

# The Fulcrum

## Note from DHPAG Chair

LCDR Jennifer Curtis

2020 Spring Issue I



Dear Fellow Officers,  
First, I want to thank the Dental Hygiene Professional Advisory Group (DHPAG) for the opportunity to serve as the 2020 DHPAG Chair. It is one of the greatest honors, I have experienced in my 13 years of serving in the US Public Health Service. The DHPAG is one of ten Professional Advisory Groups (PAGs) of the Health Service Professional Advisory Committee (HSPAC) providing advice and

consultation to the Health Services Chief Professional Officer (CPO) on issues related to professional practice and personnel activities of the Health Services Category. The DHPAG Officers possess a wide range of multidisciplinary skills and expertise within various agencies of the Department of Health and Human Services that attests to the HSO pride and commitment to serving in the Commissioned Corps. The expectations of the DHPAG leadership has grown exponentially over the past few years and we are dedicated to serving our category with exceptional service.

Today, our country is navigating in unprecedented times fighting the COVID-19 pandemic. I want to thank everyone for all of their efforts and cooperation in helping to fight and reduce the spread of COVID-19. We must diligently follow the recommendations and guidance of the experts at the Centers for Disease Control and Prevention (CDC), to help protect ourselves and loved ones from COVID-19. I truly hope everyone remains healthy and safe throughout this very difficult pandemic. Thank you for being flexible and willing to serve your country when called upon to protect the health and safety of our nation.

If you are new to the Commissioned Corps and would like to get involved, please visit the DHPAG homepage to see what piques your interest. <https://dcp.psc.gov/OSG/hs/pags-dhpag.aspx>. Once you have determined your interest, you should contact the Subgroup Chair to learn of volunteer opportunities. Remember our HSO MOTTO: "Multidisciplinary in Approach, Connected by Service, Advancing Public Health".

## Newsletter Contents



Note from Chair

DHPAG Executive Committee Chart

Subgroup Corner

Article Submissions:

[AMSUS Oral Health Track Session - CAPT Vicky Ottmers, LCDR Tiffany Smith](#)

[Small Changes Big Results – LCDR Tanya Selling, LT Woldeamanual Clarity on Dental Hygienist](#)

[Commissioning to the Corps – LT Darion Smith](#)

[Different Paths, One Hygienist! – LCDR Miranda Nelson, LT Darion Smith](#)

COVID Articles:

[USPHS Service Access Team](#)

[Response– LCDR Paula Arango](#)

[Self-Quarantine After Deployment – LT Jen Eng](#)

[Interview – LT Keasha Myrick](#)

\* [New \\* Article Submission Form](#)

New Officer Spotlight:

Awards

Save the Date

Continuing Education

Co-Editors:

[LCDR Marie-Elena C. Puleo](#) [LCDR](#)

[Tanya Selling](#)

[LT Keasha Myrick](#)

# 2020 DHPAG EXECUTIVE COMMITTEE

<b>Chair</b>	LCDR Jennifer Curtis	918-342-6400	Jennifer.Curtis@ihs.gov
<b>Chair Elect</b>	LCDR Emily Warnstadt	509-865-1708	Emily.Warnstadt@ihs.gov
<b>Secretary</b>	LCDR Olivia Barrow	907-463-4047	olivab@searhc.org

## Operations

<b>Communications Chair</b>	LCDR Marie-Elena Puleo (Lana)	845-220-2122 x1101	marie- elena.puleo@fda.hhs.gov
<i>Co-Chair</i>	LT Keasha Myrick	405-951-3826	Keasha.Myrick@ihs.gov
Member	LCDR Tanya Selling	520-868-8455	Tanya.L.Selling@ice.dhs.gov
<b>Awards Chair</b>	LCDR Tammy Thomason	304-626-2500 x1151	tthomason@bop.gov
<i>Co-Chair</i>	LT Theresa Chennault	918-342-6400	Theresa.Chennault@ihs.gov
<b>Stakeholder &amp; Community Engagement Co-Chair</b>	LCDR Nicolette Bennett	301-443-3562	nbennett@hrsa.gov
<i>Co-Chair</i>	LT Latasha Turner	301 443-0813	lturner@hrsa.gov

## Officer Support

<b>Recruitment Chair (Ad Hoc)</b>	LCDR Doretha M Tonkins	336-333-5419; 103	Doretha.tonkins@fda.hhs.gov
<i>Co-Chair</i>	LCDR Miranda Nelson (Shropshire)	352-689-5134	mshropshire@bop.gov
<b>Training, Education &amp; Mentorship Chair</b>	LCDR Paula M. Arango	609-723-1100 x6783	parango@bop.gov
<i>Co-Chair</i>	CAPT Mylene Santulan	982-729-8896	Mylene.Santulan@fdihb.org
<b>Technical Readiness Chair</b>	CDR Amy Strain	214-767-3048	astrain@hrsa.gov
<i>Co-Chair</i>	LCDR Tanya Selling	520-868-8455	Tanya.L.Selling@ice.dhs.gov
<b>Data &amp; Evaluation Chair</b>	LCDR Charles Brucklier	301-443-0210	cbrucklier@hrsa.gov
<i>Co-Chair</i>	OPEN		

## Management

<b>Policy Chair</b>	LCDR Emily Warnstadt	509-865-1708	Emily.Warnstadt@ihs.gov
Co-Chair	LCDR Daniel Rector	913-682-8700 x1247/1254	director@bop.gov
<b>Administrative Chair</b>	LCDR Diane Weidley	301-443-8106	Diane.Weidley@fda.hhs.gov
Co-Chair	LT Johnna Bleem	814-362-8900 x3478	jbleem@bop.gov

# SUBGROUP CORNER

## COMMUNICATIONS SUBGROUP

### WANTED ARTICLES FOR NEWSLETTERS:

- A day in the life of a RDH*
- Alternative Career Paths*
- Upcoming Conferences*
- Volunteer Opportunities and Engagement*
- Community Events*
- Tips for Successful PCS*
- Deployment Experience*
- Kudos for promotions and awards*

**What do you want to see in the Newsletter?**

### NEWSLETTER SUBMISSIONS:

**Deadline for Issue II (Summer) August 31<sup>st</sup>**

**Subgroup Chairs:** Ensure to utilize the “Subgroup Submission Form” going forward even if there is nothing to report.

**All:** Ensure to utilize the “Subgroup Update Form” going forward for articles, award notifications, notification of new officers etc.

**FORM:** The form has been uploaded and a link has been placed on our DHPAG website under the Newsletter Section, which can be accessed below:

<https://dcp.psc.gov/OSG/hso/pags-dhpag-newsletters.aspx>

## AWARDS SUBGROUP

The Candace M Jones Award and the Junior Dental Hygienist of the Year Award nominations are being scored at this time by the voting members.

## STAKEHOLDER & COMMUNITY ENGAGEMENT SUBGROUP

Nothing to report at this time.

## TRAINING, EDUCATION & MENTORSHIP SUBGROUP

### DHPAG DIRECTORY

Will be updated quarterly. Please send any changes to maintain the directory updated to LCDR Paula Arango at [PArango@bop.gov](mailto:PArango@bop.gov) or CAPT Mylene Santulan at [Mylene.Santulan@fdihb.org](mailto:Mylene.Santulan@fdihb.org)

### CV REVIEW PROJECT

Upon approval from DHPAG Executive Members, implement the CV Review Project beginning summer 2020. Request DHPAG CC Officers to serve as reviewee and/or reviewers. Announcement will be made via email.

## DENTAL RESOURCES AND CONTINUING EDUCATION COURSES

### CE Credits: Available CE Credits

- <https://www.colgateoralhealthnetwork.com/webinar/?cwF=1&fr=all-formats>
- <http://www.adha.org/continuing-education>
- <https://www.dentalcare.com/en-us/professional-education/ce-course/>
- <https://dentalacademyofce.com/dace/courses.aspx?s=Dental%2520Hygienist&c=Hygiene>
- <https://dimensionsofdentalhygiene.com/ce/>
- <https://www.hu-friedy.com/education/continuing-education-classes>

### Center for Disease Control and Prevention

- <http://www.cdc.gov/oralhealth/>

### Health Resources and Services Administration

- <https://www.hrsa.gov/oral-health/index.html>

### Indian Health Service Early Childhood Caries Initiative

- <https://www.ihs.gov/doh/index.cfm?fuseaction=ecc.materials>

### National Board of Public Health Examiners

- <https://www.nbphe.org/CPH> - Certified Public Health

### National Commission on Correctional Health Care

- <https://www.ncchc.org/CCHP-exam> - Certified Correctional Health Professional

**CONTINUED ON TO NEXT PAGE**

# SUBGROUP CORNER

## TECHNICAL READINESS SUBGROUP

### ADVANCED READINESS PROGRAM:

- Enrollment for the Advanced Readiness begins April 1, 2020 and the deadline for the last submission is April 30, 2020. The program will begin July 1<sup>st</sup> for those selected.
- Season openings will move from 4 times per year, to only 2 times.
- Application can be found in the April 1<sup>st</sup> e-mail sent by CDR Strain, or by clicking [here](#).
- For more information check out the PAC Readiness website: <https://dcp.psc.gov/OSG/hso/sub-readiness.aspx>

### DEPLOYMENT INFORMATION:

- Go Bag information can be found at [https://dcp.psc.gov/ccmis/RedDOG/Forms/Deployment Checklist March2016.pdf](https://dcp.psc.gov/ccmis/RedDOG/Forms/Deployment_Checklist_March2016.pdf)

## ADMINISTRATION SUBGROUP

Nothing to report at this time.

## DATA & EVALUATION SUBGROUP

Nothing to report at this time.

## RECRUITMENT SUBGROUP

Article on “Clarity on Dental Hygienist Commissioning to the Corps” posted in this Newsletter, please review.

## POLICY SUBGROUP

Nothing to report at this time.

# 2019 AMSUS Oral Health Track Session – Transforming Healthcare through Partnership and Innovation




By CAPT Vicky Ottmers, DDS and LCDR Tiffany H. Smith, RDH

## AMSUS Oral Health Session Coordinators

The 128<sup>th</sup> AMSUS Annual Meeting with the theme of “Transforming Healthcare through Partnership and Innovation” was held at the Gaylord National Resort & Convention Center in National Harbor, MD from December 2-6, 2019. On Tuesday, Dec. 3<sup>rd</sup> a special session (USPHS lead and organized) on oral health topics occurred and it was a huge success. The Oral Health Track session was multi-disciplinary and collaborative in many ways. All topics discussed targeted our Primary Care partners in Oral Health, i.e., Physicians, Physician Assistants, Nurse Practitioners, Nurses, Behavioral Health, Pharmacists, Dentists, Dental Hygienists, & all allied Health professionals; a multi-service representation track of USPHS, US Navy, US Army, and International (Germany); and multi-disciplinary speakers to include a Dentist, Physician, and two Pharmacists. Special purple pens marketing the Oral Health Track Session were designed and given to all AMSUS attendees. Purple was used for two reasons - purple represents military collaboration on all levels and purple is used for the Dental profession. Attendance was higher than expected with 70 constant attendees at any given time and over 100 total multi-disciplinary attendees for the entire 3.5 hours of continuing education (CE) session. Special guest attendees included Brigadier General Shan K. Bagby, Chief of the U.S. Army Dental Corps; Major General Roosevelt Allen, Chief of the Dental Corps, U.S. Air Force, Retired; RADM Ty Bingham, Chief Pharmacist Officer, USPHS; CAPT Brian Lewis, Chief Medical Officer, USPHS; CAPT John Eckert, Chief Scientist Officer, USPHS; Colonel Jim Currie, U.S. Army Reserve, Retired, current Executive Director, Commissioned Officers Association of the USPHS; and CAPT James Minor, USPHS, Retired, current Board of Trustees, Commissioned Officers Foundation.

All AMSUS conference abstracts were reviewed for Dental CE by CAPT Ottmers with a final maximum of 22 CE hours available if a dental professional attended all approved dental CE approved courses. These approved courses were identified with a purple molar tooth next the CE session in the official color online program and a purple “D” next the CE session in the onsite official program.

The Oral Health Track Session brought about positive national visibility for the Office of the Surgeon General, USPHS, the Dental Category, and the HSO Category; collaboration with our medical health care partners, our sister services, and our International colleagues; and excellent continuing education. The Oral Health Track session was the only to incorporate official speaker introductions, to have RADM Ricks present AMSUS certificates and his USPHS Chief Dental Officer coin to all speakers, and to include AMSUS Executive Leadership presence. AMSUS Executive Leadership continues to use our Oral Health Track session and the process to obtain dental specific CE hours as the model example for other groups to follow since 2016. The USPHS Dental team easily followed the AMSUS’s theme. Special acknowledgement and appreciation extends to all Oral Health Track Session presenters; RADM Timothy Ricks, Assistant Surgeon General; CAPT John Eckert; CDR Kevin Zimmerman, DePAC Chair; CDR Abby Shannon, DePAC Vice Chair; LCDR Paula Arango, Aide-de-Camp; LCDR Thuc Ngo; and LT Vy Vy Vu for their AMSUS contributions.

National Harbor 4/5	1:00–2:15 pm	<ul style="list-style-type: none"> <li>• <b>Oral Health in America: A Forthcoming Surgeon General’s Report CE, </b> Speaker: RADM Timothy L. Ricks, DMD, MPH, USPHS</li> </ul>
	2:20–3:20 pm	<ul style="list-style-type: none"> <li>• <b>Through the Eye and Mouth: Under Appreciated Early Detectors of Disease CE, </b> Speakers: Mr. Daniel Blum; Mr. David Yoder, PharmD</li> </ul>
	3:25–4:30 pm	<ul style="list-style-type: none"> <li>• <b>The Importance of the Analysis of Teeth-Surfaces for Identification in Case of Mass Catastrophes CE, </b> Speaker: Lieutenant Colonel (MC) Martin Ulbrich, MD, Husum Medical Clinic</li> </ul>



**Oral Health Track Session presenters**

Left to right: COL Daniel Blum, Pharmacist, US Army, Retired; RADM Timothy L. Ricks, Assistant Surgeon General, Chief Dental Officer, USPHS; Mr. David Yoder, Pharmacist, US Navy, Retired; and Lieutenant Colonel (MC) Martin Ulbrich, MD of the Federal Republic of Germany Army.



**Oral Health Track Session On-site Team**

Left to right: LCDR Paula Arango, CAPT Vicky Ottmers, RADM Timothy L. Ricks, CDR Kevin Zimmerman, LCDR Tiffany H. Smith



**Oral Health Track Session Coordinators with AMSUS Executive Director**

Left to Right: CAPT Vicky Ottmers; Brigadier General John M. Cho, MD, US Army, Retired; and LCDR Tiffany H. Smith

# SMALL CHANGES, BIG RESULTS

## LT Woldeammanual & LCDR Selling

The U.S. Public Health Service (USPHS) Corps Retention Weight Standards has been a hot topic for a while now within the USPHS communities. The new standards that took effect in October 2018 utilizes the body mass index, BMI, which is based on an individual's height and weight without regard to age or gender. Due to the crucial need to ensure each USPHS officer meets the requirements of the standards the authors of this article started to strategize as to what could be done to arrive at lower, thus healthier, BMI's. At first, the question arose: "How can height be increased so as to match weight range?" It was quickly realized that increasing height was not valid or feasible option for improving BMI values. The remaining option was to turn the focus toward shedding a few pounds; losing weight to improve the BMI values.

It would be easy to say, "Just get out and exercise" or, as Nike likes to say, "Just Do It! --- End of story! --- Voila!" However, the weight loss effort is not always that simple. Different people have varying time schedules and other obligations that must be considered: young toddlers, rambunctious teenagers, flat tires, home repairs, sick family members, after-hours work projects, care of pets, and so on. These other obligations can truly make it difficult to "Just Do It!" --- That is, to just routinely and regularly set a side time to focus on weight loss. In addition, weight loss, and maintaining that loss, is best accompanied by other efforts. It has been the authors' desire to share ideas, from a Dental Hygienist's perspective, of practical ways to incorporate small, daily efforts, that include exercise. In this way, those within the USPHS communities could move closer toward achieving and maintaining the Corps Retention Weight Standards.

Upon examining a typical hygienist day, it is noticeable that our job is unlike many others. Dental Hygiene is not the kind of profession that can be performed at home, or while hanging out sipping a cup of Starbuck's brew, nor while laying back or working- out on a treadmill. Dental Hygienist typically work outside of the home in a small work space while sitting in a stagnant position with small repetitive wrist and forearm movements, attentively focusing on the confined space of a patient's oral cavity. Following direct patient treatment, Dental Hygienists typically write up patient care documentation, while sitting behind a desk; again, a fixed, stagnant position. The traditional emphasis of studies related to Dental Hygienists has been on ergonomics, particularly as it relates to the Hygienist's seated position of working. However, it is also critical to acknowledge that the duration of how long a person sits down could be equally as dangerous as sitting in an ergonomically incorrect position.

The problem with working sitting down for an extended period of time has long-term consequences. Sitting down and working for longer periods of time puts some of our most crucial muscles (Gluteal Muscles) to sleep, which is eventually going to put them out of commission. It is truly a "Use it or lose it" situation.

### How? Why does this happen and why does it matter?

These crucial gluteal muscles are supposed to maintain the shape of our rear and support the whole spinal column. In fact, it is not an exaggeration to consider this muscle as a power driving us to twist, rotate, sit down and stand up. When the human body gets used to sitting in one position for prolonged periods of time, the gluteal muscles begin to deactivate, become less responsive, and begin to atrophy (to shrink in size). Degeneration of the gluteal muscle-group leads to other complications: back pain, nerve pain, and loss of muscle coordination. An additional problem is calorie retention which results from stagnant sitting for prolonged periods. When the intake of calories does not match the calories burned by the body, it stores the extra calories as fat resulting in weight-gain or obesity. To illustrate, working while sitting down conserves 50 calories per hour more than working while standing. In contrary, if you work standing up for 3 hours a day for five days a week, your body would easily burn 750 calories per week and 3000 calories per month. That is 500 calories shy of 1 pound of fat that could be burned off a month simply by standing for 3 hours a day.

**"A penny a day, a dollar someday"**

The small things we do every day could positively assist us to reach our goal that are seemingly difficult. The three hours investment a day or little movement done in between work, could help burn approximately 36,000 calories in a year. This is very significant if one is considering adding other efforts into their daily activity.

## DID YOU KNOW?

**ergonomics** the study of people's efficiency in their working environment.

As a hygienist, many have heard of how important it is we maintain our ergonomics while providing dental hygiene care to our patients at chair side. The emphasis has primarily been on the importance of sitting-down ergonomically correct to prevent work-related injuries such as musculoskeletal disorder, MSDs. MSDs can lead to pain, weakness, stiffness, and decrease range of motion. It also affects muscles, nerves spinal discs, joints, cartilage, tendons and ligaments with many of the injuries occurring the lower back and upper extremities. However, **DID YOU KNOW** that the duration of how long we sit down could be equally as dangerous as sitting in an ergonomically incorrect position!



Keep in mind though, that **Moderation is key!** Some may make the error and say, “Wow! Just standing for 3 hours per day would make me burn 750 calories a week! I’ll just stand the whole day then!” Standing for long periods of time also has its own set of complications. The stressing point is moderation, there should be a limit to everything we do. Our first recommendation is: try standing for short procedures every now and then; and when sitting- take a break about every 30 minutes, taking a short walk or stretching.

Everyone can be a little bit healthier than they currently are. Keep moderation foremost; eating too little is just as unhealthy for the body as eating too much. Routine exercise is very important even with busy schedules. One must try their best to make time for routine exercise; however, adding these small tips can help facilitate the process even on the days they can’t get to the gym.

## Walk More:

- Walk more at work; Take a break every 30 minutes to walk around, stretch, or get some water
- Park at the farthest parking spot
- Take the stairs instead of elevator/escalator
- Take a walk with the family after dinner instead of watching TV/Phone

## Drink More Water:

- Daily drinking goal: (Your Body Weight in LBS)/ 2 = oz of water per day! \*In hot climates may need to add more\*
- Drink 8oz of water prior to eating → It can help prevent overeating by creating a sense of fullness
- Keep coffee at the minimum. Coffee contains caffeine which can cause dehydration

## Sugar:

- **Reduce the Sugar:** Watch how much **ADDED** sugar is in food, and do not let it exceed the American Heart Association recommendation, 37g per day for Men, and 25g per day for Women. Sugar adds unnecessary calories into the body. These excess calories can cause weight gain. It also ages your cells causing achy joints, aging skin and altered moods (ex: symptoms of depression and/or irritability.)
- **Dark Chocolate:** Can’t cut the sweets? **Try Dark Chocolate**
  - 70%+ Dark Cocoa, the higher the percentage the better. Look at the label and try to find the ones with little to no added sugar such as:
    - **Endangered Species Chocolate:** 72% +, variety of flavors, sugar ranging from 3g-8g sugar depending on percentage dark chocolate. *Author’s Favorite “Tart Raspberries +dark chocolate”*
    - **Lily’s Dark Chocolate:** 55%+, variety of flavors, sweetened with stevia “0g” sugar. *Authors favorite “Almond Dark Chocolate”*

## Eat More:

- **Often:** Eat smaller meals throughout the day instead of three large meals. Eating a small meal, protein paired with a healthy fat (egg with avocado) or protein with a carb (Nut butter and Apple), every 3.5-4.5 hours can keep blood sugar levels more stable → less cravings for sweets → less mood swings due to rise and fall of blood sugar levels → It also can help jumpstart the metabolism!
- **Protein:** Aim for 0.35g of protein per pound of body weight. If routinely exercising, one may need to up to 0.5-0.8g/lbs. Try to have a protein in every meal/snack. This can be healthy lean meats such as chicken and fish or it can be from other protein sources such as nuts, eggs, cheese, seeds and soy. Limit the red meats and processed food.
- **Fiber:** Increasing Fiber, like from fruits and veggies, takes up more space in your stomach making you feel fuller. It also takes longer for these foods to break down, allowing for steady supply of energy.
- **Natural Sugars:** Fruits and Dairy; both help satisfy sweet-tooth cravings and studies have shown that women who had the least added sugar in their diets, their cells were 3-4 years biologically younger according to the age telomer markers.

## Meal Tips:

- **Food Scale:** Using a scale to portion-control food will help in knowing the proper amount to eat and to ensure that one is not overeating or in some cases under-eating.
- **Meal Prep:** Meal prepping is a great way to stick to a proper balanced diet. Choose one day to set aside and plan and prep your meals for the week. Having these healthy snacks readily available will help stop you from conveniently eating whatever is in the lounge which is typically unhealthy.



## Change up workout routine:

- **Rest Days:** Allow yourself to have rest days, but still stay active on those days. Go for a walk, or a casual bike ride.
- **Change up workout intensity:** At least once or twice a week bump up the work out intensity. This can help boost the metabolism.
- **Aim for 2-3 day/week of weight training:** Cardio is great, but it is the muscle that burns the fat. A body with more muscle will burn more at resting than one with less muscle. Too much cardio can start depleting the muscles, in order to combat that, ensure to work weightlifting into your workout.

## Proper Sleep:

- Aim for 7-8 Hours of Sleep
- Set your room temperature to 60-67 degrees
- Turn off the phone/TV at least 1 hour before bed. Computers and cell phones emit blue light from the screen. This can reduce the amount of melatonin produced in your brain and disrupt your circadian rhythms, leading to insomnia and poor sleep.
  - Can't turn off your screen? Try to find Blue Light Filtering Glasses or on some phones you can turn on a blue light filter at specific times of the day.
- Why is sleep important? A lack of sleep can over time cause → Certain hormones to go out of whack,
  - **Leptin** is a hormone your body releases to increase satiety and regulates your food intake and energy expenditure helping your body to maintain its weight. When sleep is restricted it decreases the body's leptin levels causing your appetite to go up → overeat → gain weight.
  - **Ghrelin** levels go up → increases feelings of hunger, causing you to crave and consume more calorie-rich foods in attempt to compensate for lack of energy → overeat → gain weight
  - **Cortisol** is also increased → increase hunger and may negatively affect your body's metabolism. → Increase in cortisol due to lack of sleep can also affect where your body stores fat → increased belly fat → the belly fat then releases inflammatory chemicals which stimulates more cortisol!!
  - When sleep deprived the body stores fat more quickly! In addition, when working out and restricting calories if one then goes into a sleep-deprived state, the body loses more lean muscle mass than fat!

# Clarity on Dental Hygienist Commissioning to the Corps

\*Be advised that the information given has been properly researched up the chain of command to CCHQ and has been verified by CCHQ staff. Please see the chain below.

## Dental Hygienist Commissioning into the Corps:

- **Call to Active Duty or Conversion**

- Per Commissioned Corps Instruction CCI 231.03 Category Specific Appointment Standards dated 6 MAY 2011, dental hygienist must possess the following before commissioning into the Corps:
  - A current, unrestricted, and valid license as a dental hygienist from a U.S. State (as defined in 42 USC 201 (f)) is required.
  - A bachelor's degree in any category that is accredited by an accrediting entity/body
  - Have successfully completed a Commission on Dental Accreditation (CODA) of the American Dental Association accredited curriculum in dental hygiene.

In other words, as it relates to having a bachelor's degree to commission to the Corps through agency conversion or CAD, a dental hygienist must have a bachelor's degree, in anything that has an accrediting entity/body presiding over it, before applying.

- **SRCOSTEP**

- Per Commissioned Corps Instruction 371.03 SR Student Training Program (SRCOSTEP) dated 11/06/95:
  - To be eligible to apply for SRCOSTEP one must:
    - Be a citizen of the United States;
    - Meet the medical standards prescribed for appointment to active duty as a career officer;
    - Meet the age requirement and other appointment standards as specified in INSTRUCTION 4, Subchapter CC23.3, of this manual;
    - Be enrolled in good standing in a school in his/her professional discipline; be eligible to enroll in the senior (last) year of such school; and begin formal studies required as part of the curriculum for the senior (last) year on the date of entry on active duty;
    - Agree, in writing, to serve on active duty as a commissioned officer with PHS for twice the period of training sponsored by PHS as stated in Section E, below, and in Exhibit I, form PHS-6371, "Senior Commissioned Officer Student Training and Extern Program (COSTEP) Agreement;" and
    - Be free of any obligation or commitment that would conflict with extended active duty as a commissioned officer in PHS, such as Reserve Officers' Training Corps or any other military reserve program, or other educational financial assistance (stipend or scholarship), public or private whose terms could result in a conflict.

In other words, as it relates to having a bachelor's degree, a dental hygiene student or dental hygiene graduate (via associate's degree or dental hygiene certification) must be eligible to enroll in a dental hygiene program that has a Commission on Dental Accreditation (CODA) of the American Dental Association during their senior year of study

## Applying

- **CAD or Conversion Applicants**

- PHS is no longer requiring applicants to call the CCHQ call center to begin the commissioning process. They must:
  - go to [usphs.gov](http://usphs.gov)
  - click how to apply
  - Click apply online
  - Create an application profile
  - Start a new application and select **dental hygiene** from the dropdown menu
- There will be a question that asks "Do you possess an ADA (American Dental Association) accredited bachelor's degree?" An applicant must remember that it is a federal application so applicants must ensure

they answer the question accordingly. If they answer no, the application will end and send the applicant a thank you email. Applicants should at that time contact the CAD staff at CCHQ to advise them how they meet the qualification, per Commissioned Corps Instruction CCI 231.03 Category Specific Appointment Standards dated 6 MAY 2011, and someone will manually enter their information into their online profile. The applicant will be able to proceed with the application after that.

- **SRCOSTEP**

- Monitor the usphs.gov website for the announcement of the annual SRCOSTEP open application window (get/stay in contact with a SRCOSTEP recruiter who can help give further guidance on SRCOSTEP as well as dates the application will be open). When the application window opens, an applicant must apply in the same manner as CAD or Conversions via the usphs.gov website and create a profile except they will select **SRCOSTEP** from the dropdown menu.
- Applicants should apply for SRCOSTEP during their sophomore year of dental hygiene school or before they start their junior year of dental hygiene bachelorette studies.
- This year the application will open **1 June through 30 September 2020**
- Please note that CCHQ is aware of the error that exists with the online application as it relates to dental hygienist. That error will be corrected in time to come.
- Also note that the usphs.gov website is not as accurate and up to date as CCHQ policy is written. CCHQ is aware that that information needs to be updated and it too will be updated in time to come.
- In the meantime the information given above is the current process for a dental hygienist commissioning into the Corps as of today per CCHQ instructions and may change in the future.
- Please contact me for more details on any information above or below.

## Chain of Command

### CCHQ

- Isoline Sanderson\_Lead Human Resource Specialist (Military) for Calls to Active Duty CCHQ/Recruitment/CAD Team
- Dominik Lebeau\_ Human Resource Specialist SR COSTEP Program Manager
- LT Eni Rotimi\_ Program Coordinator, Recruitment and Assignments Branch
- Lauren Way\_Help Desk Specialist

### HSO PAC

- Recruitment and Retention Subcommittee
  - Chair\_CDR Martin Guardia

### DHPAG

- Chair\_LCDR Jennifer Curtis
  - Recruitment Subcommittee
    - Chair\_LCDR Doretha Tonkins
    - Co-Chair\_LCDR Miranda Shropshire-Nelson
      - Volunteer\_Executive Co-Chair of BOP/SRCOSTEP Recruitment Team- LT Darion Smith

**Darion Smith, BASDH, RDH**

**Lieutenant, U.S. Public Health Service**

**RDF-3 (Planner)**

Dental Hygienist

Executive Co-Chair BOP/SRCOSTEP Recruitment Committee

Federal Bureau of Prisons

FCI Marianna

Marianna, FL.

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#BetterTogether

# Different Paths, One Hygienist!

LT Darion Smith and LCDR Miranda Nelson

As professional oral disease prevention specialists (dental hygienists), we participate in similar accredited educational programs. As we all know, to become a dental hygienist one must graduate a dental hygiene program that has a Commission of Dental Accreditation (CODA) by the American Dental Association (ADA). All of these programs either offer an associate's degree or a certificate in dental hygiene. There are even undergraduate programs that offer a bachelor's degree in dental hygiene. Regardless of the degree credential, the one fact that remains is we were all taught the same information so that we can all perform the same clinical duty. Our core of knowledge is what unites us all. It is with this fact that we should remember our purpose as dental hygienists in the United States Public Health Service (USPHS; PHS; Corps).

In addition to the academic requirement of accredited foundational dental hygiene education, to join the Corps as a dental hygienist there are other requirements. According to the Commissioned Corps Instruction CCI 231.03 (2011), the policy states that a dental hygienist must possess an unrestricted dental hygiene license in any state as well as an **accredited** bachelor's degree. This means that a dental hygienist's education cannot stop at the associates or certificate level but must progress further to achieve a higher level of knowledge if they want to become commissioned into the United States Public Health Service. The interesting part about the policy is there is no requirement on what the bachelor's degree must be accredited in. It has been brought to our attention that a divide exists on the topic of whether a dental hygienist should or should not be able to commission into the Corps dependent upon their path chosen of bachelorette education. The questions that are raised are should a dental hygienist trying to commission into the Corps be required to have a bachelor's degree in dental hygiene or is it okay to have a bachelor's in *anything* as long as that degree is governed by an accredited organization? Although we may differ in our opinions about the topic, this is a great opportunity to create a conversation that may lead to a change in the policy.

## Different Paths, One Hygienist!

Page 2 of 4

LT Darion Smith and LCDR Miranda Nelson



So, let's talk about it. Take myself; a dental hygienist who did not find out this was the path for me until about 6 months before I graduated high school. I took multiple-aptitude tests about my interest before graduating that gave me a list of what jobs were closely similar to what I like. Dental hygiene may not have been first on each list however, it was listed somewhere on each list near the top. Let me tell it, I was on a path to the NBA, NFL, or track and field. I was even going to go into the military before hygiene school and several times during the program. However, I kept applying for financial aid and they kept paying for it. With some hard work, determination, love, and support I was able to progress through and graduate. I was done with school at that point as dental hygiene school was by far the hardest thing I have ever had to do. I moved to the Chicago area and began my career as a dental hygienist. Ready to rid the Chicago area of periodontal disease, I was on my way. Shortly after, a calling was upon me to join the Service but use my dental hygiene skills for a more underserved population. The only way to do so as an officer in the Service is with USPHS. PHS is the only branch of Uniformed Services that will commission a dental hygienist as an officer. So back to school I went, to St. Petersburg College for their online Bachelor of Applied Science in Dental Hygiene program. Once I graduated, I took a step out on faith and moved back to the South where I was hired by the Federal Bureau of Prisons (BOP). Through the grace of God, my dream had come true as the announcement opened in April 2015 stating PHS was commissioning dental hygienists. I applied and a year later I had accomplished my goal. I joined the ranks of an elite team of professionals practicing dental hygiene in the capacity I love.

Take another path of LCDR Miranda Nelson. One whose path did not lead her to dental hygiene until later in life. She went to school and received her bachelor's degree in biology. Along the way, she felt the desire to better the health of the community clinically and further pursued an education in

## Different Paths, One Hygienist!

Page 3 of 4

LT Darion Smith and LCDR Miranda Nelson



dental hygiene. While doing rotations in dental hygiene school she discovered the USPHS. She answered the call to help the underserved and joined the Indian Health Service (IHS). While working with IHS she had the opportunity to go further, do more, and be more than just a dental hygienist and commissioned to the Corps. So here we are; years later we serve today as two dental hygienists commissioned in the Corps. Both doing the very thing

that we enjoy doing but at different locations within the BOP. So, I ask the question, what makes us so different? Beyond the obvious differences in gender and the path of bachelorette education, what is it that makes us so different? I ask the question rhetorically as it is not what makes us different that ultimately matters. At the end of the day the most important fact that matters is not what makes us different; but rather what makes us the same. We, the DHPAG, all serve alongside each other together as professional oral disease prevention specialists for the United States Public Health Service. Although we share different bachelorette degree credentials and education, we are still dental hygienists. As long as we are in the DHPAG, that fact will never change.

I encourage us all to remember this foundational fact as we ponder the thought of the specifics in commissioning a dental hygienist to the Corps. We have a unique platform in the PHS as the only Uniformed Service branch that will commission a dental hygienist to serve as a dental hygienist. Amongst the highest levels of dental hygiene service lies a DHPAG PHS officer. We go places many people don't go and won't go. We do things many people don't do and won't do. I would say that is in itself a strength that exists between us all. I am certain more dental hygienists in the nation are just as resilient as we are that would love the opportunity to show their commitment to the nation in serving the underserved by practicing this wonderful gift of a profession at the highest level in the land. However, let us not stop there with what I think. Let's use this hot topic as an opportunity to possibly

# Different Paths, One Hygienist!

LT Darion Smith and LCDR Miranda Nelson

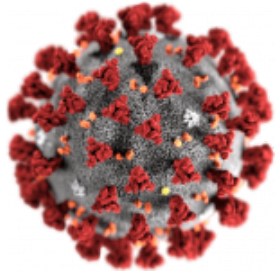
Page 4 of 4

make a change in the Corps and to open dialogue amongst us. This will further unite the PAG in a manner that shows our strength of togetherness. My mantra in life is that we are far better together than we are apart, “#BetterTogether.” Let’s show that by getting on one accord about something that has a greater impact and that is bigger than we are! I hope this article inspires us and motivates us to continue to be the highly skilled professionals that we are. Whether clinical or administrative, WE ARE R.D.H CORPS STRONG!

## Reference

Commissioned Corps Instruction CCI 231.03, (2011). Category Specific Appointment Standards.

Retrieved from [https://dcp.psc.gov/ccmis/ccis/documents/CCI2\\_3\\_1\\_03.pdf](https://dcp.psc.gov/ccmis/ccis/documents/CCI2_3_1_03.pdf) on 4/17/2020.



## USPHS Commissioned Corps Dental Hygienist Deployed with Service Access Team in Response to COVID- Mission



**Author: LCDR Paula Arango, Dental Hygienist**

In March 2020, during the COVID-19 Pandemic, the United States Public Health Service (USPHS) Service Access Team (SAT) Deployment Teams were activated to deploy officers to Dobbins Air Reserve Base (ARB) in Georgia. Members of the SAT teams included CDR Patricio Garcia as Team Lead, CAPT Jessica Feda as Deputy Team Lead, and CAPT Sean Bradley as Operations and Logistics Lead. CDR Joseph Zagame, CDR Gustavo Ceinos, CDR Frank Koch, CDR Crystal Russel, LCDR Paula Arango, LCDR Katrina Goan, LCDR



*USPHS SAT outside of Building 727 in Dobbins ARB.*

Jonathan Owen, LCDR Michele Gottshall, and LT Philip Kapatots supported the mission acting as Case Managers. We collaborated with Health and Human Services (HHS) and other government partners such as the National Disaster Medical Service (NDMS), Disaster Medical Assistance Team (DMAT), and Disaster Mortuary Operational Response Team (DMORT). Our mission was to provide case management services to passengers from the Grand Princess cruise ship placed under mandatory Federal quarantine. These passengers were housed at different military facilities throughout the country.

The SATs were created as part of the National Response Framework's Emergency Support Function (ESF-8). The teams are a Tier 2 Response, thus requiring deployment within 36 hours of activation. The mission of the SATs are to provide resources as well as assistance to local health authorities throughout the country and overseas. During this deployment, the primary functions of the SAT were coordinating the screening process of the Grand Princess passengers, medical case management, passenger quarantine lodging, human services, and data collection using the Joint Patient Assessment Tracking System (JPATS).

The Grand Princess cruise ship docked in Oakland, California with 497 passengers; many with symptoms of infection with COVID-19. These passengers were transported to Dobbins ARB and, upon arrival, were screened for symptoms. The symptomatic passengers were transported immediately to the nearest hospital. The asymptomatic passengers were placed under mandatory Federal quarantine for 14 days and housed at four different sites on-base. At the beginning of the mission, I monitored hotline and answered phone calls from the passengers. Calls ranged from asking for supplies,



*LCDR Paula Arango outside site #3 at Dobbins ARB.*



food, prescriptions, toiletries, bedding to concerns about plumbing, their luggage, package delivery, etc. Calls came in nonstop as it was the only hotline (24/7) for the 497 passengers and one officer worked at all times. As the days passed by, we were able to increase the number phones for the hotline to four, alleviating the stress on both passengers and officers. After five days, my role switched to that of a Case Manager, where I helped fulfill the passenger's requests/needs by coordinating with the appropriate contact. The passengers had their temperature checked daily by Federal staff to monitor any changes in their health. Of the asymptomatic passengers, only 123 gave consent to test for the virus. The testing process took place over a 4 day period. The passengers who tested positive were housed outside the base at a vacant hotel contracted by the Government.



LCDR Paula Arango next to the FEMA truck.

Telephone townhall meetings were held daily at 1600 hrs by members of the Incident Management Team to provide updates and address any questions or concerns from the passengers. These townhall meetings helped ensure passengers that we were complying with Federal laws and that guidelines from the Centers for Disease Control and Prevention (CDC) were being meticulously followed. As the final days of mandated quarantine approached, we contacted the passengers and their families in order to inform them of their release date and prepared travel arrangements.

As a team and as USPHS Officers, we fulfilled the mission of our service to protect, promote, and advance the health and safety of the nation and we achieved this mission through the rapid and effective response to public health needs from our SAT. We felt a sense of accomplishment with every passenger we were able to help, be it their health care need or with a family reunification. In spite of the lack of supplies, water, medicine and food, the passengers we met were strong, determined to overcome their current situation and willing to comply with the Federal quarantine. It was an honor to have participated in this deployment and served the passengers of the Grand Princess cruise ship in a role other than my usual role as a dental hygienist.



SAT Pack! SAT members from USPHS, NDMS, DMAT, and DMORT.



A thank you card made by a passenger from the Grand Princess cruise ship.



Coins from the deployment designed by Earl Barnes, DMORT.

# SELF-QUARANTINE

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## AFTER A COVID-19 DEPLOYMENT

LT Jen Eng

Quarantine life after deployment has not been completely terrible. During my deployment at JFK International Airport for 29 days as a screener, it was Go, Go, Go! Utilizing this time to slow down and come off the high from the deployment to unwind and reintegrate was necessary. I chose a location where I would have pleasant views and was comfortable since I knew that I would be stationed here for the next 14 days. During this quarantine period it did not mean sitting on the couch watching CNN and HGTV all day; I was back to work after two days of respite. After work hours in quarantine was a time to reintegrate back into normal day life with self-care tactics, meditation, decompression exercises, taking baths, and cooking meals. During this entire period, I monitored my health i.e. temperature checked twice a day and observed for symptoms pertaining to COVID-19. The chosen location had ample room for what I needed such as space to move, a desk to achieve work and a kitchenette was mandatory since the quarters I stayed in during the deployment did not have amenities. Emancipation Day finally came, and it meant that I was able to embrace my partner and dog and what a big sigh of relief it was to be reunited once again.



# COVID19: Diamond Princess Cruise

## February 2020



By LT Keasha Myrick, RDH, DHSc  
Registered Dental Hygienist  
Indian Health Services

### *What was the mission of the deployment?*

“The Incident Management Team 4 Service Access Team (IMT4-SAT) was called to support case management needs for 156 Diamond Princess Cruise passengers housed on Travis Air Force Base from Yokohama, Japan and was organized into 4 overarching sections: administration, case management, discharge, and leadership. Although sectioned into teams, each SAT officer remained flexible and supported team needs as necessary.”

### *Was this your first deployment?*

No. This was my fourth deployment.

### *How long was this deployment?*

This mission lasted 14 days with a self-quarantine for 14 more days once we demobilized for cautionary purposes.

### *What was your role and duties during this deployment?*

My assignment was a team of two, case management. Our caseload were approximately 60 passengers and we provided support of daily communication and documentation for each passenger located on base and/or hospitalized in local and out of state hospitals. We obtained daily updates of their well-being (temperature, bodily aches, consistent cough), defined needs (special diets, clothing, personal care, luggage [some passengers were without luggage for duration of their stay]), complex cases (travel to local hospitals, connecting passengers with family members in Japan, liaison between CDC and hospital case managers of hospitalized passengers) and travel arrangements for departure back home. We documented daily updates, requested needed items, and assisted with travel to local hospitals and their destinations.

### *As a registered dental hygienist in case management role, were there any classes or trainings that you had to complete prior to your deployment?*

No requirements of classes or trainings needed to serve in the capacity of case manager for this deployment. As a registered dental hygienist, I was able to utilize my case management skills from chairside clinical settings, such as interpersonal and communication skills, health history

intakes, and patient education. However, we were required to complete a Pre-Deployment Resiliency Training and a Family Care Plan Training prior to this mission.

***What would you consider the “thorn and rose” of the deployment?***

I developed great rapport with my passengers. They shared personal stories, experiences, thoughts, and just a conversation and I listened. The thorn...after building a relationship with my passengers, we were instructed no contact on the day they left the premises. The rose of the deployment was the send-off of the passengers to their destinations. We were able to see the passengers leave the premises with air hugs and cheerful waves to send them off to their destinations.

***What did you enjoy most about your deployment?***

I enjoyed the building of relationships not only with the passengers but with IMT4-SAT deployment team, as well. This deployment team definitely defined camaraderie.

***What was the most challenging part of this deployment?***

The most challenging part of this deployment was finding balance in the beginning. Some days called for new directions, longer hours, and inconsistent communication. An implemented case management plan of action and a daily self-care regimen of morning exercises & meditation, group walks, and journaling stabilized the duration of operation. Moreover, the accomplished mission, successful.

***How was your experience transitioning back to daily life?***

Transitioning back to daily life indeed altered after demobilization. Having to self-quarantine once returning back home was one factor; however, returning to a national social distancing was a revelation, a community of COVID19 passengers to a pandemic. On my 12<sup>th</sup> of 14 days of self-quarantine, working remotely fulltime was my new normal. Being in an administrative role and teleworking during self-quarantine, I was able to transition into my current daily routine effortlessly.

***Do you have any advice or recommendations to fellow officers who may be deploying or interested in deploying during COVID19?***

Follow protocol and self-care. While deployed, we had access to proper PPE and thermometers, washed hands frequently, sanitized workspace and items, and greeted with elbow bumps. Practice protocol and provide self-care daily so that it becomes a routine.

**LT Keasha Myrick, RDH, DHSc**

Registered Dental Hygienist

COVID19-Travis Air Force Base, 2020

Incident Management Team 4 Service Access Team, IMT4-SAT

Team 2, Case Manager

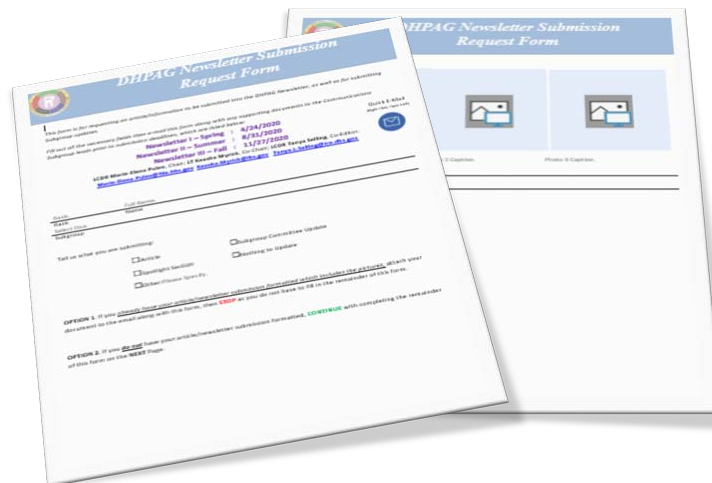


# Newsletter Submission Request

The DHPAG Communications Subgroup has a new form!

## *DHPAG Newsletter Submission Request Form*

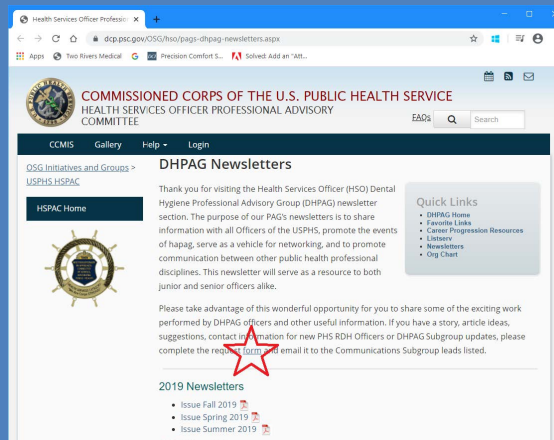
Please start utilizing this form for Newsletter Submissions, Officer Spotlight, Subgroup Updates including nothing to report! Click below to be directed to the new form!



\* After clicking picture above, it will open the PDF attachment window on the left, click and download the attachment to get the form \*

## ***FORM IS ALSO NOW AVAILABLE ONLINE***

via the DHPAG Website, under Newsletters section:  
<https://dcp.psc.gov/OSG/hso/pags-dhpag-newsletters.aspx>



# New Officer SPOTLIGHT

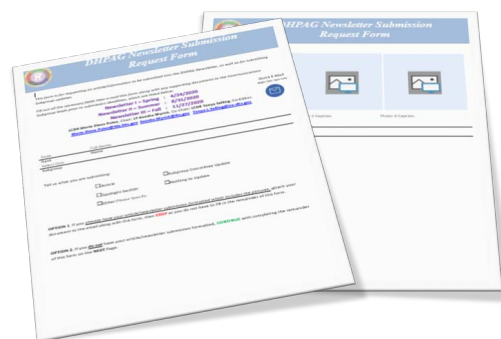
## DHPAG

### Sorry...

There is no new information regarding new PHS RDH Officers for this newsletter.



If you know of and have any contact information regarding new PHS RDH Officers, **Please submit the Subgroup Submission Form**



*No Awards submitted for this Newsletter*

*To submit an award to appear in the next  
Newsletter [Click Here](#)*



# Save the Date

Welcome, everyone to the **SAVE the DATE** section! This section of the newsletter will provide upcoming dental conferences and seminars to attend. Please submit any dental conferences and seminars to be included in newsletters and website that may not be listed below. Also, let us know which event you are attending for a meet n greet session! See you there!!!

January						
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2020 NOHC - **CANCELLED**

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ADHA **CANCELLED**  
See next page for Virtual!

2020 COF Symposium **CANCELLED**

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2020 RDH Under One Roof

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2020 AMSUS





<https://www.hinman.org>



Rescheduled for 2021

19<sup>th</sup>- 21<sup>st</sup> March

April

6<sup>th</sup>-8<sup>th</sup>

National Oral Health Conference  
April 6-8, 2020  
San Diego, California

<https://www.eventscribe.com/2019/NOHC/>



no plans to reschedule for 2020

26<sup>th</sup>-28<sup>th</sup>  
NEW DATE & VIRTUAL ONLY!

2020 ADHA Conference  
The conference for  
June 12-14th has been  
Cancelled. However,  
conference will be held  
Virtually Only on  
June 26 - June 28!

See ADHA website for more Info.



<https://www.adha2020.org/>

15<sup>th</sup>- 18<sup>th</sup>

2020 USPHS Symposium  
June 15-18, 2020  
Renaissance Phoenix Glendale 949  
W. Coyotes Blvd.  
Glendale, AZ 85305

Rescheduled for June 21-24, 2021  
Same Location;  
Renaissance Phoenix Glendale Hotel.

June

USPHS Symposium



see next page for more event information

July 16<sup>th</sup>-18<sup>th</sup>

As of 4.27.2020 event is currently proceeding as scheduled.



**2020 RDH UnderOneRoof**

Gaylord Rockies Resort & Convention Center  
Denver, Colorado

**Pre-Registration is Now Open**

<https://www.rdhunderoneroof.com/2020-pre-registration>

December 6<sup>th</sup>-10<sup>th</sup>

As of 4.27.2020 event is currently proceeding as scheduled.

**2020 AMSUS Annual Meeting**

December 6-10, 2019 at the Gaylord National Resort & Convention Center

<https://www.amsus.org/events/annual-meeting-2/>

# Continuing Education



Free: <https://www.dentalcare.com/en-us>

Free: <http://vivalearning.com/>

More at:

<https://www.colgateoralhealthnetwork.com/webinar/?cwF=1&fr=all-formats>

<http://www.adha.org/continuing-education>

<https://www.dentalcare.com/en-us/professional-education/ce-course/>

<https://dentalacademyofce.com/dace/courses.aspx?s=Dental%2520Hygienist&c=Hygiene>

<https://dimensionsofdentalhygiene.com/ce/>

<https://www.hu-friedy.com/education/continuing-education-classes>

## Certifications

Certified Correctional Health Professional (CCHP):

<http://www.ncchc.org/cchp>