THENUGGET

PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

FEBRUARY 2008

TWILGHT FOR THE GODS? WILL THE STATE BOARD SUNSET?

Inside:

Status of the DBC — What's happened to licensure?

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TABLE OF CONTENTS

FEATURES

* 7		A Brief History of the Den	tal Board
		Paul P. Binon, DDS	
ST.			

Dental Board of California — 2007 Year in Review Stephen M. Casagrande, DDS (Member of the Dental Board of California)

How to Make Something Simple... Impossible!
 Senator Sam M. Aanestad, DDS (California State Senator)

Current Status of Dental Licensure in California
 Steven Gale Morrow, DDS (Professor, Loma Linda University)

★ 11 The Changing Face of Licensure

Calvin S. Lau, DDS, MBA, FACD (Clinical Professor, USC)

* 12 How Many Ways?

Virenchandra R. Patel, DDS (Private Practitioner)

SPECIALS

19 Blue Cross Begins Transition to New Dental Product Reprinted with permission from the CDA Update

19 2008 Sacramento District Dental Alliance Officers

20–21 Participation is What Makes the Difference

Kevin S. McCurry, DDS

(Leadership Development Committee Chair)

22 2008 Committee Meeting Schedule

Board of Directors ReportWai M. Chan, DDS (Secretary)

33 Governor's Budget Slashes Dental Services for California's Poorest Families, Says California Dental Association

REGULARS

- 4 President's Message5 From the Editor's Desk
- 6 Cathy's Corner
- 13 Foundation Update
- 17 Dental Nugget
- 24 YOU: The Dentist ... the Employer
- 25 Link of the Month
- 25 Abstracts
- 26 Vendor Member Spotlights
- 27 Vendor Members
- 28 Advertiser Index
- 30 We're Blowing Your Horn!
- 31–32 Membership Update
- 34 Event Highlights
- 35 Classified Ads
- 36 SDDS Calendar of Events

THE NUGGET

FEBRUARY 2008
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THE NUGGET IS A 2007 INTERNATIONAL COLLEGE OF DENTISTS JOURNALISM AWARD WINNER IN THREE CATEGORIES:

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PRESIDENT'S MESSAGE



By Robert D. Shorey, DDS

COMPROMISE

From the dictionary, the word "compromise" is defined: 1a: settlement of differences by arbitration or by consent reached by mutual concessions 1b: something intermediate between or blending qualities of two different things 2: a concession to something derogatory or prejudicial <a compromise of principles>

The word compromise is a necessary working component of politics and is the fuel of our representative government. The "Great Compromiser," Henry Clay, is revered as one of our nation's greatest Senators in American History for his ability to reach legislative compromise. Working with other historically famous men like Daniel Webster and John C. Calhoun, Henry Clay was credited with maintaining our national stability up until our nation's civil war.

Several years ago I attended one of our California Dental Association Legislative Days. On such days the opportunity to hear influential political leaders and meet with state assembly and senate representatives

is traded for missing a day at work. I have always believed this is a small sacrifice for the opportunity to represent the voice of dentistry to our political representatives. It was during that legislative day that one of our currently influential politicians (who I choose not to name) spoke to our assembled CDA leadership group and noted it was his opinion that organized dentists were guilty of not being willing to properly negotiate and compromise with the representatives of California's dental hygiene. He pointed out that in his eyes our unwillingness to seek a perceived compromise weakened our position at the negotiation table.

Obviously I was particularly drawn to the application of the word **compromise** being applied to medical/dental issues. Perhaps during this speech I had discovered one of our profession's **virtues** or one of our **weaknesses**. While politicians strive for compromise, we are trained to strive for **quality without compromise**. Are politics and medicine

professions representative of fundamentally different ideological cultures? Is "knowing when to hold them or when to fold them" a concept foreign to medical professionals? Clearly the delicate balance of workable compromise definitely provokes questions and challenges our paradigms of medical/dental training. Does the concept of "compromise" work well in the debate of appropriate medical/dental care? Does anyone, dentist or patient, really want dental professionals to strive for compromise or compromised care?

The word compromise in its very best sense means blending the qualities of different points of view and in its worst sense it means to capitulate or surrender our ideals. The final question that may be asked when we come to the political bargaining table is, "Are we being asked to broker a blending of virtuous ideals or are we being asked to concede to something misleading and derogatory?"

As a dentist, what is your position — virtue, weakness or something in between? ■



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FROM THE EDITOR'S DESK



By Paul P. Binon, DDS, MSD

STATE OF THE STATE

The state of our state is that, as we enter into 2008, nothing formal has been done to extend the life of our regulatory Dental Board of California. On October14 the Governor vetoed SB 534 (Perata) that prevented the extension of the DBC until 2011. This leaves many questions to be answered that can influence your future livelihood and the manner of how we each practice dentistry.

Now what? Was Governor Schwarzenegger right in vetoing the bill? Does our California legislature revel in making a simple straight forward bill into a complex situation? Does adding lots of other pork make a simple issue into a major Hollywood epic drama? Have there been any significant community issues that demand the dental hygiene and dental assisting regulatory structure be revamped? Did anyone consider the legal double jeopardy that will be placed upon a dental team when multiple regulatory agencies are unleashed upon a typical dental office? Do we really need more bureaucracy, more intrusion and more expense? While CDA reviews the issue, are they taking enough measures to make sure the grass roots dentist and the public are fully aware? Should they? Why create a new dental hygiene committee? Is placating a few politically active and vocal hygienists really in the best interests of the communities we serve? Are the needs of the grass roots hygienist being represented? Has our legislature really been protecting

the public by eroding the previously strong licensure regulations that were in place for many years? The article dealing with the current status of licensure gives you an idea

Was Governor Schwarzenegger right in vetoing the bill?

as to the number of portals that are available to obtain a license. All are well intended to be sure, but have they lowered the standards along the way? A tough licensing exam does not necessarily insure competence, good ethics and excellent clinical practice. But it does represent a minimal entry level barrier before being released to the public.

Where are the needed voices to bring reason to this unstable situation? This brings to my mind the question, "What sides are there on this issue?" The Governor wants the Board; so do grass roots dentists. CDA states they want the Board. The Legislature has already voted once to extend the administrative life of the Board. So what "side" am I missing here and what is there to negotiate? Do you, as a concerned dentist, feel motivated to ask any of these questions to CDA and your representatives? When you ask questions are you optimistic that answers will be received or do you feel this is a clandestine undercover operation or what? Is this just

California politics as usual? You'll never really know for sure unless you become informed and involved.

I grew up in Southern California and worked in my brother's crown and bridge lab from the time I could push a broom. I was well acquainted with many dentists in the Beverly Hills, Los Angeles and Phoenix area, as well as the Midwest and East Coast. So it was that I witnessed some absolutely awesome dentistry. Cases came from different parts of the country since the lab had quite a mail order following in addition to the locals. Hands down the California dentists were superior in every way that I could see as a technician. The preps always had distinct margins, abutment alignment was parallel, the cases were beautifully designed and executed and they wanted a high level of laboratory work. Those were the days when it meant something to have a California dental license. Have things changed? Have we taken our eye off the ball in favor of political shenanigans rather than taking a staunch, unwavering stand to always support quality? It is my opinion our profession is on a very slippery slope. How do you feel about what is going on? There is something that you can do to prevent it from going further. Speak out and let your voices be heard.

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THE SDDS MISSION — Living it Every Day!

By Cathy B. Levering SDDS Executive Director

The SDDS mission is two-fold:

- 1. To be the recognized source for serving our members
- 2. To enhance the oral health of the community

February is the month that we "live our mission" — for sure! With Smiles for Kids on February 2nd, Midwinter Convention on February 21-22nd, February is jam-packed with opportunities and membership benefits.

Smiles for Kids!

By the time you receive this Nugget, SFK will be in full swing. Our doctors screened over 20,000 kids this fall and we're hoping to treat more than 600 of them (full treatment) on February 2nd. The good news is that we have fewer kids referred from the screenings. That means that: 1) kids may be taking better care of their teeth (let's hope!); 2) more parents are finding insurance options for their kids (our education and partnership with First 5 and Healthy Kids/Cover the Kids is paying off! Hooray for community partnerships!); 3) we can treat not only the "urgent-level 3" kids on SFK Day, but also the "need care"/level 2 kids (we couldn't do that four years ago!).

MidWinter Convention

There is still time to sign up. If you can't attend the convention and the CE Courses (including the licensure renewal courses), you certainly are invited (free of charge) to attend the Expo during the open, non mealtime hours. We have more than 50 vendors who want to share their latest and greatest products. Simply call the SDDS for information on the specific times, or watch your fax machine... the announcement is coming!

Are you watching your bottom line?

Last month I heard from three individuals (dentists) who were in the middle of discovering that fraud and embezzlement was taking place in their offices... BIG TIME. There are ways to watch out for this — before it's too late! Attend the March General Meeting and learn more... it's well worth the cost of the dinner.

Employment laws and regulations... constantly updating?

It is SDDS' goal to make sure that you have everything you need to run your day-to-day operation as a dentist. Please be mindful of all the law changes, the new employments rules, regulations and postings and other regulatory issues (see information in this issue). Our SDDS HOTLINE continues to grow with activity. More than 130 of you used it last year — mostly on wage and hour issues and terminations. Call it when you have questions... before they become legal issues and you have to hire an attorney!

Nominating process beginning, February 1st - want to join our leadership team?

Included in this issue you will find nomination forms inserted as well as an article from Leadership Development/Nominating Chair, Dr. Kevin McCurry. In order to continue to focus on our mission, to always be vigilant, current and progressive with our goals and objects, new blood is always welcome and encouraged! If you are on a committee, volunteer to be a chair next year. If you like being a leader and want to help SDDS be the best it can be for our members, we need you. We want you!

Happy Valentine's Day! ■



By Paul P. Binon, DDS, MSD

A BRIEF HISTORY OF THE CALIFORNIA DENTAL BOARD

The earliest reference to the Board of Dental Examiners that I could find was under "General Laws" of California Act 922 amended from 1885 in 1893, 1901, 1905 and 1909.

The preamble to the specific sections reads: An act to insure the better education of practitioners of dental surgery, and to regulate the practice of dentistry in the state of California, providing penalties for the violation thereof, and to repeal as act now in force know as "An act to insure the better education of practitioners of dentistry... approved March 12, 1885."

Act 922 further stipulates that practitioners require a license, are required to follow ethical practice and to pay an "annual license tax."

The act also provided for the appointment of 7 "reputable and ethical practicing dentists" by the governor of the state "whose duty it shall be to carry out the purpose and enforce the provisions of this act." Requirements also included that they have been in practice for at least 5 years and that none shall be members of the faculty of a dental college or have a financial interest in such a college. This group became the Board of Dental Examiners for the state of California. At that time they served a 4 year term.

As background material, I tried to find the earliest specific regulations pertaining to California dentists, to no avail. It was interesting in that searching the web; I went through more than 360 books that covered prehistoric dentistry on through the ages and volumes that detailed the history of dentistry in virtually every state but California. So where is our history recorded? I believe that most specifics and contributors may be memorialized in some of California's dental schools.

Over the 100 plus years since the original Act 922 was made into law, many changes have taken place. The state legal system operates on the basis of 29 different "Codes," the Business and Professional Code being one of

them. In the B&P Code, the Dental Board, although independent, came under the auspicious of the Department of Consumers Affairs. This bureaucratic mega giant regulates a wide range of consumer issues and licenses ranging from brakelight inspectors, embalmers, exterminators, kickboxing, naturopathic doctors and yes, medicine and dentistry. Most consumer areas in this mega giant are regulated by departments whereas medicine and dentistry are regulated via a formal board.

Since the Dental Practice Act is a dynamic legal entity that is constantly evolving, it has undergone many additions and modifications since its passage into law. The Dental Practice Act also governs the functions of Dental Hygienist and Dental Assistants, while a separate entity called COMDA regulates auxiliary dental staff. The Board of Dental Examiners has also changed dramatically. On September 13, 2001 the California Assembly voted unanimously to disband the then seated Board. This action, to the delight of several special interest groups (Anti-fluoridation, Anti silver amalgam filling and Denturist) created an immediate void in the dental regulatory system. Fortunately, the Governor and the Legislature revitalized and re-instituted a new Board of Dental Examiners. The bill that reinstituted the DBC unfortunately also had a sunset provision for July 1, 2008.

Currently DBC has 12 members: eight dentists, two public members, a dental

hygienist member and the Executive Officer of the Board. It meets five times each year in different locations in the state.

The mission statement of the current Board is to protect and promote the health and safety of consumers by:

- Licensing those dental health care professionals who demonstrate competency
- Taking action to maintain the appropriate standard of care
- Enhancing the education of licensees and consumers

Its vision statement is that the DBC will be the leader in the promotion of oral health as it relates to the improvement of the total health of the people of California.

Efforts were made in 2007 to extend the Board's administrative function until July 1, 2011 with the introduction and passage of SB 534. The Governor subsequently vetoed this bill on the basis that it would increase the licensing fees for hygienists and dental assistants without providing any additional protection to the public. According to the Governor's office, there was no issue regarding the DBC. The issue was with the proposed structural changes for dental assistants and hygienists. Unless emergency legislation is forthcoming, the DBC will cease to exist on July 1, 2008. At that time Consumers Affairs will become the governing body for dentistry in this state.

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By **Stephen M. Casagrande, DDS** Member of the Dental Board of California

DENTAL BOARD OF CALIFORNIA — 2007 YEAR IN REVIEW

The past year has been an active and productive one for the Dental Board of California. It was the first full year for the Board's Executive Officer, Rick Wallinder, who was hired by the Board in December 2006. Mr. Wallinder came to the Board with more than 25 years of experience in state government, most recently as Executive Officer of the Physician Assistant Committee.

Mr. Wallinder's hiring was the first of a number of changes instituted by the current Board, most of whose members have been appointed since 2005. Over the past year, the Board has made a number of changes that will benefit consumers, applicants and licensees. Among them are:

- Installing a toll-free number to enable the public to more easily access the Dental Board with their concerns and complaints;
- Increasing the number of Law and Ethics Examinations, from ten times a year to 24 times (twice a month). Applicants for licensure no longer need to wait to take this examination; and,
- Reviewing and revising of our Model Disciplinary Orders and Guidelines, the document which lists a range of penalties for violating the Dental Practice Act. It had not been updated since 1996.

Additionally, as a result of feedback from applicants and dental school deans, the Board improved the clinical examination to make it more candidate- and patient-friendly.

Board members also accepted a challenge from the Deans of California's dental schools to develop a new licensing process that utilizes a student's entire dental education instead of relying solely on a single examination for licensure. We are working to make portfolio licensure a new pathway for students to qualify for a California dental license within the next two years.

Everyone at the Board was especially pleased that in just four months, we were able to implement

The past year has been an active and productive one for the Dental Board of California.

the requirements of SB 438 and issue permits that allow oral and maxillofacial surgeons to perform elective facial cosmetic surgery.

The Board also sponsored legislation this past session that better protects consumers and puts responsibility on probationers, including:

- Certain provisions of SB 252 which prohibit registered sex offenders from obtaining or reinstating a dental license;
- Additional language in SB 1048 that requires licensees, whose licenses have been placed on probation, to reimburse the Dental Board for their probation monitoring costs; and
- Language in SB 1048 that allows law enforcement agencies to file either misdemeanor or felony charges against first time unlicensed practice offenders. Previously, Board investigative staff had been hampered in their efforts to enforce the unlicensed practice provisions of the Dental Practice Act because law enforcement agencies were not willing to file misdemeanor charges for first time unlicensed practice cases.

The Board has not limited its activities to consumers, applicants and licensees. We have also been actively working with the Committee on Dental Auxiliaries (COMDA) to better understand the concerns of Registered Dental Assistants and Registered Dental Hygienists. Board members and staff have attended COMDA meetings, the Anaheim Scientific Session, and the California Dental Hygiene Association House of Delegates meeting.

The Dental Board's staff has also grown over the past year. In 2007, the Board received authorization to hire:

- Four new investigators (bringing the total number of investigative positions to 13);
- One new analyst to work with the Elective Facial Plastic Cosmetic Surgery Committee (SB 438); and
- One new staff member to work with applicants who are applying for licensure based on completing one year of advanced training in either a general practice residency or advanced education in general dentistry program (SB 683). Language to implement this program must still be approved by the Office of Administrative Law.

Finally, during its last session, the state Legislature did not extend the Board's sunset date past July 1, 2008. While it is unclear what the future will hold for the Board in the next several months, we are still diligently working on a variety of issues and will continue our efforts with respect to portfolio licensure and the implementation of SB 683. Regardless of what happens concerning the Board's sunset, please know that the Dental Board staff will continue to examine, license and investigate complaints; and respond to inquiries from consumers, applicants and licensees.



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HOW TO MAKE SOMETHING SIMPLE... IMPOSSIBLE!



By Senator Sam M. Aanestad, DDS California State Senator

In the waning hours of the last night of the Legislative session last September, the Senators were informed that there were several State Boards which needed reauthorization by the legislature that evening, before adjournment, in order to remain functioning as boards in 2008. Without the reauthorization, the boards would "sunset" and become bureaus directly under the Governor's authority in the Department of Consumer Affairs. The Dental Board of California was one of those boards needing reauthorization.

"But never fear," we were told. The reauthorizing language specifically for the Dental Board was contained in SB 534, Sen. Perata's Dental Hygiene bill, which also contained a controversial provision in creating a Dental Hygiene Committee under the authority of the Dental Board. That bill passed out of the Legislature that night and was placed on the Governor's desk. Since his office had helped forge the hygiene agreement, and since he previously had stated his support for the extension of the Dental Board, it was expected that the Governor would sign the bill.

But he vetoed it! His veto message said he was concerned that the bill would result in increased fees to hygienists and dental assistants. No mention was made regarding the fact that the Dental Board's authority was now in peril. It will cease to exist as of July 1, 2008!

Surprise turned to speculation. What was the real agenda? We all knew that when the Governor first took office, he had formed the California Performance Review in an attempt to streamline government. We knew he wanted direct control of the various boards and commissions via the Department of Consumer Affairs. I spent considerable time and effort back then fighting for the concept

that professional boards must consist of the same professionals who set the standards for the profession, lest the boards become bureaucratic quagmires subject to whatever political force is in favor at the time.

The California Performance Review never did gain momentum, so could this be an end run in another attempt to achieve control? Not

Surprise turned to speculation. What was the real agenda?

only was the Dental Board at risk, but so were the Speech-Language Pathology and Audiology Board and the Board of Vocational Nursing and Psychiatric Technicians. We asked the Governor. The Governor replied that he fully supports the Dental Board and will sign legislation to extend its existence. He just didn't like the extension linked to a controversial proposal (establishing the Dental Hygiene Committee) in the same bill. Sounds reasonable, but wait, there's more!

When the legislature passes a bill that the Governor signs into law, the law does not take effect until January 1 of the following year. An exception to this is the passage of an "Urgency" bill, requiring a two-thirds vote of both houses, which then takes effect when the governor signs it. But the state constitution also says that a board cannot be created by an urgency vote of the legislature. Legislative Council (the Legislature's lawyers) says this also applies to board extensions. So, whenever the bill is passed, we have to wait until January 1 of the following year for it to take effect.

So we have a problem! If only the Legislature could have met before the end of 2007, we could

have passed a bill again which would take effect in 2008, and the Dental Board would continue without missing a beat! But neither the Senate nor Assembly leadership was willing to call the Legislature back for this problem. Hold iteven though the Legislature adjourned Regular Session in September, didn't the Governor call a Special Session for Health — and don't all bills passed in Special Session take effect in 90 days, regardless of when they are passed? Couldn't we take up the bill in Special Session? "Yes, but not now," we were told. Special Sessions can only deal with the single topic identified by the Governor's Executive Order, and he wasn't going to try to modify the Order while trying to get his new multibillion dollar Health Plan for California passed! Although the Assembly did meet December 17 to pass out the Health Plan, the Senate leader didn't want to meet until January.

So where are we? We have two options, in my opinion. We can ask to Governor to modify his Executive Order for a Special Session on Health and then we can pass an extension for the boards before they expire June 30, 2008. (Not likely, since Sen. Perata doesn't like the Health Plan and didn't play along with the Governor — and the Governor may use this for leverage!) Or we can just pass a Regular Session bill this year which would take effect January 1, 2009 — placing the Dental Board under the Department of Consumer Affairs the last 6 months of this year. After 6 months, the Dental Board would be reconstituted and life would return to normal. This happened in 1998 with the Speech-Language Pathology and Audiology Board.

So typical of the legislative process. Someone messes up, and the simple becomes the impossible! Happy New Year! ■

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By **Steven Gale Morrow, DDS** Professor, Loma Linda University

CURRENT STATUS OF DENTAL LICENSURE IN CALIFORNIA

Licensure issues have been in the forefront of concerns for dental education and practicing dentists in the United States for the last fifteen to twenty years. California has been no exception. Recent legislation affecting dental licensure in California has been approved by the State Legislators and signed into law by the Governor. This legislation has added a number of new portals for licensure that did not previously exist. In addition, there has been a recent cooperative effort between the Dental Board of California and Deans of the California dental schools to draft legislation that will allow for state licensure upon graduation from a California dental school. The following is a brief summary of currently available portals for dental licensure in California and the status of the Licensure by Portfolio process to date.

Licensure by Clinical Examination:

The Dental Board of California administers the Clinical Licensing Examination at least two times annually. The content of the examination has changed very little over the past fifteen to twenty years. However, the format of the examination has changed significantly in the last few years. The most significant change has been in the patient care section. The candidates now have two days (Saturday and Sunday) to complete the required clinical procedures, which may be done in any sequence of the candidate's choice.

Unless application has been completed before December 31, 2003, the Restorative Technique Examination for foreign trained dentists is no longer available as qualifying eligibility to take the Clinical Licensing Examination (AB 1467 Negrete, McLeod). The last Restorative Techniques Examination is scheduled for December 2008. Foreign trained dentists must now present proof of completion of a resident course of professional instruction in dentistry from an American Dental Association accredited dental school or a dental school approved by the Dental Board of California to be eligible to take the Clinical Licensing Examination.

State Senate Bill 1865 (Aanestad, 2004) was approved by the Governor on September 21, 2004. This bill authorized the Dental Board to issue a license to practice dentistry in California upon proof of the applicant successfully passing either the clinical and written examination administered by the Dental Board of California or by the Western Regional Examining Board (WREB). At the present time, the WREB examination is the favored avenue for graduates from California dental schools to obtain licensure to practice dentistry in California.

Licensure by Credential:

Licensure by Credential has long been a stumbling block to freedom of movement for dentists to and from California. State

Assembly Bill 1428 (Aanestad, 2001) authorized the Dental Board of California to issue a license to a person who is currently licensed to practice dentistry in another state and who satisfies other specified requirements, without requiring that person to take the Clinical Licensing Examination. The bill stipulated that this provision would become operative on July 1, 2002.

Licensure by Completion of a Clinically Based Advanced Education Program in General Dentistry:

California Senate Bill 683 (Aanestad, 2006) was approved by the Governor on September 30, 2006. This bill authorized the Dental Board to grant a license to an applicant who shows proof that he or she has completed a clinically based advanced education in general dentistry (AEGD) program or an advanced education program in general practice residency (GPR) that is, at a minimum, one year in duration. To be eligible, the program must be accredited either by the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the Board. The advanced education program must include a certification of clinical residency program completion approved by the Board, to be completed upon the resident's successful completion of the program in order to

continued on page 25



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By Calvin S. Lau, DDS, MBA, FACD Clinical Professor, USC

THE CHANGING FACE OF LICENSURE

When Governor Schwarzenegger signed SB 1865 in 2004 and it was implemented in early 2006, the licensure landscape changed dramatically for California dental school graduates. The bill permitted substitution of WREB for the California clinical examination. There was now a choice:

- 1. Take the traditional Dental Board of California (DBC) examination whose content had not changed much over the years, or
- Take the WREB examination, which was perceived as more user friendly, had a historically higher pass rate than DBC and is accepted by numerous state licensure agencies.

In 2005 there was no choice for new graduates. DBC was the only game in town. In 2006 some took DBC, others took WREB, and both agencies had licensure exams scheduled throughout the state. However, in 2007 DBC had very few exams, whereas WREB had even more than before in California. Today almost no California dental graduate takes DBC.

As a faculty member at the University of Southern California, School of Dentistry, I attended the regional CODE (Consortium of Operative Dentistry Educators) meeting last November. This academic organization consists of Pacific region American and Canadian dental schools, including all five California schools. An agenda item for discussion was:

"A National Testing Agency for Licensure and Credentialing. There is an increased utilization of a national testing agency for licensure and credentialing. Do your students take this exam while they are still students? When are these exams given? What are your outcomes in terms of passing and failures? Are these results better than previous exams? What is the level of involvement of your school with this exam? Most of the exams utilize dentoforms as part of the testing. Is your school preparing your students to pass this exam? If yes, how?"

At USC, we do prepare our students for their licensure exam with simulations, presentations, and mock boards. Our format for the clinical component has been based on the DBC model with a timed exam of three hours for either a Class II amalgam or a Class III/IV composite. We utilize the USC evaluation criteria for

In 2005 there was no choice for new graduates. DBC was the only game in town.

scoring. Other California schools also do similar exams. Loma Linda dental school does a full WREB qualifying exam that uses WREB forms and criteria. WREB does not have a three-hour time limit. There are other differences as well.

WREB criteria and protocols are generally less stringent than those at USC. We believe that if our students can pass the USC clinical exams, they should be able to pass the WREB exam. That has proven to be the case.

Over the years, the pass rate for DBC among California dental schools has generally been in the low 70% to mid 80% range. In 2007, USC's experience with WREB was in the 90% range. Other California schools had similar or higher pass rates with WREB, compared to their recent prior pass rates with DBC. In a way, it is unfair to compare DBC and WREB pass rates. They are different enough exams in format and protocol that recent California dental graduates almost unanimously opt for WREB. Before enacting SB 1865, DBC spent a considerable amount of time and resources validating WREB as equivalent to DBC.

All of this just begs the question of whether licensure by examination is still a valid and necessary premise. I fully expect that licensure by graduation — as conceptualized and supported tirelessly for over 20 years by Dr. Arthur Dugoni, former dental dean at the University of the Pacific — will become

a reality in some form in California. It is doubtful that DBC or Consumer Affairs will be able to significantly change the existing DBC licensure exam without going the legislative route. In fact, it is working on alternative ways of determining competency.

That is where you should expect to see change occurring. In a way, DBC has its hands tied with the Dental Practice Act, and bureaucracy has affected its nimbleness to respond to contemporary issues in an efficient and effective way. Until the recent change in the membership of DBC, it tended to be reactive and defensive of its licensure exam. SB 1865 was a wake up call that DBC was ill-equipped to answer. Its exam became irrelevant for California dental school graduates in 2007, and that will be the case in 2008. As of this writing, DBC has four exams scheduled (March, two in June, and September); WREB has multiple exams nationwide, including nine in California (from March through December). Another significant qualifier for DBC is graduation; WREB requires certification from the school's dean that the candidate WILL be graduating. Big difference, if you are a dental student! The net effect of SB 1865 was to outsource the clinical exam to WREB.

For the vast majority of California dental graduates, WREB has replaced DBC for the clinical portion of the licensure exam. DBC is working to change licensure, but it is not through its clinical exam. Licensure exams are a legacy system whose relevance is being seriously questioned today.

Just as SB 1865 had unintended consequences, the Governors' veto of SB 534 (Perata) may also (see accompanying article by Senator Sam Aanestad). For now, WREB may be having an immediate effect on licensure for California dental school graduates, but that is merely an evolutionary change. Licensure will, in my opinion, undergo some revolutionary changes. As for what those will be, time will tell. The licensure saga continues...



By Virenchandra R. Patel, DDS
Private Practitioner

HOW MANY WAYS?

When was the last time you thought about your dental license and what you went through to get it? How much thought have you given to the process for our newly graduating colleagues? For us, getting licensure was simple: Pass the Dental Board of California exam. Today, however, there are a few more routes to licensure available and a new one on the horizon.

Following the enactment of SB 1865 (Aanestad), the Western Regional Board Examination (WREB) was approved by the Dental Board of California as equivalent to The Dental Board of California Exam (DBC). The WREB is now available to graduates as an alternative to the DBC. The introduction of the examination in 2006 resulted in some graduates taking the WREB and some taking the DBC. There were some difficulties with the scheduling of the California law and ethics exam for those that took the WREB and this led to a delay in getting licensed. The Dental Board of California added many more dates for the law and ethics exam the following year

The WREB exam is perceived as being easier by most candidates as it has a historically higher pass rate.

and as such the vast majority of candidates chose to take the WREB in 2007. The WREB exam is perceived as being easier by most candidates as it has a historically higher pass rate. The fact that there is no time limit for the clinical portion of the exam may also be a contributing factor to this perception.

Other differences exist between the WREB and the DBC, the biggest one being that the WREB is accepted by the licensure agencies approximately 25 states. The fees for the

examinations also differ, with the DBC exam costing approximately ½ less than the WREB.

With the addition of the WREB, some of the dental schools have made changes to the preparations they offer to candidates. USC continues to offer mock boards based on the DBC, whereas Loma Linda offers a full WREB qualifying exam that uses WREB forms and criteria. UCSF has made no alterations to its curriculum in light of the WREB introduction. However it does offer its students mock examinations of both the DBC and WREB variety. No students at UCSF chose to take the DBC exam this year, a fact that is of no real surprise. UCSF does not officially recommend one board exam over the other, however graduating students are like water in that they will find the path of least resistance when it comes to licensure.

The question to be asked is whether the primary function of the Dental Board of California, ensuring the safety of the public, is still being fulfilled by the introduction of the WREB. Are the graduates being held to the same standard or are we allowing individuals who should not be practicing dentistry to slip by. There are some members of the examinations committee who feel that over the years the competency level has dropped and that the WREB has further lowered the standards.

Even more recently SB 683 allowed another route to licensure via completion of an Advanced Education in General Dentistry (AEGD) or advanced education in General Practice Residency (GPR) program. This route allows individuals to bypass the examinations route entirely via further education.

Another alternative portal for licensure has been proposed by the Dental Board of California. It involves a standardized portfolio of clinical achievements during the candidate's dental school education. In addition, the schools competency examinations would also be the basis on which the candidate would be determined competent for licensure. My own experience with the portfolio system in

the UK was a positive one. The requirements were quite stringent and the competency level of the graduates was very high. One difficulty with this system may be that the demographics of patients who present to dental schools have changed. Ensuring that each student

We need to ask whether the institutions that educate and train dentists should also be the ones determining licensure.

has sufficient experience in carrying out the necessary procedures may, therefore, become difficult. If a portfolio system is to be put in place the dental schools will have to ensure that sufficient experience was gained by the candidates. For example, patients that required root canal treatment are commonly funneled into the post doctoral programs and pre-doctoral candidates have limited experience in carrying out these procedures.

(Editor's note: Does that infer that California Schools are graduating dentists with limited or no CLINCAL experience in areas such as Endodontics, Orthodontics, Prosthodontics and perhaps even Restorative, who will then be licensed?)

The Portfolio proposal needs to be examined very closely. We need to ask whether the institutions that educate and train dentists should also be the ones determining licensure. There may be a conflict of interest in this scenario if the proper safeguards are not in place.

As it stands today the Dental Board of California has little say in who is fit to practice in our state as the net effect of SB 1865 was to outsource the clinical exam to WREB and introduction of SB 683 allows candidates a route to licensure bypassing examinations entirely.

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By Rosemary Wu, DMD, MS

BISPHOSPHONATES & THEIR APPLICATIONS TO DENTAL THERAPY

Background and indications for bisphosphonate treatment:

Bisphosphonates, bone-sparing drugs, are administered to patients by intravenous (i.v.) and oral routes. Studies have shown that they are commonly used in the treatment and management of bone pain, hypercalcemia and skeletal complications in patients with multiple myeloma, breast, lung and other cancers and Paget's disease of bone. The oral bisphosphonates are prescribed for the treatment of osteoporosis and osteopenia. Reports of bisphosphonate-related osteonecrosis of the jaw (BRONJ) associated with the i.v. use began to surface in 2003. Patients receiving oral therapy have a less likelihood (1:10,000) of BRONJ and are usually treatable and reversible.

The tables below list all oral and i.v. bisphosphonates currently on the market in the U.S.

Orally Administered Bisphosphonates		
Brand Name	Manufacturer	Generic Name
Actonel	Procter & Gamble Pharmaceuticals	risedronate
Boniva	Roche Laboratories	ibandronate
Fosamax	Merck & Co.	alendronate
Fosamax Plus D	Merck & Co.	alendronate
Skelid	Sanofi Pharmaceuticals	tiludronate
Didronel	Procter & Gamble Pharmaceuticals	etidronate

Intrave	nously Administered	d Bisphosphonates
Brand Name	Manufacturer	Generic Name
Aredia	Novartis	pamidronate
Zometa	Novartis	zolendronic acid
Bonefos	Schering AG	clodronate

American Association of Oral and Maxillofacial Surgeons characterize BRONJ if all of the following are present:

- 1. Current or previous treatment with a bisphosphonate
- 2. Exposed, necrotic bone in the maxillofacial region that has persisted for more than eight weeks
- 3. No history of radiation therapy to the jaws

Clinical Presentation: Pain, soft-tissue swelling and infection, loosening of teeth, drainage, and exposed bone, feelings of numbness, heaviness and dysesthesias of the jaw. It may remain asymptomatic for weeks or months, and may only become evident after finding exposed bone in the jaw.

Commonly misdiagnosed conditions may include, but are not limited to, alveolar osteitis, sinusitis, gingivitis/periodontitis, caries, periapical pathology and TMJ disorders.

Dental Management: The risk for developing BRONJ is much higher for cancer patients on i.v. bisphosphonate therapy than the risk for patients on oral bisphosphonate therapy. Decisions to stop or alter bisphosphonate therapy must be coordinated between the treating oncologist and dentist. If osteonecrosis is suspected, panoramic and tomographic imaging may be performed to rule out other causes (e.g., cysts, impacted teeth, or metastatic disease).

For patients on oral bisphosphonate therapy

A comprehensive oral evaluation is recommended for all patients about to begin therapy with oral bisphosphonates (or as soon as possible after beginning therapy). If taking oral bisphosphonates for less than three years, they can most likely be treated safely. If taken for more than three years, the patients have a higher risk for osteonecrosis.

For patients on or starting i.v. bisphosphonate therapy

- Receive a dental exam before starting i.v. bisphosphonates therapy
- Teeth in need of extraction should be extracted, other dental surgeries finished, and tissues allowed to heal completely before beginning bisphosphonate therapy
- Avoid having invasive dental procedures while receiving i.v. bisphosphonate treatment
- Maintain excellent oral hygiene to reduce the risk of infection
- Dentists should check and adjust removable dentures to avoid soft-tissue injury
- Routine dental cleanings should be performed with care not to inflict any soft-tissue injury
- Dental infections should be managed aggressively and nonsurgically (when possible)
- Endodontic therapy is preferable to extractions; and, when necessary, coronal amputation with root canal therapy on retained roots to avoid the need for extraction
- Minimal surface bony debridement should be performed to reduce sharp or rough bone surfaces and thus decrease trauma to surrounding or opposing tissues (e.g., the lateral tongue when lingual mandibular bone is exposed)
- Biopsies are not recommended unless metastasis to the jaw is suspected
- A protective stent may benefit patients with exposed bone that causes trauma to adjacent soft tissues and for patients in whom the osteonecrotic site is traumatized repeatedly during normal oral function

continued on page 18

CONTINUED FROM PAGE 17

- At a minimum, oncologists should perform a brief visual inspection
 of the oral cavity at baseline and at each follow-up visit to look for
 the presence of necrotic or exposed bone
- All patients should be monitored every 3 months, or more frequently if symptoms continue or worsen
- Hyperbaric oxygen has not been shown to be effective for treating BRONJ and, therefore, is not recommended at this time

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BLUE CROSS BEGINS TRANSITION TO NEW DENTAL PRODUCT

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On October 23, Blue Cross Life and Health (BCLH) sent letters to 6,500 general dentists in California announcing a change in fees for providers in the Prudent Buyer program. The announcement prompted a number of calls to the California Dental Association. We've had conversations with Blue Cross representatives about this fee change, and have learned the following:

The Prudent Buyer plan has been BCLH's lead PPO dental benefit product over the past 15 years. Blue Cross will be phasing out the Prudent Buyer plan over the next 12 to 18 months. New groups and renewals are being offered Blue Cross's new program, Dental Blue.

Provider enrollment into Dental Blue has been on-going for about a year and thousands of dentists have elected to participate. Blue Cross would like to transition dentists still in the Prudent Buyer program into the Dental Blue network. Dentists wishing to remain a Blue Cross provider will eventually need to join that network.

According to Carl Gong, DMD, the Blue Cross Dental Director, "Dental Blue offers multiple levels of reimbursements. With

this three-tier program, providers can determine which level of reimbursement best meets their needs. Dental Blue features a maximum allowable schedule for each network — these fee schedules are 100, 200 and 300, with 300 being the highest fee schedule. Although providers may chose to participate in any of the three networks, participation in all three increases advantages to the provider. For consumers, Dental Blue offers greater choice in determining the plan benefits and co-pay levels that best suit their needs. The Dental Blue threetier network is designed to give dentists a choice of network participation based upon reimbursement levels."

A reality of the Prudent Buyer program is that there have been a myriad of different fee schedules for the program. "In an effort to ease the transition and provide access to Dental Blue, Blue Cross Life & Health Insurance Company is adjusting general dentists' Prudent Buyer provider reimbursement to align with Dental Blue 100 reimbursement," Dr. Gong told CDA. "Aligning reimbursement will help to ensure providers receive the same level of

reimbursement for the same procedures," once the transition from Prudent Buyer to Dental Blue is complete.

Dr. Gong indicated to CDA that one result of the myriad of fee schedules in the Prudent Buyer program is that some dentists will find they may get lower fees in a straight-across conversion to Dental Blue PPO 100 fees. Blue Cross reports that the majority of dentists that have been converted to the Dental Blue 100 fee are experiencing an increase in fees over the Prudent Buyer program.

If a dentist has already signed on with the Dental Blue network at the 200 or 300 fee schedule, the transition in fees for the Prudent Buyer network using the Dental Blue 100 fee schedule does not affect a dentist's existing Dental Blue reimbursement.

Those dentists experiencing a reduction in fees with the conversion of Prudent Buyer fees will need to consider whether they wish to continue in the Prudent Buyer network during this period of transition to Dental Blue. Prudent Buyer dentists could align their participation with Blue Cross to the new Dental Blue offerings.



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(5 year term) — Requires a 5 year commitment to move through all the elected officer positions — 2009–2012 (Yes, you will serve as President in 2011!) This position also serves as a delegate to the CDA House of Delegates.

The Secretary shall keep accurate minutes of all meetings of the Society and of the Board of Directors, which upon approval, he/she shall cause to be copied into books kept for that purpose. He/she shall be the custodian of all documents of the Society. He/she shall oversee and report to the Board of Directors all issues with regard to Membership, including application, terminations, deaths and resignations.

DIRECTORS:

(Sacramento — Yolo — Placer — Amador/El Dorado) — Five (5) Positions Open (2 year term, 2009–2010) on the SDDS Board of Directors

Subject to the provisions and limitation of the California Nonprofit Mutual Benefit Corporation Law and any other applicable laws, and subject to any limitations, of the Articles of Incorporation or Bylaws regarding actions that require approval of the Members, the Corporation's activities and affairs shall be managed, and all corporate powers shall be exercised, by or under the direction of the Board of Directors. The Board of Directors shall meet as often as is necessary to conduct the business affairs of the Society (currently five times per year). A majority of Members shall constitute a quorum of the Board of Directors for the transaction of business.

DELEGATES TO 2009-10 CDA HOUSE OF DELEGATES (HOD):

(2 year term) – Four (4) Positions open; plus 1 more position to be taken by the Secretary-Elect

The Delegates to the CDA shall represent the Society in the House of Delegates of the CDA. In the absence or inability of a Delegate to serve, a regularly elected Alternate Delegate shall act as a Delegate. In the absence of the necessary number of Delegates, the President of the Society will make such temporary Alternate Delegate appointments as needed. The Delegates and Alternate Delegates shall meet each year prior to the annual meeting of the CDA at the call of the President. The Society may instruct the Delegates concerning its policies, and the Delegates are to make every effort to carry out the Society's instructions.

ALTERNATE DELEGATE TO 2009 CDA HOD:

(1 year term) Individuals not selected as Delegates will serve as Alternates

TRUSTEE:

(3 year term, 2009–2011) — 1 position open

A candidate for Trustee must have been a Member of the Society in good standing for at least five (5) years; and (a) have been a Member of the Board of Directors for at least two (2) years; or (b) have been a Past President of the Society.

A Trustee of the Society shall attend all meetings of the Board of Trustees of the CDA, represent the Society on matters before the CDA and act as ex-officio Board Member of the Society. A Trustee shall provide a report of these meetings to the Board of Directors. (The specific duties of the Trustee are found in Section 80 of the CDA Bylaws.)

CDA COUNCIL POSITIONS:

If you are interested, contact CDA or SDDS for information — CDA is always looking for Council members.

FOUNDATION BOARD POSITIONS:

(2 year term, 2009–2010) — 3–4 positions open (candidates recommended by current SDDF Board)

The Foundation is the charitable arm of the Dental Society. **All members of the Dental Society are members of the Foundation.** Everyone is eligible.

2008 SDDS EXECUTIVE COMMITTEE



PRESIDENT:

Robert D. Shorey, DDS

PRESIDENT-ELECT:

Adrian J. Carrington, DDS

TREASURER:

Terry W. Jones, DDS

SECRETARY:

Wai M. Chan, DDS

IMMEDIATE PAST PRESIDENT:

Kevin S. McCurry, DDS

TRUSTEES:

Kevin M. Keating, DDS, MS Donald P. Rollofson, DMD

EDITOR IN CHIEF:

James R. Musser, DDS

EXECUTIVE DIRECTOR:

Cathy Levering

PARTICIPATION IS WHAT MAKES THE DIFFERENCE

LEADERS ARE IMPORTANT, BUT WITHOUT THE WORKER BEES THEY ARE JUST TALKING TO THEMSELVES



By **Kevin S. McCurry, DDS** Leadership Development Committee Chair

I hate reading long pontificating articles and I bet you do as well, so the point of this article is: We need you! All organizations need individuals willing to step up and take on the responsibility that comes with making an organization successful and SDDS is no different. Volunteers at any level in an organization must ALWAYS keep the best interest of the organization as their highest priority. With that said, personal agendas and self aggrandizement should be left at home. If you can do that, then we want you! We are not asking you to be perfect or perfectly trained, because with practice comes competency. You won't be going on this training journey alone as we are truly blessed to have an amazing group of seasoned volunteers and staff who will work with you toward fulfilling the society's mission. They will rise to the occasion and aid you on this journey. If you are not sure of what you would like to do, then tell us your interests and skills and we

will try to find you a volunteer home. Maybe you have already "been there, done that." Then ask someone you know to volunteer. Research has shown that people say the reason they did not volunteer is because "no one asked them!" (Isn't that what I am doing now?) Come on! You're welcome to join our winning team anytime.

There are many positions available: Delegate, Board member and Secretary to name a few. If you feel you are ready for one of these positions, feel free to nominate yourself or have a friend do it for you. Feel free also to call me if you have questions or concerns. If you feel you are not ready for one of these "leadership" positions, then a good place to start is on a committee or task force — we have quite a few of those. You can call our fabulous Executive Director, Cathy Levering for information and guidance. You just need to let you desires be known. \blacksquare

CONTINUING EDUCATION

Prescription Drugs &
Herbal Therapies the
increase Bleeding
Risk & Osteoporosis:
Assessment, Prevention
& Pharmacotherapy

5 CEU (Category I)See insert to sign up!

This course will provide current information about the assessment, treatment and management of clients taking selected prescription drugs and herbal supplements. Oral side effects associated with these medications, including bleeding risk, xerostomia, infections and alterations to the oral tissues will be discussed. Drug/herb interactions of significance to dentistry, as well as risk assessment and risk reduction strategies will be reviewed. Oral health intervention strategies to prevent or reduce the severity of associated oral side effects will be presented.

Learn how to: Perform a comprehensive pharmacologic history review, identify prescription drugs and herbal supplements that cause an increased risk for bleeding, reduce the risk of bleeding complications associated with clients taking prescription and herbal medications, identify prescription drug classes associated with xerostomia, discuss other oral adverse effects associated with prescription and herbal medications, including risk for oral infections, adverse taste, and alterations in oral soft tissues.

MARCH 28, 2008 • Ann Eshenaur-Spolarich, RDH, PhD





2008 SDDS COMMITTEE MEETINGS:

Auxiliary Ad Hoc • SDDS • 6:30pm 2008 meetings TBA

Board of Directors • SDDS • 6:00pm Jan 15 • Mar 4 • May 6 • Sept 2 • Nov 4

CE Committee • SDDS • 6:30pmJan 14 • Mar 31 • May 19 • Oct 6 • Dec 1

CPR Committee • SDDS • 6:30pm May 7 (yearly calibration)

Dental Health Committee • SDDS • 6:30pmFeb 4 • Apr 21 • Sept 30 • Dec 9

Ethics Committee • SDDS • 6:00pm Jan 29 • May 19 • Oct 6

Foundation (SDDF) • SDDS • 6:30pm Jan 23 • Apr 21 • Sept 30 • Nov 19

Golf Committee • SDDS • Times TBAFeb 4

Leadership Dev. Committee • SDDS • 6:00pm 2008 meetings TBA

Legislative Committee • SDDS • 7:00pmApr 14

Mass Disaster / Forensics Committee • 6:30pm Sept 17 (yearly calibration)

Membership Committee • SDDS • 6:30pm Jan 23 • New Member Dinner: Feb 6, 2008 Mar 10 • May 27 • Sept 22

Nugget Editorial Committee • SDDS • 6:15pm Feb 26 • June 3 • Oct 28

Peer Review Committee • 6:30pm

Jan 10 • Feb 14 • Mar 13 • Apr 10 • May 8 • June 12 July 10 • Aug 14 • Sept 11 • Oct 9 • Nov 13 • Dec 11

SacPAC Committee • SDDS • 6:00pm Apr 14

For dates & times not listed above, visit the SDDS calendar at www.sdds.org/calendar.htm

MARCH 2008 COURSES

GENERAL MEETING:

Fraud & Embezzlement... Know the Warning Signs

March 11, 2008

Kent Williams, DDS

MEMBER FORUM:

How to Structure Employer / Employee Benefit Plans

March 27, 2008

John Eby (Greenbook Financial) Eugene Hsu (AIG Financial)

CONTINUING EDUCATION:

Prescription Drugs & Herbal Therapies that Increase Bleeding Risk & Osteoporosis: Assessment, Prevention & Pharmacotherapy

March 28, 2008

Ann Eshenaur Spolarich, RDH, PhD

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In this monthly column, we will offer information pertinent to you, the dentist as the employer.

2008 POSTER QUESTIONS

By California Employers Association (CEA)

What are the required changes for the 2008 poster?

The only mandatory change on the 2008 poster is the federal minimum wage. Although California's minimum wage increases on January 1, 2008, the 2007 posting contained the information required for 2008. So, if your state/federal all in one poster was revised July 2007 or later you are already in compliance for 2008.

I heard the federal OSHA poster is new for 2008; do I need to post it?

If you post the CalOSHA poster in California you do not need to post the federal OSHA poster.

Are there new employee pamphlets for 2008?

The Employment Development Department's <u>Paid Family Leave and State Disability Insurance Pamphlets</u> have been updated for 2008 with

Appointment Desk

required changes. The *Workers' Compensation* pamphlet also contains numerous required changes for 2008 such as the predesignation of physician and temporary disability payments and requirements.

Where should I display the 2008 poster?

You should display the poster anywhere that all employees can easily read it (break room, common hallway, main office, etc). You must display a poster in each one of your company locations.

Where can I go to order 2008 posters?

You can purchase posters from the SDDS office. Call (916) 446-1227 or visit www.sdds.org for more details. ■

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Dr. Lee Boese Sr. & Todd Andrews



Current Status of Dental Licensure...

CONTINUED FROM PAGE 10

evaluate his or her competence to practice dentistry in California.

Licensure by Portfolio Upon Graduation (Under Discussion):

On January 25, 2007, at the Dental Board of California's request, the Deans of the California dental schools, or their representatives, met in Sacramento to participate in a discussion with select members of the Board regarding changes and improvements in the clinical licensing examination. The dental educators present expressed their concerns regarding the validity and ethics involved in a one-time patient based clinical examination to determine clinical competency of students who have graduated from a competency based education at a dental school accredited by the American Dental Association Commission on Dental Accreditation.

The Dental Board members present expressed a willingness to consider accepting a Case Portfolio, developed by the graduating dental student during his or her clinical education, to serve as an assessment of their clinical competency in place of the Clinical Licensing Examination. This resulted in a series of meetings over the next ten months, some of which included representatives from the California Dental Association, during which the concept and format for Licensure by Portfolio upon graduation was developed. This concept of Licensure by Portfolio was presented to the full Dental Board at their August 2007 meeting in San Francisco. The Board unanimously approved the concept and encouraged the Board's Examination Committee to continue developing the details of the portfolio content and implementation of the Licensure by Portfolio process.

Existing law containing the provisions establishing the Dental Board of California and authorizing the Board to appoint an executive officer becomes inoperative as of July 1, 2008. Senate Bill 534 (Perata, 2007) contains a provision authorizing the Dental Board to continue its function until July 1, 2011. Since this bill was vetoed by the Governor in October, the Dental Board is scheduled to be sunsetted on July 1, 2008. This means that on that date the Dental Board will, most likely, no longer exist and its day to day functions will be under the supervision of the Director of the Department of Consumer Affairs. This status will continue until legislation is passed containing provisions authorizing the re-establishment of a Dental Board. My understanding is that there is no proposed legislation containing this provision currently in the legislative process.

As a result of the Governor's veto of SB 534, the Dental Board of California requested, at the CDA House of Delegates meeting on November 2, 2007, that the California Dental Association take an active role in continuing to see the Licensure by Portfolio process come to fruition. As a result, the CDA House of Delegates passed a resolution encouraging the formation of a task force, consisting of representatives from CDA, the Dental Board and the state dental education and licensing community, to work in concert to finalize the details and subsequently pursue the legislation needed to bring Licensure by Portfolio in California to a reality. Due to the strong possibility that the Dental Board will be sunsetted in July 2008, it is unpredictable at this time as to what the final outcome will be.

LINK OF THE MONTH

2008 Employment Law... are you up to date with required postings?

Download 2008 minimum wage updates at:

www.dol.gov/esa/regs/compliance/posters/pdf/minwage.pdf
(Federal Minimum Wage Notice)

http://www.dir.ca.gov/IWC/Minwage2007.pdf
(State Minimum Wage Notice)

ABSTRACTS

Malocclusion as a risk factor in the etiology of headaches in children and adolescents

C. Lambourne, et al
Am J Ortho & 132:6 2007
Dent of Orthoped

From the results of the study the authors concluded that posterior cross bite and overbite equal to or greater than 5 mm were associated with significantly increased risk of headache in children and adolescents. And the combination of the two increased the risk even more.

Wide-diameter implants: Analysis of clinical outcome of 304 fixtures.

M. Degidi, et al J Perio 78:1 2007

The use of wide diameter implants (greater than 3.75mm) has increased and can be used to avoid the placement of two standard-size implants at one site to obtain a double-root prosthetic tooth. Success rate in this study was 98.4%. They are inappropriate for use in the anterior area and when a knife-edge posterior ridge is present.

Microleakage and fracture patterns of teeth restored with different posts under dynamic loading

S.O. Jung, et al J Pros Dent 98:4 2007

The study compared teeth restored with cast posts and cores, prefab stainless steel posts, ceramic posts, and fiber-reinforced composite posts. Results suggest that the fiber post may be the best clinical choice for endodontically treated teeth, based on microleakage test results, fracture patterns, dynamic load cycles endured, and the absence of fractured posts.

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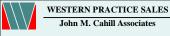
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February 2008 | 27 www.sdds.org

ADVERTISER INDEX

Andrews Construction	24
Blue Northern Builders, Inc.	23
Burkhart Dental Supply	16
Cornish & Carey	16
Dave Judy (GE Healthcare Practice Finance)	18
Dennis Nelson, CPA	22
Diamond Practice Sales & Management	30
First US Community Credit Union	15
Henry Schein	19
Mark's Medical Gases	30
Mass Mutual Financial Group	30
Northwest Laboratories	33
Olson Construction, Inc.	15
Plane (& Simple) (Paul Raskin, DDS)	14
Professional Practice Sales	4
Sullivan-Schein	28
The Dentists Insurance Company (TDIC)	28
TDIC Insurance Solutions	33
The Practice Source	18
Western Practice Sales	10
Zimmer Dental	5



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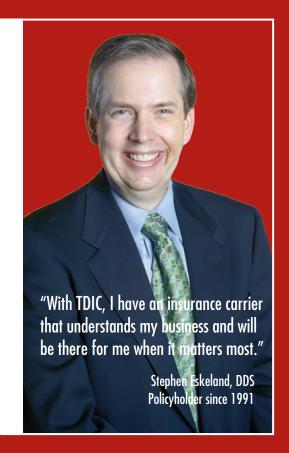


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BOARD REPORT

JANUARY 15, 2008

Submitted by Wai M. Chan, DDS Secretary

President's Report

President Robert Shorey welcomed the Board members to the first meeting of the new year. Highlights of his message were:

- The Board is a good training ground for members to move onto Executive Committee
- Board governance and philosophy
- Board members were encouraged to participate in SDDS functions
- Dr. Jim Musser was again appointed as Editor of the Nugget

Secretary's Report

Dr. Wai Chan reported:

- SDDS has a net increase of 71 members in 2007. Our membership totaled 1494 and we have 81.4% of the market share. We are close to becoming the 4th largest component in CDA!
- SDDS also has 35 DHP members.

Treasurer's Report

Dr. Terrence Jones reported:

- SDDS has operated within budget for the year 2007 and has enough left over to fund our operating and building reserves
- It was moved and passed to accept the Executive Committee's recommendation to donate \$6,000.00 (the proceeds from last year's Holiday Party silent auction) to Sacramento District Dental Foundation.

Unfinished Business

Board Obligations — Board members signed Conflict of Interest Statement, Confidentiality Statement and Anti-Trust Avoidance agreement

Board Size Task Force Report — It was approved to keep number of Board members at 10, as current Bylaws state; Dr. Shorey, with approval of the Board, will appoint a member to fill vacancy on the Board until December 2008

GMC Ad Hoc Committee — Chair Dr. Ladi Sorunke presented the history of the committee; the issues probably cannot be solved at component level; he also stated that SDDS and CDA should continue

to let the voice of providers be heard at meetings of agencies that award the Denti-Cal Contracts

Got Issues (for the CDA Delegates) wrap up — Members valued that our Delegates looked into issues they brought up and the membership concerns were answered and followed up.

Miles for Kids — Dr. Don Rollofson reported that, in addition to 5 individuals, there were six relay teams that contributed to Miles for Kids. Over \$23,000 was raised — and still counting!

Committee Year End Reports — reports from various committees were accepted

New Business

- 2008 Leadership Development/Nominating Committee was approved
- A Bylaw change in regard to the City of Galt was approved to present to the membership (as recommended by the 2007 CDA House of Delegates Resolution 43RC)
- Signers for the SDDS Bank accounts were approved and include the members of the Executive Committee: Drs. Kevin S. McCurry, Robert D. Shorey, Adrian J. Carrington, Terrence W. Jones and Wai M. Chan and SDDS Executive Director Ms. Cathy B. Levering as signers on SDDS bank accounts for year 2008.

Alliance Report

Crab Feed is on February 8, 2008. Everyone should attend!

Executive Director's Report

Ms. Cathy Levering passed out copies of Bylaws, Policy Document and Articles of Incorporation. She also reported:

- SDDS is proud to have 220 members serving on various committees.
 It is the responsibility of individual Committee Chair to determine who will serve in his/her committee.
- HR Hotline Report for 2007
- Summary of SDDS members by age 2005 vs. 2007
- Membership Directory is in the mail. •

Next Board Meeting: March 4, 2008



PRESENTED BY THE SDDS MEMBERSHIP COMMITTEE

See insert for more info & to sign up!

WE'RE BLOWING YOUR HORN!



CONGRATULATIONS TO...

Dr. Matt and Lynn Comfort, on their marriage December 30, 2007.

Dr. Craig Johnson, on his new "cozy retreat" — a log cabin in South Lake Tahoe.

Dr. Jonathan Chan, on his new dental office, West Roseville Family Dental, completed by Blue Northern Builders, Inc (SDDS Vendor Member!). (photo at right)

Cathy Levering, SDDS Executive Director, who was invited to be the Component Executive on CDA's Practice Support and Development Center Work Group.

Erin Jones, SDDS Member Liaison and Smiles for Kids Coordinator, on her show opening February 8, 2008 at Chautauqua Playhouse — Boys Next Door.



Dr. Jonathan Chan (center) celebrates his new office with his builder and interior designer.

Have some news you'd like to share with the Society? New babies, achievements, retirements, new offices we'll report them all! Please send your information to SDDS via email (melissa@ 28th St, Sacramento, CA 95816) or fax (916-447-3818). Call SDDS at (916) 446-1227 for more information.



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WELCOME

to SDDS's new members, transfers and applicants.



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NEW MEMBERS

FEBRUARY **2008**



Brian C. Crawford, DMD Orthodontist 2295 Fieldstone Dr, Ste 260 Lincoln, CA 95648 (916) 408-8688

Dr. Brian Crawford graduated from University of Louisville in 2000

with his DMD and later completed his specialty in orthodontics at University of Colorado in 2007. He is a past post-graduate member of SDDS and now he's back! He is currently practicing and living in Lincoln with is wife. Alina.



Justin Gee, DMD
Periodontist
1420 E Roseville Pkwy, Ste 230
Roseville, CA 95661
(916) 788-1114

Dr. Justin Gee graduated from Boston University in 2004 with his DMD

and later completed his specialty there in periodontics in 2007. He is currently practicing in Roseville and Auburn and living in Roseville.

Peter Kim, DDS

General Practitioner 5899 Sunrise Blvd Citrus Heights, CA 95610 (916) 967-7766

Dr. Peter Kim graduated from UOP Arthur A. Dugoni School of Dentistry in 2007 with his DDS. He is currently practicing in Citrus Heights and living in Belvedere.

Taha Shoreibah, DDS

General Practitioner 3645 Northgate Blvd, Ste A Sacramento, CA 95834 (916) 286-7750

Dr. Taha Shoreibah graduated from University of Cairo in 1997 with his DDS. He is currently practicing and living in Sacramento.

NEW TRANSFER MEMBERS:

Kalpeshkumar S. Patel, DDS

Transferred from Stanislaus Dental Society General Practitioner 911 Howe Ave Sacramento, CA 95825

Sacramento, CA 95825 (916) 920-1170

Dr. Kalpeshkumar Patel graduated from Gauhati Medical College in 2000 with his DDS. He is currently practicing in Sacramento.

Shraddha M. Pendse, DDS

Transferred from San Francisco Dental Society General Practitioner 2205 Francisco Dr, Ste 150 El Dorado Hills, CA 95762 (916) 934-0207

Dr. Shraddha Pendse graduated from UCSF School of Dentistry in 2007 with her DDS. She is currently practicing in El Dorado Hills and living in Folsom.

Jenny Vassilian, DDS

Transferred from San Francisco Dental Society General Practitioner 6000 Fairway Dr, Ste 16 Rocklin, CA 95677 (916) 632-2000

Dr. Jenny Vassilian graduated from UCSF School of Dentistry in 2007 with her DDS. She is currently practicing in Rocklin and living in Sacramento.

NEW STUDENT MEMBER:

Huy X. Tran

Temple University's Maurice Kornberg Dental School 2008

NEW APPLICANTS:

Ahmadreza Ahmadi, DDS Kevin Chang, DDS Robert Groesbeck, DDS Mahmoud Mohamed, BDS Marcia Younger, DDS, MSD







CLIP OUT this handy NEW MEMBER UPDATE and INSERT it into your DIRECTORY under the "NEW MEMBERS" tab.

TOTAL MEMBERSHIP (AS OF 2/1/08): 1,530

TOTAL ACTIVE MEMBERS: 1,298

TOTAL RETIRED MEMBERS: 183

TOTAL CURRENT APPLICANTS: 5

TOTAL DUAL MEMBERS: 3 TOTAL DHP MEMBERS: 30

TOTAL AFFILIATE **MEMBERS**: 7

TOTAL NEW MEMBERS FOR 2008: 3

2007 MEMBERSHIP REPORT

NEW MEMBERS:

BRAND NEW MEMBERS: 67 NEW DUAL MEMBERS: 0 NEW AFFILIATE MEMBERS: 4 NEW STUDENT MEMBERS: 6

NEW TRANSFERS: 46

TOTAL NEW MEMBERS: 123

MEMBERS LOST:

TRANSFERRED OUT: 11

DROPPED FOR NON-PAYMENT: 54 REINSTATED: 35 • NET: 19

DECEASED: 7

APPLICATIONS WITHDRAWN: 1
RESIGNED MEMBERSHIP: 2
DROPPED (OTHER REASONS): 12

TOTAL LOST: 52

FINAL NET GAIN: 71

Place this page in the "New Members" section of your 2008 SDDS Directory



SDDS Membership Committee presents the

2008 NEW MEMBER DINNER **FEBRUARY 6, 2008**

6pm • Old Spaghetti Factory • New Members FREE!

Learn about: New member involvement

Benefits of study groups, mutual aid groups, disability groups

What SDDS does for its members

Contact SDDS for more info (916.446.1227)

PAY YOUR DUES!

A lapse in membership can affect your eligibility for life membership down the road. PLUS you'll be without the many benefits of SDDS membership for the duration of the lapse. MARCH 31, 2008 (the last day to pay your 2008 tripartite dues) is quickly approaching. Take care of your payment (and avoid a \$100 re-instatement fee) by mailing to CDA or calling SDDS today!

IT SAVES YOU MONEY!

NEED AN ASSOCIATE? STAFF?
CHECK OUT THE **JOB BANK** AT WWW.SDDS.ORG!

()

New Name. Same Great Products and Service.

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Our new name is more recognizable to you, making it easier for you to find the products and services that thousands of CDA members like you have come to rely on to protect their families and practices.

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GOVERNOR'S BUDGET SLASHES DENTAL SERVICES FOR CALIFORNIA'S POOREST FAMILIES, SAYS CALIFORNIA DENTAL ASSOCIATION

SACRAMENTO, Calif. (January 10, 2008) — Dentists throughout the state are devastated by news that Governor Arnold Schwarzenegger is proposing to cut dental services for the poorest families. According to his budget summary released today, those cuts could amount to more than one-third of the program. This will affect more than 6.6 million beneficiaries, including both children and adults, including the disabled and elderly.

Governor Schwarzenegger is proposing millions of dollars in immediate cuts to the 2007-08 Medi-Cal budget, which includes a program, Denti-Cal that provides dental care to many vulnerable California citizens. He is not only proposing a 10 percent cut in dental reimbursement rates, but is planning to cut hundreds of millions of dollars in the 2008-09 budget year, including eliminating the entire program that provides dental care to adults. So although the Administration is referring to a 10 percent across-the-board reduction, total cuts to dental services are closer to 35 percent.

"Even if the Governor only cuts provider fees by 10 percent, this will destroy the dental program because providers will just give up and opt out. Remember that year after year, reimbursement rates have been reduced making it impossible to treat patients when dentists are only reimbursed for literally pennies on the dollar," said Dr. Brian Scott, President of the California Dental Association. "The Government made a commitment when it created this program, and for years critics have blamed providers for not being able to figure out how to provide care on a shoestring."

"In past budget crises, CDA has worked with Governor Schwarzenegger and his Administration to contain costs and readjust benefits and reimbursement rates to work within the state's budget, but we're growing weary of this fight, and can't fix a broken system alone – it absolutely requires the courage and commitment of every legislator and elected official in this great state," says Dr. Nagaraj Murthy, a member of CDA's Government Affairs Council. "We remain committed to assist the Governor in offering solutions, but reducing oral health care expenditures by a third unfairly penalizes the dental community and the vulnerable California families they serve."

EVENT HIGHLIGHTS

JANUARY GENERAL MEMBERSHIP MEETING

January 8, 2008 — Hygiene Night

ORAPHARMA
Makers of Arestin
Darcy Foran &
Adam Lockyer



Dr. Robert Shorey kicks off his first meeting as SDDS President, dressed in jungle attire to promote MidWinter Convention.



New Members for the month of January: Drs. Sahil Sethi and Jennifer Goss are read in by Dr. Terrence Jones.



Sponsors, Darcy Foran and Adam Lockyer from OraPharma, address General Meeting attendees.



Dr. Gary Ackerman pitches MidWinter Convention: February 21–22, 2008.



The Helen Andrus Award is presented to Ruth Burgess by Drs. Steve Christensen and Robert Shorey.



The Delta Dental doctors get down to business.



Kim Miller begins her lecture on improving the vitality and effectiveness of the hygiene department.







Pictured (left to right): Dr. Craig Alpha, Candace Martinez, Dr. Robert Tilly, Della Yee, Kathy Lee, Dr. Ron Lee, Dr. Jagdev Heir, Dr. Rosemary Wu, Dr. Kevin Chang, Dr. Kevin Chen, Dr. Kingsley Wang and Dr. Glen Warganich-Stiles



HAPPY HOUR AT CENTER COURT • JAN 10TH

PART OF THE SDDS MEMBERSHIP COMMITTEE "FUN TIMES" PROGRAM

JOIN US MARCH 13 AT IL FORNAIO (SACRAMENTO) • 6:30PM • NO HOST

Nugget Classifieds

For Lease

EL DORADO HILLS! 1490 SqFt. for lease, Build to Suit. Perfect for Specialist! Adjacent to Endodontist/Owner. Close to new Town Center. Professional buildings have beautifully landscaped courtyard (waterfall, putting green, creek). Rent will be reasonable, with modest TI allowance to help build to suit. eldoradoendo@yahoo.com (916) 205-8825.

SUITE FOR LEASE — 2 OPERATORY: Sacramento Dental Complex — Midtown. Possible to purchase existing equipment. Great for new practice. Please call (916) 448-5702. 03-07

2 OPERATORIES AVAILABLE FOR RENT to a specialist within general dental office in Folsom. Great opportunity to start up your pt base in a fast-growing area. Please call Dr. Parsa at (916) 220-9811.

NORTH NATOMAS. 1300 sq. ft. for lease. Brand new professional building. Build to suit. Excellent visibility fr major road. Perfect for specialist. Generous TI allowance. (916) 838-2725 or michaelyoondmd@hotmail.com.

HIGHLY VISIBLE LINCOLN OFFICE SPACE — Divisable up to 8,000 sq ft for lease or purchase. Ground up built by a dental contractor specialist. Call (916) 772-4192 for details. 01-08

DAVIS — Two dental / medical suites, 1900 sf and 1450 sf, available in medical center close to UCD campus. Competitive rents with generous tenant improvement packages. (530) 756-1443 michael@sftranslating.com.

Equipment For Sale

GLOBAL PROTEGE MICROSCOPE FOR SALE. 3.2x, 4.2x, 6.4x, 9.6x, 12.8x. Includes binocs & reticle, wall mount with extension arm and is upgraded for video & camera. Global will relocate & reinstall for small fee. Great value at \$9500 — Call Paul Binon at (916) 786-6676.

Employment Opportunities



PEDIATRIC DENTAL PRACTICE located in Folsom seeks dentist. Excellent opportunity for skilled dentist to join our practice. Please fax resume to (916) 983-9012. 08/09-06

A GREAT OPPORTUNITY! If you are planning or considering opening a practice in El Dorado Hills, give me a call!!! Dr. Linssen (916) 952-1459.

PART-TIME ASSOCIATE DENTIST NEEDED. For South Sac private G.P.! Beautiful office and friendly staff. Please fax resume to (916) 688-5467.

DENTIST — RURAL HEALTH CLINIC — in Corning, twenty minutes north of Chico. Good salary percentage. Part/Full time. Serving mostly Medi-Cal patients. Opportunity for partnership. Call James at (530) 321-2927.

CALIFORNIA DENTAL ASSOCIATE — MALE/FEMALE. Placerville, CA — Fee for service, long established practice. Great, professional, sophisticated, expanded function staff. 12 day hygiene week. Family oriented, great schools, friendly community, in gold country. \$600/day + production, PT start / FT future. Experience requested. Resume to: drsands@jps.net or Dr. Sands, DMD; 2900 Cold Springs Rd; Placerville, CA 95667.

AMBITIOUS ASSOCIATE NEEDED. P/T LEADING TO F/T. Excellent opportunity for G.P. willing to work expanded hours. ALL areas of dentistry. New Greenhaven / Pocket area office. Unlimited income potential. Fax resume (916) 395-1193

ASSOCIATE — Kids Care Dental Group is looking for a pediatric specialist and/or general dentist who loves working with kids to help us take care of our growing patient base. Great private practice with tons of potential for growth. Call Derek at (530) 263-2454 or fax your resume to (916) 290-0752.

ORAL SURGEON two to three days a month in a state of the art dental practice in Roseville with exceptional patient base and phenomenal production potential. Call (951) 217-6749.

Positions Wanted



ENDODONTICS: In your office 2–3 days/month or ? 30+ yrs experience. References upon request. Contact Dr. Koett, Sr. (916) 337-6202.

HAPPIER PATIENTS • Anesthesiologist will minimize stress for you and your patients • Industry recognized • Board certified • 20 years experience • Call (800) 853-4819 or info@ propofolmd.com. 05-07

Practices For Sale



NORTHERN CALIFORNIA COAST — Well established 5 op GP located in a high traffic area. Long-term, dedicated staff and loyal patient base. Collections \$780,000+. Building is also available. Practice Transition Partners, (888) 789-1085, www.practicetransitions.com.

DENTAL OFFICE SPACE AVAILABLE — 7600 Greenhaven @ Pocket Road, Sacramento near 24 Hour Fitness. Great visibility and parking. 2,881 sf (divisible). Adjacent to existing Orthodontist office. Will help with Tenant Improvements for General or Pediatric Dentist. Please contact Thomas Yee, Broker, (916) 922-9545 or tyee@jps.net.

DENTAL OFFICE SPACE AVAILABLE in professional building. Located in Elk Grove. 1800 sq feet, 5 operatory spaces, large reception room, business office, laboratory and private office. Ph Mel Bell (916) 479-1827.

Have an upcoming presentation?

THE SDDS LCD PROJECTOR IS AVAILABLE FOR RENT!

Three days, \$100, Members only please
Call SDDS at (916) 446-1227 for more information or to place a reservation.



SDDS Members Can Place Classified Ads For FREE!

Selling your practice? Need an associate? Have office space to lease? Place a classified ad in the *Nugget* and see the results! SDDS members get one complimentary, professionally related classified ad per year (30 word maximum; additional words are billed at \$.50 per word).

Rates for non-members are \$45 for the first 30 words and \$.60 per word after that. Add color to your ad for just \$10! For more information on placing a classified ad, please call the SDDS office (916) 446-1227. Deadlines are the first of the month before the issue in which you'd like to run.

SDDS CALENDAR OF EVENTS

FEBRUARY

- 2 Smiles for Kids Day
- **4** Dental Health Committee 6:30pm / SDDS Office
- **6** New Member Dinner 6:30pm / Old Spaghetti Factory
- 8 Alliance Crab Feed
 Dante Club
- **14** Peer Review Committee 6:30pm
- **15** Executive Committee Meeting 7:00am / Del Paso Country Club
- **21–22** 28th Annual MidWinter Convention Sacramento Convention Center
 - **26** Nugget Editorial Committee 6:15pm / SDDS Office

MARCH

- **4** Board of Directors Meeting 6:00pm / SDDS Office
- 5 Continuing Education
 The Doctor as CEO
 Virginia Moore & Debbie Castagna
 Sacramento Hilton Arden West
 2200 Harvard Street, Sacramento
 6:30pm-9:00pm
- **7** Fun Times Ski Trip Location TBA
- **10** Membership Committee 6:30pm / SDDS Office

Remember, the April General Membership Meeting date has been changed to April 1st

THIS IS NOT A JOKE!

- 12 General Membership Meeting
 Fraud & Embezzlement...
 Know the Warning Signs
 Kent Williams, DDS
 Alliance I Spouse Night
 Sacramento Hilton Arden West
 2200 Harvard Street, Sacramento
 6:00pm Social
 7:00pm Dinner & Program
- 12 Alliance Board Meeting
 Noon / SDDS Office
 The 25th Annual Putnam
 County Spelling Bee
 8:00pm / Sac Community Center
- 6 Fun Times "Happy Hour"
 6:30pm / Folsom
 No host
 Peer Review Committee
 6:30pm



MARK YOUR CALENDAR FOR THE **28TH ANNUAL MIDWINTER CONVENTION FEBRUARY 21 & 22, 2008 •** TONS OF CE & A GREAT TIME! SEE YOU THERE!

Loads of CE

ALLIANCE / SPOUSE NIGHT!

March General Membership Meeting

Earn 3 CE units!

MARCH 11, 2008

FRAUD & EMBEZZLEMENT... KNOW THE WARNING SIGNS

Speaker: Kent Williams, DDS

Various studies showed that one-third of employees embezzle company property. In the dental practice, this can range from something trivial like a box of paper clips to the theft of thousands of dollars. It is a subject that dentists are reluctant to talk about when it happens to them. Dr. Williams will give detailed histories of various dental office frauds and embezzlements — how they happened and what should have been done to prevent them. You will learn: Causes (why do employees embezzle), Methods (how embezzlement occurs), Danger Signs (indications that you are being embezzled) and Safeguards (how to prevent embezzlement)

6pm: Social & Table Clinics / 7pm: Dinner & Program
Sacramento Hilton — Arden West / 2200 Harvard Street / \$52 Member price



915 28th Street Sacramento, CA 95816 916.446.1211 www.sdds.org

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