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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

AUGUST 18, 2008 VOLUME 39 NO. 15

International dental program in Mexico raises questions

BY KAREN FOX

To be eligible for licensure in the U.S. or Canada, applicants in all states are required to be graduates of accredited predoctoral dental education programs, or have completed an advanced degree, certificate or two-year International Dentist Program at an accredited dental school.

■ Disability when it's medically subtle, page 12

That's why an advertisement in recent dental publications prompted a few members to contact the ADA for further clarity.

The ad promotes a "New International Dental Studies Program for Foreign-Trained Dentists" at the Universidad De La Salle Bajio in the city of Leon, Mexico: a "two-year program leading to California accredited dental diploma." The didactic training is in English, and clinical training in Spanish.

"Questions about how internationally-trained dentists are licensed to practice dentistry in the U.S. are not unusual," said Dr. Frank A. Maggio,

See QUESTIONS, page 22

Learning experience: Dr. Leo Fleckenstein (front and center) poses with members of the Hollenback-Medina Operative Dentistry Seminar at the dental clinic of Ebenezer Medical Outreach. From left: Drs. David Bridgeman, Jeffrey Harvey, Gary Schumacher, Grant Mason and John Simpson; Carrie Karnes, dental assistant; and Dr. Craig Bridgeman. Story, page 23.

Dr. Harald Löe, past NIDCR director, dies

BY JENNIFER GARVIN

Baerum, Norway—He is known for "taking the mystery out of periodontal disease" and opening new paths in dental research, but many of Dr. Harald Löe's former colleagues remember an enthusiastic mentor who championed the dental profession.

"He had a way of articulating the importance of oral health, and his interest in clinical research and appreciation for basic science was unique," recalled Dr. Robert Genco, distinguished professor and vice provost at the State University of New York at Buffalo School of Dental Medicine who first worked with Dr. Löe in 1972. "He was extremely supportive of colleagues, particularly young investigators, and he often included them on programs that might have been their first program—he did that for me. He encouraged young people and was an excellent mentor."

Dr. Löe, a past director of the National Institute of Dental and Craniofacial Research, died Aug. 9 at his home in Norway. He was 82.

Born in Steinkjer, Norway, Dr. Löe received his dental degree in 1952 from Oslo University before receiving a series of impressive academic appointments, including professorships at the Royal Dental College in Denmark and at Hebrew University, Israel. He also was a Fulbright Scholar in Oral Pathology in 1957.

In 1974 he was appointed dean and

See DR. LÖE, page 10

Dr. Löe: Worldwide periodontal research pioneer.

BRIEFS

Pediatrics: The American Academy of Pediatrics symposium, "Oral Health in the 21st Century: Something to Smile About—Your Role in Children's Oral Health," is set for Oct. 10 at the Hynes Convention Center in Boston.

Drs. Mark Feldman, ADA president, and Beverly Largent, American Academy of Pediatric Dentistry president, will join AAP President Renée Jenkins, M.D., in providing opening remarks for the meeting.

Part of the AAP's Pediatrics for the 21st Century Symposium Series, the conference's objectives are to promote collaboration between the medical and dental communities in addressing children's oral health; improve health professionals' understanding of the causes, prevention and impact of dental disease on the individual, family and community; and provide information about the systems of care for improving children's oral health.

Program highlights include the keynote address by David Satcher, M.D., former U.S. surgeon general. Other topics include the cost to society of oral disease and the relationship between oral health and well-being.

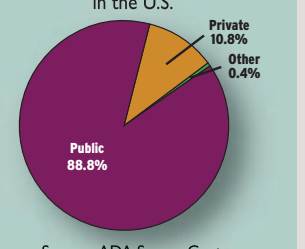
The AAP National Conference and Exhibition will follow on Oct. 11-12 and will include additional pediatric-focused oral health courses.

For more information on courses and speakers or to register, log on to "www.AAPexperieNCE.org/register". ■

JUST THE FACTS

Dental assisting

Public institutions offer 88 percent of the dental assisting programs in the U.S.



Source: ADA Survey Center "survey@ada.org", Ext. 2568

Dental Education: Our Legacy–Our Future adds 7 partners

The Dental Education: Our Legacy—Our Future initiative has increased its total number of OLOF partners to 116. The seven new partners are Midwestern University, New Hampshire Dental Society, L. D. Pankey Foundation, American Association of Women Dentists, North Carolina Dental Society, Connecticut State Dental Foundation Inc. and Oklahoma Dental Foundation.

"The American Association of Women Dentists is proud and honored to support the dental education system and help raise awareness of the importance of dental education through the Our Legacy—Our Future program," said Dr. Lilia Larin, AAWD president, adding that the AAWD board voted unanimously to support the project.

"The Pankey Institute is delighted to join the Our Legacy—Our Future campaign because we have long provided quality dental education for dentists around the country and around the world," said Victoria Champion, director of development at the Pankey Institute. "The goals of the campaign are consistent with our mission of unsurpassed advanced dental education. The field of dentistry is evolving quickly and the Institute must change to keep up with the rapid advancements in our profession. I personally look forward to networking with other fundraising professionals who believe in quality dental education."

Our Legacy—Our Future, an initiative spearheaded by the ADA Foundation and other partners, is designed to raise awareness on the importance of dental education and to promote a culture of philanthropy within the dental profession and solicit a call to action to address these issues.

The initiative encourages interested donors to give directly to partner institutions of their choice. The goal is to collectively raise more than $500 million by the end of 2014 in order to address the issues facing the future of dental education.

For more information, visit "www.ourlegacyourfuture.org". ■

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Olympic Village dental clinic has U.S. connection

BY STACIE CROZIER

Beijing—Although the 2008 Olympic Games are in full swing, a dentist with American connections started working behind the scenes months ago to ensure that volunteer dentists in the Olympic village are comfortable treating and communicating with athletes from around the globe.

Dr. David Lee, a native of Taiwan who moved to California at age 10 and grew up in the U.S., has practiced in China for the past 10 years. He says his ability to speak six languages and his experience in treating diplomats in Beijing from around the world are among the reasons he was chosen to conduct multicultural training for 40 or so Chinese dentists who will staff the dental clinic in the Olympic Village.

"I was able to use my experience to help these dentists overcome language and cultural differences when communicating with athletes who need dental care," said Dr. Lee. "There can be lots of nuances, depending on what continent or socioeconomic class a patient comes from."

Olympics training for dentists: Dr. Yang Xiaojiang, chief dentist, Beijing Organizing Committee Medical Services, left, and Dr. Lee planned multicultural awareness training for dentists volunteering in the Olympic Village dental clinic.

Organizers anticipate treating about 2,000 athletes from July 27 through the end of August—about 10 percent of all Olympic Village residents. Athletes can receive mouthguards custom-made on-site, digital panoramic X-rays and a wide range of general and specialized dental treatment at the six-chair, state-of-the-art dental clinic.

Volunteer dentists, most of whom are faculty from Beijing's two dental schools, have prepared months in advance for the Olympics.

Under tight security constraints, they needed to estimate what dental equipment, materials and supplies they would use and bring it in beforehand, since no trucks are allowed into the Olympic Village while athletes are in residence.

Dr. Lee says he doesn't have clearance to work in the clinic, but will be a cell phone call away if a communications problem arises.

"I can give the volunteers some backup, even if I can't be there," he said.

Dr. Lee says mobility is an important part of why he chose dentistry as a career.

"I'm so glad I'm a dentist," said the University of Maryland alumni. "I feel so welcome in China. I can go anywhere. I can be very mobile. I don't need a hospital to practice. I can be my own boss, be independent, whether I'm doing implants in Beijing or working in the villages affected by China's recent earthquake."

In fact, Dr. Lee was one of the first medical responders to head to the earthquake zone in May. He was part of a team of two dentists, a pharmacist and three physicians that went to the "B" zone, a region that suffered light casualties but heavy damage to infrastructure.

Dr. Lee has been raising money and plans to lead a dental team and nonmedical volunteers who speak the Sichuan dialect back to the earthquake zone in mid-September to provide free dental care for affected villages.

He is also the first U.S.-licensed dentist to receive a license to practice in China and established the first English-speaking dental study club in Beijing 6 years ago. His study club has hosted prominent U.S. practitioners and dental educators, including Dr. Lee's former professor Dr. Jon Suzuki, currently associate dean for Graduate Education and International Relations at Temple University Maurice H. Kornberg School of Dentistry.

"It is a great honor to welcome guests like Dr. Suzuki," said Dr. Lee. "Dentistry is in my blood and I love being able to reach out across geographic and cultural borders through my profession."

To learn more about international development initiatives, contact the ADA Center for International Development and Affairs at "international@ada.org" or toll-free, Ext. 2726. ■

—croziers@ada.org

ViewPoint

MyView

Paying for your reputation

Jeffery W. Johnston, D.D.S.

The lay media and Internet are a repository of all kinds of information, some factual, and some not-so-factual. Patients are using these resources with increasing frequency to help them make decisions concerning treatment procedures and who they choose to provide said treatment. Recent events have increased my concern about this practice.

I regularly receive solicitations from publications or Web sites asking me to be listed as a good dentist, top dentist, cutting-edge dentist and all around great guy—for a fee, of course. Most recently, a solicitation actually asked me to vote and comment on other dentists in the area. The same source offered to list me among their best dentists, again, upon payment of a fee.

I discard these solicitations faster than the words "who would actually pay for unearned praise?" flash by my smell test. And yet people do pay to have their names listed. I suppose that's fine. However, I wonder. Maybe the ads are just harmless advertising puffery—ad copy masquerading as fact. Perhaps their shameless self-adulation mostly just helps practitioners believe their own publicity.

Or is it something worse than that? Perhaps a disclaimer explaining the information should be offered, as is done on television infomercials. That would give the "whole truth."

At consultation appointments, I actually spend more time reversing misinformation than I do explaining pertinent diagnosis and treatment.

And again from a patient perspective, any omission of his or her dentist's name from one of these lists may be seen in a negative light. If someone is not included in a list of the "best" dentists, does that somehow label them as less than desirable?

I would have expected dentistry to be a little above this sort of thing. I guess I was wrong. One thing I'm sure of is that the reputation I enjoy (or suffer) was earned by my skills, not by paying someone to list me as a "good dentist." I don't think one should pay for something that rightly ought to be earned.

Another concern is the Web sites and blogs that supposedly "inform" patients about treatment procedures and dentists. We've all seen and experienced the misinformation out there about dentistry from the uninformed and unintelligent. Why are we as dentists contributing to this?

See MY VIEW, page five

LettersPolicy

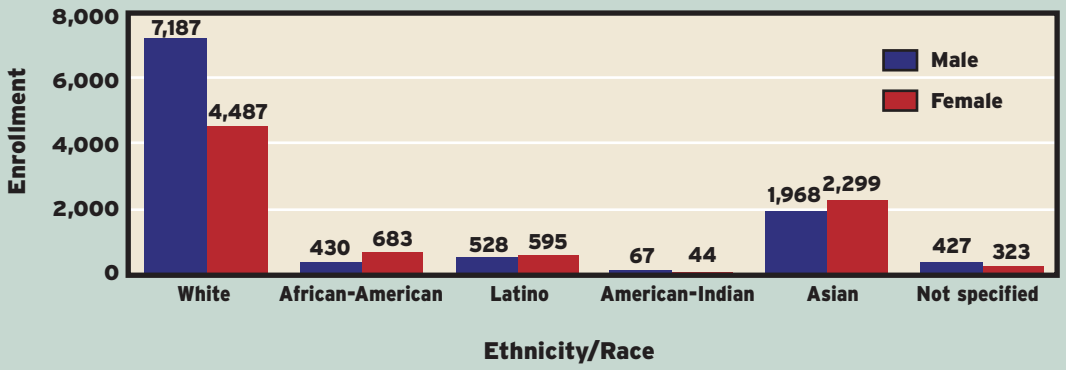
ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

SNAPSHOTS OF AMERICAN DENTISTRY

Ethnicity

Although there are about three-fifths more white male dental students than white female dental students, the gender breakdown is reversed among African-American, Latino and Asian dental students, with female students outnumbering males.

Total U.S. dental school enrollment by ethnicity/race and gender, 2006-07



Source: American Dental Association, Survey Center, 2006-07 *Survey of Dental Education.*

Letters

Ethics

Dr. Chester Gary's editorial, "If Your Conscience Could Talk" (July 14 ADA News), was awesome.

In few sentences he nailed the issue on the head. I am sure every dentist who reads this is going to take home a powerful message. I hope this gets in the hands of every young/new dentist.

Thank you, Dr. Gary, for this. I also want to applaud the ADA News editor for reprinting this essay.

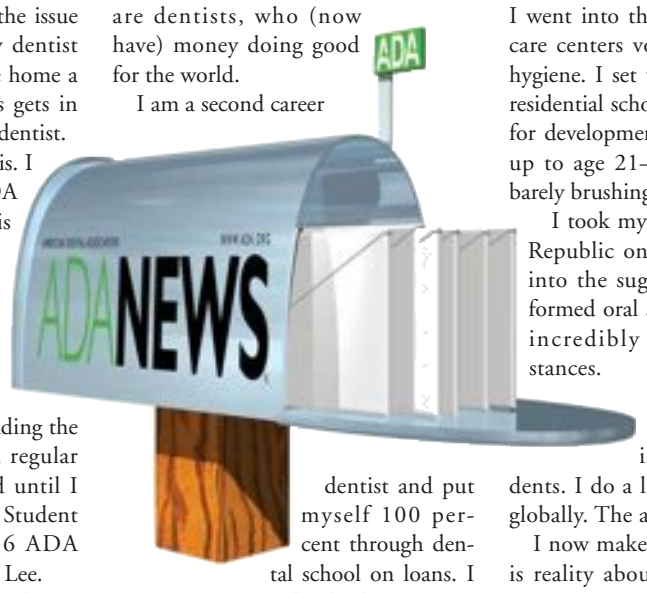
Vivek Mehta, D.M.D.
Auburn, Mass.

Giving back

For 29 years, I have been reading the ADA News "My View" on a regular basis. I have never responded until I read the editorial, "A Dental Student Living in Harlem" (June 16 ADA News), by dental student Ryan Lee.

I was quite taken aback that a prominent lecturer would share what type of car he drives, show the slide of the car alongside slides he was presenting about—presumably dental techniques or the like—and expect that he would retain his audiences' attention. He would not have retained mine. I totally agree with Mr. Lee.

What I wanted to share with the future Dr. Lee is that there are many ways to give back. All dentists need not work in a place like Harlem in order to feel like they have given back. Yes, Mr. Lee is doing a wonderful service starting up SAT tutorials. Let me share a little of my life so you know that there are dentists, who (now have) money doing good for the world.



I am a second career dentist and put myself 100 percent through dental school on loans. I went to a private school. I kept signing on the bottom line knowing and having faith that one day those loans would be paid off. I started with nothing but always maintained the highest standards of ethics when treatment planning.

I worked in a nice, high-end practice with a forward-thinking mentor, the owner of the practice. What made my life full was helping the elderly in my practice by "gifting" them dentistry, or helping poorer families, or donating dentistry to families that fell upon hard times. Or working with the Chernobyl project donating thousands of dollars of dentistry to sick children. I went into the local schools and day care centers voluntarily to teach oral hygiene. I set up a program at a local residential school to teach oral hygiene for developmentally challenged people up to age 21—many of whom were barely brushing their teeth.

I took my sons to the Dominican Republic on a mission. I went out into the sugar cane fields and performed oral surgery under the most incredibly challenging circumstances.

I work in a shelter for the homeless cooking and feeding the residents. I do a lot of things locally and globally. The above are just a few.

I now make a nice living, but there is reality about also needing to earn money. Dental school loans, car payments, college for my children, an occasional vacation in my life to keep balance and have quality time with my children. Putting money away for my retirement, a nice house in a community with good schools.

I am a single mother who has been and is the main breadwinner. I now own my practice solo and probably have the potential to earn more

See LETTERS, page five

Letters

Continued from page four

money than I ever thought I would or could. That is not going to change who I am. I have always been a giving person who happens to be a dentist. Not the other way around.

I encourage Mr. Lee to stay the giving person that he appears to be, but I also invite him to realize that there are a lot of other dentists like him who are giving and just happen to be financially successful clinicians in spite of themselves.

And oh, by the way, I drive a 1997 banged-up Toyota Camry with 163,000 miles on it, and proud of it!

Robin Feltoon, D.M.D.
Hanover, Mass.

Sleep dentistry

In addition to the oral-systemic health issues cited in the article "Association Seeks to Increase Dentist-Physician Collaboration" (April 21 ADA News), there is a need for dentists to become more involved with sleep physicians as part of a harmonious integrated multidisciplinary team approach for the treatment of obstructive apnea with daytime hypersomnolence syndrome (OSAS), a potentially life-threatening medical disorder that afflicts an estimated 4 to 7 percent of the U.S. population.

According to the Institute of Medicine's 461-page report released in April 2006 entitled "Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem" ("http://nap.edu"), daytime hypersomnolence alone costs $150 billion annually in lost productivity and mishaps, and another $48 billion in medical costs related to motor vehicle accidents that involve drowsy drivers.

Twenty percent of all serious car crashes are associated with daytime hypersomnolence, independent of alcohol. OSAS may also cause memory loss, morning headaches, irritability, depression, decreased libido, impaired concentration, as well as hypertension, strokes, cardiovascular dysrhythmias and myocardial infarction.

Oral Appliance Therapy (OAT) involves the selection, fabrication, fitting, adjustments and long-term follow-up care of custom-designed oral devices, worn only during sleep, to reposition the mandible and tongue base anteriorly to enlarge the oropharyngeal airway.

Based on the successful outcomes of 87 scientific studies that includes 15 Level I and II randomized controls trials, the American Academy of Sleep Medicine published updated "Practice Parameters" that now cites Oral Appliance Therapy, which should be performed by qualified dentists after diagnosis and referral from the sleep physician, as a first line treatment for selected cases of mild to moderate OSAS (Sleep 2006, Vol. 29, pp. 240-262).

However, the diagnosis of OSAS with polysomnography and other therapies—such as continuous positive airway pressure—should be performed by sleep physicians. This medical-dental practice protocol must continue to be implemented for the health and safety of our patients (and to comply with our state licensure boards).

Simply put, this scope of practice is just good (sleep and dental sleep) medicine.

Jeff Prinsell, D.M.D., M.D.
Immediate Past President
American Academy of Dental Sleep Medicine
Marietta, Ga.

MyView

Continued from page four

At consultation appointments, I actually spend more time reversing misinformation than I do explaining pertinent diagnosis and treatment. I am constantly amazed how patients will put more credibility in a slick ad or blog than in trusting their doctor's advice. Blogs are a special concern, since they sometimes consist of little more than unsubstantiated ravings from malcontents. Having your name mentioned negatively without the opportunity of rebuttal can be devastating for a reputation.

Is all of this a reflection of how poor our relationships have become with patients, or evidence that the slick deceptions are working? I would like to think the latter. Neither thought makes me feel very good.

I encourage you all to discuss these concerns with your patients and educate them about the dangers of misinformation and the difference between paid advertisements and facts. Get involved with and visit reputable dental sites and screen them for your patients. Perhaps you can develop your own resources for your patients to access to obtain accurate and ethical material.

Dentistry is difficult enough without having to constantly correct misinformation, expose advertisements disguised as fact and debunk spurious publications. We can't control the garbage being printed, or being put online, but we can expose it for what it is.

Dr. Johnston is editor-in-chief of the Journal of the Michigan Dental Association. His comments, reprinted here with permission, originally appeared in the June issue of that publication.

Editor's note: The ADA Council on Ethics, Bylaws and Judicial Affairs studied a number of "best dentists" lists in 2005, and was informed by the publishers of such lists that, among other things, they keep their advertising/marketing departments separate from their survey/polling departments.

In addition, dentists are not required to buy an ad in the publication to be included on their "best dentists" lists.

CEBJA recommended the following resolution which was adopted by the ADA House of Delegates that same year: "Resolved, that American Dental Association policy is that any published lists of 'best dentists' should incorporate a full disclosure of the selection criteria, including, but not limited to, any direct or indirect financial arrangements."

Saving smiles

Community clinic volunteers treat adults in need of care

BY STACIE CROZIER

Wheaton, Ill.—Treating 48 uninsured adults—most of whom needed urgent dental care—the DuPage Community Clinic hosted its third annual "Save Your Smile" day April 28.

"There aren't a lot of programs out there that reach out to adults," said Patricia Ciebien, clinic director. "We had six volunteer dentists who treated patients from 19 through 74 years of age. The need out there is amazing."

The clinic's board of directors is considering holding special access days twice a year since they've been so successful, she added. They also held a Give Kids A Smile event in June that focused on getting children ready for the fall school year.

The Save Your Smile day is just a small part of the privately funded clinic's mission, said Ms. Ciebien. Its 37 volunteer dentists and eight volunteer dental hygienists provide care and holistic services to patients year round.

"It takes a special kind of dentist to 'cook in someone else's kitchen,' " she said. "Our volunteers usually donate a half-day a month. They are doing on their day off what they could be getting paid to do. They are amazing, and they provide our patients with the best of care and personal attention."

Dr. Kevin King of Palos Heights, Ill., is one of the clinic's pro bono stalwarts. He has also volunteered as director of a volunteer program at the University of Illinois pediatric ward and with youth groups and at a homeless shelter on the west side of Chicago.

"In the years that I have volunteered at the DuPage Community Clinic, I have watched the program grow and mature," said Dr. King. "Volunteering helps us connect with our humanity and it in turn offers us the opportunity to be of service to those in need. Often when we volunteer in a program it is hard to see the overall results of our contributions. This is where professional volunteering in this type of clinic is different. There is an immediate result. You can directly see the effects of the care you provide. It allows you to relieve the pain and suffering that these patients are experiencing. Additionally it helps us to educate these patients by offering preventive care to ensure that they do not fall into the same situation again."

Clinic patients, Ms. Ciebien added, represent many cultures and come from 72 different countries.

"It's important for us to offer something beyond dental treatment—oral health education, comfort and a sense of self," said Ms. Ciebien. "We give our patients individual attention and some of them are not used to it."

Patients can also receive resource guides to help families find out what other services are available to them, from medical care and food stamps to clothing and other services, she adds.

"We try to take any embarrassment away from them—not just dental pain. It takes time, effort and planning, but it's worth it, knowing you're making a difference." ■

—croziers@ada.org

Outreach: Dr. Ken Bala, Darien, Ill.; Sherry Muehling, Dr. Jerry Ciebien, Riverside, Ill.; and patient Jane Hsu pause for a photo after Jane's Save Your Smile day appointment.

Ready to help: Volunteers and staff at the DuPage Community Dental Clinic stand ready to treat patients April 28 for "Save Your Smile" day. They include, from left, Dr. Joseph Ladone, Lisle, Ill.; Dr. Kevin King, Palos Heights, Ill.; chairside assistant Rogina Westin; lead dental assistant Sherry Muehling and Dr. Ed Chavez, Wheaton, Ill.

All smiles: Dr. Kevin King consults with patient Evelyn Miller and chairside assistant Rogina Westin at the DuPage Community Dental Clinic in April.

Mission to Mexico

BY STACIE CROZIER

Park Ridge, Ill.—When Dr. Maria Loukas of Park Ridge, read about a dental mission to Mexico's Copper Canyon region in the Jan. 7 issue of the ADA News, she decided it was time to make a mission trip herself.

"I had been looking for sometime to do volunteer work," said Dr. Loukas, "and this gave me the perfect opportunity. Since my son, Dr. Thanasi Loukas, could cover the office, I had the freedom to fulfill my dream."

During her weeklong trip in February, Dr. Loukas was impressed, she said, by the level of organization of Dr. Fred Kalinoff, who works with LIGA International to organize the dental mission trips.

"I was amazed to see the organization, the equipment, instruments and materials Dr. Kalinoff had with him," she said. "Two portable, totally functional units were set up in a classroom of the school. By 10:30 a.m. we were ready to start treating patients."

Dr. Loukas said she was pleasantly surprised that most of the children they treated did not have gross decay and that cleanings, fluoride and sealants plus any needed restorations the mission team provided would help them have good oral health for the long term.

"Adults were a different story," she said. "Many had advanced periodontal disease. We did mostly extractions for them.

At work: Dr. Maria Loukas, left, and dental assistant Jaimie Stout treat a student from the school in Guapalaina, Mexico, in February.

"Personally," she added, "the best experience was the warmth, kindness, appreciation we received from our patients."

In May, she donated two dental chairs to the organization to help equip a permanent dental clinic in Mexico.

"I will be returning to Mexico as soon as I am needed and going on a trip to Guatemala next January," she said. "The great thing about the clinic in Mexico is that many missions could be planned during the year and many different dentists could volunteer to provide these wonderful people with a lifetime that is pain free."

"There is still a great need for donated surgical and operative instruments, as well as supplies for the new clinic," said Dr. Kalinoff. "Anyone interested in helping with donations can contact me."

Dental mission trips are now scheduled for October, November and January.

For details, log on to "www.ligainternational.org" or contact Dr. Fred Kalinoff at 1-651-428-7906 or "kalinoff@comcast.net".

To learn about other international volunteer opportunities, contact the ADA Center for International Development and Affairs at 1-312-440-2726 or "international@ada.org". ■

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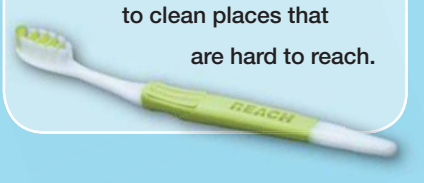

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ADA seeks input, publishes standards

Both the ADA Standards Committees on Dental Informatics and Dental Products have news for dentistry, including:

• The ADA Standards Committee on Dental Informatics has approved for circulation and comment the proposed revision of American National Standards Institute/ADA Specification No. 1047-2006 for the standard content of an electronic periodontal attachment.

The purpose of the standard is to develop uniform content requirements for documentation to be included in a periodontal attachment to an electronic claims submission. The working group recommended a change in the text to address a question that arose as to whether the standard applies to predeterminations or claims for actual services, or both. The revision of the scope states that the standard applies to both predeterminations and claims for services and that data will be archived after submission for predetermination for a later claim. Changes in the procedure codes cited in this specification necessitated further changes to the specification.

• The ADA SCDI also approved proposed ANSI/ADA Technical Report No. 1051 for DICOM Requirements for Digital Imaging in Institutional Dentistry for circulation and comment.

This report provides a technical specification based on the Digital Imaging and Communication in Medicine standard as it applies to dentistry, with the goal of increasing interoperability within and between institutional digital radiographic systems. The report illustrates through high-level interaction use cases how to achieve interoperability for typical dental imaging tasks by showing the DICOM requirements in context, describing them in clear relationship to the clinical tasks of the dental provider.

The ADA Standards Committee on Dental Products published three new standards. They are:

• ANSI/ADA Specification No. 73 for Dental Absorbent Points, which specifies requirements and test methods for nonmedicated dental absorbent points used in endodontic procedures together with sterilized dental absorbent points which include standard and taper sized points. The requirements apply to points that have been sterilized once in a manner approved by the manufacturer. This specification is an adoption of ISO (International Standards Organization) 7551:1996, Dental Absorbent Points.

• ANSI/ADA Specification No. 89 for Dental Operating Lights provides criteria for operating lights in the dental office that are intended to be multifunctional permanently fixed to the ceiling or to the wall or to the floor when illuminating the oral cavity of patients. All three models incorporate the same light feature and quality. This specification is an adoption of ISO 9680/2007, Dentistry—Operating Lights.

• ANSI/ADA Specification No. 113 for Periodontal Curettes, Dental Scalers and Excavators specifies the general material, performance and dimensional requirements for periodontal curettes, dental scalers and excavators instruments. This specification is a modified adoption of ISO 13397-1-1995, Periodontal Curettes, Dental Scalers and Excavators—Part 1: General Requirements; and ISO 13397-2-2005, Dentistry-Periodontal Curettes, Dental Scalers and Excavators—Part 2: Periodontal Curettes of Gr-Type.

Copies of all documents are available. Call the ADA toll-free, Ext. 2506, or send an e-mail request to "standards@ada.org". For information about ADA standards visit "www.ada.org/goto/standards". For more about the American National Standards Institute go to "www.ansi.org".

"The importance of standards can't be underestimated," says Dr. Clark Stanford, who serves on the ADA Standards Committee on Dental Products. "Any consistent delivery of services—from the plug in the oultet to the battery in your camera—is based on standards. Clinicians need standards for consistency in product performance and manufacturers need them as a benchmark for product performance in the marketplace." ■

Standards are high priority

The American Dental Association is accredited by the American National Standards Institute as an accredited standards organization.

As such, the ADA standards program supports the development of nomenclature, standards and specifications for dental materials, instruments, equipment and accessories used in dental practice, oral hygiene products which are offered to the public or the profession, and electronic technologies used in dental practice. (Orthodontic, prosthetic and restorative appliances designed or developed by the dentist for an individual patient are excluded.)

The ADA currently sponsors two separate standards committees; one for dental products and one for dental informatics. Pursuant to ADA procedures, an ADA standards committee is comprised of volunteer technical experts who serve as representatives of organizations affiliated with the profession, dental industry, academia and the government.

The standards committee serves as the consensus body that approves all candidate American National Standards relating to dentistry. ADA consensus standards committees operate under the principles of consensus and due process. The actual standards development is done by more than 500 volunteers serving in working groups and subcommittees of the consensus standards committee. ■

Dr. Löe

Continued from page one

professor in the Department of Periodontology at the University of Connecticut, where he stayed until 1983 when he became the fifth director of what was then called the National Institute of Dental Research. His goals there, he told the ADA News in 1994, were to broaden dental research to areas beyond caries and periodontal disease and to encourage dental students to pursue research.

"I strongly believe that the future general practitioner," Dr. Löe said, "is going to be dealing not only with caries and periodontal disease, but also with oral cancer, temporomandibular disorders, smell and taste disorders and a variety of other problems. The day is not going to be filled with restorations. Edentulousness is going to disappear!"

Said Dr. Michael Glick, editor of The Journal of the American Dental Association, "There was no one in the world of dental science more renowned or more respected than Harald Löe. His many contributions helped shape the present and future of dentistry. I was fortunate to count Dr. Löe as a friend. He will be sorely missed."

While at NIDCR, Dr. Löe established the Dentist Scientist Award Program and was credited with increasing the institute's spectrum of dental research to include molecular biology investigations of oral infections caused by systemic diseases such as acquired immune deficiency syndrome, bone and joint diseases, salivary gland dysfunctions, oral cancer and genetic disorders. He also transformed the National Caries Program to include periodontal and other diseases into a new Epidemiology and Oral Disease Prevention Program.

"The ADA had a great relationship with Dr. Löe, who was a pioneer in periodontal research," ADA President Mark J. Feldman said. "His leadership at the NIDCR left a great legacy in dental research. His influence will not be forgotten."

"You can't overestimate the impact this man has had on dental research," agreed Dr. Christopher Fox, executive director of the International and American Associations for Dental Research.

He added, "Dr. Löe and co-workers also developed the experimental gingivitis model that probably every dental student is familiar with where you get a group of volunteer dental students to stop brushing their teeth and see what happens."

Army ties: Dr. Harald Löe (center) and Maj. Gen. Bill Lefler at an open house at the Walter Reed Army Medical Clinic in 1989. Dr. Löe was the director of the NIDCR from 1983-1994.

Both Drs. Fox and Genco said that 1965 study, "Experimental Gingivitis in Man," was pivotal in providing evidence for the primary role of dental plaque in the causation of gingivitis. The study, Dr. Löe said, was inspired by Dr. Löe's own mentor, Dr. Jens Waerhaug, his former professor at Oslo University.

"Those were exciting times," said Dr. Löe in 1994, "and I think that what I did was to take the mystery out of periodontal disease. I've been very fortunate to be a part of all this. I think it has shaped my life, really, and my way of thinking also."

"I think that what I did was to take the mystery out of periodontal disease. I've been very fortunate to be a part of all this. I think it has shaped my life, really, and my way of thinking also."

In June of this year, the NIDCR celebrated its 60th anniversary. Lois Cohen, Ph.D., who worked with Dr. Loe as the director of planning, evaluation and communications as well as assistant direct for international health, paid tribute to him during a party held by the Friends of NIDCR.

Calling his legacy "formidable," she spoke of Dr. Löe's considerable accomplishments, including increasing the NIDCR budget from about "$80 million to almost $170 million.

"He led the effort to establish the Dentist Scientist Award program and internationalized NIDCR's research agenda," she said, "as the NIDR became the WHO (World Health Organization) Collaborating Center for Dental Research and Training. He created, with the help of a congressional directive, 30 centers for oral health research around the country."

"I was saddened to learn of Dr. Löe's passing," said Dr. Lawrence Tabak, NIDCR director since 2000. "Under Dr. Löe's leadership, the institute doubled its budget and expanded its research agenda to encompass oral and craniofacial tissues. Dr. Löe will be remembered for his enabling vision of dental science and his many contributions to improving oral health in the United States and throughout the world."

"He was very concerned about the available labor force for dental research," Dr. Cohen added. "He supported all research but was most concerned that we weren't producing enough researchers in the United States, in particular clinical scientists. That's why the Dentist Scientist Award program was created."

Under Dr. Löe's leadership, a number of consensus and technology assessment conferences were held and a new series began, Scientific Frontiers in Clinical Dentistry, launched with continuing education credits for clinicians.

Dr. Cohen also read a note from Dr. Löe encapsulating his thoughts on his time spent as director. "I have now reached the stage in life when long memory is predominant; and as I contemplate my six decades of involvement in dental research, education and practice, I think of my time in the Institute as especially interesting, important and meaningful. I continue to be proud of the Institute's past and current scientific endeavors and its impact on oral health improvements around the world."

In 1989, Dr. Löe received the Surgeon General's Exemplary Service Award in recognition for his leadership in public service in the United States. Then Surgeon General C. Everett Koop presented the medal and plaque to Dr. Löe and later said, "Dr. Löe bridged the gap between medicine and dentistry, and that's what I appreciated about him."

Dr. Genco agreed, saying, "When he was [at NIDCR], he had to make the argument for the importance of oral health and he never compromised dentistry."

In 1994, Dr. Genco was on the committee that awarded Dr. Löe the prestigious ADA Gold Medal Award, an award Dr. Genco received in 1991.

The two played golf together. Dr. Löe was a pretty good golfer and enjoyed ribbing Dr. Genco about his skills on the golf course.

"I showed him my score one time—a 63—and he said, 'But Bob, that was for the front 9 [holes],' " said Dr. Genco, laughing at the memory.

Dr. Löe is survived by his wife of 60 years, Inga, and two children, Haakon and Marianne. His funeral was set for Aug. 14 in Oslo.

The ADA will continue to update this story on ADA.org. To see the Friends of the NIDCR tribute, visit "www.fnidcr.org/special/NIDCR60th.html". ■

—garvinj@ada.org

ADA annual reports, resolutions available

Annual Reports and Resolutions, 2008, the yearly publication containing the annual reports of ADA councils and commissions, is available on ADA.org at "www.ada.org/ada/about/governance/hod_2008_reports.asp" as members-only documents.

Reports are posted both individually by agency, and as a complete book. For more information, contact Megan Anshutz (e-mail: "anshutzm@ada.org") or via the ADA toll-free number, Ext. 2925. ■

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Too sick to practice?

Medical records help insurers process claims

BY ARLENE FURLONG

When Dr. Robert Bethea was 39 years old he began what would become an 18-year quest to determine the cause of a sporadic, yet ongoing affliction.

Bouts of pain in his left hand and arm progressed to chest discomfort that dug beneath his sternum and sometimes stole his concentration when treating patients. His search for a diagnosis led him to cardiologists, orthopedists and gastroenterologists and through a myriad of tests.

The discomfort would come and go—difficult treatment cases or stress seemed to provoke the pain, he says. Most of the time he looked and felt healthy, even jogging three miles each day.

It wasn't until he started working much less frequently ("My practice became hit or miss; I was starting and stopping and sending patients away") that he began considering his alternatives. He called his insurer, Great-West Life & Annuity Insurance Co. in October 2001. He had decided he might be better off selling his practice and working for the potential owner. It had been 18 years since his search for a diagnosis began. He still didn't have one.

"There are many conditions that disable dentists for which the symptoms cannot be objectively verified or quantified," says Gina Goodreau, senior manager of ADA Insurance Plans. "That doesn't diminish the veracity of the patient's explanation about the condition."

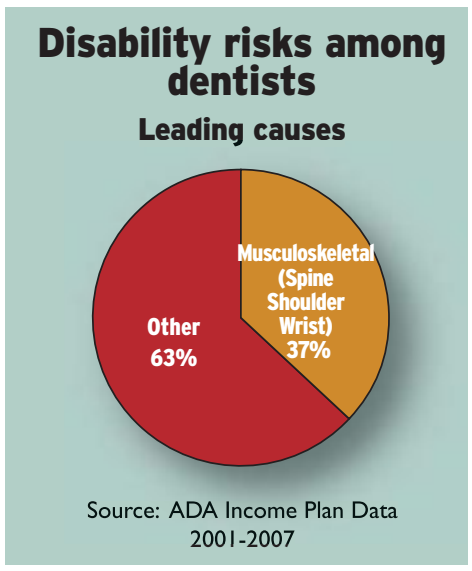
Ms. Goodreau, who manages claims review and underwriting for Great-West, says it's not so unusual for symptoms to lead a patient, or even the patient's doctors, down a path that either doesn't lead to a firm diagnoses or leads down the wrong track.

"What patients think might be wrong with them might not support the diagnosis advanced in support of disability," Ms. Goodreau says. "However, a record of medical care and treatment helps the insurer in processing the claim."

Disability claims based on what are sometimes called "self-reported" symptoms—symptoms that can't be objectively verified or quantified by a physician—can be problematic for both policyholders and insurance companies.

A patient with self-reported symptoms may tell his or her physician that work is impossible because of pain, fatigue, lack of dexterity or strength, yet diagnostic tests can't confirm the symptoms or the degree to which the problem exists. "That doesn't mean self-reported symptoms aren't often part of a legitimate disability claim, but it does highlight the importance of documentation," she says.

Firsthand knowledge: Dr. Bethea talks about insurance issues at a 2005 meeting of the ADA Council on Members Insurance and Retirement Programs.



"Self-reported symptoms severe and frequent enough to interfere with work usually drive an individual to the doctor," said Ms. Goodreau. "The doctor will typically perform a physical exam, order tests and follow the patient over time, all of which lends credibility to self-reported symptoms at claim time."

It was six years ago, while dragging some tree limbs up a hill, that Dr. Bethea's symptoms evoked his own diagnosis. He told his wife, "I've got heart trouble. I know I do." He agreed to a heart catheter test. The test showed blockage in five major arteries, with 85 percent blockage in the left main coronary artery. "They call that one the widow maker," he said. He had heart surgery the following day.

Prior to 2001, Dr. Bethea had never considered filing for disability. He couldn't practice at full steam, or in all situations, but he wasn't ready to quit. Looking back, he can't think of anything he would've done differently if he had the chance to do it all over again.

Dr. Rothenberg

"For my situation the doctors felt they were doing everything they should be doing, but one more test would've helped get to the root of the problem," said Dr. Bethea.

Dr. Bethea believes that health-conscious dentists may have a tendency to misjudge the source of their symptoms. "Somebody with my lifestyle, who jogged every day, would never expect to have certain conditions, such as heart disease," he explained.

Many conditions one might think could fall under self-reported don't anymore. Diagnostic criteria exist for ailments that have been notoriously difficult to objectively verify in the past, such as chronic fatigue syndrome and fibromyalgia.

The most common self-reported claim that can't consistently be verified or quantified by an attending physician—and also the leading cause of disability claims for dentists—is musculoskeletal pain and weakness.

Verifying and quantifying pain is difficult for insurers. ADA Income Plan Data from 2001-2007 shows that musculoskeletal disorders of the spine, shoulder and wrist make up a full 37 percent of disability claims. (See chart, this page.)

As Ms. Goodreau points out, "If you put an MRI (magnetic resonance imaging) machine on the street and tested people walking by, you'd inevitably find degenerative changes and even bulging discs among people who have significant pain and in others who have very little or no pain at all."

A lot of factors come into play when insurers consider self-reported symptoms—the treating physician's evaluation, opinion, and treatment plan; progression and velocity of the symptoms; the age of the patient; prior and possibly related conditions.

Occasionally a dentist will work with symptoms for years then suddenly can't do it anymore. The pain that was well-documented, but the dentist could work with, is suddenly disabling.

"Insurers feels much more comfortable if it's pain that's been shown to be progressing," says Ms. Goodreau. "If it's a progressive condition, we expect to see that in the medical records. We should be able to see the condition worsening through the weeks, months or even years of evaluation and treatment."

She says some dentists are reluctant to report pain because they're afraid it will affect future coverage—"a personal decision they have to weigh," she noted.

(Ms. Goodreau says in almost all situations limited coverage is still available—even with a known musculoskeletal condition—with an elimination rider that excludes benefits for the pre-existing condition while providing protection against all other disabling conditions.)

Dr. Donald Rothenberg, a Massachusetts general practitioner, endured migraine headaches on and off for years, but it wasn't until about a year and a half ago that they started coming every day.

"They give me vertigo and affect my vision," Dr. Rothenberg told ADA News. "The pain has been so bad at times that I've had to go to the emergency room."

Despite the frequency and intensity of his symptoms, MRIs and CT (computed tomography) scans haven't revealed a cause.

Dr. Rothenberg filed for disability in October 2007. His primary care doctor and neurologist sent documentation of his visits and tests to his insurer, Great-West. Among the records Dr. Rothenberg sent were his appointment book and his monthly bank statement for the practice, tax returns and income reports, so Great-West could determine what he was earning in 2007 vs. what he was earning a few years prior. Dr. Rothenberg is collecting his benefits and says he understands why Great-West needed the documentation they asked for.

The ADA has member resources on disability insurance and ergonomics. They include:

- For dental students: "www.ada.org/prof/ed/careers/infopaks/ergonomics.asp"
- On ergonomics: "www.ada.org/prof/prac/wellness/ergonomics.asp"
- For disability "www.ada.org/prof/prac/wellness/disability.asp"
- The Council on Access, Prevention and Interprofessional Relations offers the Alternative Dental Careers packet for dentists considering careers outside of private practice. Contact Sherry Nash-Braun, toll-free, Ext. 2879.
- The Relief Fund "www.ada.org/ada/adaf/grants/relief.asp"
- The ADA Dentist Health and Wellness Program "www.ada.org/prof/prac/wellness/program.asp#about". ■

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Advice from Dr. Rothenberg

Dentists should continually upgrade their insurance as they get older, which is something I didn't do. When I took out my insurance I was in my late 30s or early 40s and everything was less expensive. I took out what I thought would be enough to cover my mortgage. It might have been enough for that time but I should've reassessed every three to five years." ■

Filing disability claims requires collaboration

Gina Goodreau, senior manager of ADA Insurance Plans and manager of claims review and underwriting for Great-West Life Insurance, offers advice on what dentists should remember when filing disability claims.

"Disability clams are a collaborative effort, so be prepared to participate in the process. The insured is always the best source of information and in the best position to help gather documentation in support of a disability claim. If you need help completing the paperwork or run up against a road block gathering information, don't hesitate to ask your insurer for guidance and assistance—that's what they're there for."

Great-West reviews the following documentation when processing disability claims:

- medical evidence;
- historical medical records;
- Code on Dental Procedure and Nomenclature (CDT) codes;
- income statements;
- tax and business records;
- Ongoing medical documentation—virtually all disability insurers require a claimant to be under the regular care of a physician in order to qualify for and continue to receive benefits. ■

Understand your insurance contract, document medical care and treatment

"It all boils down to what the policy says."

That's how Arthur L. Fries sums up what dentists need to know about receiving disability insurance benefits. The registered health underwriter has been helping physicians, dentists and other professionals file claims for some 13 years.

"I help people understand what their policies say," says Mr. Fries. "A lot of problems occur because dentists don't know much about their policies and don't know how to correctly fill out claim forms."

Provisions such as "Under a physician's care," or "Under a physician's care appropriate to the condition" can make an important difference, he says. "Improper medical documentation overall can really be a problem."

Gina Goodreau, senior manager of ADA Insurance Plans, agrees.

She says, "A claimant who understands his or her contract can mitigate loss and better navigate the claim process. For example, mediocre medical documentation coupled with a weak or nonexistent treatment plan can result in claim delays and an independent medical examination (a chart review and examination by a physician chosen by the insurance company)."

Useful contract definitions under the ADA Disability Income Plan are available online at "www.insurance.ada.org". ■

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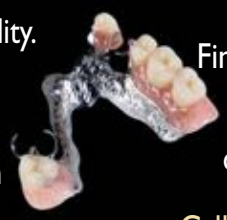

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NYSDA Foundation to host HIV/AIDS clinical summit

BY JENNIFER GARVIN

New York—The New York State Dental Foundation will host an Oct. 3 conference here aimed at improving the oral health of people living with human immunodeficiency virus and acquired immune deficiency syndrome.

"Summit on Oral Health Care, HIV and AIDS" will be from 9 a.m. to 4:30 p.m. at the University Club of New York University.

The conference is open to any interested dentist and all participants will be eligible for seven continuing education credits as well as a voucher for four free CE credits upon completion of a home study course. The summit is being held in cooperation with the New York State Dental Association, New York/New Jersey AIDS Education and Training Center, NYU College of Dentistry, PennWell Corporation and Delta Dental.

The program begins with a keynote speech from Dr. Michael Glick, editor of The Journal of the American Dental Association.

Following the keynote address are two lectures: "HIV Infection Counseling and Testing in the Dental Chair," by Dr. David Reznik, director, Oral Health Center Infectious Disease Program of Grady Health Systems in Atlanta, and president, HIVdent, and Antonio Urbina, M.D., medical director for HIV Education and Training at St. Vincent Catholic Medical Center in New York; and "HIV, Smoking and Oral Lesions," by Dr. Joan Phelan, professor of oral and maxillofacial pathology, NYU, and Dr. Alexander Ross Kerr, clinical associate professor of oral and maxillofacial pathology, NYU.

Participants may also attend two of four breakout sessions. The morning sessions include: "Post-Exposure Prophylaxis in the Dental Setting" by Helene Bednarsh, R.D.H., director, HIV Dental, AIDS Program, Boston Public Health Commission and vice president, HIVdent, and Lyn Stevens, president-elect, Association of Nurses in AIDS Care, New York State Department of Health AIDS Institute; and "Infection Control in the Dental Setting" by Kathy Eklund, R.D.H., director, infection control and occupational health, The Forsyth Institute.

The afternoon sessions include: "HIV Co-Mordbidities: Hepatitis and Substance Abuse," and by Sharon Stancliff, M.D., medical director of the New York-based Harm Reduction Coalition, a national organization that promotes the health and dignity of individuals and communities impacted by drug use and "CDC Projects for Oral-Based Rapid HIV Testing" by Dr. Jennifer Cleveland, dental officer and epidemiologist, Oral Health Division, Centers for Disease Control and Prevention.

The summit concludes with an afternoon panel discussion of confidentiality and human rights law moderated by Dr. Stephen Abel, dental co-director, NY/NJ AIDS Education and Training Center. Panelists include: Ms. Bednarsh; Carla Hogan, partner, Boies Schiller & Flexner, and NYSDA general counsel; and Dr. Vincent Mandarine, a New York private practitioner.

To register online, visit the Web site "www.nysdentalfoundation.org/hivandaidssummit.html" or call 1-800-255-2100, Ext. 282.

Cost to attend the summit is $100 for NYSDA members and $110 for ADA members. For all others, cost is $175. Deadline for registration is Aug. 28. ■

—garvinj@ada.org

Professional Product Review offers CE at annual session

San Antonio—For the first time, the ADA Professional Product Review will offer continuing education opportunities at the 149th Annual Session of the American Dental Association.

This year, participants at the PPR Hands-On Evaluation Oct. 16-18 will be able to earn one credit for taking part in testing electric handpieces and watching a slide presentation on handpieces in the ADA Pavilion. They can also earn an additional 2.5 credits for attending the Oct. 16 presentation of "Closing the Information Gap with the ADA Professional Product Review," which will examine individual brand decisions, product comparisons, manufacturers' claims and clinical relevance. Intraoral cameras, electric handpieces, infection control products and computer-aided design/computer-aided manufacturing will be highlighted. The program is free and begins at 9 a.m.

"Handpiece design and technology has come a long way in the past decade," says Dr. Daniel Meyer, senior vice president, ADA Science/Professional Affairs. "Dental schools today are incorporating electric handpieces into their courses so you can expect to see more dentists using this technology in the future. What's great about the product forum is that it allows practitioners an opportunity to compare seven models in one place at their leisure."

Since 2005, the ADA has hosted hands-on evaluation forums that allow dentists to test and evaluate products for the ADA Professional Product Review. Last year, participating dentists tested eight different intraoral cameras—the results of which are featured in the July issue of the PPR.

The latest ADA Professional Product Review mailed with the July issue of The Journal of the American Dental Association and features input from more than 1,400 dentists who rated camera characteristics from "excellent" to "poor" on a nine-question survey.

For more information, visit "www.ada.org/goto/ppr". ■

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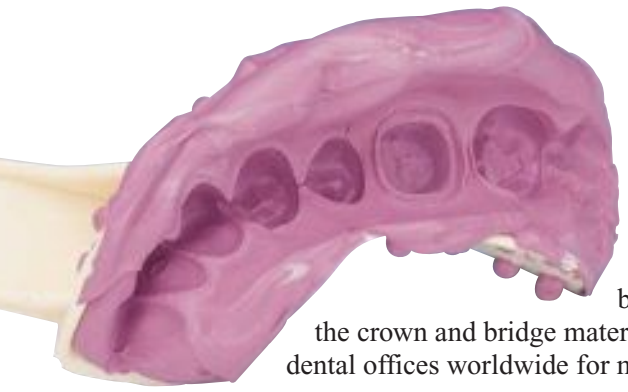

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AnnualSession

Texas treat

Have fun San Antonio style at the ADA's rodeo event

San Antonio—Get ready for an evening of true Texas entertainment—the ADA's Rockin' Rodeo and Barbecue is set for Friday, Oct. 17, from 7-10 p.m.

The all-inclusive ticket price includes round-trip shuttle bus transportation from ADA official hotels to Freeman Coliseum, all-you-can-eat-and-drink rodeo fare, the rodeo exhibition and a post-rodeo live concert.

Shuttle buses will leave official ADA hotels beginning at 6:45 p.m. for the short ride to the historic Freeman Coliseum, where you'll start the evening with a hearty barbecue dinner and drinks.

Rodeo fare includes chopped barbecue beef, Frito pie, grilled sausage, cheese quesadillas and tacos, plus watermelon, cookies and brownies to round out the meal. Enjoy beer, wine, soft drinks and water, plus popcorn and peanuts for munching during the rodeo.

This ADA-exclusive event is a real competitive rodeo featuring a high-speed synchronized drill by the U.S. Marshal's Posse, ladies' barrel racing, bareback bronco riding, rodeo clowns, children's mutton bustin' … and the most anticipated event of the evening, bull riding! After the rodeo, enjoy a live concert with some of the best party music ever.

The ADA's Rockin' Rodeo and Barbecue is ideal for the entire family and office staff. Tickets are $65 ($30 for children under 12). For details or to purchase tickets, log on to "www/ada.org/goto/session". ■

Ride 'em cowboy: Bull riding will be just one of the events featured at the ADA Rockin' Rodeo and Barbecue in San Antonio Oct. 17.

Time to register for CE

Estate, retirement and risk management programs are available at annual session

San Antonio—Continuing education opportunities abound in San Antonio at this year's annual session, but perennial favorites are programs crafted by ADA councils.

The Council on Members Insurance and Retirement Programs invites participants to register early for its programs on estate planning, retirement planning and professional liability risk management. The three sessions are ticketed events, but they are free and open to all ADA members, spouses and members of the dental office staff.

"We're very proud of the continued success of our educational seminars," says Dr. Maxine Feinberg, CMIRP chair. "Take the opportunity to re-examine your financial and risk management goals and get answers from the experts,"

It's time to register for:

• "Your Estate Plan: What State Is It In?" (Course 5347), Thursday, Oct. 16, from 3-5:30 pm. Back by popular demand for the fifth year in a row, this program encourages you to take advantage of the latest developments in estate planning and achieve your financial goals. Learn how your state of residency impacts estate planning, ways to build flexibility into your plan, and why your personal goals (not your fear of taxes) should drive your decisions. All participants will receive the free 24-page Personal Estate Planner workbook. The presentation is led by Stephen P. Rickles, estate planning attorney. The seminar is sponsored by the ADA Insurance Plans, which are underwritten and administered by Great-West Life & Annuity Insurance Co.

• "Retirement Plans and Investment Update," (Course 5317), Thursday, Oct. 16, 9:30 a.m.–noon. ADA Members Retirement Program investment experts will share their insights on the economy, stock market and retirement plan design, specific considerations for dentists—and what it all means for a secure financial future. Mark P. Miller, client relationship manager, ADA Members Retirement Program, administered by AXA Equitable since 1968, will lead this presentation. Joining Mark will be retirement fund portfolio managers, Judith DeVivo and James Russo of AllianceBernstein and Kenneth Kozlowski of AXA Equitable.

Dr. Wetzel

• "Professional Liability Risk Management: Good Record-keeping—Good Defense," (Course 6318), Friday, Oct. 17, 10:00 a.m.–12:30 p.m. Record-keeping, and how to avoid costly mistakes that often complicate defense of dental malpractice allegations, is the focus of this risk management presentation by Dr. Frederick Wetzel, director of the Medical Liability Mutual Insurance Company, and Liz Brott, attorney and regional vice-president of the ProAssurance Corp. The seminar will discuss case studies and provide risk management techniques for minimizing malpractice exposure through effective patient communications and proper record-keeping.

To register for these or other annual session programs go to "www.ada.org/goto/session". ■

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September 4–6, 2008, in Seattle 2.5-day course

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Founded by Dr. Frank Spear, SIADE is the nation's premier educational facility for esthetic and restorative dentistry. Through our lecture seminars, workshops and hands-on clinics, we provide dentists with the tools, knowledge and training to advance their practice and increase their professional confidence.

Occlusion in Clinical Practice Lecture Seminar

October 2–4, 2008, in Boston 2.5-day course

This program presents a science-based approach to the management of occlusion in clinical practice. It covers pertinent literature and information to create an accurate occlusal diagnosis and treatment plan, giving special emphasis to restorative cases, bite records and materials for different degrees of restorative complexity.

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ADA/DENTSPLY student clinicians ready for session

San Antonio—Now in its 49th year, the ADA/DENTSPLY Student Clinician Research Program will showcase outstanding student research projects from U.S. dental schools as well as the work of winning international student clinicians during the ADA annual session in San Antonio.

The program is underwritten by DENTSPLY International Inc.

In June, DENTSPLY received the 2008 Dr. Edward B. Shils Entrepreneurial Education Fund Award recognizing the company's half century of commitment to support the student clinician program. Since its inception, the program has grown to include more than 5,000 student participants in more than 35 countries worldwide, supporting student scientists as they present their research at dental meetings around the globe.

A closed judging session will be held Oct. 18 from 8 a.m.-noon. Registered annual session attendees can earn two hours of continuing education credit by attending the open session the same day for all student poster presentations from 1-3 p.m. at the Henry B. Gonzalez Convention Center, in the student clinician area located on the River Level, outside Room 007 (Course 7399) and one hour of CE credit by attending the session featuring the winning poster presentations Oct. 19, 9:30 a.m.-noon (Course 8399).

Each accredited school in the U.S., including Puerto Rico, was invited to send the winner of its research competition to participate in the program.

CATEGORY I: Clinical Research/Public Health

Judges for Category I include Drs. Shirley A. Austin, Mesa, Ariz.; Stephen B. Corbin, Rockville, Md.; Janet L. Harrison, Memphis, Tenn.; Keith V. Krell, West Des Moines, Iowa; Ole Marker, Denmark; Dan G. Middaugh, Seattle; O. Jack Penhall, Greensburg, Pa., chair; John S. Rutkauskas, Chicago; Alex C. Salinas, San Antonio; Arturo Santiago, Guaynabo, Puerto Rico; David L. Vorherr, Cincinnati.

The following poster presentations are scheduled to be presented in Category I:

Nejay P. Ananaba, University of Michigan School of Dentistry, "Liberian Middle School Students' Oral Health and Quality of Life";

Robert Neal Blair, University of Tennessee at Memphis College of Dentistry, "Sex Differences in Esthetic Treatment Needs of Adolescent Orthodontic Patients";

Christy Y. Chu, New York University College of Dentistry, "A Duplex Real Time PCR Assay for the Quantitative Detection of S. Mutans and S. Sanguinis";

Rita Y. Chuang, University of Southern California School of Dentistry, "Late Maxillary Protraction: Novel Treatment Modality for Cleft Lip and Palate Patients";

Sean P. Connolly, Arizona School of Dentistry and Oral Health, "Photodynamic Therapy for Endodontic Disinfection";

Christopher S. Costa and Joseph R. McElveen, co-clinician, Medical University of South Carolina College of Dentistry, "No Tooth Left Behind";

Kevin Croft, School of Dental Medicine State University of New York at Stony Brook, "Monitoring Progressive Alveolar Bone Loss Through Digital Subtraction Techniques";

Kari Alexis Cunningham, Case Western Reserve University School of Dental Medicine, "Patient Preference Regarding Dentist Selection";

Rachel M. Dunlop, Indiana University School of Dentistry, "Methicillin Resistance Staphylococcus Aureus Present on Dental Student Laptop Computers";

Joseph K. Fleming, University of Oklahoma College of Dentistry, "Wettability of Polymerized Surfaces of Resin Composites at Oral Temperature";

John H. Foley, University of Illinois at Chicago College of Dentistry, "Enhancing Bioprogressive Dentofacial-Skeletal Complex Growth Prediction Utilizing Digital Data Mining";

Benjamin C. Foster and David A. Guidry, co-clinician, Louisiana State University Dental School, "Corrosion of Cu-Containing NiTi Orthodontic Arch Wires";

Wyeth L. Hoopes and Patrick Lucaci, co-clinician, University of Missouri-Kansas City School of Dentistry, "Comparing Suture Strengths for Clinical Applications: A Novel In-Vitro Study";

Sung K. Kim, University of Colorado Denver School of Dental Medicine, "Comparing Mechanical Properties of Chain-Growth Dimethacrylate and Step-Growth Thiol-ene Network Polymers";

Christopher K. Kimball, University of Texas Health Science Center at Houston Dental Branch, "Growth and Differentiation Factors for Bone Regeneration: Is It the Future?";

Jeffery A. Kohler Jr., Creighton University School of Dentistry, "Effect of Polymerization Unit Intensities and Resin-Based Composite Restorative Material Shades on Microhardness";

Kathryn R. Kosten, Southern Illinois University School of Dental Medicine, "Snap, Crackle, Pop: Interpreting the Sounds of the TMJ";

Michael Lee, University of Minnesota School of Dentistry, "Polymerization Shrinkage and Hygroscopic Expansion Effects of a Resin-Modified Glass Ionomer Restorative";

Jeff Mirrielees, University of Kentucky College of Dentistry, "The Effects of Inflammatory Arthritis on Periodontal Disease";

Akindeko D. Obebe, Temple University School of Dentistry, "Comparison of the Effect of Hemostatic Agents on Collagen Induced Platelet Aggregation";

Sarah L. Parker, Texas A & M Baylor College of Dentistry, "Is There a Relationship Between Dental Occlusion and Masticatory Function?";

Wesley B. Phillips and Nathaniel T. Nicholson, co-clinician, West Virginia University School of Dentistry, "Thermal Changes Induced by Implant Drills in Bovine Bone: An In-Vitro Study in Experimental Design";

B. Corey Slighly, University of Detroit Mercy School of Dentistry, "Preliminary Investigation: Oral Adhesive Patches for the Delivery of Fluoride";

Kyle A. Thames, Oregon Health & Science University, "Bacterial Splatter: Should Dentists Be Concerned?";

Seun Thompson, Marquette University School of Dentistry, "Prevalence of Malocclusion in a Young Population";

Todd W. Walker, Tufts University School of Dental Medicine, "Effect of Adhesive System and Composite Type on Dentin Bonds";

Radha S. Yamarthy, University of Medicine and Dentistry of New Jersey-New Jersey Dental School, "Activity of Antimicrobial Peptide Mimetics Against Candida."

CATEGORY II: Basic Science Research

Judges for Category II are Drs. Carmen Yolanda Bonta, Somerset, N.J.; Rella P. Christensen, Ph.D., Provo, Utah; Lisa P. Deem, Blue Bell, Pa.; Raymond A. Dionne Jr., Bethesda, Md.; Ryan K. Edmunds, San Antonio; Sharon M. Gordon, Baltimore; Leticia Gutierrez Jeffords, San Antonio; Takashi Komabayashi, West Hartford, Conn.; Joel N. Pascuzzi, Summit, N.J.; Rahele F. Rezai, Washington; Jon B. Suzuki, Philadelphia, Pa.; Barbara Tatum, Columbia, Md.; Richard Carlos Tatum, Columbia, Md., Chair; Angella Tomlinson, Tampa, Fla.; Thomas Van Dyke, Boston; Hans-Jurgen Wenz, Germany.

The following poster presentations are scheduled to be presented in Category II:

John W. Andrews Jr., University of Nevada Las Vegas School of Dental Medicine, "Increased PAF Acetylhydrolase Expression Following Activation of Toll-Like Receptors in Mono-Mac 6 Cells";

Poonum Bharal, Virginia Commonwealth University School of Dentistry, "Transcriptional Response of Mouse Fibroblasts to Porphyromonas Gingivalis Infection";

Christopher Allan Bonesteel, University of Florida College of Dentistry, "Evaluation of FruA/FruB in Fructan Catabolism by Streptococcus Mutans";

Jenny Y. Chung, Columbia University College of Dental Medicine, "Regeneration of the Dental Pulp by the Release of Biologically Active Cues";

Carey Collins, Meharry Medical College School of Dentistry, "Role of Pannexin 3, A New Gap Junction Protein in Skeletal Tissue Development";

Andrew S. Currie, University of Louisville School of Dentistry, "Serum Growth Factors Do Not Prevent De-Differentiation of Salivary Gland Acinar Cells";

Heather C. Desh, University of Pennsylvania School of Dental Medicine, "Ddit4L Expression Increases in Response to Murine Masseter Unloading";

Kajuana P. Farrey, Medical College of Georgia School of Dentistry, "Possible Role of p21WAF1 in Green Tea Polyphenol-Induced Growth Arrest and Apoptosis in Oral Carcinoma Cells";

Isadora Z. Gonzalez-Rosario, University of Puerto Rico School of Dentistry, "Identification of Progenitor Cells in Salivary Gland Cell Culture Using Sgn-1 Mouse Model";

Catherine Hsu, University of Washington School of Dentistry, "shRNA Knockdown of Chick MID1 and MID2 Using Recombinant Lentivirus";

Sheela Jayappa, University of Nebraska Medical Center College of Dentistry, "Effects of Transforming Growth Factor-Beta 3 on Osteoblast Proliferation, Differentiation and Apoptosis";

Ji Won Jung, State University of New York at Buffalo School of Dental Medicine, "IL-17 Plays a Role in Defense Against Oral Candida Infection";

Erin K. Ladwig, University of Maryland Baltimore College of Dental Surgery, "Biofilm Specific Vaccine for Methicillin Resistant Staphylococcus Aureus in Rabbit";

Cassidy M. Lavorini-Doyle, University of the Pacific Arthur A. Dugoni School of Dentistry, "Cell Biological Basis for the Highly Variable Transfection of Oral Squamous Cell Carcinoma Cells by Non-viral Vectors";

Ismael R. Montane, Boston University Goldman School of Dental Medicine, "Myosin II and E-Cadherin Direct Planar Cell Polarity Required for Duct Elongation During SMG Morphogenesis";

Lindsey C. Pingel, University of Iowa College of Dentistry, "HBD3 Suppresses MAPK Signaling Pathways in Human Dendritic Cells";

Susan Putthoff, University of Texas Health Science Center at San Antonio, "Characterization of a Novel Assay for Orofacial Hyperalgesia and Allodynia";

Richard J. Rauth, University of California at Los Angeles School of Dentistry, "Engineered M180KI Mouse Enamel: Simply Hard";

Stacey Ritter, University of Mississippi School of Dentistry, "Effects of Gender and Periapical Inflammation on Rat Adipose Tissue";

Neil Robertson, University of Pittsburgh School of Dental Medicine, "Multi-Lineage Differentiation Potential of Pericytes Isolated from Human Dental Pulp";

Amber T. Royal, Howard University College of Dentistry, "Injection of Plasmid DNA Encoding for Transforming Growth Factory Beta 3 (TGF-,3) via Collagen Gel Vehicle Increases Production of this Protein in Osteoblast Cell Culture";

Heidi M. Snider, Ohio State University College of Dentistry, "Non-lymocytes Are Responsible for the Resistant Phenotype Seen in STAT1 BALB/c KO Mice Infected with Leishmania Donovani";

Melissa A. Talbert, University of Alabama at Birmingham School of Dentistry, "Metal Ions Induct Myofibroblastic Differentiation of Human Mesenchymal Stem Cells";

Bo Wang, University of California at San Francisco School of Dentistry, "BMP Signaling is Required for Development of the Maxillary Process";

Estee Wang, Harvard School of Dental Medicine, "Potential Role of Zinc Finger Transcription Factor in Cerebral Cortical Development";

Ryan L. Wood, University of North Carolina at Chapel Hill School of Dentistry, "Molecular Mechanisms of Mandibular Distraction Osteogenesis and the Role of Parathyroid Hormone";

Michael Woods, University of Connecticut School of Dental Medicine, "Cyclin Dependent Kinases CDK4 and CDK6 Enhance Keratinocyte Cell Growth But Do Not Alter Keratinocyte Differentiation".

(Loma Linda University School of Dentistry and Nova Southeastern University College of Dental Medicine have indicated that they would not be participating in the 2008 ADA/DENTSPLY Student Clinician Research Program.)

International student clinicians

The following international students will present their research:

Juliana Duarte Bittar, University of Brasilia, Brazil, "Different Protocols for Obtaining Human Dental Pulp Stem Cells";

Dr. Gregory Caron, University of Paris VII, France, "Input From Irrigation Solutions Activation Systems at the End of a Root Canal Shaping: SEM Study";

Julie Woo-Jung Chang, Kyung-Hee University, Korea, "Regulation of MMP-9 Expression Between Cultured Gingival Fibroblast From Young and Old Rats";

Mohd Firoz Khan, Kothiwal Dental College & Research Centre, Moradabad, India, "Digital Microscopic Measurements and Nuclear Counter Software";

Julia Lautensack, University of Aachen, Germany, "Non-destructive Vizualisation of Demineralization Processes Using Synchroton-Microgomography";

Audrey McNamara, University of Toronto, Canada, "Comparison of the Osteoinductivity of Bio Implants Containing rhBMP-7 (OP-1) and rhBMP-2 (Infuse)";

Ryan Olley, Kings College London Dental Institute, United Kingdom, "The Role of Sonic Hedgehog Signalling in Tooth Root Development";

Dr. Panithan Rujirasak, Kohn Kaen University, Thailand, "The Shear Bond Strength of Composite Resin and Stainless Steel Crown After Four Different Surface Treatments";

Nazmiye Sonmez, Gazi University, Turkey, "Evaluation of Patient Satisfaction Following the Impacted Mandibular 3rd Molar Surgeries with Preoperative Versus Postoperative NSAI Drug Usage Under Subjective and Objective Criteria";

Solveig Anna Thorvaldsdottir, University of Iceland, Iceland, "Tooth Erosion and Soft Drinks."

(At press time, Japan, Taiwan and South Africa had not submitted the names of their international students.)

For more information about the program, contact Glynis Wilkins in the Council on ADA Sessions, Ext. 2664 or "wilkinsg@ada.org". ■

'I'm still a work in

Dr. Leslie Seldin to receive 2008 Disting

BY JAMES BERRY

His eight-page curriculum vitae chronicles a lifetime of service: a general dentist now retired from private practice after nearly 40 years, an educator, author, editor, spokesman and leader.

Not captured in these words on paper are the qualities that have made him a mainstay of organized dentistry for so many years, one of those go-to guys that every successful organization needs, the sort who can always be counted on to get the job done—on time, on budget and with great style.

And now Dr. Leslie W. Seldin has another entry for his impressive résumé. The 67-year-old native New Yorker and past vice president of the ADA is the 2008 recipient of the Association's Distinguished Service Award, the highest honor bestowed by the Board of Trustees.

Nominated by ADA President Mark J. Feldman and approved by the full Board, Dr. Seldin will receive the DSA t annual session in San Anto the award through a pho Feldman; written confirmati

"It was really a shock," sai award. "It was absolutely un great honor."

This year's DSA recipient to study dentistry, following father, the late Dr. Jules B. S

father," Dr. Seldin recalled. "He was very active in organized dentistry, a past president of the First District Dental Society in New York and active at the constituent level. When I came into practice with him, the first thing he said was, 'Now we have to get you on a committee.' "

As noted in a Board-adopted resolution naming him the DSA recipient, Dr. Seldin has been on his share of committees over the years.

At the ADA, he's currently vice chair of the Association's National Campaign for Dental Education: Our Legacy—Our Future and was on the task force that organized the campaign.

He's a past chair of the ADA Council on Insurance, served as a delegate to the ADA House for 17 years, chaired or served on three House reference committees and was the Association's first vice president in 1992-93.

He's been an ADA media spokesman, appearing on such programs as NBC's "Today Show" and the "CBS Nightly News." He's a past associate editor of The Journal of the American Dental Association. And in 1999, he was named chair of an Oversight Committee charged to develop a report on the Future of Dentistry, a three-year project delivered on time and on budget.

"The Future of Dentistry report was probably the most exciting thing I've done in dentistry," said Dr. Seldin, without a hint of irony.

At the local and state levels, he was president of both the First District Dental Society and the New York State Dental Association. Academically, he is an associate clinical professor at the Columbia College of Dental Medicine, where he also chairs the Dean's Advisory Council.

These limited highlights from his résumé barely scratch the surface of a highly productive career.

"I am a happily retired dentist," said Dr. Seldin, who continues to teach, serve on various boards, provide expert testimony in court cases and generally keep busier than the average "working" person.

His wife of 15 years, Dr. Connie Winslow, an orthodontist also on the faculty at Columbia, also has been active in organized dentistry. Dr. Seldin has two grown sons from his first marriage; his first wife, Lynn, died unexpectedly in 1992, at the age of 46.

On the issues of the day, Dr. Seldin cited access to care for the underserved as the profession's "major challenge." He added, "I think the American Dental Association and the profession have to be very aggressive in trying to solve that problem and solve it quickly."

Dr. Seldin: Honored for his service.

Advances in dentistry, he noted, have led to continuous improvement in the quality of care delivered and made dentistry "an enormously popular profession" for young people.

And what advice does he have for new dentists just starting out?

"When you join the health care professions, when you join the dental profession, you're not just going into business for yourself," he said. "You're going to provide well for yourself and your family, and you're going to be able to help people. But to be truly fulfilled in your profession, you have to do more than spend all of your time in your office.

"I've been able to participate more broadly in the profession in part because of organized dentistry, which expands your horizons," added Dr. Seldin. "You give yourself more by reaching out and giving something back to the profession, which has provided so many opportunities and been the pathway to your success. Dentistry is far more than purely a way to make a living."

Assessing his own experiences as a dentist and dental leader, he observed, "It has been a great ride—and it isn't over. I'm still a work in progress!" ■

—berryj@ada.org

Personalized Halloween tote bags emphasize good oral health

The ADA's personalized Halloween tote bags offer an opportunity to send kids out on their trick-or-treat forays with reminders from the dentist's office about the importance of good oral health.

Hand out ADA tote bags with your dental practice name and contact information. The personalized bags with Halloween images and "Remember to Brush" reminders are available for order now.

Take this opportunity to insert a few goodies from the dentist, for instance, an ADA brochure on snacking (Item No. W292) or a magnet that outlines what to do in case of a dental emergency (Item No. DAM036).

These Halloween tote bags come in four different designs and two sizes: 7½ by 9 or 9 by 13. Prices start at $30 for 100 bags.

To view the entire selection of holiday products, request a catalog or to place an order, visit "www.adacatalog.org" or call 1-800-947-4746. Save 10 percent on your next order of personalized products by mentioning priority code 20664N. This offer is good through Sept. 30. ■

Education Questions

Continued from page one

hair of the ADA Council on Dental Education nd Licensure. "States have different require- ients, which leads to some confusion among entists, and California's approach is different han any other state requirements."

What's different about California is a 1997 law hat declared that the state's current process of censing foreign-trained dentists—the Restorative echnique exam, also known as the "bench est"—was deficient. California enacted a new law Assembly Bill 1116) that gave the California ental board the authority to determine whether nternational dental programs that apply for oard approval are equivalent to similar accredit- d institutions in the U.S. Effective Jan. 1, 1998, he law enabled the dental board to approve den- l education programs outside the U.S.

Like many states in recent years, California has een pressured to consider ways to license dentists rained outside the U.S. Dentistry is not unique n this regard—the state's medical board has pproved several hundred medical schools located n 120 countries, and the nursing board already as the authority to approve nursing education rograms in other countries.

On its Web site, the California Dental Associa- on cites a number of sources that have lobbied or change, including legislators seeking an xpanded workforce to treat underserved popula- ons, the growing number of foreign-trained entists seeking licenses to practice dentistry, and rge clinics and group practices that rely on inter- ational graduates to fill available positions.

"There are also concerns that some interna- onal dental education programs may be equiva- nt to a U.S. Commission on Dental Accredita- on (CODA)-accredited dental program," the Veb site reads. "And that requiring completion of two-year U.S. program is a significant and nnecessary barrier to licensure."

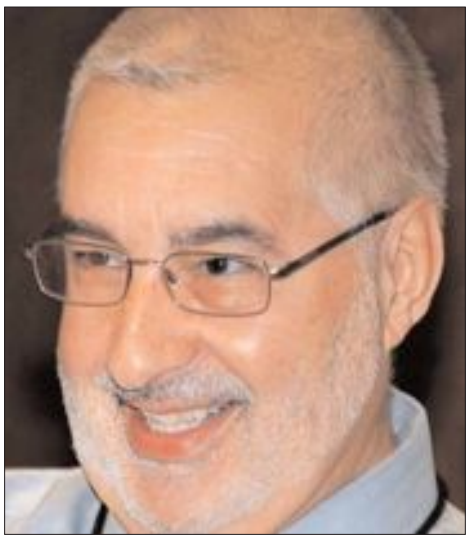
All five dental schools currently accredited by CODA in California offer opportunities for inter- ationally trained dentists to complete additional oursework. However, the Universidad De La alle is not CODA-accredited.

What does this mean? In reality, the De La alle International Dental Studies Program does ot offer an immediate pathway to dental practice n California. Like all candidates for dental licen- ure in California, graduates of the International Dental Studies Program are required to pass the National Boards, Part I and Part II; pass a clinical censure examination required by California either the California licensure exam or the West- rn Regional Examining Board's); and pass back- round checks and jurisprudence exams.

Perhaps most importantly, graduates of De La alle's international dentist program are only eligi- le for licensure in California.

"The International Dental Studies Program at De La Salle only exempts dentists from the estorative Technique exam, which is the current ath of licensure for internationally trained den- sts," said Cathleen Poncabare, executive officer f the newly formed Dental Bureau of California n the state's Department of Consumer Affairs which used to be the Dental Board of California efore it was sunsetted June 30). "Applicants are ot exempt from taking a clinical licensure exam o practice here. Completion of the program only akes them eligible for licensure in California, nd only in California."

That would change if other states take mea- ures like California did and recognize dental egrees from international programs or dental chools that are not CODA-accredited. "It is xtremely difficult for state dental boards to do is with the present rules and regulations that are



Dr. Maggio: States have different requirements, and the California approach is unique.

Dr. Dominicis: All of the students at De La Salle's California-approved track are U.S. citizens or legal residents.

Individual states have the authority to determine the educational credentials of candidates for dental licensure; in so doing, most defer to CODA accreditation. For the most up-to-date information on requirements, contact individual state dental boards. (For more on how internationally trained dentists are licensed to practice dentistry in the U.S., see story, this page.)

The California legislature forced the dental board into the business of accreditation in 1997 when it approved AB 1116 as a way to recognize an equivalent dental education without requiring additional education for foreign graduates whose education had been verified and accepted as equivalent.

"Now that the Commission on Dental Accreditation has a process in place to accredit international dental schools, we hope the dental board will take the formal step of contracting with the commission."

However, AB 1116 included language that allowed the board to contract with outside organizations to survey and evaluate international dental schools.

The dental board approached the ADA Commission on Dental Accreditation at the time to investigate the feasibility of contracting with CODA to evaluate programs, but at the time CODA did not have that type of organizational structure in place. Instead, the board used CODA accreditation standards to develop its own approval process regulations.

In 2005, the ADA House of Delegates approved a resolution that enables the ADA and CODA to begin providing fee-based consultation and accreditation to predoctoral international dental programs. Six international dental education programs are in the early stages of consultation with CODA.

Under California AB 1116, international dental programs can apply for approval with the dental board. The board granted provisional approval to Universidad De La Salle in August 2002 after the first site visit. Following its second site visit, De La Salle's five-year predoctoral dental education program received full certification in November 2004. The College of Dental Surgery in Manipal, India, has also applied and is in the process of being evaluated, said Ms. Poncabare.

AB 1116 calls for "periodic surveys and evaluations of all approved schools … to ensure continued compliance," adding that "each fully approved institution shall submit a renewal application every seven years."

With a law on the books giving the California dental board the authority to approve educational programs outside the U.S., De La Salle applied for approval for its new two-year international program in 2006. The International Dental Studies Program is not eligible for CODA accreditation, since CODA's current program only offers consultation and accreditation for predoctoral dental education programs similar to those offered in the U.S.

Dr. Brian Scott, president of the California Dental Association, said the CDA has taken a somewhat neutral stance on the Universidad De La

grams. "In the approval process, the board sent a site visit team that provided a report to a technical advisory group in evaluation of the program, using the CODA process and following it to the letter," said Dr. Scott.

"Now that the Commission on Dental Accreditation has a process in place to accredit international dental schools, we hope the dental board will take the formal step of contracting with the commission," he added.

Dr. Luis Dominicis now serves as a member of the Advisory Committee to the Dental Bureau of California. De La Salle received board approval before his tenure on the committee; however, Dr. Dominicis is familiar with Universidad De La Salle because that's where he earned his dental degree 20 years ago.

"All of the students at De La Salle's California-approved track are U.S. citizens or legal residents of the United States, and they also happen to be bilingual," said Dr. Dominicis. "They know before they are admitted, and in fact are required to sign a disclaimer stating that they know this program is not CODA-approved. They are also informed that they will only qualify to get a license to practice in California once all licensure requirements for the state of California are met."

Two students from the California-approved track graduated from De La Salle in the spring of 2008, said Dr. Dominicis, and one has already passed all the required board examinations and is licensed and practicing in the state's largest community clinic, Clinica de la Raza. Dr. Dominicis added that this newly licensed dentist took the WREB exam, a clinical exam recognized by at least 30 states, but he is only able to practice in California because other states do not recognize De La Salle as an approved or accredited school.

With active predoctoral and international dentist programs, Universidad De La Salle expects to graduate 30 to 35 dentists a year within the next two or three years.

"The predoctoral program has already completed the survey to qualify to complete the self-assessment for joint ADA/CODA consultation, which is an initial step toward CODA accreditation," said Dr. Dominicis. "Their goal is ADA accreditation because that is the gold standard."

Dr. Dominicis believes that Universidad De La Salle is advertising its international dentist program in ADA publications to reach the many foreign-trained unlicensed dentists working in the U.S. in other workforce capacities. The ADA's Web site notes that internationally trained dentists who are not licensed to practice dentistry may find employment opportunities in dental industry or dental education, including dental manufacturing, dental supply or pharmaceutical companies, teaching or university-based research, dental assisting or dental laboratory technology.

"There are many Latino dentists who went to dental school in other countries but practice in the United States as dental assistants," said Dr. Dominicis. "This is a two-year program for them, with basically the same admission requirements as any other two-year program in the U.S., but only if they intend to practice dentistry in the state of California." ■

—foxk@ada.org

■ **Visit "www.ada.org/goto/licensure" for more information on U.S. licensure for international dentists**

■ **Program cost, page 23**

How internationally trained dentists are licensed to practice in the U.S.

BY KAREN FOX

For dentists trained outside the U.S. who wish to obtain the training required to become U.S.-licensure eligible, there are several options.

(For information on U.S. licensure for internationally trained dentists, visit "www.ada.org/goto/licensure" and see "U.S. Licensure for International Dentists.")

Internationally trained dentists can complete a U.S.-based predoctoral program and earn a DDS or DMD degree, sometimes in less time than it takes U.S. students. There are many predoctoral programs in the U.S. that offer advanced standing for international dentists, meaning students can receive credit for some of their dental education obtained in another country. A DDS or DMD degree from an accredited predoctoral program satisfies the educational requirements for licensure in all states. Individual program requirements vary.

In some states, a general practice residency or other advanced education program (advanced education in general dentistry or specialty training) is accepted in lieu of a dental degree or certificate of completion. Minnesota is another unique case, as the state dental board determines educational credentials of international dentists on a case-by-case basis.

International Dentist Programs offer yet another alternative to dentists trained outside the U.S. Separate from other dental education programs, International Dentist Programs grant either DDS or DMD degrees or a certificate of completion. However, earning a certificate may only satisfy licensure eligibility requirements in the state where the program is located.

International Dentist Programs are designed to ensure that the students attain the same knowledge and skills as graduates of an accredited program. In an IDP, internationally trained dentists are familiarized with the oral health delivery system in the U.S., techniques and procedures used by U.S. dentists, oral health standards and the oral health needs of U.S. citizens.

U.S. dental schools offering International Dentist Programs are accredited by the Commission on Dental Accreditation, but Universidad De La Salle is not. ■

Study club lends a hand

Y JENNIFER GARVIN

Huntington, W. Va.—The Hollenback-Medina Operative Dentistry Seminar did more than discuss dentistry in June when members of the study club traveled to the dental clinic of Ebenezer Medical Outreach.

About two dozen members of this "gold study club"—which is composed of dentists interested in gold foils and inlays—spent two days providing care to some of the clinic's neediest patients. They heard about the clinic from Dr. Leo Fleckenstein, the clinic's volunteer dental director and a longtime member of the study club.

The study club generally meets three times a year. Members first got the idea to visit and volunteer in Huntington at one of their meetings.

"We felt the club should support our study club colleague and use our disciplined approach to restorative dentistry to provide some necessary care for those in need," said HMODS member Dr. Gary Schumacher, who is also the acting director of the ADA Foundation's Paffenbarger Research Center.

According to Dr. Fleckenstein, the dental clinic—which opened in 2005—treats some 400 patients each year and depends on volunteers to keep it running. It was designed to serve uninsured adults who can't afford care.

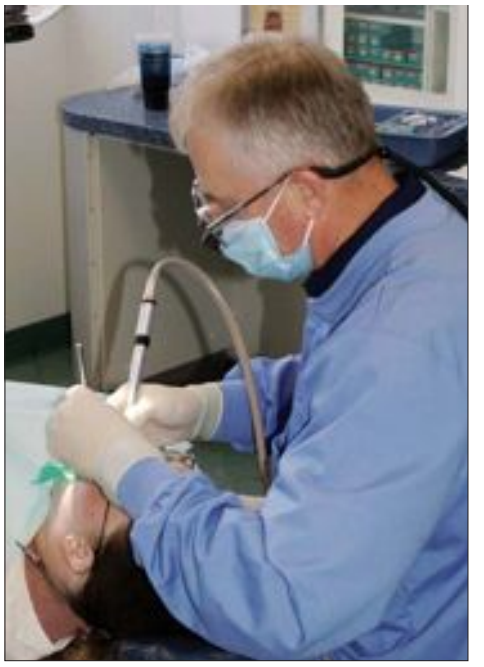
Dr. Schumacher said all of the volunteers were very impressed with the tireless, yet successful work" that Dr. Fleckenstein and volunteers provide at Ebenezer Dental Clinic in securing funding and volunteer services to provide care for those individuals who have difficulties in accessing care in the economically depressed area of Huntington.

"One of the fundamentals of the mission of the ADA Foundation is to make a difference through better oral health and improve access to care," Dr. Schumacher said.

Most appointments averaged two hours and patients required multiple restorations due to caries, he said. Many of the patients were medically compromised and were being treated with multiple medications.

Said Dr. Fleckenstein, "All of the patients responded well to the treatment received. They were impressed with how well the dentists worked together assisting each other in a calm and relaxed atmosphere."

Dr. Fleckenstein also had a message for the study club members: "The clinic and patients will be available if the club decides to return in June of 2009." ■



Hold steady: Dr. Gary Schumacher works on a patient during the Hollenback-Medina Operative Dentistry Seminar's volunteer effort at the dental clinic of Ebenezer Medical Outreach.

Costs of De La Salle vs. other IDPs in California

Dr. Luis Dominicis, a member of the Advisory Committee to the Dental Bureau of California and a Universidad De La Salle graduate himself, said the cost of Universidad De La Salle's International Dental Studies Program that satisfies the educational requirement for California dental licensure is $21,000 per semester, which totals $84,000 in tuition for the two-year program.

That figure does not include mandatory fees such as books, equipment/supplies, lab fees and instruments. However, De La Salle's international program costs significantly less than the International Dental Programs offered by CODA-accredited dental schools in California:

- University of California-Los Angeles School of Dentistry's Professional Program for International Dentists: $101,870 (not including fees);
- University of California-San Francisco School of Dentistry's International Dentist Program: $140,840 (not including fees);
- University of Southern California School of Dentistry's Advanced Standing Program for International Dentists: $134,000 (including fees);
- University of the Pacific Arthur A. Dugoni School of Dentistry's International Dental Studies program: $150,093 (not including fees);
- Loma Linda University School of Dentistry's International Dentist Program: $136,000 (not including fees). ■

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