



Dental Professional Advisory Committee Newsletter

Volume XV, Issue II

August 2016

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COVER STORY

51st Annual USPHS Symposium

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Co-Editor LT Mariely Marquez-Lorenzo
Co-Editor LCDR Cara Ortega

The USPHS Dental Newsletter is published 2 times annually, and is distributed electronically through the USPHS Dental Bulletin Board, agency distribution lists, and the USPHS Dental Directory. The next issue of the Newsletter will be published in the winter of 2017. If you have suggestions or comments about the newsletter, or would like to submit an article, please contact the co-editors [LT Mariely Marquez-Lorenzo](#) or [LCDR Cara Ortega](#).

51ST ANNUAL USPHS SCIENTIFIC AND TRAINING SYMPOSIUM

BY: LCDR SCOTT WILLIAM, DDS
INDIAN HEALTH SERVICE



PHS Dental Officers at the 51ST ANNUAL USPHS SCIENTIFIC AND TRAINING SYMPOSIUM Dentists Category Day

The 51st Annual USPHS Scientific and Training Symposium was held in beautiful downtown Oklahoma City on May 16-19, 2016. This year’s symposium was not only a great opportunity for Corps Officers to meet USPHS and DHHS Leadership, but it also served as an opportunity for Corps Officers to display their accomplishments and research from the previous year and learn together through both Category specific and general public health education lectures and continuing education courses. *Continued on page 7.*

DENTAL PROFESSIONAL ADVISORY COMMITTEE

CHIEF PROFESSIONAL OFFICER COLUMN

RADM NICHOLAS MAKRIDES, DMD, MPH

FEDERAL BUREAU OF PRISONS

Generally my Newsletter communiqués do not address housekeeping matters. However, due to so many recent changes and inquiries, I would like to speak to a few pressing issues. As we close out the summer, I want to remind all officers of the Corps' transition from a calendar year leave schedule to a fiscal year leave schedule. If you have accumulated leave, over 60 days, it must be used before September 30th. All unused leave will be lost and a leave balance of 60 days will be carried over to the new fiscal year. So if you haven't taken that summer vacation it's not too late to use your days.

In the event you need to adjust your leave balance, officers will need to submit an Absence Request Change (ARC) form and complete the narrative explaining the reason for your request. Your Absence Request Approving Official (ARAO) must sign the document and forward it to AbsenceRequest@hhs.gov for final processing. Since this process is done manually it will take time. I have included this form below. The form can also be requested using the e-mail above.

Over the past several months, I have received e-mails and phone calls regarding the dissatisfaction with DCCPR's fax lines. This was exacerbated during promotion time. The concerns of many officers were expressed to DCCPR. Fortunately, resolution is in the near future. In a recent e-mail from our Surgeon General he announced the integration of eDoc-U into CCMIS. This will allow officers to manually upload their documents from a secure portal in CCMIS to their respective eOPF. August 15th is the anticipated rollout date. At the present time, the only documents that should be faxed are licenses and immunizations.

Earlier in the year, Dr. Jennifer Cleveland, the CDC's Division of Oral Health lead dentist for infectious diseases and infection prevention in dental healthcare settings, retired from her post. However, before her departure, she assisted in the CDC's 2016 release of the Infection Prevention Checklist for Dental Settings. This document should be used in conjunction with The Guidelines for Infection Control in Dental Health-Care Settings - 2003. I am encouraging all dentists to review this document and to share it with their staff. Please click on the link to download the "Checklist". <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf>



Congratulations are in order for our readiness numbers and new promotions. Dental category readiness is second to the Therapist category with an overall percentage of 95.95%. Last month we also celebrated the promotion of 8 Officers to Captain and 6 Offices to Commander. Job well done!!!!

In closing, I want say I thoroughly enjoyed seeing many of you at the COF Symposium. CDR Ottmers and the DePAC did a superb job in organizing category day. If you have never attended one these conferences you are



RADM Makrides

missing out on fun fellowship and great continuing education. This October 13th we will have another All Hands Call. So please pencil in the date on your calendar. As always, I am grateful for all you do to protect, promote and advance the health and safety of our nation. I hope you all had a great summer!

	<h3 style="margin: 0;">ABSENCE REQUEST CHANGE (ARC)</h3> <p style="margin: 0;"><i>For Absence Requests (AR) Originally Submitted In Direct Access (DA)</i></p>	
Login to DA	DA Guides & Videos	Absence Request FAQs
CCMIS Website	CCMIS Secure Area Login	
STEP 1 - Completed by the OFFICER - Data on this document must match the data found in DA to include the APPROVER		
OFFICER'S EMPLID:	<input type="text"/>	OFFICER'S GRADE: <input type="text"/>
OFFICER'S LAST, FIRST, MI:	<input type="text"/>	
OFFICER'S EMAIL ADDRESS:	<input type="text"/>	
OFFICER'S PHONE #:	<input type="text"/>	OFFICER'S AGENCY: <input type="text"/>
ORIGINAL AR INFORMATION OBTAINED FROM DA		
TYPE OF AR:	ORIGINAL AR BEGIN DATE:	ORIGINAL AR END DATE:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>ARC NEEDED TO ORIGINAL AR - (USE MM/DD/YYYY)</p> <p>NOTE: Do not include days that need to be added to an AR, submit a new AR</p>		
<p>REQUIRED NARRATIVE: Be sure to review the instructions/examples on page 2 and then replace this sentence by typing in the description of your reason for this Absence Request Change here.</p>		
DATE:	Officer's Signature:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
"OFFICER" to Complete STEP 1 - CLICK HERE to e-mail signed ARC to your Absence Request Approver		
STEP 2 - Completed by the APPROVER of the original Absence Request dates noted above and in DA		
APPROVER'S EMPLID:	<input type="text"/>	APPROVER'S PHONE #:
APPROVER'S LAST, FIRST, MI, Uniform Rank:	<input type="text"/>	
APPROVER'S EMAIL ADDRESS:	<input type="text"/>	
<p>Approver signature below indicates approval of the change requested above and agreement to the following:</p> <ul style="list-style-type: none"> Is unable to deny the original AR in Direct Access. Will digitally sign and submit this ARC electronically via email to AbsenceRequest@hhs.gov and cc: the officer. Will allow at least one month for the adjustment to post in Direct Access. 		
DATE:	Approver's Signature:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
"APPROVER" to Complete STEP 2 - CLICK HERE to e-mail signed ARC to the SPO/Admin/Auditor		
STEP 3 - Completed by the SERVICING PERSONNEL OFFICE (SPO)/Admin/Auditor Review		
Auditor - e-mail	An approved AR was amended/deleted as indicated above or as indicated below:	
DATE / ARC#	SPO/Admin Signature:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE:	Auditor Review Signature:	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructions to Complete Absence Request Change (ARC)

BEFORE SUBMITTING THIS ARC PLEASE NOTE: If you want to cancel an AR and your request was not approved, was denied, or in some cases was approved, you can still withdraw your AR. Please reference the instructional video "Change a Pending Request" and DO NOT use the video titled "Withdraw a Pending Request" Ensure you choose the "Withdraw" button to cancel your AR. If your leave request was approved. or if the instructions in the video do not work. have your Approver DENY your AR and try the instructions in the video again. If the problem is still not resolved after following the instructions in the video. proceed to STEP 1 of completing the ARC

STEP 1 - COMPLETED BY THE OFFICER

- Fill out the required information - all data on this document must match the data found in DA.
- Use dropdowns for: OFFICER'S GRADE
OFFICER'S AGENCY
TYPE OF ABSENCE REQUEST (AR)
ORIGINAL AR BEGIN/END DATES
- NARRATIVE: Describe what needs to be changed. Examples:
 1. "I was called back from leave 1 day early to work. Credit 1 day (MM/DD/YYYY) to my leave balance."
 2. "Please change my Leave Type to Sick Leave for the entire period originally requested."
 3. "I had to cancel my entire AR. Credit the entire period originally requested to my leave balance."
- Use dropdown to select the date you signed the ARC.
- Click in the signature area to electronically sign the ARC.
- Click on the button located directly below the signature area, this will create an email attaching your signed ARC. Send the ARC to the APPROVER that originally approved your leave in
- DA. If your original APPROVER is no longer available this must be explained in the NARRATIVE.
- If unable to electronically sign, fill out what you are able to, then print, sign, scan and email the ARC as an attachment to your APPROVER.
- Please allow at least 1 month, after the APPROVER has completed STEP 2, to see the ARC reflected on your AR balance. Changes will populate in DA at the end of each month.

STEP 2 - COMPLETED BY THE APPROVER

- Review STEP 1 of the ARC for accuracy and completeness.
- Fill out the required information.
- Use dropdown to select the date you signed the ARC.
- Click in the signature area to electronically sign the ARC.
- Click on the button located directly below the signature area, this will create an email attaching your signed form, automatically addressing the email to AbsenceRequest@hhs.gov "SPO".
- Remember to "cc" the officer on the email.
- If unable to electronically sign. fill out what you are able to, then print, sign. scan and email form as an attachment to AbsenceRequest@hhs.gov which is considered the "SPO" for USPHS.

STEP 3 .COMPLETED AT THE SERVICING PERSONNEL OFFICE (SPO)

- The APPROVER submits the ARC via email to AbsenceRequest@hhs.gov . which serves as the SPO.

DENTAL PROFESSIONAL ADVISORY COMMITTEE

CHAIRPERSON COLUMN

CDR VICKY OTTMERS, DDS

DEPARTMENT OF HOMELAND SECURITY

2016 has been a busy year for the Dental Professional Advisory Committee! It is mid-year and the DePAC voting members have been hard at work on numerous projects. To highlight just a few, we are editing the existing DePAC bylaws; developing the new Social Media Workgroup; the 2015-2016 website upgrade is coming to a conclusion while we phase out DePAC's previous website; development of the new dental vacancy database; recruitment "Lunch and Learns" at dental schools; several informational webinars; increased mentoring activity and new category specific benchmarks will soon be available to assist officers with career planning. More information, along with DePAC progress updates and projects not mentioned in this article, are planned for our next All Hands Call in October. Make sure you have joined the Dental Bulletin Board (DBB) to receive important information, updates, and event details. Please share the following link with new and existing dentists with encouragement to join the DBB <https://dcp.psc.gov/osg/dentist/listserv.aspx>.



CDR Vicky Ottmers

The Dental Category has also ramped up our involvement in AMSUS (Association of Military Surgeons of the United States). Last year we were able to secure a historic 20.5 hours of continuing education (CE) opportunities for dentists and dental hygienists who attended the annual AMSUS meeting while in previous years no CE was obtainable. We will again review the AMSUS abstracts and provide CE credit hours with the total amount available announced as the meeting nears. In addition to CE, this year we are organizing a specific Oral Health Multi-disciplinary track session on Thursday, Dec. 1st in the afternoon. Collaboration with our sister services will incorporate a presenter from the USPHS, Army, Air Force, and Navy. AMSUS's theme is "Raising the Bar" so essentially our category is "Raising the Bar in Oral Health" by providing cross-collaboration with dental professionals from all sister services, international delegates, and our primary care partner colleagues. AMSUS Executive leadership is pleased with USPHS Dental which translates to positive visibility not only to our dental category but for USPHS as a whole. Please plan to attend AMSUS at the Gaylord Convention Center, National Harbor, MD Nov. 28th -Dec. 2nd. More information to come via the DBB, or visit AMSUS at: <http://www.amsusmeetings.org>.

The 2016 32nd Annual Army Ten-Miler is scheduled for Oct. 9th in Washington, DC. The race capacity is 35,000 runners including USPHS Commissioned Officers, members of our sister services, and civilians. The USPHS Team will consist of 250+ runners from all categories. In 2015, LCDR Sean McMahan (dental hygienist) and I represented dental. For 2016, CAPT Leira Vargas-Del Toro and I plan to represent the dental category. Even if you are not registered to run, the USPHS team always welcomes cheer volunteers during the race. For more information, visit the link: <http://www.armytenmiler.com>.

Even with all the hard work we do to excel at our jobs and to provide positive visibility for USPHS Dental and the agencies we serve, we do need to practice work-life balance. As PHS officers, we are on 24/7 and often times we do need to stay late or work after hours at home to just get the job done. We continue to be tasked with more and more duties every year and/or we are asked to take on several roles at the same time. As dentists, we are hardwired to strive to be thorough, precise, and succeed at whatever is thrown our way. However, with more responsibility and the natural desire to complete our duties very well, sometimes we forget to take care of ourselves and our families. When I ignore work-life balance and I do not eliminate unnecessary stress, it translates to me becoming ill. I wear myself down so much it corresponds to physical symptoms and then I miss work.

The effects are also translated to your families as you are working more and more at home after hours interfering with quality time and exposing them when you become sick. I was given a shirt that says “Behind every great dentist is their great family.” It’s so true. We all have to do our primary and collateral duties but keep in mind the next time you stay late or work after hours at home -> Is this really necessary? Is it so urgent it must be done “right now” or can it wait until the next day? If it can wait, let it ride. Turn the tide for your family and YOU! It’s easier to say but harder to do. I know, I’m still working on this.

DENTAL PROFESSIONAL ADVISORY COMMITTEE

VICE-CHAIRPERSON COLUMN

CAPT SHANI N. LEWINS

UNITED STATES COAST GUARD

GIMME FIVE! My very first USPHS Scientific and Training Symposium was this year and it was an amazing experience. “Building a Better Tomorrow Through Prevention Today” sent me home with thoughts, ideas and a renewed Esprit de Corps.

Prevention is at the forefront of our national vision on public health. If you have not already visited the Surgeon General’s website I encourage you to do so <http://www.surgeongeneral.gov/>. The dental profession has been advocating for preventative care for decades and as we move into a more collaborative treatment team with our medical colleagues the importance of oral health has moved into the spotlight. From blood pressure and mental health screening, to diagnosis of systemic disease through oral signs and symptoms, the dental team plays a significant roll each and every day.

The geographic extent of our impact as Commissioned Corps Officers is often forgotten in our day to day operations. The dental category is made up of an incredibly diverse group of highly trained professionals. Seldom do we have the opportunity to celebrate each other’s accomplishments while also broadening our professional networks. Dental Category Day 2016 provided the perfect forum for both of these while also offering quality continuing education. Please don’t miss the opportunity to participate in the 2017 USPHS Scientific and Training Symposium in Chattanooga, Tennessee from June 6-8.



CAPT Shani Lewins

As we focus on national public health, and operational needs, it is not uncommon for us to lose focus of our own personal needs. Michelle Obama challenged the nation to “GimmeFive” by listing five reasons to be healthy. What are your five? Are you taking the necessary steps to ensure you are making healthy choices? Are you following the advice that you give your patients? As highlighted in CDR Ottmer’s article we must first ensure our own health, as well as our family’s, before providing care to others. Take some time this summer to rejuvenate, we all deserve it!

51ST ANNUAL USPHS SYMPOSIUM CONTINUED...

The event drew scores of attendees from federal agencies such as the Indian Health Service, the Office of Public Health Emergency Preparedness, Bureau of Prisons, the Department of Homeland Security, the National Disaster Medical System, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, the U.S. Food and Drug Administration, the Medical Reserve Corps, the National Institutes of Health, and other components of the Departments of Health and Human Services, Defense, Justice, Transportation, as well as numerous state and local agencies and public health institutions.



CDR Vicky Ottmers started the day with a call to order followed by opening remarks by RADM Nick Makrides.

The theme for the 2016 COF Symposium was titled “Gimme Five: Building a /better Tomorrow through Prevention Today.” Wednesday, May 18th, provided the opportunity for each of the USPHS Categories to host their own Category Day to gain category specific continuing education and present category specific awards. The Dental Category was able to incorporate 6.5 hours of continuing dental education on a broad range of topics focused on enhancing the attendees’ skills as clinicians and public health administrators.



2016 Dental Category Day Planning Committee

RADM Nick Makrides, DMD, MA, MPH, who serves as the USPHS Dental Category Chief Professional Officer and Chief Dental Officer of the Federal Bureau of Prisons, started the day with a lecture entitled “Dental Risk Management.” The lecture included thoughtful and in depth ways to minimize risk in the dental setting. The lecture included examples of behaviors to avoid, as well as, strategies and processes for proper and thorough documentation.

The second lecture of the day was the David Satcher Keynote Lecture provided by CAPT (ret) Steve Geiermann, DDS, who serves as the Senior Manager for Access, Community Oral Health Infrastructure, and Capacity Council on Access, Prevention, and Interprofessional Relations (CAPIR) at the American Dental Association. The lecture entitled “An Appreciation of Gray: the Risky Business of Leadership” provided useful guidance on the ever changing landscape of leadership and its hurdles and downfalls. He gave great motivation to push boundaries and look for leadership opportunities in all aspects of our careers.



Current DePAC Chair and Past Chairs

The David Satcher Lecture was followed by lunch and the Dental Category Awards Program conducted by RADM Nicholas Makrides. The lunch session always provides a wonderful opportunity for Officers to socialize and

network with fellow Dental Officers from other agencies and areas of the country. RADM Makrides was honored to present the DePAC Awards, Special Assignment Awards, and CPO Exemplary Service Awards while also recognizing the recipients. During the awards presentation the Dental Category Officers and guests were honored to meet the newly appointed Deputy Surgeon General of the United States, RADM Silvia Trent-Adams PhD, RN, F.A.A.N., who gave a very pointed and motivational talk about her vision of the Corps moving forward and our role in advancing the public health of the Nation.

Following lunch, our third speaker Dr David Lewis, DDS, MS, presented a lecture entitled “Oral Pathology Update.” This lecture was a wonderful update on common oral lesions, their clinical presentations, and treatment. He also covered new strategies for treatment of emerging oral health conditions.



Current DePAC Voting Members

The fourth speaker CDR Mary Williard, DDS, presented a lecture entitled “Mythbusting Dental Therapy.” This lecture covered background information on the new training programs for Advanced Dental Therapists as utilized in serving the ever present oral health needs of the Alaska Native Population. She talked about the unique ability the trainees have to return to their communities and serve the needs of their people in rural Alaska.

The final speaker of the day was Major Walter Dimalanta, DDS (US Army). Major Dimalanta presented a very informative lecture entitled “Achieving Success in the Anterior Esthetic Zone.” His lecture focused on how advances in modern dentistry and technology, as well as the increased commercialization of dentistry, has put higher demands on restoring the esthetic zone with implants and fixed prosthesis. He gave great clinical insight and treatment modalities to achieve consistent high level results.

CDR Vargas-Del Toro along with RADM Makrides and LCDR Scott B. Williams gave their closing remarks, and the educational portion of Category Day concluded. Category Day also gives the opportunity for Officers to socialize. Officers met at Bolero’s Tapas Bar that evening for a wonderful night of food and socializing.

The 2017 USPHS Scientific and Training Symposium will be held in Chattanooga, Tennessee, on June 4-8, 2017. Please visit the Symposium website (<http://symposium.phscof.org/>) for updates on the upcoming 52nd Annual Symposium.

SPECIALTY ARTICLE: “DENTAL UPDATES IN PULP CAPPING” CAPT STEVEN FLORER, DDS AND CAPT (RET.) JIM DESCHENES, DMD UNITED STATES COAST GUARD



CAPT Steven Florer



Dr. Jim Deschenes

For many years we have talked about Calcium hydroxide and its effects on the exposed pulp of carious, damaged teeth. We have carefully examined the calcific bridge and attempted to graph and explain the effects and outcomes. As USPHS Providers in federal service we often face the effects of lack of care or poor dental IQ. These conditions lead to frequent pulp exposures and often require endodontic procedures or extractions needs. Endodontic care is expensive and further complicates the healthcare model. Having said this there are new options on the market. Both MTA and Biodentine are now available and show promising results.

1. MTA (ie ProRoot)- Although Mineral trioxide aggregate (MTA) is not new to the specialty of endodontics it is newer to the area of pulp capping. Originally it was used to complete root repairs during endodontic procedures. Its formulation is derived from “Portland cement” in combination with bismuth oxide powder to improve radiographic opacity. Consisting mostly of silica and calcia products MTA is calcium Alumino-Silicate cement ($\text{CaCO}_3 + \text{SiO}_2$ with AL_2O_3) intended for root repair and root end filling material. Properties of MTA include: biocompatibility, non-cytotoxic but antimicrobial, non-resorbable, provides a good seal and does not wash out.

MTA is now advocated for direct pulp capping when a pulpal exposure exists. The procedure includes rubber dam isolation, disinfection of the cavity with sodium hypochlorite, placement of MTA over the exposed area, and then restoration with amalgam over the set MTA. One disadvantage is the slow set of MTA over several hours which may indicate a secondary procedure for restoration. There is still speculation to the most advantages means of placement and restoration but MTA has shown very promising results and high success rates. Teeth remain vital and have a normal pulpal response to EPT. MTA has been shown to provide a higher incidence and faster rate of reparative dentin formation without the pulpal inflammation.

Advantage – good seal, minimal solubility, and biocompatible.

Disadvantages- slow set, difficult to handle, stains teeth, and high cost.

2. Bioceramic (ie-Biodentine)- This product is a new bioactive and biocompatible dentin replacement material in a capsule. It promotes remineralization of dentin, preserves pulp vitality, and promotes pulpal healing. Mechanical properties are similar to dentin and Biodentine demonstrates radiopacity. It is a Tricalcium Silicate similar to MTA but the setting time is much shorter (about 10 - 12 Mins) making it easier to use in a clinical setting. Recommendations for Biodentine use are similar to MTA including root perforations, restoration of internal and external resorption, and apexification.

Disadvantages - relative expense.

Advantages – easier to handle than MTA, faster set, similar results on pulpal tissue as MTA, and less staining.

The results of pulp capping with both of these materials has been favorable and predictable with multiple studies reporting success rates in the high 90th percentile range in non-symptomatic teeth. However, hemostasis is mandatory whether it is flushed or tapenade with NAOCL.

It is important to consider that these procedures are for teeth with no history of pain, with no periapical radiolucencies and normal responses to percussion and palpation. Obviously if caries approaches the pulp the provider will want to complete pulp testing prior to the procedure to ascertain the vitality of the pulp. If the tooth has lingering pain to cold the tooth is exhibiting a “non-normal” response. As always the patient should be informed of the potential need for endodontic procedures.

Treatment is based on predictability. Pulp capping with Calcium Hydroxide (i.e. dycal) has had relatively good success, however MTA and Bioceramic have been shown to have higher success rates at maintaining pulp vitality. The benefits of a vital pulp are numerous; preserving the mechanical stress receptors and avoiding excess loading, helping to ensure normal functional loading and decrease risks of unnecessary trauma.

This article is only a brief review of recent changes in pulp capping procedures. More detailed information is available and providers are encouraged to review references below to ensure the most accurate and predictable care is provided to their patients.

COMPARISON OF MTA AND BIODENTINE		
Criteria	MTA	Biodentine
Cost per 5 pk	\$400.00	\$89.00
Radiopaque	yes	yes
Setting time	Several hours	10 to 12 minutes
biocompatibility	yes	yes
Other endodontic procedures	yes	yes
Handling challenge	Difficult (like Portland cement)	Moderate -Stiffer than MTA

**Special thanks to CDR Brooks Horan, DDS, MS, for his input on this article.

References:

- The chemical composition of mineral trioxide aggregate, Josette Camilleri, J Conserv Dent 2008 Oct-Dec 11(4):141-143
- Biodentine Web site
- Biodentine, Active Biosilicate Technology for Direct and Indirect Pulp Capping, Howard Strassler, Robert Levin, Oral Health.
- Restorative Materials and Accessories, Robert Levin, ADA Dental Product Guide – vol 2 issues 2 2014.
- Vital Pulp Therapy with New Materials: New Directins and treatment Perspectives – Permanent Teeth, David Witherspoon, JOE – Volume 34, Number 7S, July 2008.
- Response of Human Dental Pulp Capped with Biodentine and Mineral Trioxide Aggregate Alicja Nowicka et al, JOE Volume 39, Number 6, June 2013.
- Vital Pulp Therapy in Vital Permanent Teeth with Cariously Exposed Pulp: A systematic Review, Panuroot Aguilare, Pairoj Linsuwanont, JOE- Volume 37, Number 5, May 2011.
- Pulp Capping: An Updated Understanding, Geoffrey McMurray, Terry Webb, Patricia Tordik, Clinical Update, Vol 33, No. 8
- Bioceramics in Endodontics, Jeffrey Hilley, Kathleen McNally, Clinical Update, Vol 35, No. 4.

SENIOR OFFICER SPOTLIGHT:

CAPT STEVEN FLORER

UNITED STATES COAST GUARD

Can you provide a brief summary of your training and education?

I completed my undergraduate degree at Oklahoma State University and Dental School at the University of Oklahoma. I then entered a General Practice Residency at Children's Hospital in Oklahoma City. On completion I entered private practice in Southeastern Oklahoma eventually entering the US Navy and transferring to USPHS.



CAPT Steven Florer

Can you tell our readers how long you've been a PHS officer and describe your duties at your present site?

I have been in USPHS first with I.H.S and completed a degree in prosthodontics from the University Of Alabama in Birmingham, Alabama also completing a Masters in dental materials. There I was honored to work with residents and new accessions to the USPHS in "Dental Challenges" courses. I also served as the Specialties Advisor for the dental specialist. Transferring to the USCG I became the DOD diplomat eventually serving on the Federal Services Board and on the board of directors for the American College of Prosthodontics and consecutively serving as the prosthodontic consultant representing both DOD and USCG constituencies.

What led you to consider a career in the PHS dental program?

The US Navy was an excellent place to serve the nation but requires months away from family with deployments. While the USPHS does deploy, I am generally home for family and friends in the evenings and weekends. This offers a very desirable atmosphere but still retains many of the advantages that the DOD provides.

What did you find to be the most challenging aspect of your transition into the Public Health Service?

The USPHS is similar in many respects to the DOD, but unlike the DOD, it has no enlisted Corps. I think this was the most difficult transitional event. With less support in the field it is sometimes challenging to complete needed projects, transfers, and travel. The USCG has enlisted personnel that provide support and logistics to ease transitions and clinical projects and concerns. I have found this to be very amiable.

What has been the most rewarding aspect of your service thus far?

Working in federal facilities allows individual members to truly treat eligible members with a treatment plan that generally is not limited in scope and finances. I believe this is what makes it one of the most desirable opportunities available. The treatment plan can be more ideal. I know with I.H.S. some limitations to control clinical expenditures are needed but still it provides a wider range of options. The opportunity to truly help those in pain or need truly offsets some of the disadvantages of federal program care.

Describe some of your hobbies and activities outside of the PHS?

My family and I have always enjoyed the opportunity to travel and see new things. Although it can be a burden to move the family, it still comes with a bit of excitement and pleasure to see something new and enjoy a different environment in which to work.

Has your experience in the PHS thus far lived up to your expectations?

My years with the USPHS have been varied. Each clinic offers its own set of challenges but has afforded me the opportunity to work with many excellent clinicians who I retain as friends today. I have lived in new and exciting places and had the chance to truly absorb the local flair and experience the local ambiance. The USPHS has provided a window to the world which I have savored through my career.

JUNIOR OFFICER SPOTLIGHT: LCDR SCOTT WILLIAMS INDIAN HEALTH SERVICES

Can you please provide a brief summary of your training and education?

I received a BS in Organismic biology from Northeastern State University in Tahlequah, OK in 2004, and my DDS from the University of Iowa College of Dentistry in 2008. I am currently pursuing a Pediatric Dental Certificate from the Texas A&M University Baylor College of Dentistry.



LCDR Scott Williams

Can you tell our readers how long you've been a PHS officer and describe your duties at your present site?

I started my commission with USPHS on 2 SEP 2008, so I will have 8 years in September 2016. I am currently in a Long Term Training billet with Indian Health Service. My current billet consists of all duties required by my residency program.

What led you to consider a career in the PHS dental program?

I had an IHS Health Professions Scholarship for both undergraduate and dental school. My scholarship gave me the opportunity to have a paid summer externship at a local IHS facility. I met a number of very dedicated and

very skilled USPHS Officers during my time at the facility. I knew I wanted to spend a career with IHS, and the USPHS would allow me to serve my people while also serving my country. Those Officers were probably some of the best recruiters PHS could hire.

What did you find to be the most challenging aspect of your transition into the Public Health Service?

I feel just getting used to the dual system of paperwork for both your hiring agency and the USPHS was the biggest hurdle. Keeping track of what paperwork was required by what agency and when was definitely a new experience.

What has been the most rewarding aspect of your service thus far?

The patients I have been able to serve through my agency and the USPHS. I was fortunate enough to be selected to deploy aboard the USNS Comfort and treat patients in Central and South America. I have also treated patients through partnerships with Remote Access Medical in both Oklahoma City and Ada, Oklahoma.

Describe some of your hobbies and activities outside of the PHS?

I spend a lot of time with family. Our current hobby is going to comic conventions and helping my daughter with her cosplay outfits. She always presents me with a challenge.

Has your experience in the PHS thus far lived up to your expectations?

I feel the PHS has both met and exceeded my expectations. It has allowed me to serve in capacities I never imagined possible. I have been able to meet Officers and fellow health professionals from throughout the country. We have been able to collaborate together on projects where you see tangible and real outcomes for the people of the US. I cannot imagine doing anything else with my career.

Note from the Editors

The DePAC Communications Work Group would like to thank all who have contributed to this edition of the DePAC Newsletter. We would encourage each officer to contribute information for publication through their DePAC work groups to help improve our newsletter and communication to all dental officers.



INFECTION CONTROL IN THE DENTAL SETTING: “A REVIEW OF TWO DOCUMENTS FROM THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION” LCDR ELEANOR FLEMING, PHD, DDS, MPH



LCDR Eleanor Fleming

Part of my memories of being a dental student is hearing my prosthodontics professor, Dr. C.T. Smith, giving our class its preclinical manta: “gloves, mask, and eyewear.” If he said this once, he said it a million and one times. My second vivid memory of dental school is the annual **Occupational Safety and Health Administration** (OSHA) trainings. Each year, faculty and staff would gather in the Learning Resource Center to review current practices and learn any new updates. While my dental career has taken me far from those days, and now my interest in infection control and prevention is more related to monitoring outbreak and working as an epidemiologist, I still remember these lessons and often reflect on these memories.

This spring the U.S. Centers for Disease Control and Prevention (CDC) Division of Oral Health published two documents highlighting infection control in the dental setting. The first is *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*, published on March 28, 2016; the second published on May 24, 2016 in the *Journal of the American Dental Association* is, “Transmission of blood-borne pathogen in US dental health care settings”. For the remainder of this article, I refer to these documents as The Summary and “Transmission”. Together these two documents serve as good reminders of the “gloves, masks, and eyewear” mantra of Dr. C.T. Smith. Together these documents also provide us, as dental officers, with an opportunity to revisit the infection control practices in our clinical settings and then to consider where we can do more to protect our patients and the other members of our dental team. In the following, I will highlight key points and critical questions from The Summary. Consider this your *Reader’s Digest* edition of infection prevention and control. I hope that you will carefully read both documents, especially Appendix B in The Summary which provides relevant recommendations and references published since 2003 [1].

The Summary begins by identifying its intended audience: specifically, dentists, hygienists, assistants, and laboratory technicians, as well as students and trainees, contractual personnel, and “other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel)” [1]. Here’s an important question to consider: Are all of these staff persons involved in the infection control and prevention practices in your clinical setting? Infection control is a team sport where everyone has a role to play.

The Summary then focuses on twelve aspects of infection control and includes a prevention checklist in Appendix A. The checklist is the new addition to this document in comparison to the 2003 version [2]. The summary and checklist are not meant to substitute for the extensive guidelines provided by CDC or OSHA. Nor is The Summary

intended to replace policies unique to your practice setting. The document is meant to provide tools to inform those practices and the latest evidence-based knowledge for you and other stakeholders to use.

Table 1 includes highlights from the Infection Prevention Checklist. The highlights are listed by focus area and with key questions for your consideration. It is my hope that as you read Table 1 and review the entire checklist, you will find that you and your facility are doing everything the CDC has recommended. However, if you live in the real world and perhaps answered “No” or “I am not sure,” consider this your opportunity to work with the members of your dental team to address those issues.

While it should be obvious why infection control is important, the “Transmission” article drives the point home. The authors reviewed the literature from 2003 through 2015 to identify reports of transmission of blood-borne pathogens US dental settings [3]. Here, the focus is largely on hepatitis B and C. While the authors acknowledge that transmission in the dental setting is rarely reported, in the three highlighted cases, transmission likely occurred because of failure to adhere to the recommendations developed in 2003. In one case, it is suspected that a lapse in cleaning environmental surfaces occurred; in a second case, the handpieces were not sterilized between patients and volunteers were not training on blood-borne pathogens; in the third, unsafe injection procedures were used [3]. The authors conclude: “These transmissions highlight the need for improved understand of infection prevention and control as well as the implementation of standard precautions among DHCP [dental health care providers], including those who are not involved directly in patient care activities”.

In highlighting the latest CDC documents on infection control and prevention in dental settings, I hope that you have found something helpful here, and that you will read the documents and share with your dental team, to consider what more you may be able to do in your clinic to support the health and safety of your patients and your dental team colleagues. Infection control may be just the perfect avenue for you to provide leadership in your clinic. And above all, remember to involve all your staff in the review, evaluation, improvement and training steps that you take. Also remember to document what was done, why it was done, and who is responsible for following up on next steps. May the next “Transmission” article be a single sentence: “There was no reported transmission of blood-borne pathogens in US dental settings.”

References

1. Centers for Disease Control and Prevention. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health; March 2016.
2. Centers for Disease Prevention and Control. Guidelines for infection control in dental health-care settings—2003. *MMWR Morb Mortal Wkly Rep* (No. RR-17) (2003), pp. 1–66.
3. Cleveland JL, Gray SK, Hate JA, et al. Transmission of blood-borne pathogen in US dental health care settings. *JADA* 2016 doi:10.1016/j.adaj.2016.03.020.

Table 1: Highlights from the Infection Prevention Checklist, by Focus Area and Key Questions for Consideration

Focus Area	Key Questions for Consideration
Administrative Measures	Are you familiar with the written infection prevention policies at your faculty? Is at least one person trained in infection prevention at your
Infection Prevention Education and Training	Are you receiving annual training on infection prevention policies and procedures and OSHA Bloodborne Pathogen standards? Are the training records maintained in accordance with state and federal regulations?
Dental Health Care Personnel Safety	Does your facility have an exposure control plan? Are you trained on the OSHA Bloodborne Pathogens Standard at least annually? Are your immunizations current?
Program Evaluation	Does your facility have written policies and procedures for routine monitoring and evaluation of the infection prevention and control program?
Hand Hygiene	Does your facility have the supplies necessary for hand hygiene? Are you using the supplies appropriately (according to manufacture directions)?
Personal Protective Equipment (PPE)	Does your facility have sufficient and appropriate PPE? Were you trained on the proper selection and use of PPE?
Respiratory Hygiene/Cough Etiquette	Does your facility have signs posted with instructions to patients with symptoms of respiratory infection to cover mouth/nose when coughing or sneezing?
Sharps Safety	Are you reviewing annually to see if new safety devices or safer options are available for use?
Safe Injection Practices	Are you familiar with the written policies, procedures and guidelines for safe injection practices?
Sterilization and Disinfection of Patient-Care Items and Devices	Are you aware of the written policies and procedures? Have you received at least annual training on these instruments and devices? Is routine maintenance for sterilization performed according to the manufacturer's instructions and documented with written records?
Environmental Infection Prevention and Control	Are you aware of these written policies and do you receive training at least annual and when procedures change? Are cleaning, disinfection, and use of surface barriers monitored and evaluated to ensure they are consistently and correctly performed?
Dental Unit Water Quality	Are there policies and procedures in place for maintaining water quality to the Environmental Protection Agency (EPA) standards for drinking water?

DENTAL COINS ARE NOW AVAILABLE.
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2016 DEPAC AWARDS

PRESENTED AT DENTAL CATEGORY DAY, USPHS SCIENTIFIC AND TRAINING SYMPOSIUM, MAY 18TH IN OKLAHOMA CITY, OK. CONGRATULATIONS TO THE RECIPIENTS!



Ernest Eugene Buell Dental Award: **LCDR Eleanor Fleming**



Ruth Lashley USPHS Dental Award: **CDR Minh Kevin Lee**



Senior Clinician Dental Award: **CAPT William Stenberg**



Dental Responder of the Year Award: **CAPT Angie Roach**



John P. Rossetti Dental Mentor of the Year Award: **CAPT Todd Tovarek**



Jack D. Robertson Dental Award: **CAPT Renée Joskow**



SG David Satcher Keynote Lecture Award: **Dr. Steven Geiermann**



Chief Dental Officer Exemplary Service Award: **CAPT Coleman Palmertree**

Herschel S. Horowitz Oral Health Research and Policy Award: **CAPT Phillip Woods** *(No picture available)*

Note: detailed DePAC Award information can be accessed at <https://dcp.psc.gov/osg/dentist/awards.aspx>

RAISING THE BAR
AMSUS The Society of Federal Health Professionals
Annual Meeting
29 Nov - 2 Dec 2016
National Harbor, MD
Federal Health 2016

The AMSUS Annual Continuing Education Meeting is the only one of its kind to bring together federal healthcare professionals, as well as International Delegates. Throughout the meeting attendees have the opportunity to earn CEs from world renowned speakers, network across services nationally and internationally and view demonstrations of the latest advances in healthcare.

USPHS RESIDENCY PROGRAMS – PART I

CAPT BRUCE A. DYE, DDS, MPH NATIONAL INSTITUTES OF HEALTH

The National Institute of Dental and Craniofacial Research (NIDCR) is offering opportunities for dentists to pursue training in Dental Public Health (DPH) following full-time and part-time training formats. In addition, the NIDCR is initiating a training program this year in Oral Health Informatics (OHI). This new training opportunity is a combined program focusing on dental public health and informatics, and is co-sponsored by the NIDCR and the National Library of Medicine (NLM).



CAPT Bruce Dye

The DPH Residency Program provides a formal training opportunity for dentists planning careers in dental public health, with an emphasis on oral and craniofacial, health-related epidemiologic research. The Residency Program is accredited by the Commission on Dental Accreditation of the American Dental Association. Program graduates receive a certificate of completion and are qualified educationally to apply for examination by the American Board of Dental Public Health for specialty certification. Individuals have the opportunity to select either a full-time (12-month) or a part-time (24-month) training for the Residency Program in Dental Public Health.

Full-time residents will be required to attend all program courses, seminars, and other learning activities while enrolled in the program at the NIH main campus in Bethesda, MD. The non-residential part-time residency is a combination of some in-person learning along with some distance-learning. Part-time residents will be required to attend 7 core weeks on the NIH campus in Bethesda over the 24 month training period. In addition to this residency requirement, the remaining seminars, presentations, and other learning activities can be completed through teleconferences, webinars, and other online activities. The part-time training program is designed for individuals interested in pursuing knowledge in dental public health and quantitative research while continuing their professional employment.

The new training program in Oral health Informatics is a 2-year full-time post-doctoral fellowship opportunity for dentists interested in applying informatics science as it relates to research, education, and clinical care in the broad area of public health dentistry. Fellows completing NIDCR's DPH Residency Program's requirements over the 2-year OHI Fellowship will earn a Certificate in Dental Public Health acknowledging that graduates are educationally eligible to challenge the specialty certifying exam in Dental Public Health. In addition, fellows successfully completing the OHI Fellowship will earn a Certificate in Dental Informatics. This is a full-time residency program at the NIH main campus in Bethesda, MD.

Over the past decade, the DPH Residency Program at the NIDCR has trained a number of dental officers from the Uniformed Services, specifically, the Air Force, Navy, and PHS. Additional information describing the DPH and OHI programs is located at:

https://urldefense.proofpoint.com/v2/url?u=http-3A_www.nidcr.nih.gov_CareersAndTraining_Fellowships_DentistsandPhysicians_ResidencyDentalPublicHealth_&d=CwIFAg&c=0NKfg44GVknAU-XkWXjNxQ&r=H8GWwD518eE6isRE0GIUWSJ-jgVhnDvAAQkA37uEdsI&m=XTE0a85NpdiScMCnISZtJ_af7Irk0jAyL8hr_K_LVMI&s=MCGj9Jwfh_w6Xumibz8aTTkG8q-MPS-N_NA9-v0QxU4&e=

REMINDER...

YOU CAN FIND YOUR DA NUMBER BY LOGGING INTO THE SECURE AREA OF CCMIS WHERE YOUR EOPF IS LOCATED. IT SHOULD BE DISPLAYED AT THE TOP OF YOUR PAGE.

[HTTP://DCP.PSC.GOV/CCMIS/LOGIN SECURITY STATEMENT M.ASPX](http://dcp.psc.gov/ccmis/login_security_statement_m.aspx)

[HTTPS://URLDEFENSE.PROOFPOINT.COM/V2/URL?U=HTTP-3A_DCP.PSC.GOV_CCMIS_LOGIN-5FSECURITY-5FSTATEMENT-5FM.ASPX&D=BOMFAG&C=0NKFG44GVKNAU-XKWXJNXQ&R=HEHW0IW77YF75CP8DIAIP86XIRHT_oEdoTeoU46LLVw&M=OtAAODWUXZHvHRrtM3G0M9PT5GK4SBZOEPLA3cRRpP4&S=RABDBLRkOKYDBWY7CWtNBvVWAGWGorTCWCnMPGRR8kQ&E=](https://urldefense.proofpoint.com/v2/url?u=http-3A_dcp.psc.gov_ccmis_login-5fsecurity-5fstatement-5fm.aspx&d=bomfag&c=0nkfg44gvknau-xkwxjnxq&r=hehw0iW77yF75Cp8DIAIP86XIRHT_oEdoTeoU46LLVw&m=OtAAODWUXZHvHRrtM3G0M9PT5GK4SBZOEPLA3cRRpP4&s=RABDBLRkOKYDBWY7CWtNBvVWAGWGorTCWCnMPGRR8kQ&e=)

WITH THE CONVERSION TO DIRECT ACCESS (DA), IT WILL BE IMPORTANT TO KNOW YOUR DA NUMBER FOR INPUTTING LEAVE, AWARDS, READINESS INFORMATION, CONTACT INFORMATION, ETC.

HAILS AND FAREWELLS:

“WHAT YOU LEAVE BEHIND IS NOT WHAT IS ENGRAVED IN STONE MONUMENTS, BUT WHAT IS WOVEN INTO THE LIVES OF OTHERS.” – PERICLES

Retired Officers	Agency	Date
CAPT Crain, David A.	IHS	1-Jul-2015
CAPT Duff, Mosemary E.	CDC	1-Aug-2015
CAPT Gaskin, Lawrence J.	IHS	1-Aug-2015
CAPT Klevens, Ruth M	CDC	1-Aug-2015
CAPT Murphy, Mary G	IHS	1-Aug-2015
CAPT Nigg, Kimberly A.	IHS	1-Aug-2015
CAPT ARNOLD, MICHAEL C.	OS	1-SEP-2015
CAPT RAYES, STEVEN K.	IHS	1-SEP-2015
CAPT BOGNAR, MARK R.	IHS	1-OCT-2015
CAPT MARTIN, GLENN P.	USCG	1-OCT-2015
CAPT ESPOSITO, WILLIAM J.	IHS	1-NOV-2015
CAPT CATELLE II, WILLIAM F.	IHS	1-DEC-2015
CAPT JORDAN, THOMAS E.	IHS	1-DEC-2015
CAPT HENNING, CLAY D.	IHS	1-FEB-2016
CAPT STURM, KIMBERLY K.	IHS	1-MAR-2016
CAPT BERG, BRIAN C.	IHS	1-APR-2016
CAPT DOHERTY, CIELO C.	IHS	1-MAY-2016
CAPT TREMLOCK, SIDNEY D.	IHS	1-MAY-2016
CAPT TORNA, STEPHEN P.	IHS	1-JUN-2016
CAPT ROBINSON, TANYA M.	USCG	1-AUG-2016
CAPT MARCHIORI, LOUIS J.	USCG	1-SEP-2016
CAPT SMITH, MARIA-PAZ U.	USCG	1-SEP-2016
CAPT STENBERG, WILLIAM V.	USCG	30-SEP-2016
CAPT COFFEY, RANDOLPH A.	USCG	1-OCT-2016
CAPT SCHEPER, ROBIN G.	USCG	1-OCT-2016
CAPT SMITH, DEBORAH L.	USCG	1-NOV-2016

UPCOMING EVENTS FOR 2015-2016

Agency/Organization	Web Link/info	Meeting date	Meeting Location
Mid-Continent Dental Congress	http://www.gslds.org/education-mcdc.php	Nov. 10-11, 2016	St. Charles, MO
American Dental Association Annual Meeting	ADA: American Dental Association - ADA Annual Session	Oct. 20-25, 2016	Denver, CO
American Association of Women Dentists	http://www.aawd.org/?page=AnnualConference	Oct 21-22, 2016	Denver, CO
American Academy of Periodontology Annual Meeting	http://www.perio.org/meetings/am/index.html	Sept. 10-13, 2016	San Diego, CA
Chicago Dental Society Midwinter Meeting	http://www.cds.org/midwinter_meeting/midwinter_meeting.aspx	Feb. 23-25, 2017	Chicago, IL
American Dental Education Association Annual Meeting	http://www.adea.org/EventDetail.aspx?id=21328	Oct 27-29, 2016	Houston, TX
IADR/AADR Annual Meeting & Exhibition	http://www.iadr.org/i4a/pages/index.cfm?pageID=4526	Mar. 22-25, 2017	San Francisco, CA
Hinman Dental Meeting	http://www.hinman.org/	Mar. 23-25, 2017	Atlanta, GA
Academy of Prosthodontics	http://www.academyofprosthodontics.org/2016_Palm_Springs_California.html	Apr. 25-29, 2017	Sarasota, FL
American Association of Endodontists	http://www.aae.org/annualsession/	Apr. 26-29, 2017	New Orleans, LA
Western Regional Dental Convention	https://www.westernregional.org/2016/	Apr. 6-8, 2017	Phoenix, AZ
Academy of Laser Dentistry	http://www.laserdentistry.org/index.cfm/conference	Apr. 6-8, 2017	Tucson, AZ
National Oral Health Conference	http://www.nationaloralhealthconference.com/	Apr.24-26, 2017	Albuquerque, NM
American Academy of Cosmetic Dentistry	http://www.aacd.com/conference	Apr.18-21, 2017	Las Vegas, NV
The Texas Meeting: Annual Session Texas Dental Association	http://texasmeeting.com/	May 4-6, 2017	San Antonio, TX
California Dental Association Spring Scientific Session	http://www.cdapresents.com/Anaheim2015.aspx	May 4-6, 2017	Anaheim, CA
USPHS Scientific & Training Symposium	http://symposium.phscf.org/	Jun 6-8, 2017	Chattanooga, TN
American Academy of Pediatric Dentistry Annual Session	http://www.aapd.org/annual/	May 25-28, 2017	Washington, D.C.
Pacific Northwest Dental Conference (WSDA)	http://www.wsda.org/pnadc/	Jun. 15-17, 2017	Bellevue, WA
Academy of General Dentistry Annual Meeting	http://www.agd.org/am2016.aspx	Jul. 13-15, 2017	Las Vegas, NV
American Academy of Esthetic Dentistry	http://www.estheticacademy.org/?page=AAEDMeetings	Aug. 3-5, 2017	Dana Point, CA
National Dental Association	http://ndaonline.org/nda-convention/	TBA	TBA

ONLINE ORAL HEALTH RESOURCES & CONTINUING EDUCATION OPPORTUNITIES

**DePAC Does not advocate for any of the products, materials or information in articles included in this list, it is merely a compilation of online resources and continuing education opportunities for category members.*

Agency/Organization	Description	Web Link
American College of Dentists	CE -Dental Ethics Course	www.dentalethics.org
Centers for Disease Control and Prevention (CDC)	Resource -Oral Health Resources	http://www.cdc.gov/oralhealth/
Colgate	CE – Free Live and On-Demand Webinars for continuing education	http://www.colgateoralhealthnetwork.com/Dental-CE-Course/
Health Resources and Services Administration (HRSA)	Resource – Video, HRSA Deputy Administrator Marcia K. Brand, PhD	http://www.hrsa.gov/publichealth/clinical/oralhealth/
HRSA	Resource - HHS Oral Health Initiative 2010	http://www.hrsa.gov/publichealth/clinical/oralhealth/hhsinitiative.html
IHS Division of Oral Health	Resource – Initiative Early Childhood Caries	http://www.doh.ihs.gov/ecc
Inside Dentistry	CE - online continuing education opportunities	http://www.insidedentistry.net/continuingeducation.php
National Institute of Dental and Craniofacial Research	CE - Practical oral health care for patients w/ developmental disabilities	http://www.nidcr.nih.gov/EducationalResources/HealthCareProviders/POCPDD.htm
National Institute of Dental and Craniofacial Research	Resource - Dental Providers Oncology Pocket Guide. Reference on treating pts before, during and after cancer treatment	http://www.nidcr.nih.gov/oralhealth/Topics/CancerTreatment/ReferenceGuideforOncologyPatients.htm
National Maternal & Child Oral Health Resource Center	Distance Learning	http://www.mchoralhealth.org/materials/DL.html
Naval Postgraduate Dental School	Resource – archives Clinical updates	http://www.wrnmcc.capmed.mil/ResearchEducation/NPDS/SitePages/Research/ClinicalUpdatesIndex.aspx
Naval Postgraduate Dental School	CE - Correspondence Course Program	http://www.wrnmcc.capmed.mil/ResearchEducation/NPDS/Shared%20Documents/Correspondence%20Course%20Brochure.pdf
Northwest Center Practice for Public Health	CE - Basic Public Health principles study modules	http://www.nwcphp.org/training/training-search#b_start=0
Ohio Department of Health, the Indian Health Service, and the Association of State and Territorial Dental Directors	Resource - Safety Net Dental Clinic Manual	http://www.dentalclinicmanual.com/
Proctor & Gamble	CE – online continuing education courses	http://www.dentalcare.com/en-US/conteduc/conteduc.jsp
The University of Iowa	Resource - Oral Disease Pictures	http://guides.lib.uiowa.edu/c.php?g=131885&p=864394