



Oral Cancer (Diagnosis, Dental and Prosthetic Management

Friday, March 30, 2018
9 a.m. - 2 p.m.

Location

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

Target Audience

Dentist, Hygienist, Dental Assistant, Dental Office Staff, Physicians, Nurses, Health Educators

Program Description

Recognizing the signs and symptoms of oral cancer is key to accurate diagnosis. Explore the signs and symptoms, as well as methods of oral cancer diagnosis. Dental management of the oral cancer patient prior to, during and following surgery, radiotherapy and or chemotherapy is highlighted in this lecture. Expand your understanding of follow-up care and prosthodontic rehabilitation. Highlights will include: treatment and preventive measures for radiation caries, mucositis, infections, xerostomia, and osteoradionecrosis. In response to the rising number of oral cancer in patients, prosthetics is increasingly used for functional as well as esthetic purposes. Learn more about the concepts, principles and techniques in the prosthetic management of the oral cancer patient.

Objectives

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

- Understand and be familiar with clinical signs and symptoms of various oral cancers.
- Understand and be familiar with various diagnostic methods and armentarium for diagnosis of oral cancer
- Understand and be familiar with visual clinical and radiographic evidence of various oral cancers.
- Discuss the sequella of various treatment modalities for oral cancer
- Describe how to manage the oral cancer patient prior to, during and after radiotherapeutic and chemotherapeutic treatment for oral cancer
- Learn about the various prostheses that are fabricated for oral cancer patients.
- Discuss and learn concepts, principles and techniques involved with fabrication of maxillofacial prostheses.

Speaker

Glenn Minsley, DMD, Associate Professor of Prosthodontics and Assistant Dean for Predoctoral Educational at UNC Chapel Hill School of Dentistry.

Agenda

8:30 a.m.	Registration/Check-In
9a.m.	Oral Lecture
12 p.m.	Lunch
1p.m.	Oral Lecture
2 p.m.	Adjourn

Fee

\$59 Early registration fee

Payment Policy: SR-AHEC requires 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.

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.

Credit

ADA credit 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 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.

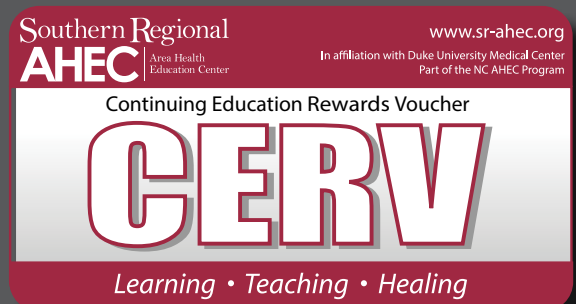
NC license renewal for dentist and dental hygienist: clinical patient care courses offered at Southern Regional AHEC are accepted for NC license renewal.

Contact

Tamika Perkins, Director of CME, Dental and Pharmacy Continuing Education at Southern Regional AHEC
910-678-7238 / tamika.perkins@sr-ahec.org

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**Not redeemable for CME series or contract programs and must be initialed by SR-AHEC personnel at current program.*

Registration Form

Form may be duplicated.

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

Online:

Click below for online registration

<http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=53559>

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

Circle one: Dr. Mr. Mrs. Ms.

**Oral Cancer (Diagnosis,
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DN180330/CASCE #53559**

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
1601 Owen Drive • Fayetteville, NC 28304
(910) 678-7226

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