



**Introduction to Dental Sleep
Medicine: The Role for the
Dentist in the Management
of Snoring and Obstructive
Sleep Apnea**

Friday, September 8, 2017
9 a.m. - 2:15 p.m.

Location

Cumberland County Public Health Department
1235 Ramsey Street
2nd Floor Conference Room
Fayetteville, NC 28301

Target Audience

Dentist, physicians, and dental hygienist.

Program Description

This a comprehensive introductory course to dental sleep medicine for dentists and physicians interested in the management of snoring and obstructive sleep apnea. The course will address: normal sleep physiology, classification of sleep disorders and pathophysiology of sleep related breathing disorders (snoring and Obstructive Sleep Apnea), different treatment modalities, clinical examination, side effects of oral appliance therapy, selection and delivery of different oral appliances.

Program: Overview of sleep medicine, physiology of sleep, classification of sleep disorders, sleep related breathing disorders (SRBD), snoring and obstructive sleep apnea, and pathophysiology.

Diagnosis and treatment options: Positional therapy, cpap, surgery, oral appliances

Oral appliances therapy: Mechanisms of action, types of appliances, indication, contraindications and side effects.

Treatment protocol: Clinical exam, bite registration, selection and delivery of the appliance.

Objectives

Upon completion of this knowledge based program, the participants will be able to:

- Discuss basic physiology of sleep
- List Sleep Related Breathing Disorders (SRBD)
- Describe how to screen for snoring and obstructive sleep apnea
- Explain the different treatment options for SRBD
- Understand how to perform a clinical exam in patients candidate for Oral Appliance Therapy
- Learn how to screen for potential TMD problems and how to manage the most common side effects

Speaker

Massimiliano Di Giosia, DDS, Clinical Assistant Professor Department of Endodontics at University of Chapel Hill School of Dentistry.

Fee

\$59 registration fee for individuals before August 25, 2017

\$69 late registration begins August 26, 2017

\$49 for a group of three or more from the same office. Registration and payment must be made at once by fax or calling the registrar at 910-678-7226

Payment Policy: SR-AHEC required full payment for all registrations prior to the program date. We no longer accept purchase orders or supervisor's signatures in lieu of payment. Access to workshops materials and handouts cannot be released until payment is received. Lunch is provided.

Credit

Credit Hours: 4.0

Participants must attend 100% of program time to receive credit.

For more information on North Carolina Dental CE requirements visit the North Carolina State Board of Dental Examiners (NCSBDE) at: <http://www.ncdentalboard.org>

The North Carolina Area Health Education Centers are an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

The North Carolina Area Health Education Centers designates this activity for up to 4.0 hours of continuing education credits.

Disclaimer - Dental Institutions providing dental education have an obligation to disseminate new knowledge related to dental practice. In doing so, some information or presentations may include controversial materials or commercial references. The Southern Regional AHEC office acknowledges that there is potential risk to participants using limited knowledge when incorporating new techniques and procedures into their practices, especially when the continuing education program has not provided them with supervised clinical experience in the techniques or procedures to ensure that they have attained competence. Sponsorship of continuing education courses by the Southern Regional AHEC office does not imply endorsement of a particular philosophy, product or procedure by this institution.

Disclosure - In accordance with the ADA CERP Standard V., everyone involved in planning or presenting this educational activity will be required to disclose any relevant financial relationships with commercial interests and this information will be made available to participants at the start of the activity. As a continuing education provider, the Southern Regional AHEC office is responsible for ensuring the content, quality and scientific integrity of all continuing dental education activities for which credit is provided. The Southern Regional AHEC office is also responsible for taking steps to protect against and/or disclose any conflict of interest of the faculty/instructors presenting those courses.

Substitutes/Refunds/Transfers

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel 48 business hours before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel 48 business hours before the program and obtain a refund for 70% of the registration fee.

Cancellations less than 48 business hours before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Contact

Tamika Perkins, Director of CME, Dental and Pharmacy Continuing Education at Southern Regional AHEC
910-678-7034 / tamika.perkins@sr-ahec.org

Registration Form

Form may be duplicated.

Introduction to Dental Sleep Medicine

CASCE #52650/ DN170908

Phone: 910-678-7226 **Fax:** 910-323-0674

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=52650>

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Circle one: Dr. Mr. Mrs. Ms.

Name _____ Last 4 digits of SS# _____

Certifications/Degrees _____ Specialty Area _____ Are you an NCC? _____

Employer _____ Job Title _____

Work Address _____ City _____ State _____ Zip Code _____

Home Address _____ City _____ State _____ Zip Code _____

Phone (work) _____ (home) _____

A valid email address is needed for program communications. The secondary email will only be used if your primary email replies as "undeliverable."

Email (primary) _____ (secondary) _____

Do not send email announcements of upcoming SR-AHEC programs. Do not share my information with participants and/or exhibitors.

Special Needs / Food Allergies _____

Payment Information

Check (Make payable to SR-AHEC)

Mastercard / Visa # _____ Expiration Date (mm/yy) _____

Name on Card _____ Signature _____

The handouts for the program will be provided online through MyCE located on the SR-AHEC website: www.sr-ahec.org. Early registration is encouraged, as full access instructions will be sent with registration confirmation via e-mail.

For Continuing Education References concerning inclement weather, tobacco-free campus and ADA requirements, please go to: <http://sr-ahec.org/ContinuingEd/CE.html>

Office Use Only: Check Auth # _____ Date _____ From _____ Amount \$ _____

SR-AHEC.org
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