



AIDS and the Dental Practice: Update on Social and Clinical Aspects

Friday, January 19, 2018
9 a.m. - 12 p.m.

Location

Southern Regional AHEC
1601 Owen Drive, Classroom A
Fayetteville, NC 28304

Target Audience

Dentist, hygienist, dental assistant, dental office staff, physicians, nurses, and health educators.

Program Description

Understanding the epidemiology, transmission, social issues, and clinical responses to HIV infection will enhance the audience's ability to manage patients with HIV. This course considers how dental offices may respond to AIDS and discusses referral and treatment options. Information will be presented on dental treatment considerations and management of AIDS-related oral lesions.

Objectives

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

- Review epidemiology, social issues, public health aspects of HIV/AIDS
- Review medical treatment, oral lesion diagnosis and management, and dental treatment considerations for patients with HIV/AIDS
- Answer participant questions about all aspects of HIV/AIDS

Speaker

Lauren L. Patton, DDS. Dr. Patton is Professor and Chair of the Department of Dental Ecology at UNC School of Dentistry and Director of the General Practice Residency program. Current Secretary of the American Academy of Oral Medicine, she is a Diplomate and past President of the American Board of Oral Medicine. She is also a Diplomate of the American Board of Special Care Dentistry. She earned her DDS at the University of North Carolina, attended the 2-year GPR at UNC followed by a 2-year Clinical Dental Staff Fellowship with Oral Medicine/Research training at the NIDCR. During her 26 years on UNC faculty, she has conducted industry and federal government-funded clinical and health services research; participated in teaching at dental hygiene, dental, and post-doctoral levels; published over 125 papers, monographs and book chapters; and lectured internationally on oral manifestations and management of patients with medical complexities, such as HIV/AIDS and oral cancer. She is the Oral Medicine Section Editor of Oral Surg Oral Med Oral Pathol Oral Radiol.

Fee

\$35 registration fee

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.

Credit

Credit Hours: 3.0

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>

ADA C.E.R.P.[®] | Continuing Education
Recognition Program

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 3.0 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-ahcec.org

Registration Form

Form may be duplicated.

AIDS and the Dental Practice

CASCE #53512 / DN180119

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

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=53512>

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.

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

SR-AHEC.org
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(910) 678-7226

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