



312.440.4335  
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# PACE

**PROGRAM  
APPROVAL FOR  
CONTINUING  
EDUCATION**

→ 1/2013-2016  
→ 1/2017 → 12/31/20

## APPLICATION FOR LOCAL APPROVAL

**Name of Program Provider organization:** Middlesex County Dental Society

**Please check one:**  First-time applicant  Renewing applicant, provider number: 212333

**Individual to whom correspondence regarding this application should be addressed:**

Contact name: Stephanie Dowling Title: Executive Secretary

Address: 20 Box 7026 East Brunswick, NJ 08816

Telephone: 732-764-6237 (mcds) Fax: 732-764-6200

E-mail: executivesecretary@mcdsofnj.org Web site: mcdsofnj.org

**Please answer the following questions to determine if you are eligible for PACE approval.**

In this document, "you" refers to the organization applying for program provider approval.

**QUESTION**

**RESPONSE**

Number of years your organization has offered continuing dental education activities.

Number of Years: \_\_\_\_\_

If your organization has not offered any continuing education activities for at least 12 months, the PACE Council may limit you to a one-year approval term.

As a program provider, do you ensure that all courses offered have a sound scientific basis in order to adequately protect the public? PACE reserves the right to require acceptable substantiation from providers that their courses have a sound scientific basis and proven efficacy, and ensure public safety.

Yes  No

As a program provider, do you ensure that the educational methods and the facilities selected are appropriate to the stated objectives of the activity?

Yes  No

Does your organization ensure that, upon completion of your course, participants are not obligated to utilize any volume of products and/or services?

Yes  No

*If you answered NO to any of the above, you may not be eligible to become a PACE-approved program provider at this time. Please contact the AGD at 1.888.AGD.DENT, ext. 4334, before completing this application to discuss the eligibility requirements.*

**Please answer the following questions to determine whether you are eligible to apply for local constituent PACE approval.**

**QUESTION**

**RESPONSE**

Is your program presented in more than one state/province?

Yes  No

Do your programs draw a significant number of attendees from outside the state/province in which your organization is based?

Yes  No

Do your programs contain self-instruction or electronically mediated components?

Yes  No

Do your programs contain combination on-site/in-office protocol courses?

Yes  No

*If you answered YES to any of these questions, please contact the AGD at 1.888.AGD.DENT, ext. 4334, before completing this application, as you may need to apply for the national PACE program.*

I attest that the responses provided in this application reflect the actual administration of the continuing education program of the above organization.

Printed name Devang modi Title mas president

Signature Devang modi Date 10/1/2016

Which organization type best describes your organization? Check one

- AGD Component
- ADA Component
- Communications/Publishing Company
- Consulting Company
- Dental Education Company
- Other County Dental Society
- Federal Agency
- State Agency
- Health Care Delivery System
- Insurance Company
- Managed Care Company
- Pharmaceutical Company
- Dental Materials Company
- Dental Equipment/Device Company
- Specialty Society/Dental Association
- Study Club

Are you a not-for-profit organization?  Yes  No

Continuing education course type offered: Check all that apply to your organization.

- Lecture
- Participation
- Other \_\_\_\_\_

Instructions

- Please save this document to your computer and complete electronically or print and complete in ink.
- Most answers require you to check only yes or no. For those that require a written statement, please print or type on a separate document, label it, and attach it to the application.
- All attachments must be properly labeled, with the question number to which it relates in the upper right-hand corner.
- Contact your local PACE-approved representative to confirm how many copies of the application should be submitted.
- Applications should be sent to your local AGD PACE-approved representative. For a current list, please visit the AGD Web site at <http://www.agd.org/education-events/pace/apply-for-local-pace-approval/list-of-constituent-approval-representatives.aspx>

The PACE Guidebook is your resource for planning and administering what the Academy of General Dentistry looks for in a quality continuing dental education program. The questions on this application are based on the "Standards and Criteria of PACE," which are divided into thirteen (13) distinctive sections. The notations listed in parentheses ( ) after each question refer to

a specific standard or criteria within that section, found in the PACE Guidebook. For example, (XIII S:2) means section XIII, standard 2; (II C:D) means section II, criteria D; and (IV, R:G) means section 4, recommendation G.

Many discussions of continuing dental education (CDE) result in misinterpretation or confusion because frequently used terms

may be defined differently in the context of CDE. To clarify the intent, the PACE Guidebook contains a lexicon of terms that define how they will be used in relation to CDE. CDE providers should familiarize themselves with these definitions prior to completing the application to ensure a complete understanding of the information provided in this document.

FORMS:

- FORM A is to be completed by all applicants (Pages 3-9).
- FORM B is to be completed only by applicants who offer participation (hands-on) courses (Page 10).

# FORM A

All applicants MUST complete pages 3-9.

## PAST COURSES

List all courses your organization has offered in the last 12 months. If no courses were held, please list your most recent courses and/or attach an explanation. (If you or a member of your organization spoke on behalf of another organization during the past 12 months, but your organization was not involved with administering the overall program, please do not include.)

Title of activity	Date(s) offered	Location (city, state/province)	Intended audience*	Number of attendees	Number of instructors	Method of delivery**	Credit hours	Prerequisite (yes/no)	Joint program providers (yes/no)	Commercial support (yes/no)
Overlooked Causative & Perpetuating Factors Relative to Headache	11/15/16 ↓	Pines manan	Dentist G.S	80	1	L	2	N	N	N
Demystifying Immediate Free Denture	10/24/16	Edison NJ	G.S	15	1	L	2	N	N	N
Topics Essential Drugs in Emer	6/27/16	New Brunswick, NJ	DA	80	1	L	2	N	N	N
Social Media Marketing	9/21/16	New Brunswick NJ	G.S, DA, F	15	1	L	2	N	N	N
Treating Warm Smiles	9/20/16	Edison NJ	D.S	80	1	L	2	N	N	N
Ana-phours Calcium Phosphate	4/19/16	Edison NJ	D.S	80	1	L	2	N	N	N
Efficient, Effective Endo	3/15/16	Edison NJ	D.S	80	1	L	2	N	N	N
Pharmacology Declassified	2/16/16	Edison NJ	D.S	80	1	L	2	N	N	N
NDA Officers Night	1/19/16	Edison NJ	D.S.	80	2	L	2	N	N	N
Avicenny Orthodontics	11/17/15	Edison NJ	D.S	80	1	L	2	N	N	N
3D Guided Archwork to Maxillary Problems	10/20/15	Edison NJ	D.S	80	1	L	2	N	N	N
Ergonomics in Dentistry	9/19/15	Edison NJ	D.S, DA, F	80	1	L	2	N	N	N

\*Intended audience:

G=general dentist, S=dentist specialist, DH=dental hygienist, DA=dental assistant, DL=dental laboratory technician, F=Front desk, O=Other (Explain on separate sheet.)

\*\*Method of Delivery:

L=Lecture: A live presentation intended to communicate information or teach people about a particular subject. Lectures are used to convey critical information, history, background, theories and equations and do not significantly involve audience participation with the exception of asking and answering questions.

P=Participation: A live presentation intended to teach people about a particular subject, technique or skill that actively involves the audience. Participants will actively manipulate dental materials or devices, treat patients, or practice clinical skills or techniques under the supervision of a qualified instructor. The participation activities must represent a minimum of 30% of total course time, and must directly address the educational objectives of the course and be an extension and amplification of the lecture portion of the course.

S=Self-Instruction: Continuing education courses in printed or recorded format, including audio, video, or online recordings that may be used over time at various locations.

# UPCOMING COURSES

List all courses your organization expects to offer in the next 12 months. If no courses are scheduled, please attach an explanation. (If you or a member of your organization will speak on behalf of another organization in the next 12 months, but your organization will not administer the overall program, please do not include.)

Title of activity	Date(s) offered	Location (city, state/province)	Intended audience*	Number of attendees	Number of instructors	Method of delivery**	Credit hours	Prerequisite (yes/no)	Joint program providers (yes/no)	Commercial support (yes/no)
NSDA officers Night	1/17/17	Edison NJ	G.S	80	2	L	2	N	N	N
Eval. of IQ of children in the mixed dentition	1/25/17	New Brunswick NJ	G.S	80	1	L	2	N	N	N
Peer Reviews	2/15/17	New Brunswick NJ	G.S	15	1	L	2	N	N	N
CBEI	2/21/17	Edison NJ	G.S	80	1	L	2	N	N	N
Periimplantitis	3/21/17	Edison NJ	G.S	80	1	L	2	N	N	N
Lasers in Dentistry	3/22/17	New Brunswick NJ	G.S	15	1	L	2	N	N	N
Managing your practice for optimum profitability	4/12/17	New Brunswick NJ	G.S	15	1	L	2	N	N	N
Complications in ERDO	4/18/17	Edison NJ	G.S	80	1	L	2	N	N	N

\*Intended audience: G=general dentist, S=dentist specialist, DH=dental hygienist, DA=dental assistant, DL=dental laboratory technician, F=Front desk, O=Other (Explain on separate sheet.)

\*\*Method of Delivery: L=Lecture: A live presentation intended to communicate information or teach people about a particular subject. Lectures are used to convey critical information, history, background, theories and equations and do not significantly involve audience participation with the exception of asking and answering questions.

P=Participation: A live presentation intended to teach people about a particular subject, technique or skill that actively involves the audience. Participants will actively manipulate dental materials or devices, treat patients, or practice clinical skills or techniques under the supervision of a qualified instructor. The participation activities must represent a minimum of 30% of total course time, and must directly address the educational objectives of the course and be an extension and amplification of the lecture portion of the course.

SI=Self-Instruction: Continuing education courses in printed or recorded format, including audio, video, or online recordings that may be used over time at various locations.

**Standard I. ADMINISTRATION**

- 1 **Attach** a list of individuals, with titles, who have responsibility for the quality and content of your CE program. Include each individual's specific responsibilities as they relate to your CE program and identify if they are a member of your staff and/or planning committee. (I, C: A-D, F-J)  
 List attached *Education Coordinator - changes yearly*
- 2 **Attach** an example of your planning committee meeting minutes. (I, C:J)  
 Example minutes attached  Minutes not available
- 3 In the event of personnel changes, are there specific procedures in place to ensure continuity for the administration of the CE program? (I, C:E)  
 Yes  No
- 4 **Attach** a list of all of the organizations you have worked with to jointly offer CE programs during the past three (3) years. If you have not worked with any other organizations to offer CE in the past three (3) years, check "Not Applicable" below. (I, C:I)  
 List attached  Not applicable *Dentsply*
- 5 **Attach** an example of the letter of agreement you use when working with other organizations to offer a CE program. If you have not worked with any other organizations to offer CE in the past three (3) years, check "Not Applicable" below. (I, C:M)  
 Letter attached  Not applicable *Agreements not obtained*

**Standard II. FISCAL RESPONSIBILITY**

- 6 Do you maintain a budget for the overall continuing education program to include all costs and income, both direct and indirect? (II, C:C)  
 Yes  No
- 7 **Check** all sources of funding for your **CE program**. If you receive funds from a parent organization or educational grants, please list the name of the organization providing funds in the comment box below. (II, C:C)  
 Tuition/registration fees  
 Budget from parent organization. List parent organization name: \_\_\_\_\_  
 Grants. List name or organization providing grant: \_\_\_\_\_  
 Sales of products, services, or equipment  
 Other sources: *sponsors*

**Standard III. GOALS**

- 8 **Attach** a copy of your organization's overall mission, organizational goals, and long-range goals related to the continuing education program. (III, S:1,2; C:B)  
 Educational goals attached  Organizational mission attached  
 Organizational goals attached  Other *Values of being a member attached*
- 9 How often do you conduct reviews of your educational program and goals with your planning committee to ensure the goals of the program are being achieved? (III, C:C)  
 Quarterly  Every six months  Annually  Every two to three years  
 Other \_\_\_\_\_

**Standard IV. NEEDS ASSESSMENT**

**10** Indicate how often you use the following data sources to objectively determine the professional needs and interests of future audiences. If method is not used, do not check box. Attach an explanation of any additional methods used. (IV, S:1)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Survey/questionnaire <u>1 x/yr</u>     | <input type="checkbox"/> Advice from professional organizations _____ | <input type="checkbox"/> National guidelines _____                   |
| <input checked="" type="checkbox"/> Verbal feedback _____                  | <input type="checkbox"/> Peer-reviewed literature _____               | <input type="checkbox"/> Regulatory/certification requirements _____ |
| <input checked="" type="checkbox"/> Course evaluation <u>1 x/yr</u>        | <input type="checkbox"/> Public health statistics _____               | <input type="checkbox"/> Consensus statements _____                  |
| <input checked="" type="checkbox"/> Planning committee input <u>2 x/yr</u> | <input type="checkbox"/> Patient care data _____                      | <input type="checkbox"/> Other _____                                 |

**Standard V. OBJECTIVES**

**11** Who is responsible for ensuring that the appropriate educational objectives are developed early on, prior to selecting specific course content or choosing educational methodologies? (V, C:A, B) Check all that apply.

- Instructor     Staff     Planning committee     Other Education Coordinator
- If necessary, attach an explanation of how your organization develops educational objectives.

**12** Attach a copy of the written course objectives from your three most recent programs. These samples can be taken from the course publicity, student handouts, or instructor slides. (V, S:1, C:E)

- If multiple courses were offered at your most recent program, include the written course objectives from three of the sessions offered.
- If written courses objectives are not available, attach an explanation.

- Examples of course objectives attached  
 Course objectives not available, see attached explanation

**13** How are educational objectives distributed in advance so that the intended audience is made aware of them and can select courses on a sound basis? (V, C:C) Check all that apply.

- Listed on flyer/brochure/program guide     Listed on website     Included in confirmation letter/e-mail  
 Other Newsletter e-blast

**14** Do you ensure that the educational objectives do not conflict with or appear to violate the ADA Principles of Ethics and Code of professional Conduct? (V, C:D)

- Yes     No

**Standard VI. ADMISSIONS**

**15** In general, are your courses made available to all dentists? If no, attach an explanation as to whom courses are available. (VI, S:1)

- Yes     No

**16** How do you communicate any pre-requisites, level of skill/experience, equipment, or materials needed for participants to attend a course? (VI, C:A) Check all that apply.

- Listed on flyer/brochure/program guide     Listed on website     Included in confirmation letter/e-mail  
 Noted in confirmation phone call     Other No pre-requisites

**17** Attach an example of how you let attendees know which materials and/or equipment they are required to bring to the course. (VI, C:A.5)

- Example attached     N/A – Attendees are not required to bring any materials/equipment to any courses

**Standard VII. PATIENT PROTECTION**

**18** Are participants cautioned about the dangers of incorporating techniques and procedures into their practices if the course has not provided them with adequate clinical experience to allow them to perform it completely? (VII, S:1)

- Yes     No

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**Standard VIII. INSTRUCTORS**

**19** If one instructor in your organization presents 50% or more of all of the courses you offer, attach a copy of this instructor's *Curriculum Vitae* (CV). (VIII, C:D)

CV attached, skip question 20  Multiple instructors are used to offer CE (see question 20)

**20** How does your planning committee determine if instructors are qualified to provide instruction in the relevant subject matter? (VIII, S:1) Check all that apply.

Review of instructor's CV     Scouting reports     Word of mouth     Professional society referral  
 University/dental school faculty     Speakers' bureaus     Participant course evaluations  
 Personal interviews     Other \_\_\_\_\_

**21** Do you ensure that:

• Adequate direct interchange between participants and instructors will take place? (VIII, C:C)

Yes     No

• The number of course instructors assigned are appropriate to your chosen educational objectives and teaching methods? (VIII, C:B)

Yes     No

• All instructors/writers/planners can provide sources from peer-reviewed journals that support the content being taught? (VIII, S:3)

Yes     No

**22** What is your instructor/attendee ratio DURING THE HANDS-ON ACTIVITIES of your courses? (VIII, C:C)

Ratio \_\_\_\_\_  No hands-on activities offered

**23** Attach a signed sample of the affidavit of image authenticity obtained from all faculty members/instructors and/or course designers to ensure that images presented have not been falsified and will not misrepresent the outcome of treatment. If an example is not available, attach an explanation. (VIII, C:E)

Examples affidavit attached     Examples of affidavit not available, see attached explanation

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**Standard IX. PUBLICITY**

**24** Attach a copy of your three (3) most recent samples of publicity, including flyers, brochures, and advertisements. If courses are advertised on a website, provide website address in the comment box below. If three copies are not available, include as many samples as available. (IX)

Number of publicity samples attached: \_\_\_\_\_

*See same as question 12*

**25** Is the AGD PACE Logo with the specific approval terms included? (IX, C:E)

Yes     No     N/A – First-time applicant

**26** Do you ensure that:

• Publicity does not contain misleading statements regarding the nature of the activity or the benefits to be derived from participation? (IX, C:A)

Yes     No

• All statements of credit or approval are worded as prescribed by the agency granting the credits or approvals so that participants cannot misinterpret them? (IX, C:C)

Yes     No (Explanation attached)

**Standard X. EVALUATION**

**27 Attach** one course evaluation form completed by a participant from your three (3) most recent courses. (Total number of examples: three). If no completed samples are available, attach a blank form and/or an explanation. (X, C:A)

- Examples of completed course evaluation forms attached
- Completed course evaluation examples not available, see attached blank form
- N/A – see attached explanation

**28** How often does your planning committee review completed course evaluations? (X, C:C)

- After every course
- Monthly
- Quarterly
- Every six months
- Annually
- Other when available

*Typically not done*

**Standard XI. COURSE RECORDS**

**29 Attach** one course attendance verification form completed by a participant from your three (3) most recent courses. (Total number of examples: three). If no completed examples are available, attach an explanation and/or a blank example. (XI, C:D)

- Examples of completed attendance verification forms attached
- Completed attendance verification form examples not available, see attached blank form
- N/A – see attached explanation

**30** How long are attendance records maintained so that they are accessible to participants? (XI, S:1)

Length of time records are maintained: 5 years

**31 Check** all teaching methods you use in your CE programs and **explain how CE is awarded for each method checked.** (Example: If you offer online self-instruction programs, your answer might be: "One hour for each hour of running time.") (XI, C:B)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Lecture _____         | <input type="checkbox"/> Written self-instruction<br>(like journal article reviews) _____ |
| <input type="checkbox"/> Hands-on/participation _____     | <input type="checkbox"/> Recorded webinars _____  |
| <input type="checkbox"/> Protocol _____                   | <input type="checkbox"/> Live teleconferences _____                                       |
| <input type="checkbox"/> DVD/video self-instruction _____ | <input type="checkbox"/> Recorded teleconferences _____                                   |
| <input type="checkbox"/> Online self-instruction _____    | <input type="checkbox"/> Other (please explain) _____                                     |
| <input type="checkbox"/> Live webinars _____              |   |

**32** Are you submitting CE credits earned by AGD MEMBER attendees direct to the AGD within thirty days of course completion? (XI, S:4)

- Yes
- No
- N/A – see attached explanation

Attendees submit on their own



**Standard XII. COMMERCIAL OR PROMOTIONAL CONFLICT OF INTEREST**

**33 Attach** a copy of your written guidelines and policies that clearly identify you as responsible for program content, ensure scientific integrity of all CE activities and faculty selection, and help you avoid commercial influence in relation to this standard. (XII, C:B)

- Written commercial guidelines attached
- Other, see attached explanation

**34** Do you ensure that:

• All commercial relationships between you and/or your presenters are fully disclosed in your promotional materials and verbally at the start of the presentation itself? (XII, C:E)

- Yes  No

• Promotional materials and/or product-specific advertisement of any kind are kept separate from all CE activities? (XII, C:F)

- Yes  No

• Arrangements for commercial exhibits or advertisements with commercial sponsors do not influence the planning of the CE courses and are not a provision of commercial support for the CE activities? (XII, C:G)

- Yes  No

• A balanced view of all therapeutic options is presented, and whenever possible, generic names/terms are used? (XII, C:A)

- Yes  No

• Any outside sources of financial aid are acknowledged in all printed announcements and brochures and at the beginning of the presentation itself? (XII, C:D)

- Yes  No

• Only unrestricted funding is accepted for any and all educational activities and assures the responsibility for the course content and instructional materials, including those that may be prepared with outside financial support? (XII, C:H)

- Yes  No

**If you answered NO to any of the questions above, you MUST attach an explanation, otherwise application will be returned to you for additional information.**

**35 Attach up to** three forms, signed by recent instructors, that you use to identify any conflicts of interest your instructors and/or planning committee members may have. (It is OK to black out names/signatures to maintain confidentiality.) If a form is not used, attach and explanation. (XII, C:J)

- Examples of completed conflict of interest forms attached
- Completed conflict of interest form examples not available – see attached blank form
- N/A – see attached explanation *No conflicts*

**36** If you offer product-specific training courses or use specific products/brands in your courses for demonstration, attach an explanation on how you ensure that CE credit is not issued for time spent promoting or marketing a specific product/service/brand and how you disclose the promotional nature of these activities to participants. (XII, C:L)

- Product-specific training not offered
- Products/brands not used for demonstration
- Explanation attached

**37 Attach up to** three (3) examples of your printed announcements, brochures, or other education materials, disclosing the source of external funding. If you accept outside funding and no examples are available, attach an explanation. (XII, C:C)

- Commercial support/external funding not accepted
- Examples attached
- Explanation attached

**38 Attach up to** three (3) completed examples of the written agreements you use to outline the terms and conditions of any arrangement/relationship between you and a commercial supporter. (It is OK to black out signatures to maintain confidentiality.) Attach an explanation if commercial support is accepted but no examples of agreements are available. (XII, C:D)

- Commercial support/external funding not accepted
- Examples attached
- Explanation attached

*Will be sent under separate mail.*

*Agreement between med/s corporate sponsors*

# FORM B

Complete ONLY if LIVE patients are present and/or being treated during the course by the instructor(s), students, or both.

## Standard I. ADMINISTRATION

- 1 Is sufficient space and equipment available to allow active participation by each learner without any learner experiencing undue idle time? (I, C:G)

Yes     No    *Not applicable*

## Standard VII. PATIENT PROTECTION

- 2 How do you ensure that adequate facilities are available to ensure aseptic conditions and that universal precautions are followed when treating patients? (VII, C:F) *N/A*

Explanation attached

- 3 How do you assume the responsibility that participants do not treat patients in violation of state dental licensure laws while in your course? (VII, C:B)

Explanation attached

*N/A*

- 4 Please provide an example of the written informed consent form used in the course. (VII, S:2.b, C:D)

Example attached

*N/A*

- 5 How do you provide sufficient clinical supervision during patient treatment to ensure that procedures are performed competently? Who completes a patient's treatment if a question about the participant's competence arises? (VII, C:E, G)

Explanation attached

N/A - Only the instructor works on patients

*N/A*

- 6 Attach an example of information provided to patients explaining postoperative care, who to contact for post-course treatment, and what to do if an emergency arises as a result of treatment. (VII, S:2.d, C:H)

Postoperative care information attached

*N/A*

- 7 Provide a list of the equipment, facilities, and/or arrangements you provide to ensure that adequate and appropriate arrangements and/or facilities exist for medical, dental, or other emergencies. (VII, S:2.d)

Emergency plan(s) attached

*N/A*

- 8 Explain your procedures to ensure there is malpractice coverage and liability insurance for instructors and attendees. (VII, C:I)

Explanation attached

*N/A*

**Middlesex County Dental Society**  
P.O. Box 7026 East Brunswick NJ 08816  
MCDS PHONE: (732) 764-MCDS MCDS FAX: (732) 764-6200

November 15, 2016

**CONTINUING EDUCATION CREDIT VERIFICATION**

This is to certify that Devang Modi attended the seminar entitled  
"Overlooked Causative and Perpetuating Factors Relative to Headache, Orofacial and  
Temporomandibular Pain/Dysfunction Syndromes with Therapeutic Implications" held on  
Tuesday, 11/15/2016 at the Pines Manor in Edison, NJ.

The speaker was Dr. Jeffrey Mannheimer.

This course was held between the hours of 7:00pm - 9:00pm.

This program was sponsored by Middlesex County Dental Society.

Two (2) continuing education credits were awarded.

This form was distributed at the conclusion of the course.

Dr. Devang Modi  
President  
Middlesex County Dental Society

**Academy of General Dentistry information**

Sponsor name Middlesex County Dental Society  
Code # for MCDS 212333  
Subject Code # 180 Myofascial Pain/Occlusion  
Academy of General Dentistry  
211 East Chicago Avenue, Suite 900 Chicago, Illinois 60611-1999  
888-AGD-DENT 312-440-4300 fax: 312-335-3432  
Approved PACE Program Provider



Academy  
of General Dentistry  
**PACE**  
Program Approval for  
Continuing Education

10/16

# Middlesex County Dental Society

## STUDY CLUB REGISTRATION FORM

**Time:** Registration: 6:30 PM, Program: 7:00 - 9:00 PM  
**Place:** NJDA Building, North Brunswick, NJ

<u>Course #</u>	<u>Date</u>	<u>Speaker</u>	<u>Course Title</u>
1.	September 21, 2016:	Minal Sampat:	Content and Social Media Marketing for Dentists
2.	October 26, 2016:	Dr. Nainesh Desai:	Demystifying Immediate Full-Arch Implant Therapy
3.	November 30, 2016:	*Roundtable Discussion With Various Members of MCDS: Open Discussion	
4.	January 25, 2017:	Dr. Robert Silverstein:	The Evaluation and Treatment of Children In The Mixed Dentition
5.	February 15, 2017:	Dr. Sandy Goldstein:	Peer Review: The Good, The Bad, The Ugly
6.	March 22, 2017:	Dr. Amit Vora:	Lasers in Dentistry: A Minimally Invasive Approach
7.	April 12, 2017:	Dr. Hugh Habas:	Managing Your Practice for Optimum Profitability and Success the Power of 50% (or less) Overhead Expense

*\*Please note that November 30, 2016 is a unique opportunity to have an open and judgment free discussion on every and any topics with MCDS members and leaders such as Dr. Richard Kahn, Dr. Mitch Weiner, Dr. Ira Rosen, Dr. Devang Modi, Dr. Antoinette Tauk and many more.*

**Tuition:** This seminar is only available to our members as a member benefit of MCDS

**Office Name:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Office phone #:** \_\_\_\_\_

**Office fax #:** \_\_\_\_\_

<u>Name (Dentists &amp; Staff attending)</u>	<u>Title (Doctor or Staff)</u>	<u>Course Numbers (from above) that you want to attend</u>

**Mail and Return to:**  
**MIDDLESEX COUNTY DENTAL SOCIETY P.O. Box 7026 East Brunswick NJ 08816**  
**MCDS OFFICE: (732) 764-6237 MCDS FAX: (732) 764-6200**

**Meeting Schedule 2016-2017**  
**Arranged by the Education Committee**

October 18, 2016

Dr. Dan Pompa

"The Top 10 List For Essential Drugs In The Emergency Kit"

November 15, 2016

Dr. Jeffrey Mannheimer

"Overlooked Causative And Perpetuating Factors Relative To Headache, Orofacial And Temporomandibular Pain/Dysfunction Syndromes With Therapeutic Implications"

January 17, 2017

Officers Night And Life Member Presentations

February 21, 2017

Dr. Steven Singer

"CBCT: Basics, Diagnosis And Treatment Planning"

March 21, 2017

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"Periimplantitis: Etiologies And Potential Therapies"

April 18, 2017

Dr. Sam Kratchman

"Complications In Endodontics"

# The Dental Newsletter



Awards Program

[www.MCDSofNJ.org](http://www.MCDSofNJ.org)

A Publication of the Middlesex County Dental Society

*President's Message ... Devang Modi*



What a memorable evening it was, Tuesday, October 18th as we said farewell to Marlene Glickman, our Executive Secretary. Marlene admirably served MCDS for over 15 years. She always greeted members and guests with a warm smile and her polite and sincere demeanor was noticed by all. Marlene introduced us to her poetry and it was only fitting that Dr. Richard Kahn thanked her through a poem. It was a special evening for a special person. Marlene, "THANK YOU" once again for your time and dedication to Middlesex County Dental Society.

Ironically, a change of season is upon us. Not just in real life but also at MCDS. As the leaves begin to change color and the weather begins to get cooler, we at MCDS are looking forward to making our organization even stronger. Stephanie Dowling, understands her role and responsibility as

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## GENERAL MEETING – Tuesday, November 15, 2016

THE PINES Route 27 • Edison, NJ

Registration.....	6:00
Business Meeting and hors d'oeuvres.....	6:30
Speaker.....	7:00

### Featured Speaker: Dr. Jeffrey Mannheimer

**"Overlooked Causative And Perpetuating Factors Relative To Headache, Orofacial And Temporomandibular Pain/Dysfunction Syndromes With Therapeutic Implications"**



Dr. Mannheimer received a BS degree in Biology from Bradley University, MA degree and Certificate in Physical Therapy from New York University and a Ph.D in Health Science from Seton Hall University. He has 50 years of clinical experience in the evaluation and treatment of patients with neuro-musculoskeletal pain/dysfunction syndromes. His clinical interests, teaching, publications and specialization over the past 30 years have been strictly limited to the evaluation and treatment of cervical spine disorders, cervicogenic headaches, temporomandibular disorders and orofacial pain (CSD, CGH, TMD & OFP) respectively. He is a Certified Cervical and Temporomandibular Therapist (CCTT) by the Physical Therapy Board of Craniofacial and Cervical Therapeutics (PTBCCT) and also Certified in Orofacial Dry Needling (CODN) by Myopain seminars. In addition to private clinical practice, Dr. Mannheimer is currently an Adjunct Clinical Professor in the Department of Regenerative and Rehabilitation Medicine (Program in Physical Therapy) at Columbia University.

**Does Your Patient Really Have a Temporomandibular Disorder (TMD)?**

Based upon my clinical experience of 50 years it is very apparent that physicians, dentists and physical therapists,

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**Meeting Schedule 2016-2017**  
**Arranged by the Education Committee**

October 18, 2016

**Dr. Dan Pompa**

**“The Top 10 List For Essential Drugs In The Emergency Kit”**

November 15, 2016

**Dr. Jeffrey Mannheimer**

**“Overlooked Causative And Perpetuating Factors Relative To Headache, Orofacial And Temporomandibular Pain/Dysfunction Syndromes With Therapeutic Implications”**

January 17, 2017

**Officers Night And Life Member Presentations**

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WOW !!! What an amazing way to start of a new educational year. 114 dentist and guests took in an awesome lecture from Dr. John Nosti on “Treating Worn Smiles.” The room was filled to capacity and we had to roll in another table. We introduced our new executive secretary, Stephanie Dowling who did a fantastic job and received many compliments. She was “prepared, polite and pleasant.” It seemed like she had been doing this for a while. We also acknowledged the new dental residents from JFK Medical Center and Robert Wood Johnson University Hospital. Dr. Peter DeSciscio and Dr. Mitchell Weiner gave their NJDA Board of Trustees and informational reports. And finally, none of this would be possible without the support from our corporate sponsors. Dr. Ira Rosen has done an outstanding job securing sponsors for the entire year so that our dues don’t have to be increased.

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**Featured Speaker: Dr. Dan Pompa**

**“The Top 10 List For Essential Drugs In The Emergency Kit”**



After graduating from NYU College of Dentistry in 1978, Dr. Pompa completed a General Practice Residency at Long Island Jewish Hospital, followed by specialty training in Oral and Maxillofacial Surgery at Lincoln Hospital, New York Medical College. In 1982, he became a Fellow of The American Association of Oral and Maxillofacial Surgeons and in 1992 a Fellow in The International Congress of Oral Implantologists. Dr. Pompa has been a guest lecturer at both Columbia University College of Dental Medicine and NYU College of Dentistry and is now a guest faculty at NYU College of Dentistry

Today there are more medically compromised patients being treated in our offices than ever before. As a result, a more detailed medical history and medical evaluation should be taken prior to beginning treatment.

This seminar will describe the essential drugs needed to create a medical emergency kit for your office. In addition, we will discuss three basic tests that can easily be performed to help in the physical diagnosis of a patients medical status. We will also discuss the “Conversational History” and how this can pick up many medical issues not revealed by the standard health history form. This can be performed by the dentist or staff and can prevent many potential medical emergencies from occurring.

**Meeting Schedule 2016-2017**  
**Arranged by the Education Committee**

- September 20, 2016  
**Dr. John Nosti**  
 "Treating Worn Smiles"
- October 18, 2016  
**Dr. Dan Pompa**  
 "The Top 10 List For Essential Drugs In  
 The Emergency Kit"
- November 15, 2016  
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Where do I begin? I have spent the entire Summer wondering what uniqueness can I bring to our already highly respected and valued component? What new ideas or strategies can I introduce to attract new young members to our board and component; to retain all current members; to increase the value of PAC contribution; to improve communication between components and finally to implement "family fun night" and other "staff appreciation" event? I am confident that throughout the year, with the support of my highly dedicated MCDS peers, all of these goals can be met.

As I begin this journey as President of MCDS, I want to assure you that you will have my 100 % passion and commitment. You can count on me to lead by example and approach me with any questions or suggestions for improvement. Several years ago, in 2007, Dr.'s Mark Vitale, Bob Silverstein, and Richard Kahn brought me to my 1st ever MCDS board meeting. I was immediately

*Continued on page 2*

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### Featured Speaker: Dr. John Nosti

#### "Treating Worn Smiles"



Dr. John Nosti graduated from UMDNJ-New Jersey Dental School, Newark, NJ in 1998 and did a General Practice Residency at Lehigh Valley Hospital, Allentown, PA.

He is currently practicing at Advanced Cosmetic and General Dentistry, Mays Landing & Somers Point, NJ and in Manhattan, NY. Dr. Nosti practices full time with an emphasis on Functional Cosmetics, full mouth rehabilitations, and TMJ Dysfunction. His down to earth approach and ability to demystify occlusion and all ceramic dentistry has earned him distinction among his peers. He has lectured nationally on occlusion, rehabilitations, and advanced diagnostic technology (JVA/JT and T-scan).

Have you been worried about treating patients who show signs of occlusal breakdown? Would you like to effortlessly add more cosmetic treatment to your dental office without the need for advertising? Join Dr. John Nosti as he reviews the main causes of occlusal breakdown in your patients. He will discuss ways to engage your patients and get them enrolled in their treatment, as well as review his initiating treatment protocol and preparation design on these complex cases. This lecture will teach you that you can be predictable in restoring worn dentitions and will allow you to enhance your Functional Cosmetic practice!

# Middlesex County Dental Society

P.O. Box 7026 East Brunswick NJ 08816

MCDS PHONE: (732) 238-1255 MCDS FAX: (732) 390-2332

## Values of Being a Member

### *The Source for Your Professional Development*

1. Share strategies and information amongst colleagues for improving business practice and patient care
2. Network with colleagues at monthly meetings and obtain CEU credits for lectures
3. Continuing education seminars: *All Day and Short Evening programs*
  - A. High Quality, Low and/or No cost; Conveniently Close to this area
  - B. CEU's for AGD & Satisfy State Board licensure of 40 credits/two years
  - C. Topics include Scientific Technologies, Business Practice & Management; skills to enhance the dental services you provide
  - D. Week-end / Morning NJDA- CEU seminars at NJDA Building
  - E. Mentor programs for OSHA certification and topics of special interest
4. Participate in our new MCDS study club with members to enlighten each other
5. MCDS Newsletter, NJDA Capsule & ADA News  
Timely reports of vital information on laws, regulations & CEU programs
6. Access to MCDS Peer Review Program: objective & expeditious resolutions
  - A. Patient care and Third party insurance company issues
  - B. Participation is voluntary for this alternative dispute mechanism
  - C. Non-Punitive: Adverse, worst case decisions-return of fee paid for TX
  - D. All peer review matters are Confidential
  - E. All consenting parties will cooperate and accept the committees' decision as binding and enforceable under NJ law. All parties waive their rights to have the dispute settled in a court of law
7. Free entrance to NJDA Annual Convention in June in Atlantic City
  - A. CEU programs at a reduced fee
  - B. Opportunity to interact with dental supply and equipment companies
8. NJDA Law Line; Free legal advice by NJDA attorneys on any dental issue
  - A. Business practice; Interpreting the Dental Practice Act
  - B. Aid in complying with employment, labor laws and insurance issues
  - C. OSHA compliance issues
  - D. Insurance issues – patients and insurance companies