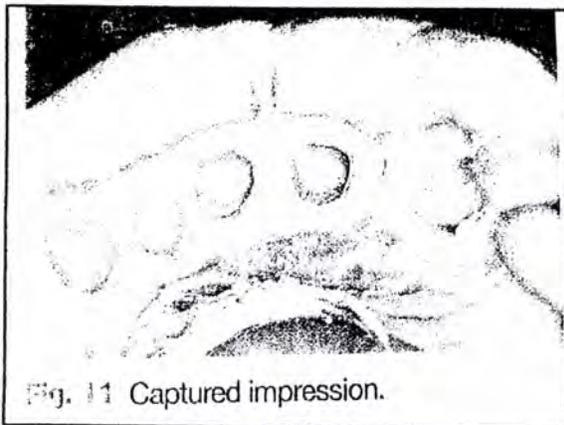
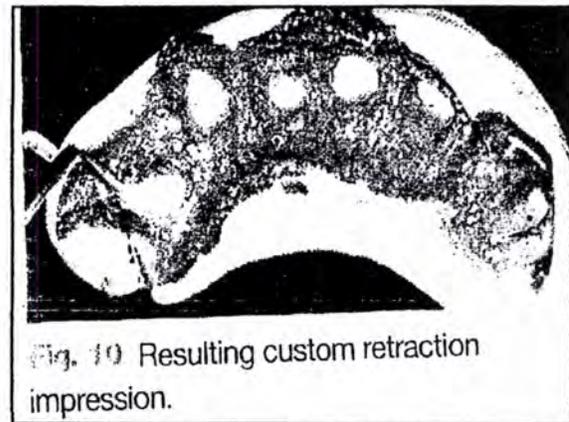
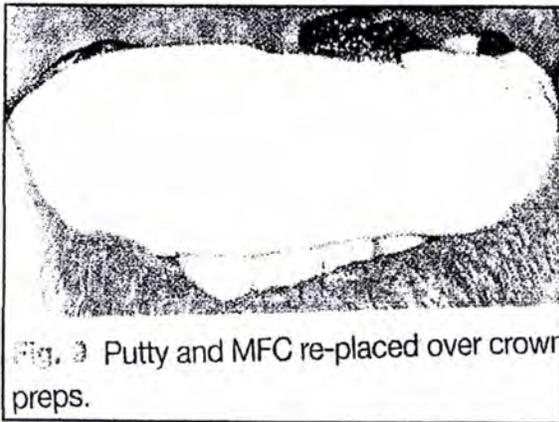
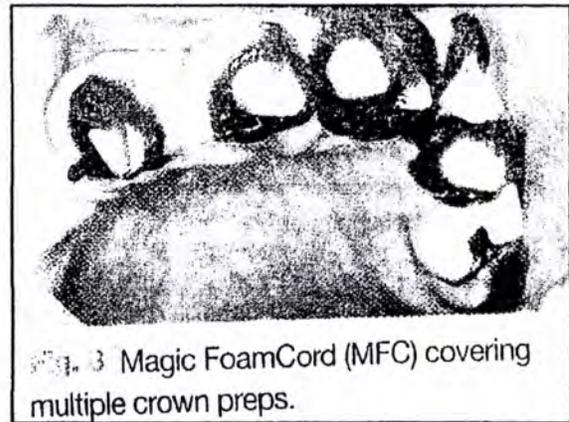
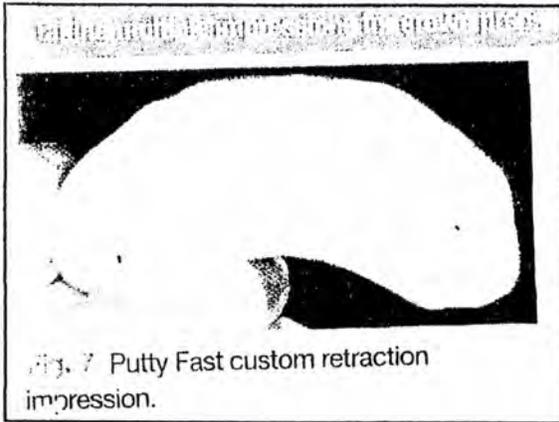
- Review patient's medical/dental health history
- Read instructions
- Isolate prepared tooth
- Cut length of appropriate diameter cord
- Impregnate cord if indicated
- Loop cord around tooth

Placement

- Start in interproximal area
- Angle instrument toward tooth
- Do the labial or buccal first and then to the lingual when packing the cord
- Finish at the facial or buccal
- Leave tip showing for easy removal

Cord Packer





Gingival Retraction In The Future

- o Lasers
- o Will take the place of chords

RECEIVED

JAN 16 2014

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

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

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

1. Name of organization or person requesting approval: Spring Park Dental Implant Club

Address: 5345 Spring Street, Davenport, IA 52807

Phone: 563/359-1601 Fax: 563/355-7111 E-mail: prs.spoms@hotmail.com

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

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

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

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

4. Course Title: Layering the Foundation for Aesthetic Implant Restorations of Edentulous Patients

5. Course Subject:

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

6. Course date: 2-13-14

Hours of instruction: 2

7. Provide the name(s) and briefly state the qualifications of the speaker(s): Robert L. Blackwell, DDS
is a Clinical Associate Professor in Dept. of Restorative Dentistry &
Director of Implant Dentistry at Southern Illinois University and
adjunct Associate Professor at St. Louis University. He also
has private practice in Decatur, IL.

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

9. Name of person completing application: Glenna Kohlmeier
Title: front office supervisor Phone Number: 563/359-1601
Fax Number: 563/355-7111 E-mail: sposgk@hotmail.com
Address: 5345 Spring St., Davenport, IA 52807
Signature: Glenna Kohlmeier Date: 1.13.14

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

Laying the Foundation for Aesthetic Implant Restorations of Edentulous Patients

Presented by: Robert L. Blackwell, DDS

PROGRAM DESCRIPTION:

Restoring the edentulous patient with an aesthetic reconstruction may present numerous challenges to the clinician. The patient's vertical dimension, centric relation, esthetics and phonetics need to be determined and maintained throughout the restorative process. With the advent of implants, there are various treatment options available to address the patient's esthetic and functional needs.

PROGRAM OBJECTIVES:

At the end of the course, the participant should be able to:

- Evaluate classification of an edentulous maxilla based on the level of resorption
- Diagnosis and treatment plan for each classification as well as discuss treatment options
- Understand treatment options, prosthesis designs with treatment sequencing, advances in technology, and the step-by-step approach to provide a predictable outcome.
- Treatment plan for implant-supported fixed crown and bridge hybrid restorations and removable prosthesis

Robert L. Blackwell, DDS



Dr. Blackwell received his dental degree from the University of Illinois College of Dentistry and completed a General Practice Residency at Michael Reese Hospital and Medical Center in Chicago, Illinois. He is affiliated with the American Dental Association, the International College of Dentists, the Academy of Osseointegration and the

International Congress of Oral Implantologists. Dr. Blackwell is a Clinical Associate Professor in the Department of Restorative Dentistry and Director of Implant Dentistry at the Southern Illinois University School of Dental Medicine. He also is an Adjunct Associate Professor at Saint Louis University. Dr. Blackwell maintains a private restorative practice, with an emphasis on implant restoration in Decatur, Illinois.

REGISTRATION CANCELLATION

To provide each course participant with a focused and personalized educational experience, the number of registrants is limited for each course. Registration is accepted on a first-come, first-serve basis. BIOMET 3i reserves the right to cancel a course no later than 14 days prior to the course date. Please be aware that BIOMET 3i is not responsible for reimbursement of a non-refundable airline ticket or any other travel expenses in the event that a course is cancelled. BIOMET 3i is an **ADA CERP** Continuing Education Recognition Program recognized provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. BIOMET 3i designates this activity for 2 continuing education credits. Continuing Education credits awarded for participation in the CE activity may not apply toward license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp.

DATE:

Thursday, February 13, 2014

TIME:

Registration: 5:30pm
Seminar: 6:00pm – 8:00pm

VENUE:

Spring Park OMS
5345 Spring Street
Davenport, IA 52807
563.359.1601

HOST:

Spring Park OMS

CEU'S

2

PROGRAM FEE:

Complimentary

TO REGISTER FOR THIS PROGRAM:

- Go to www.Cvent.com
- In the upper right corner, click on **RSVP for an Event**
- Type in the meeting code (case sensitive): **MXNSGPH3XJS**

For additional information regarding this program, please call the BIOMET 3i Innovative Education and Services Department at **1-800-717-4143** or email 3ipbg-edureq@biomet.com

BIOMET 3i
PROVIDING SOLUTIONS - ONE PATIENT AT A TIME™

RECEIVED

CONTINUING EDUCATION SPONSOR APPLICATION

NOV 25 2013

IOWA DENTAL BOARD

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

IOWA DENTAL BOARD

Groups or organizations wanting to obtain status as a board-approved sponsor of continuing education must complete this application and enclose the sponsor fee of \$100.

1. Official Name of Sponsor Group: Compliance Training Partners, LLC

Contact Person: Julie Shaffer Phone: 248-474-0176 Fax: 248-919-5528

Address: 20793 Farmington Rd, Farmington Hills, MI 48336 E-mail: jshaffer@hptzinc.com

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

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Other (please specify): Education & training Company

3. If applicable, approximate number of active members _____

4. Name of Current Officers TITLE ADDRESS PHONE

Name of Current Officers	TITLE	ADDRESS	PHONE
<u>Karson Carpenter, DDS</u>	<u>President</u>	<u>20793 Farmington Rd, Farmington Hills, MI 48336</u>	<u>248-474-0176</u>
<u>Alma Nava, DDS</u>	<u>Vice President</u>	<u>" " " " " "</u>	<u>" " " "</u>

5. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the Board's website.

Name: Julie Shaffer Phone: 248-474-0176 Fax: 248 919 5528

Full Address: 20793 Farmington Rd, Farmington Hills, MI 48336

Internet Address: www.hptzinc.com E-mail: jshaffer@hptzinc.com

6. Approximately how many courses, meetings or programs does your group or organization sponsor each year? 100 Nationally

7. Average number of attendees at each course or meeting: 8

8. How many courses, meetings or programs do you anticipate sponsoring this year? 250 (2014)

9. Which of the following educational methods does your organization use? Please check all applicable.

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

* Trainee uses powerpoint with voice over for presentation.
Karson Carpenter does presentation

#4787 \$100.00

COMPLIANCE TRAINING PARTNERS
H P T C Iowa Dental Board

4787

Check Number: 4787
Check Date: Nov 21, 2013

Check Amount: \$100.00

Item to be Paid - Description

Discount Taken Amount Paid

Sponsor Fee

100.00

10. Course Subjects Offered: (check all applicable)

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

11. List all educational programs or courses offered during the preceding two years. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours
See ATTACHED				

12. Please attach a program brochure, course description, or other explanatory material to describe a "typical" yearly program sponsored by your organization. Attached.

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the Board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the Board rules for planning and providing continuing education.

Name of person completing this application: Karson Carpenter

Address: 20793 Farmington Rd, Farmington Hills, MI 48336 Phone: 248-474-0174

[Signature] 11-20-13
Signature Date

Please note: The sponsor application fee of \$100 must accompany this application. You will be contacted after the Continuing Education Advisory Committee and Iowa Dental Board has reviewed your application.

RETURN TO:
IOWA DENTAL BOARD
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687

OSHA requires employers to train ALL exposed employees annually. OSHA safety training for the dental staff is more than just the prevention of infection. Proper training must also include the following:

- Chemical Safety
- **NEW Globally Harmonized System (GHS)**
- Medical and First Aid
- Personal Protective Equipment
- Walking and Working Surfaces
- Hazardous Materials
- Means of Egress
- Fire and Emergency Preparedness
- Electrical Safety
- Radiation/ X-ray Safety
- Recordkeeping
- Ventilation
- Post Exposure Protocol

This comprehensive training will review the current OSHA safety requirements and fulfill annual training requirements for your entire dental staff. You will receive an OSHA Checklist, OSHA required forms, a detailed workbook and other training resources to maintain compliance in your office.

*Photo on the left:
Complete CTP OSHA Compliance System*

Each attendee is required to purchase a workbook.

Workbook 683-0030 \$17.99

CEU's 683-0031 \$47.99

(4 CEU's will be issued after completion of an online examination)

Prices are subject to change without notice

You may, at any time, prior to 5 business days of your training, cancel your registration and receive a refund, less shipping charges.

Provided by:



OSHA

IN-OFFICE SAFETY TRAINING

knowledge

service

quality

detail

Annual Required OSHA Safety

Training Course Including Biomedical

Waste Regulations and CDC Infection

Control Guidelines Conducted

in Your Office.

Training Outline

1. Review the OSHA standards including the Hazard Communication Standard, Bloodborne Pathogens Standard and all applicable subparts.
2. Introduction to the new Globally Harmonized System (GHS) of Hazard Communication.
3. Explanation of Exposure Control Plan and how to properly design one.
4. Explanation of appropriate methods for recognizing tasks that involve exposure to blood and saliva.
5. Explanation of engineering controls and work practice controls.
6. Information on personal protective equipment (PPE). This is to include types of PPE, location, removal, handling, decontamination, and disposal.
7. Explanation on the basis for selection of personal protective equipment.
8. Information on the hepatitis B vaccine.
9. Information on appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material.
10. An explanation of the procedure to follow if an exposure incident occurs. This will include how to report the incident and the medical follow-up that must be made available.
11. An explanation of the signs, labels, and color coding for regulated waste.
12. Centers for Disease Control and Prevention Infection Control Guidelines.
13. Information on proper chemical labeling, MSDS and chemical cleanup protocol.
14. A "question and answer" period.



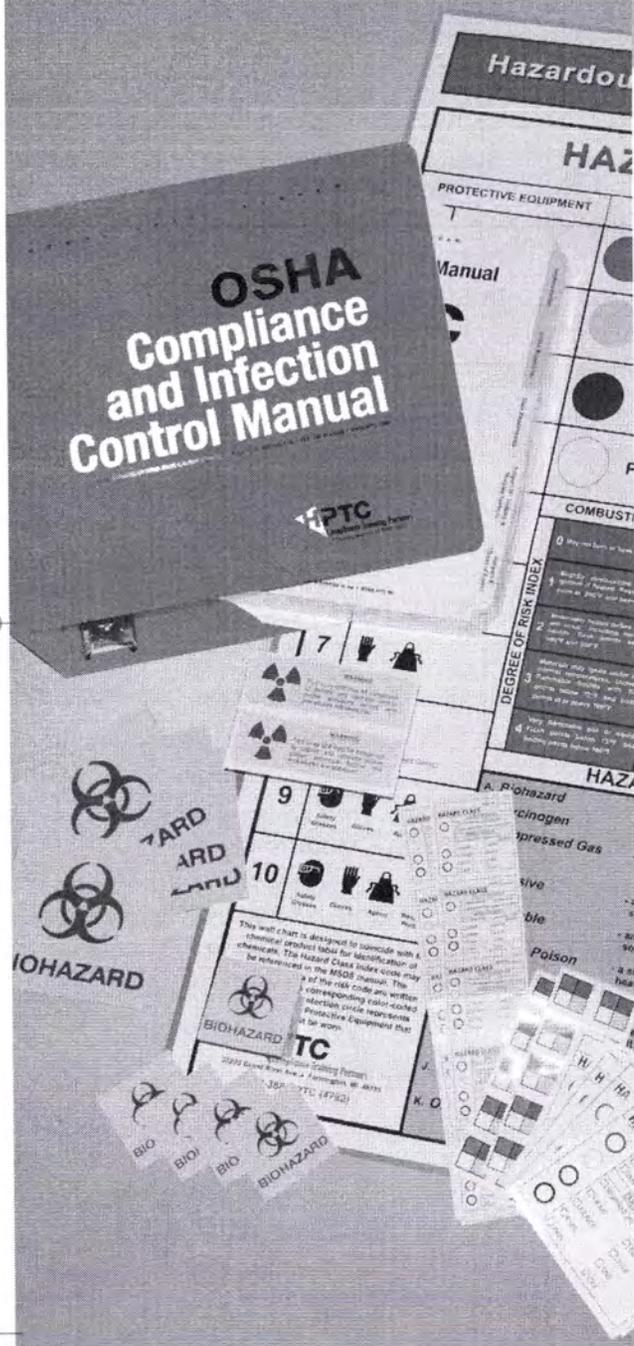
of General Dentistry

PACE
Program Approval for
Continuing Education

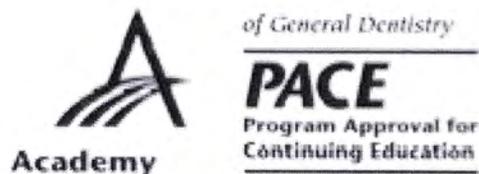
Compliance Training Partners/HPTC LLC is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by AGD for Fellowship/Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 6/1/2013 to 5/31/2016. Provider ID 91077



20793 Farmington Road, Farmington Hills, MI 48336
888-388-4782



HIPAA regulations require employers to train their employees to insure the privacy and security of protected health information. This comprehensive course developed by Compliance Training Partners will allow participants to fully understand the requirements of the law as they pertain to their specific workplace.



Compliance Training Partners/HPTC LLC is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by AGD for Fellowship/Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 6/1/2013 to 5/31/2016. Provider ID 91077

*Photo on the left:
Complete CTP HIPAA Compliance System*

Each attendee is required to purchase a workbook.

Workbook	HIPWB	\$17.99
Dental 2 CEU's	HIPCEU	\$47.99

Prices are subject to change without notice

You may at any time, prior to 5 business days of your training, cancel your registration and receive a refund, less shipping and handling charges.

Provided by:



HIPAA

COMPLIANCE TRAINING

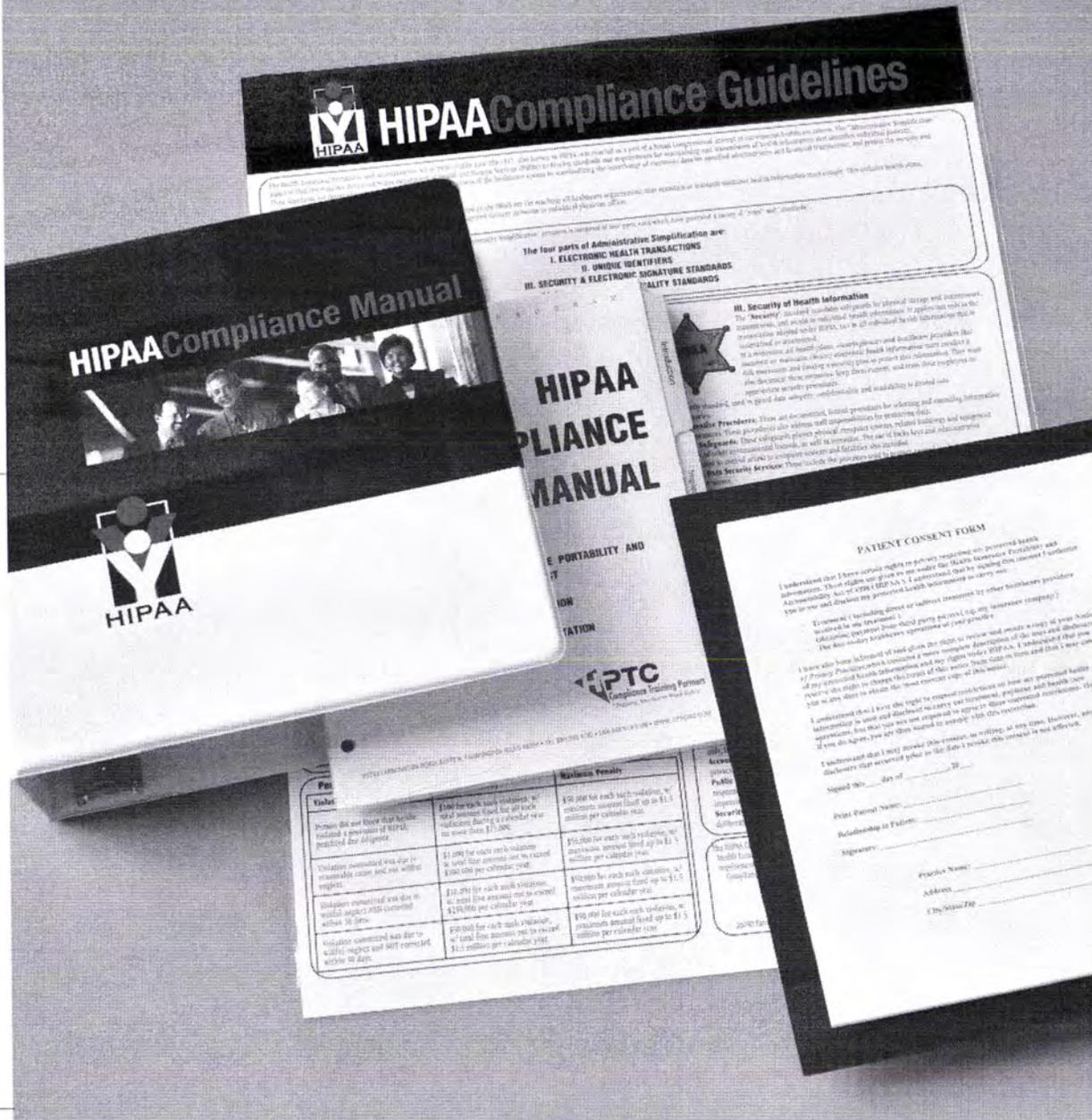


KNOWLEDGE, SERVICE, QUALITY, DETAIL

**This HIPAA
Compliance Training
course is designed for
you and your dental team
and is conducted
in your office.**

Training Outline

1. Background of the HIPAA regulations
2. Components of the regulation
3. Covered entities
4. Assignment of responsibility
5. Required documents
6. Electronic Transactions Standard
7. Hardware/ Software Components
8. Standard codes
9. Privacy Standard
10. Disclosure of Information
11. Protected Health Information (PHI)
12. Patient consent and patient authorization
13. Business Associate Agreements
14. Security Standard
15. HITECH
16. Suggested Documents
17. HIPAA 5010
18. **NEW OMNIBUS Rule Requirements**
19. Enforcement and penalties
20. Question and answer session



20793 Farmington Road, Farmington Hills, MI 48336
888-388-4782 • www.hptcinc.com

Date	Course Title	Instructor	Location	# Hours
1/18/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Glenn Quinones	Miami, Florida	4
1/21/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Mary Twohig	Louisa, Kentucky	4
1/22/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Jim Liotta	Chicago, Illinois	2
1/25/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Jim Liotta	Park City, Illinois	2
1/31/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Rachael Sutton	Middleburg Heights, Ohio	4
2/1/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Craig Guillen	San Antonio, Texas	4
2/1/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Craig Guillen	San Antonio, Texas	2

2/6/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Kevin Doherty	Milford, Michigan	4
2/6/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Cristy Beebe	Coffeyville, Kansas	2
2/7/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Kendra Miller	Shenandoah, Texas	4
2/7/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Kendra Miller	Shenandoah, Texas	2
2/7/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Tony Murray	Kearney, Nebraska	4
2/7/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Scott Rice	Cambridge, Vermont	4
2/8/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Craig Guillen	San Antonio, Texas	4

2/8/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Craig Guillen	San Antonio, Texas	4
2/11/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	David Enderle	Zionsville, Indiana	4
2/13/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Fritz Cherrington	Greeley, Colorado	2
2/13/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Zheng Zhu	Houston, Texas	4
2/13/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Zheng Zhu	Houston, Texas	2
2/13/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Debra Mellott	Gaithersburg, Maryland	4
2/13/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	James Mullen	Greenville, Rhode Island	4
2/20/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Chris Gecewica	South Bend, Indiana	2

2/21/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Mike Chmarney	Pleasant Gap, Pennsylvania	4
2/22/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Danny Nuccio	Baton Rouge, Louisiana	2
2/26/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Cathy Roberts	Cincinnati Ohio	4
2/26/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Chad Sand	Orting, Washington	4
3/1/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Jim Haston	Bainbridge, Georgia	4
3/13/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Katie Diamond	Ithaca, New York	4
3/13/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Katie Diamond	Ithaca, New York	2

3/19/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Ryan Archambault	Feeding Hills, Massachusetts	4
3/25/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Karen McPartlin	Royal Oak, Michigan	4
4/12/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Heidi Sirney	Morgantown, West Virginia	4
4/12/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Peter Cahill	New Hartford, New York	2
4/17/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Brock An	Spring, Texas	2
4/30/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Douglas Wedemyer	Oklahoma City, Oklahoma	4
4/30/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Brian Gohr	Omaha, Nebraska	4

5/2/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Gina Opland	Sioux Falls, South Dakota	4
5/9/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Christine Gerard	Middletown, Rhode Island	4
5/9/2013	Infection Control and Bloodborne Pathogens Made Easy For Dentistry	Serena Conroy	Cumming, Georgia	2
5/13/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Laurie Kummer	Wao, Nebraska	4
5/15/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Catherine Linder	Athens, Georgia	4
5/16/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Ryan Archambault	Florence, Massachusetts	4

5/16/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Tom Brophy	Toms River, New Jersey	4
5/20/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Donna Laptew	Providence, Rhode Island	4
6/3/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Mark Phillips	Grand Junction, Colorado	4
6/4/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Linda Streett	Clearwater, Florida	4
6/21/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Danielle DeArment	Columbus, Ohio	4
6/21/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Danielle DeArment	Columbus, Ohio	2

6/25/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Kelly Merced	Erie, Pennsylvania	4
7/12/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Ron O'Shea	Newton, Massachusetts	4
7/16/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Jorja Fredrick	Cooper City, Florida	4
7/16/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Jeff Tracy	Stoughton, Wisconsin	4
7/16/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Jeff Tracy	Stoughton, Wisconsin	2
7/22/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Chris Bevenue	Dallas, Texas	4

7/25/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Douglas Wedemyer	Oklahoma City, Oklahoma	4
7/29/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Karen McPartlin	Novi, Michigan	4
7/31/2013	Infection Control and Bloodborne Pathogens Made Easy For Dentistry	Jane Shryock	Dover, Pennsylvania	2
9/3/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Jean-Paul Stanley	El Paso, Texas	4
9/11/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Debbie Hensley	Ripley, West Virginia	4
9/12/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Nathan Ansell	Milwaukee, Wisconsin	4
9/13/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Greg Echerd	Mooreville, North Carolina	2

9/13/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Brandi Folds	Fayetteville, Georgia	4
9/18/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Steven Davenport	Seekonk, Massachusetts	4
9/18/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Donna Augustin	New York, New York	4
9/18/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Cameron Smith	Aurora, Colorado	4
9/18/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Justin Birkley	Woodstock, Illinois	2
9/19/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Aimee McNeal	Cincinnati, Ohio	4

9/19/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Christine Palmer	East Falmouth, Massachusetts	4
9/19/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Clinton Comley	Hyden Kenticky	4
9/19/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Clinton Comley	Hyden Kenticky	2
9/24/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Ronald Metzger	Lancaster, Pennsylvania	4
9/25/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	John Covert	Salem, Virginia	4
10/2/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Michael Wright	Fort Wayne, Indiana	4

10/2/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Aimee Stone	Newton Upper Falls, Massachusetts	4
10/2/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Aimee Stone	Newton Upper Falls, Massachusetts	2
10/15/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Tim Griffin	Manhattan, Kansas	4
10/15/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Guy Hegg	Manitowoc, Wisconsin	4
10/16/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Ryan Archambault	Feeding Hills, Massachusetts	4
10/21/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Michelle Turner	Bayboro, North Carolina	4
10/22/2013	Infection Control and Bloodborne Pathogens Made Easy For Dentistry	Jim Maxwell	Greenville, South Carolina	

10/24/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Barry Conley	Weirton, West Virginia	4
10/25/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Dan Colombo	Houston, Texas	4
10/25/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Dan Colombo	Houston, Texas	2
10/25/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Adam Bozeman	Redwood City, California	4
11/1/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Kelly Helton	Harrison, Ohio	4
11/6/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Neil Fildes	Cincinnati, Ohio	4

11/7/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Steve Sullivan	Medfield, Massachusetts	4
11/7/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Randy Dacquel	Jacksonville, Florida	4
11/7/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Marylou Bostock-Hurd	Palmyra, Indiana	4
11/12/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Tim Griffin	Wamego, Kansas	4
11/12/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Tim Griffin	Wamego, Kansas	2
11/20/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Straton Howard	Topeka, Kansas	4
11/20/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Straton Howard	Topeka, Kansas	2

11/20/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Eric Payne	Livermore, California	4
11/21/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Dave Witt	Randolph, Wisconsin	4
11/21/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Dave Witt	Randolph, Wisconsin	2
11/22/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Jordan Kirsch	Alpine, California	4
11/27/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Kevin Doherty	Freeland, Michigan	4
11/27/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Kevin Doherty	Freeland, Michigan	2
11/27/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Laura Dyer	Pasadena, Texas	4

11/27/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Laura Dyer	Pasadena, Texas	2
11/28/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Josh Swearingen	Zanesville, Ohio	4
11/28/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Debbie Fenoy	Fredericksburg, Virginia	4
11/28/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Debbie Fenoy	Fredericksburg, Virginia	2
12/3/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Zheng Zhu	Houston, Texas	4
12/5/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Matt Crowl	Collierville, Tennessee	2
12/5/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Danielle DeArment	Bremen, Ohio	4

12/5/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Christian Tuyay	Wailuku, Hawaii	4
12/13/2013	2013 OSHA Made Easy Hazard Communication/Globally Harmonized System (GHS) and Subparts of the OSHA Regulations & 2013 OSHA Bloodborne Pathogens and Infection Control Made Easy for Dentistry	Garrett Hufford	Cedar Falls, Iowa	4
12/13/2013	HIPAA UNRAVELED Understanding the Health Insurance Portability and Accountability Act	Garrett Hufford	Cedar Falls, Iowa	2

Braness, Christel [IDB]

From: Johnson, Melanie [IDB]
Sent: Thursday, December 05, 2013 8:59 AM
To: Braness, Christel [IDB]; Davidson, Angela [IDB]
Subject: FW: Academy of General Dentistry (AGD) Licensing Board Transcript: Response Requested
Attachments: AGD Iowa Licensing Transcript Sample 11-13.pdf

Let's add this to the next CEAC agenda for discussion and their recommendation to the Board.

From: Scott Skorski [mailto:Scott.Skorski@AGD.org]
Sent: Tuesday, November 26, 2013 12:14 PM
To: Johnson, Melanie [IDB]
Subject: Academy of General Dentistry (AGD) Licensing Board Transcript: Response Requested

Dear Ms. Johnson:

I am contacting you today on behalf of the 38,000 general dentist members of the Academy of General Dentistry (AGD), a professional association whose members are dedicated to lifelong learning through continuing education (CE). One of the benefits of belonging to the AGD is that our members can use our Licensing Board Transcript as a tool to track their CE, and we're interested in ensuring that it also remains a valuable tool for the state dental boards.

As you may know, the AGD has a long history of maintaining CE transcripts for its members. Several years ago, the AGD redesigned the way it collected and recorded members' CE with the state-specific Licensing Board Transcript. This tool provides members with reports customized to fulfill the relicensure requirements for their state; it lists only the requirements for relicensure as mandated by the state dental practice act, including mandatory subjects and total CE credits in a variety of modalities (participation, lecture, self-instruction, etc.).

Members requiring CE documentation for the Licensing Board Transcript submit course documentation to the AGD, and members can view, download, and request edits to their transcripts online. While the original documentation is held by the member, the AGD maintains digital images of CE certificates or other documentation submitted by members or providers. AGD members can print copies of their Licensing Board Transcript whenever necessary as proof of having met the necessary CE requirements for licensure renewal.

I have attached for your review a sample AGD Licensing Board Transcript for your state in the hope that you can provide us with some information. Would you please:

- 1) Confirm that the CE requirements are accurate, and
- 2) Confirm that the dental board will accept the Licensing Board Transcript for use by AGD members during relicensure or if audited?

Please e-mail any feedback or suggestions regarding how we can improve this transcript to my attention at scott.skorski@agd.org, or you can reach me by phone at 312.440.4347. My complete contact information can be found below.

Thank you in advance for your time in responding to this letter, even if it's just to let us know that the document is fine as is. It is important to us that the AGD Licensing Board Transcript continues to be both a real benefit for our members, as well as a valuable tool for the state dental boards. If at any time the AGD can be of assistance to the dental board, please let us know and we will be pleased to cooperate.

Sincerely,

Scott Skorski
Dental Board & Professional Relations Coordinator

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Continuing Dental Education Licensing Transcript



License Number
State License
Start Date of
Current License



IA
7/19/2012

- Actively period from last renewal date: 7/19/2012 - 11/26/2013
- Iowa requires 30 Hrs of CE every 2 years

Course types allowable	Earned hours	Minimum allowed hours	Maximum allowed hours	Usable hours	Meet requirement?
Lecture	28	0	0	28	
Participation	166	0	0	166	
Self Instruction	6	0	12	6	
Meeting Attendance	0	0	6	0	
Post Grad/Residency	0	0	30	0	
Presentation	0	0	0	0	
Publication	0	0	20	0	
Table Clinic Presentation	0	0	0	0	
TOTALS:	200	0	0	200	Y

Important!

Subjects NOT acceptable for CE credit are: personal development, business aspects of practice, personnel management, government regulations (except OSHA, HIPPA or Iowa jurisprudence), insurance, collective bargaining, or community service presentations.

Online/homestudy CPR certification courses are not acceptable for renewal or continuing education credit.

Abuse identification and reporting training must be completed within 6 months of employment and every 5 years thereafter-credit can be claimed for completing courses.

For more information regarding the CE requirements for Iowa [click here](#). Submission of this transcript to your licensing board does not guarantee that you will not be audited, nor that all of the CE records will be accepted by the board. Your licensing board has the final say in evaluations of your CE records. Please maintain all your original course documentation.

Subject	Description	Earned hours	Minimum required hours	Maximum allowed hours	Usable hours	Need hours	Meet requirement?
155	Abuse ID & Reporting	0	0	0	0	0	Y
142	CPR	0	1	3	0	1	N

While you meet state required CE hours, you still need to take one or more courses to meet above criteria.

No.	Course date	Course title	Subject code	Program provider	Course type	Credit hours
1-	8/23/2012	Advanced Cardiovascular Life Support-Recognition Course Speaker: N/A Location: Madison, WI	754- Dentistry for the Medically Compromised/Sp Pt Care	Meriter Hospital Verification code : VOF	Lecture	8
2-	8/24/2012	Advanced Cardiovascular Life Support-Recognition Course Speaker: N/A Location: Madison, WI	754- Dentistry for the Medically Compromised/Sp Pt Care	Meriter Hospital Verification code : VOF	Lecture	8
3-	9/28/2012	AACD Unplugged Series Speaker: Michael Koczarski DDS Location: Madison, WI	780- Esthetics/Cosmetic Dentistry	American Academy of Cosmetic Dentistry Verification code : S200	Participation	8
4-	9/29/2012	AACD Unplugged Series Speaker: Michael Koczarski DDS Location: Madison, WI	780- Esthetics/Cosmetic Dentistry	American Academy of Cosmetic Dentistry Verification code : F100	Participation	8
5-	10/5/2012	Treatment Planning Simplification for Success Restoring the Endo Tooth vs. Implant Replacement Speaker: Dr. Richard Williamson DDS Location: Madison, WI	070- Endodontics	Dane County Dental Society-WI Verification code : VOF	Lecture	6
6-	2/21/2013	Crowns have changed radically have you	250- Operative (Restorative)	Chicago Dental Society (CDS)	Lecture	3

		Dentistry			
	Speaker: Christensen Location: Chicago			Verification code : C106	
7-	2/21/2013	Making real world dentistry	149- Multi-Disciplinary Topics (Electives)	Chicago Dental Society (CDS)	Lecture 3
	Speaker: Christensen Location: Chicago			Verification code : C115	
8-	6/30/2013	GPR 1	010- Basic Science	American Dental Association Accredited R	Participation 3
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
9-	6/30/2013	GPR 1	070- Endodontics	American Dental Association Accredited R	Participation 12
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
10-	6/30/2013	GPR 1	130- Electives	American Dental Association Accredited R	Participation 3
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
11-	6/30/2013	GPR 1	180- Myofascial Pain/Occlusion	American Dental Association Accredited R	Participation 3
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
12-	6/30/2013	GPR 1	250- Operative (Restorative) Dentistry	American Dental Association Accredited R	Participation 18
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
13-	6/30/2013	GPR 1	310- Oral and Maxillofacial Surgery	American Dental Association Accredited R	Participation 18
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
14-	6/30/2013	GPR 1	370- Orthodontics	American Dental Association Accredited R	Participation 3
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
15-	6/30/2013	GPR 1	430- Pediatric Dentistry	American Dental Association Accredited R	Participation 6
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
16-	6/30/2013	GPR 1	490- Periodontics	American Dental Association Accredited R	Participation 12
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
17-	6/30/2013	GPR 1	550- Practice Management and Human Relations	American Dental Association Accredited R	Participation 6
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
18-	6/30/2013	GPR 1	610- Prosthodontics/Fixed	American Dental Association Accredited R	Participation 12
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
19-	6/30/2013	GPR 1	670- Prosthodontics/Removable	American Dental Association Accredited R	Participation 12
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
20-	6/30/2013	GPR 1	690- Implants	American Dental Association Accredited R	Participation 12
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
21-	6/30/2013	GPR 1	730- Oral Medicine, Oral Diagnosis, Oral Pathology	American Dental Association Accredited R	Participation 12
	Speaker: GPR 1 Location: WI			Verification code : GPR 1	
22-	6/30/2013	GPR 1	750- Special Patient Care	American Dental Association Accredited R	Participation 12
	Speaker: GPR 1			Verification code : GPR 1	

		Location: WI			
23-	6/30/2013	GPR 1	780- Esthetics/Cosmetic Dentistry	American Dental Association Accredited R	Participation 6
		Speaker: GPR 1 Location: WI		Verification code : GPR 1	
24-	9/2/2013	Conservative Composite Restorations that Mimic Nature	254- Anterior Composite Restorations (Operative Dent)	American Academy of Cosmetic Dentistry (Self Instruction 3
		Speaker: Vannini Location: home study		Verification code : CE110	
25-	9/4/2013	Are Occlusion and Comprehensive Dentistry Really that Important?	250- Operative (Restorative) Dentistry	American Academy of Cosmetic Dentistry (Self Instruction 3
		Speaker: Alex Location: home study		Verification code : CE133	

Legend  CE image is available for viewing

 CE Verification

Note Licensure information is approved by state/provincial licensing boards for dentists licensed to practice in the US or Canada. Licensure information is not applicable for dental students, non-dentist professionals, or dentists without licenses to practice in the U.S. or Canada.

Braness, Christel [IDB]

From: TRACY BAYNE <pbayne9817@aol.com>
Sent: Tuesday, October 22, 2013 2:34 PM
To: Braness, Christel [IDB]
Subject: Re: Letter RE: Cerec Course/Continuing Education

I apologize for the confusion. What I was "wondering" was if the Iowa Dental Board considered giving CE Credit to active CEREC doctors. As a CEREC doctor, I believe I am utilizing a procedure that will give my patient the highest level of care for their dental need. I was just wondering if credit could be granted for a doctor who can "prove" they actively utilized the technology..technology that requires myself to stay "up-to-date".

I know this was an odd request - but I believe strongly in CEREC and would like to see more doctors utilize this tool. I just thought maybe an added benefit to them of purchasing and "using" the technology would be CE credit.

Thank you..Dr. Philip Bayne

-----Original Message-----

From: Braness, Christel [IDB] [IDB] <Christel.Braness@iowa.gov>
To: pbayne9817 <pbayne9817@aol.com>
Cc: Davidson, Angela [IDB] [IDB] <Angela.Davidson@iowa.gov>
Sent: Tue, Oct 22, 2013 11:09 am
Subject: Letter RE: Cerec Course/Continuing Education

I recently received your letter asking for continuing education credit for a Cerec course, which you recently attended. You indicate in your letter that continuing education credit was not granted for the course.

I spoke with the other staff member who works with continuing education course approval and we cannot recall a recent Cerec course, which was submitted for review of continuing education credit that was denied credit. The Board has approved Cerec courses for credit in the past.

The only situations of which I am aware that have caused denial of similar courses is if the focus of the course was on marketing the use of Cerec as opposed to the clinical use(s). Is it possible that sponsor of the course simply indicated that the course had not been submitted to this office for review? That would be different from this office denying credit.

We may be able to offer you a bit more assistance if you could please tell us the name of the course, and the organization, which sponsored it. Thank you.

Christel Braness, Program Planner

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Phone: 515-242-6369 | Fax: 515-281-7969 | www.dentalboard.iowa.gov*

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RECEIVED

OCT 21 2013

IOWA DENTAL BOARD

September 10, 2013

Dear To Whom It May Concern,

My name is Philip Bayne. I am a general dentist in Blue Grass, Iowa and I use Cerec technology in my practice on a daily basis. I would like to make a suggestion to the Iowa Dental Board in regards to continuing education and Cerec technology.

Continuing education is intended to encourage professionals to expand their foundation of knowledge and stay up-to-date on new developments in their field. Using Cerec technology on a regular basis challenges me to think as a dentist. I am constantly learning something new. I recently attended a meeting regarding Cerec. It was the most insightful meeting that I've been to in a long time. It upset me that the meeting would not be considered as continuing education. I have been to very few continuing education courses that have taught me as much as working with Cerec technology. I am constantly talking to other dentists who use Cerec and having extremely meaningful discussions regarding patient care and treatment.

My proposal is that dentists that use their Cerec machines should be able to get CE's because using the technology challenges one to be a better dentist. A dentist could print a report showing use of the machine and turn it in for credit. The Dental Board could also require proof that the updates are being made to the machine and that the technology is up to date. It would also be nice if Cerec study clubs were allowed for CE's.

I appreciate your time in considering my request. I look forward to your response.

Sincerely,

A handwritten signature in black ink, appearing to read 'P. Bayne', with a long horizontal flourish extending to the right.

Philip R. Bayne, DDS