



# Contact Point



Volume 33, No. 1    Utah Academy of General Dentistry    Summer 2008

*"In Pursuit of Excellence Through Continuing Education"*

## President's Message

### A Salute

I wish to salute all the AGD members! What a great organization we belong to. Most all of us belong to the American Dental Association and numerous other specialty organizations. We all have our own biases of what we enjoy doing in our practices; aesthetics, endodontics, implants, surgery etc., but the quality to maintain the best comes only through our ability to take continuing education. We are not in conflict with any of these organizations, but work as a team trying to implement the best for our patients.

We chose general dentistry over a specialty career for numerous reasons. My biggest reason for being a general dentist is that I enjoy the diversity and challenge of being the team captain, quarterback, doctor, head pilot in each case which is very exciting to me.

Over the years I've taken numerous continuing education courses. I have found listening to the best dentists in their particular field has challenged me to become better in my dedication to my patients. After 25 years of practice, I've completely changed my delivery approach and the materials I'm using in dentistry. We cannot keep our heads in the sand. As better materials and procedures are developed, we need to offer these to our patients. As I recently attended the University of Oklahoma College of Dentistry, one professor gave an example of how the X-ray is becoming obsolete, giving way to digital radiography before our eyes; so will crown and bridge impression techniques give way to digital cameras to do these impressions.

Each year in my practice, for example, I ask myself what is becoming antiquated and what area in endo/surgery or crown and bridge needs to be updated? After doing a self-assessment and deciding with my team where we need to improve, I take the challenge and move in that direction. Sometimes it's a whole new management philosophy system or the best gadget to improve my skills of competence maximizing what I have to offer my patients. If you choose to practice HMO, PPO or Fee for Service, that choice is yours, but your patients must be given the best quality service possible and meet the highest standards set by our profession. I "Salute" all dentists and challenge you to better your standards and improve your quality of care. Take continuing

## Hufford Financial

You may have read recent articles published in the *AGD Impact* written by the financial consultation firm Hufford Financial. At the 2007 National meeting, Hufford Financial sponsored a course designed to help general dentists create a retirement program that works for them. They prepared a CE course that meets 3 or 4 times over the course of time to evaluate a dentist's position and offer advice about how to go about preparing for life changing events. A few of the members of the UAGD attended this event and were duly impressed at the candor and wisdom of the information presented. They, with some other members of the UAGD Board, would like this firm to come to Utah and give a CE course to the rest of us. Hufford Financial would like your business naturally, but is willing to come and present information catering to general dentists in a way that we may not get from local professionals. They are willing to come several times for a very low rate if the UAGD will sponsor the place, food, etc (which are not trivial costs).

Many of you already have qualified financial advisors and investment brokers. Some of you have been through several of these in the quest for someone that will meet your needs. It may be worth considering one additional point of view as you diversify your portfolio and plan what debts, investments, or other vehicles to tackle first.

Since the UAGD Board has been vacillating on this issue for some time, a commitment to a date has not been made. The presentations require that you do some homework between sessions as you analyze your personal situation. If you feel that it would be worthwhile to you to have an individualized consultation, at a minimum cost outlay please contact a member of the board and voice your desire. This course would not take the place of other CE courses offered throughout the year, but supplement them. We await your response.

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## TMD/Sleep Disorder Course

The May CE course held at the Joseph Smith Memorial Building in Salt Lake was definitely a highlight presentation for those in attendance. Spencer Jamison is a dentist from Boise, ID who focuses on the common disorders of TMD and sleep apnea treatment and takes referrals from many of the local physicians as well as dentists. His rapid fire discussion stimulated many questions and insights. The course offered a review of the embryology of head and neck structures, head and neck anatomy and important links that affect our treatment. This led to a review of local anesthesia and Dr. Jamison's techniques for multiple extraoral injections that may be performed by general dentists. Dr. Jamison uses these and acupuncture to diagnose and relieve pain in his patients.

The normal and pathologic function of the TMJ were illustrated and reviewed along with various disorders in the ENT realm. The use of ethyl chloride as a diagnostic aid was helpful to many participants. Several pearls were given to assist the clinician in the diagnosis of TMD. For example, 26mm seems to be a key number to remember when evaluating ROM in the patient with non-reducing disk displacement. Also the emphasis to the clinician to minimize placebo effect when diagnosing and maximizing its use when treating by the phrases we use and how statements are made to the patient. Dr. Jamison's craniofacial examination technique was illustrated as well as methods for reducing a non-reducing disk in the case of acute exacerbation, and for reducing a subluxated joint with a distressed patient. A very useful pearl surrounded the link between clenching and SSRI use and a recent article that offered buspirone as an antidote for this type of clenching.

Diagnosis and treatment for capsulitis, trismus and non-reducing disk displacement with helpful adjuncts were stressed. The Aqualizer appliance was one such adjunct recommended in the initial treatment of capsulitis. Tongue blades, spray and stretch therapy, iontophoresis and Medrol therapy were taught.

*see sleepy course on pg 3*



*Dr. Spencer Jamison roughs up an attendant during a lecture break*

## UDA AGD Luncheon

The UAGD had its annual luncheon at the recent UDA convention. This is a wonderful time for AGD members to get together and socialize. We enjoy the company of others who share our profession and the challenges we all face. It is especially encouraging to see the same faces as we see at the CE courses and to check up on implementation of things we are learning together.

This year, attorney Elizabeth Peck spoke on the subject of employment law. Her presentation addressed many questions and posed many others. This was a difficult subject for many participants in light of past and current situations that seemed biased and one-sided by an employment reviewer or judge.

In general, Utah is an at-will employment state. Employees and employers need not legally give any reason for terminating a relationship. That said, a termination may result in the prior employee filing for unemployment benefit that the dentist has to pay for. Although you may not avoid paying a benefit, the key to any successful termination is consistency. If you have an office policy manual, enforce its provisions consistently between instances and between individuals. If you do not have a current written policy, at least be consistent with what has happened in the past to avoid discrimination. Stay with the precedent you've already established.

Documentation of oral or written warnings, reprimands or other communication will help you make a case legally, but may not assist you in avoiding payment of unemployment. Include witnesses especially where legal action could result or where illegal behavior is being monitored. If you can prove there is a problem to yourself though, go ahead and terminate the relationship rather than risk further damages by just monitoring the situation for fear of the legal fallout (ie. If an employee is embezzling, you don't need to document various instances of embezzlement. Simply terminate the employee, document all evidence, obtain witnesses and then deal with the recovery). When complicated cases arise, retain an attorney with background in employment law.

In Utah, some may feel that no matter the documentation or damages, the dentist will always lose. Lose to the employee and to the unemployment benefit they must pay. Depending on the situation, some might benefit from a probationary termination, where the employees hours or benefits are cut so much that they choose to leave on their own in which case they cannot file for unemployment. Attorney Peck suggested that some might consider using an employee contract with a specific term of employment (say six months or one year). These contracts can be renewed at the termination dates for continued employment or simply lapsed when employee retention isn't favorable. Semi-annual renewals could be accomplished at usual job review evaluations.

Other important aspects of the presentation focused on the number of employees in a practice. The dental profession is largely a cottage industry with few employees in the practice. With fewer than 15 employees, an employer need not comply with the following:

*See employment law on page 5.*

Dr. Jamison emphasized that in spite of recent advances in plication surgery for the TMJ that most patients will not require either surgery or long term splint use and he will try to wean every patient off of their splint. The few patients (~3%) that are unable to function independently of their splint will require equilibration, additional treatment time, orthodontics, restorations or perhaps orthognathic surgery.

Indications and contraindications for the NTi appliance were given stressing that this appliance isn't a panacea for all TMD conditions.

The second half of Dr. Jamison's presentation revolved around sleep disorders. It is important to note that there are several dozen diagnoses for sleep disorders and many are directly related to TMD in some patient's necessity of clenching in order to maintain an open airway. Criteria for diagnosis and severity of various types of apnea and how sleep studies function were important reviews in laying the foundation for this discussion. Considerations of sleep architecture were also central to the review.

Dr. Jamison recommended that all patients fill out an Epworth sleepiness scale and GASP evaluation as a screening tool for sleep disorders emphasizing that although general dentists do not diagnose these problems nor give frontline treatment for these conditions, we are the best positioned healthcare providers for screening and recommending additional diagnostic tests.

Treatment for obstructive sleep apnea may be surgical or non-surgical and while the CPAP is the gold standard non-surgical therapy, many patients either want or would benefit from one of several types of appliances.

The oral appliance emphasized most was the TAP appliance which Dr. Jamison will often titrate during a sleep lab for the patient. Side effects for these oral appliances were reviewed along with a review of treatment for complications.

Overall, the UAGD was very lucky to have a presenter of this caliber lecture on this topic. Those in attendance were very enriched and educated by Dr. Jamison's insights and stimulating approach.



Examples of Dr. Jamison's standby appliances: A daytime mandibular splint, a nighttime maxillary splint and the TAP sleep appliance.

## AGD Podcasting

If you've got an iPod, MP3 player or want a tax write off excuse to buy one, here's the opportunity. At agd.org you can download monthly podcasts for your education enhancement. This month, the AGD has lab tech communications and next month Gordon Christensen will host some topics. Listen in your car, at the fishing hole or at the family reunion and never get away from it all!

## What Is a Podcast?

A podcast is an audio or video file that can be streamed online or downloaded to your computer or media player (iPod®, iRiver®, etc). The word "podcast" draws from "broadcast" and "iPod." Listening to a podcast simply involves playing a media file in the MP3 file format. A podcast typically is a series of interviews or radio or television programs that is recorded and available to download daily, weekly, or monthly.

To download the AGD podcast series to your media player of choice, please right-click on the icon above and then click "Save Target As" (for Mac users, click "Save As Source").

Adding to iTunes®:

- > Open your iTunes player and go to the file menu under, "ADVANCED/Open Stream."
- > Copy the URL address (Web page link) inside the open window:  
[http://www.agd.org/myagd/subscriptions/podcast/agd\\_podcast.xml](http://www.agd.org/myagd/subscriptions/podcast/agd_podcast.xml)
- > Click "OK"





# ORAL CONSCIOUS SEDATION UPDATE AND EMERGENCY MEDICINE

**STANLEY F. MALAMED, D.D.S.**

**Date: September 5, 2008**

**Time: 8:30 am - 5:00 pm**

**Location: Salt Lake City (venue TBD)**

**Course Fee: AGD Members \$350**

**Non-AGD \$700 (with this you will also receive AGD membership)**

**Staff \$35 each**

**Make Checks payable to Utah AGD**

photograph by Heather Campbell

## PIE ENDORSEMENT:

"This course fulfills PIE's education requirements (introductory and maintenance) for oral sedation. PIE encourages all insured that provide I.V. or oral conscious sedation to attend this course as it will be an excellent review by one of the top clinicians/educators speaking on the timely subject of sedation in dentistry."

—Richard C. Engar, DDS, FAGD, Attorney-in-Fact

### Course Objectives - Doctors will learn:

- To perform an appropriate Physical Evaluation
- Pharmacology of sedative drugs, safety, technique, risks, and complications
- How to respond to a medical emergency associated with conscious sedation

Doctor Malamed was born and raised in the Bronx, New York, graduating from the New York University College of Dentistry in 1969. He then completed a dental internship and residency in anesthesiology at Montefiore Hospital and Medical Center in the Bronx, New York before serving for 2 years in the U.S. Army Dental Corps at Ft. Knox, Kentucky. In 1973, Doctor Malamed joined the faculty of the University of Southern California School of Dentistry, in Los Angeles, where today he is Professor of Anesthesia & Medicine. Dr. Malamed is a Diplomate of the American Dental Board of Anesthesiology, as well as a recipient of the Heidebrink Award [1996] from the American Dental Society of Anesthesiology and the Horace Wells Award from the International Federation of Dental Anesthesia Societies, 1997 (IFDAS).

Doctor Malamed has authored more than 120 scientific papers and 16 chapters in various medical and dental journals and textbooks in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia. In addition, Dr. Malamed is the author of three widely used textbooks, published by CV Mosby: **Handbook of Medical Emergencies in the Dental Office** (6th edition 2006); **Handbook of Local**

**Anesthesia** (5th edition 2004); and **Sedation - a guide to patient management** (4th edition 2003) and two interactive DVD's: **Emergency Medicine** (2004) and **Malamed's Local Anesthetic Technique DVD** (2004).

Send registration to: Dr. Ron Scoville, Hillside Dental  
466 N. Main St. Suite #101, Clearfield, UT 84015



Stanley Malamed

Come enjoy learning from a great speaker and educator, and if you're not an AGD member you'll receive a membership as part of your registration for the course.

Benefits of AGD membership include reduced fees to all AGD sponsored CE events, bimonthly copies of *General Dentistry*, and membership in the country's most influential organization in behalf of general dentists.



# Oral Medicine Hands-On Course Announced

Removing the Fear Factor from Detecting Oral Mucosal Conditions, Oral Cancer and Potentially Malignant Diseases: The Screening, Diagnosis, Documentation and Management

Presenter: Scott Benjamin, DDS

Date: November 14, 15

Clinical evaluation and diagnosis is the cornerstone of everything that the dental practitioner does. A thorough oral examination includes a comprehensive evaluation of the patient's systemic health, the dentition, the supporting periodontal structures and the oral mucosa. While most clinicians have confidence when examining the dentition and its related structures, there is often uncertainty when evaluating the oral mucosa. Arguably, one of the most valuable roles that a dentist plays is in the early detection of oral cancer and potentially malignant disease. Oral cancer is one of the most curable forms of cancer if diagnosed early. When diagnosis and treatment are performed at the stage 1 level, the success rate is more than 90%. When oral conditions are discovered and management occurs at the potentially malignant disease state the success is even significantly higher. Presently over 34,000 patients in the US are diagnosed annually with oral cancer, but the 5 year survival rate is only 50%, contributing to more than 7,500 deaths in the US each year. Every hour of every day someone dies from oral cancer. This high mortality rate is caused by the lack of early detection, the patient's lack of regular oral examinations and delays in seeking treatment. Potentially malignant and early stage lesions are difficult to recognize with the human eye under normal examination conditions which add to the clinician's insecurity when doing a mucosal examination.

The technologies of today and others still being developed are increasingly giving practitioners the ability to detect and diagnose potentially malignant conditions and other mucosal abnormalities at the earliest stages. These sophisticated but simple to use diagnostic modalities range from specialized non-invasive direct optical fluorescence visualization technologies, like the VELscope, to easy to use minimally invasive tissue collection techniques designed for use by both general practitioners and specialists. These new technologies are making early detection and diagnosis a reality, enabling improved outcomes for many mucosal conditions and are becoming a routine part of today's oral healthcare.

This course is designed to demystify oral mucosal examinations and enhance the clinician's ability to discover oral cancer, potentially malignant conditions and other soft tissue abnormalities at the earliest possible stages. Screening, diagnosis, documentation and patient management are all important aspects of this process. This course will enhance the ability of all dental professionals to confidently deal with these important issues. We will also discuss the negative effects of all tobacco product usage in

*see mucosal lesions on pg. 5.*

# Who speaks for the general dentist and why does it matter?

The ADA is the association for the dental profession at large, both specialists and general dentists. They do an effective job at many important tasks. I have been a member my entire career and benefited greatly. The dilemma is when a specialty has a conflict with the general dentist. The ADA looks at this as 2 fighting brothers. They are often restricted from taking a position. When this happens who speaks for the general dentist?

You may have read about Alaska's debate regarding mid level providers. The intent is to create a new type of dental practitioner somewhere between a hygienist and a dentist who would be able to cut and place fillings and do many routine dental procedures now done by dentists. These practitioners would get paid less than dentists for the same procedure and thus reduce costs paid by medicare and medicaid, etc. This would be similar to the way some insurance companies pay a dentist less for a molar endo than they pay an endodontist.

Discussion about this is taking place in many states. This is being touted as a way to increase access to care in underserved areas.

Support for this is coming from interesting areas including some dental schools which apparently see this as a way to offer new degrees to more students and grow their schools. Educational requirements would fall somewhere between a hygienist and a dentist. My impression is that this would be modeled after the medical model of the physician's assistant or nurse practitioner.

The ADA and AGD are both lobbying hard on this. If you talk to someone involved in this in Washington D.C. the message is that the profession should bring a workable plan to them because we understand what goes on in the trenches every day and lawmakers lack the expertise to make this type of decision.

A second challenge to the general practitioner is the fact that 20-25% of today's dental school graduates go to specialty school. 20 years ago that number was 15%. A jump from 15% to 25% is a 60% increase in the number of specialists. Where there may have been 3 orthodontists in a neighborhood there are now 5. How do all 5 stay busy? One way is to reduce the number of general dentists doing ortho. We saw a chilling example this a few years ago with a letter sent out from the American Association of Periodontists inferring that general dentists were not qualified to provide periodontal treatment. I predict we will see continued pressure from specialty associations.

If you combine the mid level practitioner concern with the increase of specialists you can see the squeeze coming for the general dentist with specialists wanting more of our endo, perio, etc. and mid level practitioners doing our fillings.

Now, more than at any time in my 25 years in practice, I see a need for a clear voice speaking for the general dentist. That voice is the AGD.

--JC Cheney

# Utah Academy of General Dentistry Officers

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## Election Season!

Heads up everyone! Dr. Mike Thompson from Arizona is running for National AGD President. It would benefit our region immensely to have Mike as president. The president of the AGD is involved in national politics and policy as it concerns general dentists. Policy makers value the opinion of our leaders and the future of dentistry is quite influenced by their input. Electing someone from our region will mean that your individual voice is heard just a little louder. In this season of national healthcare crisis and turmoil we'd do well to stay close to those who might protect our profession. Let your voice be heard, pledge your support and gain a lobbying voice today!

*President's message continued from pg 1*

education courses. We offer some of the best instruction in dentistry. Because the courses are in Utah, we bring the best to our home turf; this saves time and money; no long plane rides, cutting hours, renting cars, paying taxis, being away from the office so that someone else must cover emergencies, hotel costs etc.

Please join us in our excellent continuing education courses. Your skills, knowledge, and abilities will improve. These are the best of times in dentistry and I look forward to you joining our AGD team.

Sincerely,  
Ruedi Tillmann D.D.S.  
President UAGD



*Mucosal Lesions continued from pg. 4*

the oral cavity. The course objectives are to learn to better recognize, diagnose, treat and manage mucosal lesions.

The participation workshop activities include:

- Tactile and visual head and neck examination techniques
- Utilization of advanced adjunctive technologies, techniques and image interpretation
- Simulation of transepithelial (brush) biopsy and cytology techniques
- Simulation of surgical/punch biopsy techniques
- Recording and documentation of clinical findings
- Photo-documentation procedures and techniques

*Employment Law continued from pg. 2*

- Title VII act which demands that apply to discrimination based on age, race, sex, origin, creed, etc.
- The Family Medical Leave Act where an employee is able to return to a former position, pay and status after taking a maternity/paternity leave of up to 12 weeks.
- Cobra compliance, which assures continued group medical coverage of up to 18 months when the premium is paid by the former employee. (A mini-Cobra plan exists in Utah which may apply).

Other sound advice included dealing with former employees, non-compete clauses and worker's comp. If a perspective employer calls wanting history on a former employee you need to be careful how you phrase answers. The best thing to do is give the dates of employment and whether or not the employee is eligible for re-hire.

An employee filing for worker's compensation for injury generally receives medical expense reimbursement and 2/3 wage as an exclusive remedy.

Non-compete clauses in Utah may not be as limiting as many believe. You won't prevent a prior associate from practicing where they choose, but your clause may protect such things as proprietary information (client lists, marketing strategies, pricing or other trademark type information). Agreements to not compete, can't prevent someone from doing a general task or trained profession, but can protect specific market niche type information or practices that only you do. In Utah, most non-compete agreements may only be enforceable to 25 miles and 1 year depending on location and circumstance.

In summary, Attorney Peck's presentation was informative and very worthwhile. When in doubt about any of these subjects, you should obtain sound legal counsel. Specific questions about situations may be addressed to our presenter upon forming a formal relationship. Her contact info is Elizabeth Peck, 422 N 300 W, SLC, UT 84103. 801-521-0844. [www.peck-law.com](http://www.peck-law.com)





## Nominations accepted for Dentist of the Year

Nominations are now being accepted for 2008 UAGD Dentist of the Year award to be awarded on September 5, 2008, at the annual UAGD meeting. Please submit your nomination as a one to six page letter describing the performance of the individual, consistency, community service, CE dedication, excellence in clinical practice, educational background or resume, patient testimonials or other substantiating remarks to Dr. Reudi Tillmann. Submissions must be received for evaluation by August 5 to be included in this year's award consideration. Nominations will remain on file for three years and may be updated in future years if a nominee is re-identified in subsequent years as a Dentist of the Year candidate.

## UAGD Cruise

Well, its been a few years since the UAGD sponsored a cruise. There have been a lot of questions about another Utah AGD education cruise. I will be happy to put something together, however, I need some input from you first. At this point, the earliest that we could put something together would probably not be before next spring.

The questions that I need help with are; 1) Where do you want to go? 2) When do you want to go? 3) How long do you want to be gone? 4) Approximate numbers of who might be going.

Of course, extended family members and friends are welcome. Please contact me either by e-mail or by phone and I'll see what I can put together. Remember, if no-one contacts me, I will assume that the group as a whole is not interested. Thanks. Van Johnson, Tel. 435-752-4348, or [drvbj@comcast.net](mailto:drvbj@comcast.net)

## CE Survey

The Utah division of the AGD strives to bring the highest quality CE available to our local venues at a very reasonable rate. Twice a year in March and November, a hands on participation course is offered that follows a set order over a 5 year rotational schedule. This schedule allows those working on a Mastership degree to accomplish their course work during this period of time. Another two courses a year are one day events offered to fill in the gaps and flexibly meet the needs of most of the members. Accordingly, we need to know what you want!

At the very successful cosmetic course held last fall, a survey was taken as to the subject matter desired for future courses. The information gleaned is being used to plan the CE calendar. We request that those not in attendance or who would like to voice your opinion about specific speakers, subjects or other interests share your thoughts. Please contact Drs. Joe Stobbe or Ron Scoville with your valuable input.

## AGD Fellowship Award Requirements (simplified)

1. Current AGD membership for three continuous years
2. Completion of 500 hours of FAGD/MAGD-approved continuing education credit, with at least 350 hours earned in course attendance. Mastership credit begins to accrue on the date that the 500-hours requirement has been met.
3. Successful completion of the Fellowship Examination.
4. Attendance at a Convocation Ceremony, held during the AGD Annual Meeting, to receive the award

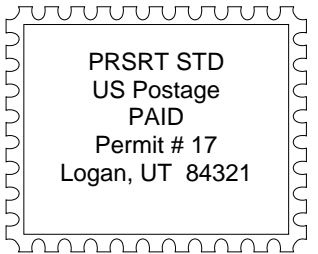
## AGD Mastership Award Requirements (simplified)

600 hours of MAGD-approved continuing dental education credit, 400 of which must be in participation courses. Mastership credit begins to accrue on the date that the 500-hour Fellowship Award requirement has been met. The 600 credit hours must be earned in specific disciplines, as outlined under "Subject Category requirements."

	Hands On	Total Hrs
Endodontics	30	46
Electives	30	46
MPD/Occlusion	30	46
Operative Dentistry	30	46
Oral & Maxillofacial Surgery	30	46
Orthodontics	12	12
Pediatric Dentistry	12	12
Periodontics	30	46
Practice Management	0	24
Fixed Prosthodontics	30	46
Removable Prosthodontics	30	46
Implants	30	46
Oral Med/Oral Diagnosis	12	12
Special Patient Care	12	12
Esthetics	30	46
<b>TOTAL HOURS</b>	<b>360</b>	<b>544</b>
<b>TOTAL REQUIRED</b>	<b>400</b>	<b>600</b>



**Academy of General Dentistry**



## Continuing Education Calendar

The UAGD Board continually strives to furnish the best possible CE courses at a reasonable price. There are at least four traditional CE courses offered per year. Two day hands on courses are given on the second or third weekend in March and the first or second weekend of November and follow the rotating schedule shown below. Attendees are often working on Mastership requirements that demand certain hours in each of several areas, but anyone is welcome to attend. Space is limited so register early. Lecture CE courses are usually offered in May and in conjunction with the UAGD Business Meeting in September. Suggestions for future course topics or speakers are welcome.

CE courses have also been offered at other UAGD sponsored activities such as the golf outing, cruise or special events.

- 2008
- Jul 16-20 AGD Meeting @ Walt Disney World in Orlando, FL
- September 5 Business meeting and Medical Emergencies with Stanley Malamed
- November 14-15 Oral Mucosal Conditions Hands on course by Scott Benjamin

- 2009
- March 13-14 Steve Christensen OSHA and Blow Yur Socks Off
- Photography
- May TBA
- September Business meeting
- November MPD/Occlusion hands on

- 2010
- March Operative hands on
- May TBA
- September Business meeting
- November Fixed Prosthodontics hands on

- 2011
- March Removable Prosthodontics hands on
- May TBA
- September Business meeting
- November Periodontics hands on

- 2012
- March Endodontics hands on
- May TBA
- September Business meeting