

# NEWSLETTER

#### THE AMERICAN COLLEGE OF PROSTHODONTISTS

AN ORGANIZATION OF SPECIALISTS DEDICATED TO SERVING THE PUBLIC

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**VOLUME 19** 

**NUMBER 1** 

FEBRUARY 1989

The American College of Prosthodontists begins a new decade, one year early. The events that have occurred this past year will guide us into the 1990's. The Executive Council and the membership must applaud the energies exerted by our Immediate Past President. William Kuebker. Together with Dr. Alex Koper, immediate past president of the F.P.O. and their administrative offices, the highly discussed resolutions are laid to rest. We need to unite prosthodontics! Dentistry as a profession is in danger of losing its structure as we know it now. Steps taken last year will permit unequivocal support for the specialty structure in dentistry from prosthodontics.

The issues the College must address, however, will keep the future of the specialty intact. Dr. William Laney and his committee did an outstanding job preparing the document for the A.D.A. in defense of our specialty. There is a concern that we need to address with the rest of our profession. Prosthodontics is a specialty. We must, therefore, function as a specialty. In the past we were attacked for our cavalier attitude for not enforcing A.D.A. regulations concerning specialty announcement and prac-

#### REMINDER CONSTITUTIONAL AMENDMENT

The Executive Council has mailed a Constitutional amendment to each Fellow and Associate to be voted on by written ballot. The proposed amendment shall become part of the Constitution when at least a majority of all Fellows and Associates vote for its adoption. Not voting is the same as voting against the amendment. Ballots must be received by February 25, 1989.

VOTE BY FEBRUARY 13, 1989

#### PRESIDENT'S MESSAGE



tice. The A.D.A. Code of Ethics clearly states that we must practice our specialty, 100% of the time. We incorrectly accepted 51% in the past. This is something we must resolve immediately. Future defenses of the specialty will be much easier if all members of our profession understand that we live by the same rules as the other specialties in dentistry.

What is 100%? What is prosthodontics? What can we do and what can't we do? These are the stumbling blocks that perhaps have kept us from making the necessary commitments. We all know what areas of dentistry prosthodontics encompasses. There may be arguments that core build ups are operative dentistry, but is operative dentistry a specialty? Some individuals attack prosthodontists for doing inlays in their specialty practice, but are inlays part of the periodontal specialty? The common elements in the above procedures are that neither of the two are an assigned element of another specialty. Extractions, periodontal flaps, single or multiple root endodontics, Class II orthodontic banding, and recommendations from histologic slides are examples of components of other recognized specialties. Emergency extirpation of a pulp after an exposure does not violate the 100% rule, if the prosthodontist refers the patient for treatment to an endodontist. Alveolectomies, extraction of wisdom teeth, etc., violate the 100% rule. Let us settle the issue once and for all. We are prosthodontists, practicing our specialty 100% of the time. We will not infringe on any code of ethics that governs our profession.

I would like to focus on some positive aspects of our College. The Ad Hoc Committee for Goals and Objectives assigned all goals and objectives to specific committees. The individual committees must achieve or further develop these objectives, by a specific date. The goals and objectives will have implications for our relationships with our membership, with our profession, with other professions and with the public we treat. We distributed the general list of objectives to the entire membership. I distributed a categorized list to the chairpersons of the committees. If there are any questions concerning any of these goals and objectives, I would be more than happy to address them with you. Dr. James Fowler, our Vice President, will be monitoring the progress of these goals and objectives. This January, at the Executive Council meeting, chairpersons had their first opportunity to address the specific goals and objectives as they pertain to their committee. A stronger organization, a stronger specialty, and more concern for excellent patient care. These are some of the benefits we hope to realize by accomplishing these worthy goals.

As we grow, we require more and more from our Central Office. The daily

administration of College activities is just part of the role a Central Office can play. Dr. Robert Saporito began to develop criteria and responsibilities for a Central Office Director. The arena of dentistry requires more than the routine administration of direct member services. We must use the experience gained by other specialties. We must commit ourselves to an Office Director who will work for the specialty of prosthodontics on a political platform commensurate with our needs. This is not something we can ask Linda to do. We hope to come to some conclusion this year.

At the last Business Meeting the attending membership gave the 'nod of approval' to begin publishing our own Journal. We have committed appropriate funding from our current resources. The only way the Journal of the American College of Prosthodontists will succeed is with the input and support of the membership. Dr. Stewart is soliciting articles. Please send Ken any articles you feel are appropriate for our prosthodontic audience; please send Ken your paper. We are committed to produce two issues of the Journal. We will not continue if the Journal is not successful. It is 'literally' up to you.

Last fall we installed a telephone information system to provide material and information about prosthodontics. The phone number is 1-800 4 INFO ACP. To date, the number is not in wide circulation. The College and its members will distribute additional brochures at state meetings and public sessions with a directed assembly, including nursing homes or geriatric meetings. Usage will increase. A recorded message gives information about the different aspects of prosthodontics; removable dentures, fixed partial dentures, implants and esthetics. We hope the 30 second messages will perk the interest of callers and encourage them to leave their names. We can send additional information to them. Our Central Office will send the names, addresses and phone numbers of our members in their geographic area. We hope this service will become more popular in the future.

Let's pursue a different subject. We have a superb opportunity to help support the efforts of the International College of Prosthodontists. We have that opportunity NOW and should take full advantage. The ICP meets this year from July 9 -15 in Toronto, Ontario. The International College wants and needs our support to disseminate information concerning prosthodontics throughout the world. Past meetings have been outstanding and an opportunity to meet colleagues from around the world. Prosthodontists outside the United States

also practice clinical dentistry, teach at universities and engage in research. International members of the College have our same high standards. It is enlightening to see how prosthodontists attack similar problems in so many different ways. The meeting will not take place on the North American continent for the next few years. Dr. George Zarb is planning this meeting, and he promises an outstanding program. Now is the time to plan to attend the July meeting. For further information, please contact Dr. Jim Brudvik, our ICP liaison.

There are three additional subjects I must discuss. The automobile industry has had several safety options available to them besides seat belts. One such item is the hotly debated AIRBAG. An airbag is a 'balloon' compactly stored in the center of the steering wheel or in a compartment facing the front seat passenger. If your automobile impacts another car or fixed object, the airbag instantly inflates. This protects the individual's face and dental structures from hard impact injury. Airbags are controversial. Automobile manufacturers are reluctant to provide them because they potentially 'drive up' the cost of the vehicle by more than \$500.00. Insurance companies like them because they reduce the cost of medical and dental care by providing protection from injury Our profession should endorse them because of the suffering they may prevent. Dr. Leonard Abrams in Philadelphia, introduced these airbags to the membership of the American Academy of Esthetic Dentistry. I believe that the American College of Prosthodontists must make a statement regarding our position relative to these safety devices. I have requested that the Public and Professional Relations Committee investigate the advantages and disadvantages of these devices. They will prepare a statement which the Executive Council can approve for public information. The health and safety of our patients are at risk. The College as part of its mission must support safety measures which reduce patient suffering and debilitation.

Secondly, it is the time of year when dues from all our organizations must be paid. I strongly urge our entire membership to please pay the \$75.00 F.P.O. dues. It demonstrates our support of the F.P.O. and will help us carry out our programs.

Finally, I have directed our councilorsat-large to be the direct contacts for specific areas in the country. Dr. Thomas Balshi will be the contact for our members in the Eastern Time Zone, Dr. Ken Turner, the Central Time Zone and Dr. Peter Johnson, Mountain and Pacific Time Zones. They do not supplant the Section officers, but provide, to the membership at large, direct access to a voting Executive Council member.

Dr. Thomas Balshi - Office (215) 646-6334; Home (215) 699-7694.

Dr. Kenneth Turner - Office (404) 727-6740; Home (404) 636-0173.

Dr. Peter Johnson - Office (619) 235-1644; Home (619) 457-2946.

The American College of Prosthodontists is moving forward. We are the specialty organization in prosthodontics and represent the highest level of patient care, concern and compassion. Our activities encompass a broad scope. Our committees are valuable and productive. The benefits we provide our membership are extensive. As part of my next newsletter column, I will publish a reminder list. The Executive Council truly cares about the membership's needs and requirements. Mr FAX phone number is (212) 951-3378 and the line is awlways available. My office phone is (212) 951-3255 and my home phone is (201) 325-2271. Voice your concerns to me, your Section officers, your Councilor-at-Large or any Executive Committee member.

I sincerely hope this year will launch



Once again, the symbol of office, the gavel, changes hands as outgoing President Bill Kuebker welcomes President Steve Bergen.

NEWSLETTER
The American College
of Prosthodontists

Editor
Kenneth L. Stewart, D.D.S.
Publications Manager
Linda Wallenborn



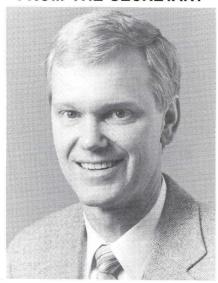
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Please direct all correspondence to: The Editor: 1777 N.E. Loop 410 Suite 904 San Antonio, Texas 78217 advances in prosthodontics for the next decade. I wish all of you a happy and healthy year and hope to see many of you at our Annual Scientific Session next October in Tucson, Arizona.

-Steve Bergen

#### FROM THE SECRETARY



The discussion on the proposed Journal of the American College of Prosthodontists at the ACP Annual Business Meeting in Baltimore was lively with valid points voiced in opposition and support. Dr. Hickey's comments were extremely helpful and presented in the most professional manner. Certainly the Journal of Prosthetic Dentistry will continue to deservedly thrive, regardless of the ACP decision.

However, when all was said and done, the membership voted to proceed with the ACP Journal to be published by Lippincott. The theme of the supporters was a journal to enhance prosthodontics and the ACP without detracting from any of the existing journals.

During the last few years, I have flip-flopped a few times on this issue. What if we gave a party and nobody came? What if we started a journal and failed? Where would we get quality scientific articles? What if paranoia is reality? After all, the JPD has a circulation of 17,000, it is well established in libraries around the world, it is listed in electronic library searches and the Index Medicus. The ACP Journal would not be in the Index Medicus for many years, if ever.

But in the end, I was very pleased to see the membership vote to proceed. The reason — Ken Stewart would be the Editor. Few members of organized dentistry have dedicated so much talent, time and energy to the profession. Who are we as bystanders to stand in the way? Let Columbus have his ships, let Galileo build his telescope. We should all rally around Ken and give him our

support for this monumental endeavor. Members opposed to the ACP Journal could pretend that we have expanded the **Newsletter** to include more scientific articles and put it in a nice binding.

-David W. Eggleston, Secretary

### NOMINEES FOR BOARD NAMED

Nominations of two individuals for Examiner on the American Board of Prosthodontics have been received as of the date of publication. Other nominations may be made before the official closing date which was January 15. 1989.

The Council for the Affairs of the Board will meet February 16th to select two or more candidates to be voted on by the Diplomates. Ballots will be mailed to all Diplomates on March 18th. The ballots must be returned to the Council by April 15th and the voting will be tabulated on April 17th.

The official nominee of the College is Dr. Frank Celenza but resumes of both nominees are included.



PROFESSIONAL QUALIFICATIONS FRANK V. CELENZA, D.D.S., M.S.D.

- 1. Diplomate of the American Board of Prosthodontics since 1980. Nominated for examiner of the Board by ACP, NGS, GNYAP, AES, NPS.
- 2. Clinical experience: 35 years full time (4 days per week) private practice, 24 of which as a prosthodontist (major emphasis in fixed), clinician and teacher.
- 3. Peer recognition: Commission Dental Services Cooperation 1963-65; Board of Trustees, 11th District 1965-67; Scientific Program committee, GNYAP; Scientific Investigation committee, GNYAP 1974; Nomenclature committee, AES, 1974; Executive Council, NGS, 1970-present; Member, The International Society of Neuroscience; Member, Prosthodontic Group of The International Association for Dental Research; Director AES; Chairman Scientific Investigation committee, GNYAP 1978; Scientific Program for International Prosthodontic Meeting, GNYAP section; Glossary com-

mittee, AES 1976-78; NGS Delegate to FPO 1980-present; Chairman, Committee on Dental Practice, FPO; Chairman, TMJ Code, FPO; Chairman, FPO Ad Hoc Committee for Prosthodontic Code; Torch of Learning Award, Tel Aviv U.; Testimonial Award, NGS 1972.

- 4. Major clinical experience in fixed prosthodontics with over 30 published papers authored; Co-Editor of "Occlusion: The State of The Art". Quintessence; Author "The Physiological Development of Occlusal Morphology". La Salle Pub.; Author "Occlusal Morphology", Quintessence Pub. (in its 4th edition); Reviewer and author of Articulation and Articulators Section of The International Workshop on Complete Denture Occlusion; Over 350 essays and lectures and 300 courses (2-5 days duration) presented before local, state, national and international societies and universities.
- 5. Academic Experience: 23 years of teaching in undergraduate and postdoctoral programs at NYU, Boston U, and U of Penn. one day per week. Rank of Clinical Professor achieved.
- 6. Research experience: MSD degree NYU, Thesis- "The Replicability and Variability of Centric Positions"; Research Advisor and Mentor for postdoctoral master theses; 8 research projects completed and published; 11 equipment designs and holder of three U.S. patents including 2 articulator designs.

7. Demonstrated Service to the profession: Membership in a) ACP; b) Fellow and Founder NGS (President 1975); c) Fellow GNYAP; Council 1978, Program Chairman 1981, Vice President 1982, President-Elect 1983, President 1984; d) AES Director 1979-present; e) AACBP Program Chairman 1986; f) AAED Program Chairman 1989; g) Member AAO; h) Board of Trustees 11th District; i) Peer Review Committee 1st, 10th and 11th Districts; j) Program Chairman GLIDM seven years; k) ADA Advisory Committee Council on Dental Care.



Robert S. Staffanou

Dr. Robert S. Staffanou, Professor and Chairman of the Department of Fixed Prosthodontics at Baylor College of Dentistry, Dallas, Texas, has been nominated by the American Academy of Crown and Bridge Prosthodontics for the Fixed Prosthodontics position on the American Board of Prosthodontics. Dr. Staffanou received his DDS degree from the University of Iowa College of Dentistry in 1955 and his MS degree from the same institution in 1961. He received a certificate in Prosthodontics from William Beaumont General Hospital, El Paso, Texas, in 1964. Dr. Staffanou was certified by the American Board in 1966. and has directed general practice programs at William Beaumont General Hospital, Reynolds Army Hospital and Letterman Army Medical Center. At Letterman he was Assistant Chief of the Department of Dentistry, Chief of Fixed Prosthodontics and Director of Residency Training in Fixed Prosthodontics from 1969 to 1976. He was also the Fixed Prosthodontic Consultant to the Surgeon General of the U.S. Army.

Dr. Staffanou taught at the University of California, San Francisco, was Professor and Chairman of the Department of Crown and Bridge Dentistry at the Medical University of South Carolina and is presently at Baylor College of Dentistry. Dr. Staffanou helped plan the graduate prosthodontic program at UCSF, taught in the graduate prosthodontic program at MUSC and presently has a graduate program based in his department at Baylor. He has been very active in the private practice of prosthodontics, having practiced in Walnut Creek, California, Charleston, South Carolina and Dallas, Texas. These practices were limited to all phases of fixed and removable prosthodontics.

Dr. Staffanou has presented over 300 lectures and courses throughout the world, has authored over 20 publications in the professional literature and has written four chapters in two textbooks. He also did statewide continuing education on television in South Carolina. Dr. Staffanou is a Section Editor in Fixed Prosthodontics for the Journal of Prosthetic Dentistry and has been a consultant to the ADA Commission on Accreditation. Dr. Staffanou is a Charter Fellow of the American College of Prosthodontists, Secretary of the American Academy of Crown and Bridge Prosthodontics, Fellow of the American College of Dentists, member of the International Academy of Gnathology, prior member of the Pacific Coast Society of Prosthodontists, member of Omicron Kappa Upsilon and Immediate Past President of the Baylor OKU chapter, a member of the American Dental Association, the Federation of Prosthodontic Organizations and an honorary member of the Korean Dental Society and the Korean Society for Dental Materials. Dr. Staffanou was also recipient of the military "A" prefix designator for exceptional professional ability.

Dr. Staffanou is eminently qualified for the position on the American Board of Prosthodontics and has a unique balance of prosthodontic experience in military clinical practice, civilian private practice, education, administration and research in both the military and civilian environments. While practicing both fixed and removable prosthodontics, his emphasis has always been in the area of fixed prosthodontics and occlusion.

# CALL FOR NOMINATIONS FOR NATIONAL BOARD EXAMINER

At its October 1988 meeting the Executive Council of the ACP approved a new mechanism for nominating the College's candidate for membership on the American Board of Prosthodontics. Now, a group of College members may submit a nomination. In the past, this privilege was limited to members of the Nominating Committee.

The new nomination mechanism is as follows:

- 1. Any five College members, three of whom must be Diplomates of the Board, may submit a nomination packet which must include: (a) a copy of the nominee's current curriculum vitae: (b) a letter which states how the nominee fulfills the criteria for membership on the Board; and (c) a letter from the nominee stating he/she is willing to serve if nominated and elected. The nomination packet must be submitted to the Central Office no later than 2:00 p.m. on May 1, 1989. (A copy of the "Criteria for Selection of Nominees for Election to the American Board of Prosthodontics" and general information concerning the Board, individual Board members and the duties and responsibilities of Board members may be obtained by calling or writing the ACP Central Office.)
- Members of the ACP Nominating Committee will rank order the nominees based upon independent evaluation of how well the nominee meets the criteria for Board membership. The Chairman of the Committee will compile the individual rank ordering and will submit the results and supporting

documentation to the Executive Council for its consideration at the June meeting. (Members of the ACP Nominating Committee are Gerald DiPietro, John Holmes, Mo Mazaheri, Roy Yanase and Bill Kuebker, Chairman.)

- The Executive Council will select the ACP candidate from the rank order list of nominees and will submit the name of the candidate to the membership for approval at the Annual Business Meeting in October 1989.
- 4. The ACP Secretary will submit the nomination to the FPO/ACP Council for the Affairs of the American Board of Prosthodontics before the mid-January 1990 deadline. The Council will select two or more nominees and will mail ballots to all Diplomates in March 1990.

The specific Board position for which nominations are being requested is that of Dr. Ronald Desjardins, representing the sub-specialty of Maxillofacial Prosthetics. The new Board member will be elected in 1990 and will take his/her place in September 1991.

Although the nominee should have experience in maxillofacial prosthetics, expertise in two or more areas is helpful. Nominations for Board members should be non-political and should be balanced geographically and by professional endeavor (i.e., institutional, private practice or both).

The date of rotation off the Board, area of sub-specialty represented, geographic location and area of professional endeavor of the current members of the Board are as follows:

William Culpepper, 1990, Fixed (Georgia; nominations have been submitted and a replacement will be elected in March 1989)

Ronald Desjardins, 1991, Maxillofacial (Minnesota; institutional and private practice)

Kenneth Turner, 1992, Fixed (Georgia; institutional and private practice)

Robert Morrow, 1993, Removable (Texas; institutional)

James Schweiger, 1994, Maxillofacial (New York; institutional and private practice)

Ronald Woody, 1995, Fixed (Texas; institutional and private practice)

Howard Landesman, 1996, Removable (California; institutional and private practice)

Members must participate if the new mechanism is to be successful. Please request the necessary information from the Central Office and submit your nomination as soon as possible.



### COLLEGE JOURNAL TO BECOME A REALITY

At the Business Meeting at the Annual Session in Baltimore, the membership voted to proceed with the establishment of a Journal of the American College of Prosthodontists. The Lippincott Publishing Co. of Philadelphia will be the publisher. Mr. John Wehner, Jr., Vice-President, Journals, spoke to the Executive Council and described the problems and the possibilities of the new Journal. He said that the future of a new journal is bright if the membership supports it.

The Editor of the Journal of Prosthetic Dentistry spoke to the business meeting and generously offered several proposals to maintain the College within the family of the J.P.D. A majority of the members present felt that the time had come for the College to establish itself as the spokesperson for the specialty.

The newly appointed editor, Kenneth Stewart, spoke to the meeting and stated the two prosthodontic journals would be competitive but not antagonistic. All prosthodontists have great respect for the J.P.D. and will continue to do so.

The Editor now is forming the Editorial Board that will direct the policies of the Journal. Members are asked to contribute suggestions on content and policy to the Editor as soon as possible.



Mr. John Wehner, Vice President, Journal Division, Lippincott Publishing Co., discusses the formation of a journal with the Executive Council. Editor Kenneth Stewart is seated to Mr. Wehner's left.

The Editor intends to establish a well-balanced Journal with appeal to all segments of the College and everyone interested in prosthodontics, both the discipline and the specialty.

The first and foremost requirement of the Journal is that it receive the complete and total cooperation and contribution of the officers and members of the College. This is the best method of ensuring success. The Journal is planned as a quarterly publication for the present but frequency will change as demand occurs.

The Journal will be organized in three departments, Clinical Prosthodontics, Research and Education and Prosthodontic Technology. These departments will be subdivided into divisions to satisfy requirements.

Clinical reports will cover all phases of treatment. Research papers will report on all aspects, both basic and applied, of this important part of our work. Prosthodontic technology will include the "how to" approach to solving common problems we all face.

Until more complete information from the publisher can be disseminated, manuscripts should be submitted to the Central Office in duplicate, one original, and should be typewritten double-spaced on 8½ x 11 inch white paper one side only, with margins on all sides. More complete information will be forthcoming but it is necessary to receive your input as soon as possible. The first issue is tentatively scheduled for September of this year. Your help is imperative.

For further information call the Central Office or the Editor at (512) 567-6450 (office) or (512) 342-1684 (evenings).

### MEXICAN LEADERS ATTEND ANNUAL SESSION



President Kuebker, center, welcomes Dr. Ferdinand Angeles Medina, President of the Academia Mexicana De Prostodoncia, right, and Dr. Hugo Torrano Garcia to the Annual Meeting.

The President of the Academia Mexicana De Prostodoncia, Dr. Ferdinand Angeles Medina and Dr. Hugo Garcia attended the Annual Meeting of the College in Baltimore as guests of the College. Dr. and Mrs. Kuebker hosted them for the social activities.

They were particularly impressed with the wide variety of speakers at the scientific sessions. Their organization is the leader in prosthodontics in Mexico and is very active in encouraging research in the field. Much of their annual session is devoted to reports by researchers in all phases of prosthodontics.

At their last annual session held in Mexico City in June, Drs. William Kuebker, James Fowler and Kenneth Stewart assisted in presenting a three-day scientific program. The meeting was very well attended and audience interest and participation was outstanding.

### GUEST EDITORIAL RIGHT OR WRONG

To do "Right or Wrong" is the essence of ethical conduct. Such a statement, of course, oversimplifies the matter since one may be sure that all of us will not agree what constitutes right or wrong in any given situation.

Still, ethical conduct is one of the challenges we face today — ethical conduct of prosthodontists, other dental practitioners, dental educators, and dental leaders.

Ethics was little discussed when I graduated from dental school. The ADA code addressed what was acceptable as advertising, proper relations with each other, and with our patients. There were only a relatively few advertising dentists and we joked about them — "Painless" Parker — it was his legal name we were told.

At that time the dentist/population ratio was 1/2100, dental caries was rampant, 90 percent of American children had some form of tooth decay, more than 90 percent of adults had at least one missing tooth, and fluoride as a decay preventative had just been recognized. You could open your dental office and in a month or two be busy earning a living.

Then came the proof that fluoridated water reduced caries, dentistry was still considered a fine way to make a good living, the federal government began to finance the expansion of dental schools to increase the number of dentists, and the postwar baby boom supplied the students to eventually fill the newly created additional dental school seats—and then what happened?

The ratio of dentists to population dropped to 1/1750, fluoridated drinking water and toothpaste dramatically reduced the amount of dental disease, the FTC challenged the code of ethics of the profession, and dental advertising became widespread. Ethics, including advertising, became a common topic of conversation among health professionals.

The question was asked, what was ethical conduct? To answer that we must first ask what is ethics?

Ethics is defined as a branch of philosophy that deals with "philosophi-

cal thinking about morality, moral problems, and moral judgment. It encompasses the behavior of people, their relationships, and how they ought to behave toward one another in order to live in peace and harmony. In a recent article in the JADA, it was stated that ethics encompasses justice (fairness), nonmalfeasance (not inflicting evil or harm), autonomy (respecting the values of our patients), beneficence (showing mercy, kindness and charity), whistleblowing (exposing neglect or abuse), and integrity (acting in accord with ones conscience). In sum the rightness or wrongness of ones conduct.

Ethical conduct, then, deals with our relationships with one's patients, what treatment we recommend, the decision whether or not to accept a patient, our relationships with our fellow practitioners, and how we present ourselves to the public we serve.

The American College of Prosthodontists has always been concerned about ethics as related to the practice of prosthodontics and the conduct of its members.

It has taken a number of steps to make this concern evident. The College approved an additional standing committee, the Ethics Committee; it developed and approved a "Code of Professional Ethics"; it developed and approved "Guidelines for the Use of the Letters FACD"; and it has directed that "Guidelines for Advertising" for the guidance of College members be developed.

The Committee on Ethics has been assigned the duty to act, in accord with College policy, upon incidents relating to ethical conduct of College members and non-members that are referred to it. In the few such cases that have been investigated, the matters were satisfactorily resolved by brief correspondence.

And now, what about advertising? Is it right? Is it wrong?

During the past decade, the courts of the United States have sought to define the nature and extent of permissible advertising by professionals. In a series of decisions, the U.S. Supreme Court has held that professional advertising which is not false or misleading is commercial speech entitled to protection under the First Amendment of the Constitution. It seems—some is right—some is wrong.

The American College of Dentists, The American Association of Dental Schools, and the American Dental Association have worked in concert to emphasize the teaching of ethics in dental schools in this country. As the teaching of ethics, the "rightness or wrongness of an action", becomes more pervasive in the dental education system it should have a profound effect on dental advertising and all issues that require ethical judgment.

The College will continue to monitor and promote actions that will make it easier for our colleagues to make the **RIGHT** decision. The effort to develop "Guidelines for Advertising" is one of these actions.

-Robert W. Elliott, D.D.S.

#### A GRATEFUL WINNER RESPONDS



The grateful winner, Richard Jones, accepts the keys to the Mercedes from Chairman Tom Balshi and President of the Foundation Cosmos DeSteno.

Dear Tom Balshi:

I've been remiss in not thanking the Foundation and the College for the most rewarding meeting I've ever attended.

For a decade, I've supported the American College of Prosthodontists expecting nothing in return except professional representation. Recently, I have noted a trend in the College that makes it particularly responsive to the needs of the private practitioner. In fact, it was the Private Practice Seminar that stimulated me to come to the Baltimore meeting. I applaud the Private Practice Committee on their efforts.

I feel that I've gotten back my dues even without the Mercedes. I feel strongly that in today's practice environment efforts like that of the Education Foundation deserve widespread support.

Please let me know if there is anything that I can do to help with next year's promotion. I am willing to be the 1989 Recipient. That crown feels comfortable on my head and I hate to give it up. I would be willing to sell "lucky number tickets" for a \$10.00 surcharge (proceeds to the Foundation).

Thanks for selling me the ticket. Sincerely,

Richard E. Jones, D.D.S., M.S.D.

### FUND RAISER A \$60,536.00 SUCCESS!!!

Excitement and festivities at the Industrial Museum of Baltimore were only

a small part of the enormous success experienced at the first annual Education Foundation Fund Raiser. After a year of planning and hard work, the Committee was pleased to have 250 guests participate in the crab feast, fund raising auction and raffle. Over 500 tickets were sold for a drawing with multiple prizes. The first prize for the Mercedes Benz drawing went to Dr. Richard Jones, one of our own College members from Indiana. (See accompanying letter.).

During the night at the auction, a 50/50 drawing added to the festive fund raising efforts.



The Education Foundation raffle attracted a large and enthusiastic crowd.

Merchandise donated by numerous dental suppliers and manufacturers was auctioned off. Professional auctioneer, Steve Kriebel raised the bidding in the audience to a feverish pitch on numerous items. All these events made for a wonderful evening and enormous contributions to the Education Foundation.

A total of \$60,536.00 was generated. Following is a list of individuals who participated and contributed to both the fund raising raffle, as well as the auction. Also included is a list of manufacturers we would like to gratefully acknowledge for being very generous to the Education Foundation. We look forward to having these manufacturers join us again next year for an even more exciting fund raising function. Next year's goals will be to double the benefits of this year's efforts.

Raffle list of all members of the ACP: Scott Adishian, Kenneth Adisman,

#### **TUCSON 1989**

Come to
historic and picturesque
Valley of the Sun.
Plan now to attend
the Annual Meeting
of the College
in Tucson
October 25-28, 1989.

Sam Adkisson, William Akerly, James Allen, Carl Andres, Roy Andrews, Carlos Antolin, Marc Appelbaum, Paul Archacki, Eugene Archer, George Argerakis, Paul Arnold, Tim Avedovech, Sherman Axinn

Marvin Baer, Thomas Balshi, Bruce Barbash, Bruce Barnhard, Gerald Barrack, Stephen Bartlett, Hassan Bashiri, Crystal Baxter, James Bell, Victor Beresin, Stephen Bergen, Rolando Bernui, Jospeph Berte', Joseph Berube, Janine Bethea, Warie Betts, Kurt Biedermann, Paul Binon, Nathan Birnbaum, Jay Black, Clive Boner, Louis Bonvissuto, P. I. Branemark, Darwin Brendlinger, Milton Brown, James Brudvik, Sebastian Bruno, Ronald Bryant, William Burns, John Burton, Jr.

Lawrence Calagna, Mickey Calverley, Jerry Campbell, James Carney, Raymond Carpenter, Joseph Caruso, C. Wayne Caswell, Richard Cavanaugh, Edmund Cavazos, Jr., Frank Celenza, Howard Charlebois, Bruce Chernow, Gordon Christensen, Lawrence Churgin, Joseph Ciconte, Dale Cipra, Jo Ann Ciruendel, Francis Clark, David Clary, Arthur Clifford, Stephen Cohen, Guy Colaneri, George Colt, Martin Comela, Martin Comella, Phillip Cook, Michael Cortese, Lori Costa, Jim Cottone, Joann Coughlan, Richard Courson, Robert Covatti, Richard Cov. Roger Craddock, Harold Crosthwaite, Patrick Crowe, David Crozier, Richard Cunningham, Thomas Curtis

Eugene Dahl, David Dana, Jon Daniels, K. Scott Danoff, Jose R. Davila-Orama, Geoffry G. DeGennaro, Jacques DeLorimier, Cosmo DeSteno, John Depner, Girard J. DiPietro, William Dillon, Jr., William F. Dodson, David Donatelli, Jeffrey Dornbush, Joe Dorsey, Carl Drago, David Drennon, Frederick Drexler, Charles R. DuFort, James Duckworth, Francis Duquella, Karen Dykman

David Eggleston, Terry Eggleston, William Elkins, Robert W. Elliott, Thomas Emmer, Allan Estey, Doug Evans

Earl E. Feldmann, Jonathan Ferencz, Jon Finley, Fredrick C. Finzen, Terence Fleming, John E. Flocken, Kenneth Fortman, Richard Foster, James Fowler, Jr., Barry Franzen, Alan Friedman

Scott Ganz, Don Garver, James Gentile, Mark George, Michael Gibbons, Gerald R. Gifford, Thomas B. Girvan, Barry Goldstein, Frances Goldstein, Juan B. Gonzalez, Charles Goodacre, Richard Goodkind, John T. Goodman, Leslie L. Gracey, Robert D. Grady, Ronald Granger, Gerald N. Graser, Richard Greenfield, John Grieco, Arthur

Grieder, J.M.C. Grundy, Samuel Guyer Raymond Hancock, John R. Hansel, Larry Harman, John Harrison, Connie Hartranft, Tim Hastings, L. Robbin Henderson, Patrick Henry, Richard Hesby, Alan Hickey, Robert W. Hinman,

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Yahia Ismail

James Jackson, Rhonda Faye Jacob, Lee Jameson, Roger Johansen, Dean Johnson, Francis Johnson, Richard Jones

Jack Kabcenell, Charles Kass, C. Kastner, M. Kellerman, Terry Kelly, Dana Kennan, Charles Kennedy, Gordon King, Peter Kondon, Alex Koper, E. Neal Kopp, Jack Kouyoumdjian, Donald C. Kramer, Frank J. Kratochvil, Fred Kriegel, Paul Kudyba, Jr., William Kuebker

Gary Laine, Edward M. Lamers, Lloyd S. Landa, Stuart Lane, Brien R. Lang, J.D. Larkin, Joseph Lasnoski, Kim Laurell, Craig Lee, Bill Lefler, James Lemon, William Lenihan, Richard Leupold, Douglas Levy, Harold Litvak, Patrick Lloyd, Sheldon Lorbee, Sheldon Lorber, John Lorenzo, W. Brock Love, Ronald LuBovich, John J. Lucca

Jerome A. Mahalick, Brian Mahler, K. Malament, Charles M. Malloy, Keith Marcroft, Vincent Mariano, Jr., Jeffrey Markowitz, Thomas Martin, Joel Martin, Lewis Martin, Lori Martin, Mohammad Mazaheri, James McCartney, Conrad E. McFee, Thomas McGarry, Glen P. McGivney, William McIntire, Barry McKnight, Ezra Merritt, Thomas Miller, Richard Miller, Ernest Mingledorff, Glenn Minsley, Milton Miranda, Donald Missirlian, Donald L. Mitchell, Paul Mitchell, Edward Monaco, James Monaco, George E. Monasky, Darrel, Mooney, Leonard R. Moore, Assad Mora, Don W. Morgan, Donald Mori, Don R. Morris, Robert W. Morrow, Kenneth E. Mort, Frederick S. Muerchinger, Satish Mullick, Ronald Myers

William W. Nagy, Roy Y. Nakamoto, Joseph N. Nassif, Ferdinand, Neurohr, Dennis Nilsson, Gunnar Norlind, Kenneth Nozik, Ernest Nuttall

F. O'Connor, Jr., Ben Oesterling, Bernard Olbrys, John Ostrowski

Carolyn Parker, Norma Partida Jones, Anthony Patterson, Jr., Billy Peal, W.D. Pearson, Craig Pearson, Richard Persiani, Timothy Peterson, Glen Petteway, Marvin Pinn, Edward Plekavich, Paul Pokorny, Richard Preece, William Priester, III

Edgardo Quinones

Ryle Radke, Jr., Eric Rasmussen, Anthony Rinaldi, Jacques Riviere, Keith



Say it ain't so - Bill Welker is not convinced crab is for eating.

Robinson, Alain Roizen, John Rose, III, Simon Rosenberg, Philip Ruben, James Ryan

Asha Samant, Paul Sanchelli, Robert Saporito, Robert Sarka, Forrest Scandrett, Louis Scannicchio, Bruno Schiffleger, William Schmidt, Jr., Stephen Schmitt, Robert Schortz, Carl Schulter, Harry Schwartz, Ricardo Schwedhelm, Frank Seaman, Partick Seely, John Seibert, James Shields, Ephraim Shulman, James Simone, Graham Simpson, Larry Sindledecker, Remo Sinibaldi, James Skiba, Ronald Sloan, Donald Smith, William Smith, Jr., Mark Spector, Robert Sproull, Elwood Stade. Steven Stanley, Charles Stefl, Mark Stevens, Kenneth Stewart, Robert Strohaver, Daniel Sullivan

Michael Tabacco, Thomas Taylor, James Taylor, William Tener, James Thiel, Joseph Tregaskes, Frank Tuminelli, Kenneth Turner

Eugene Unti

Roger Vitter, Ann Sue Von Gonten Jerry Walker, J. Gregory Wall, Linda Wallenborn, Charles Walowitz, Ray Walters, Nai-Huei Wang, Walter Warpeha, Jr., Saul Weiner, William Welker, Stephen Welsh, Larry West, Gary Wetreich, Jonathan Wiens, Charles Wilcox, Michael Wiley, Noel Wilkie, Earl Williams, Rodney Wilson, Timothy Wilson, Edward Woods Ronald Woody

Roy Yanase, Boris Yasinovsky, Leslie Young, Jr.

Hussein Zaki, Leonard Zaslow, David Zelby, Gerald Ziebert, Ira Zinner

The deepest thanks of the Education Foundation goes to the generous donors of merchandise for the exciting auction.

Whaledent, Ultradent Products, Inc., Nobelpharma USA, Inc., Interpore International, Ivoclar, Columbus Dental, Hall Reconstructive Seminar, Dr. C. K. Parker, Premier, Innovadent, White Burs, Inc.,



Commercial exhibitors play a large part in the success of the Annual Meeting.

Medidenta, Minnetonka Medical, Dentsply, Block Drug Company, Teledyne Getz, Stryker Surgical, Williams, Quintessence Publishing, Lang Dental Mfg. Co., Whip Mix Corporation.

### NEW DIPLOMATES WELCOMED TO COLLEGE



The new class of Diplomates is officially elevated to Fellow status at the Annual Meeting. College members join in congratulating them for their accomplishments.

At the Business Luncheon during the Annual Session in Baltimore the new diplomates of the College (see accompanying photos) were recognized. Each new Fellow wore a distinctive name tag to permit other members to congratulate them on their accomplishments. Each new Fellow attending the luncheon was introduced to the audience by President Kuebker and received a suitable certificate acknowledging this important step in their professional growth.



Happiness is wearing a purple ribbon and becoming a new Diplomate.

### SERVING YOUR COLLEGE

Each year following the College elections at the Annual Session the new President announces Committee appointments for the coming year. President Stephen Bergen has selected the following College members to carry out

the duties as prescribed by the Constitution and By-Laws.

The College, in the past, has been fortunate in having a vast pool of talented, motivated and dedicated men and women to voluntarily serve on these many committees. There are currently over 40 committees with nearly 290 members actively participating.

If you would like to join this group and serve on a committee next year, write to President-Elect John Holmes and tell him in what capacity you would like to participate.

Also, if you have an idea or an opinion, either for or against an action of the College or a policy of the College convey it to a member of the Executive Council, a committee member or to the Editor of the **Newsletter** and action will be taken. No thought or opinion of a member should go unanswered. Remember, the College had to face an important decision concerning FPO membership because a single member cared enough to raise the issue.

#### COMMITTEES FOR 1988-1989 Constitution and Bylaws

Dr. Richard R. Seals, Chr.	2 years					
Dr. Barry D. McKnight	1 year					
Dr. James L. Lord	1 year					
Dr. Michael J. McGowan	2 years					
Dr. Steven A. Aquilino	3 years					
Dr. William D. Culpepper	3 years					
Education and Advancement						
Dr. Peter F. Johnson, Chr.	1 year					
Dr. Paul A. Hansen	1 year					
Dr. Vartan Ghugasian	1 year					
Dr. Stephen M. Schmitt	2 years					
Dr. Garrett Hartman	2 years					
Dr. Robert L. Schneider	2 years					
Dr. Arthur Nimmo	2 years					
Dr. William E. Smith, Jr.	2 years					
Dr. Carl J. Andres	3 years					
Dr. Michael G. Wiley	3 years					
Dr. Thomas D. Taylor	3 years					
Dr. Steven R. Gordon	3 years					

Affiliates/Associates Seminar
Dr. Dale Cipra, Chr.
Educators/Mentors Seminar
Dr. Gerald Graser, Chr.
Board Preparation Seminar
Dr. Kenneth A. Malament, Chr.

Membership and Credentials					
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2 years					
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Dr. Richard T. Brown

Dr. Robert W. Hinman

Dr. William O. McIntire

Dr. Meade C. van Putten, Jr.

Dr. David M. Bohnenkamp

Color and Color Matching

1 year

2 vears

2 years

2 years

3 years



The Officers and Executive Councilors assume their offices in Baltimore. Rear row from left, Cosmo DeSteno, 2nd Past President; Councilor Peter Johnson; Secretary David Eggleston; 1st Past President William Kuebker; Councilor Kenneth Turner; Councilor Thomas Balshi; Treasurer Ronald Woody; President-Elect John Holmes; President Stephen Bergen; Vice President James Fowler.

Dr. David A. Felton	1 year	Central Office Advisory Co	mmittee	Table Clinics
Dr. Bruce G. Valauri	2 years	Dr. Edmund Cavazos, Chr.	2 years	Dr. Carl J. Drago, Chr.
Dr. William N. Nagy	2 year	27 125 V COM 127 COM CONTRACTOR STATE OF THE	•	The same of the sa
		Dr. Robert A. Saporito	1 year	Projected Clinics
Dr. F. Michael Gardner	2 years	Dr. Robert J. Cronin	1 year	Dr. Assad F. Mora, Moderator
Dr. John A. Sorensen	3 years	Dr. George R. Troendle	2 years	Historian
Prosthetic Dental Care Prog	grams	Dr. L. W. Carlyle, III	2 years	Dr. Robert J. Sarka
Dr. Paul P. Binon, Chr.	1 year	Dr. Ernest Schelb	3 years	Associate Editor to the J.P.D.
Dr. Thomas J. Martin	1 year	Dr. John A. Sobieralski	•	
I Production to the second		10 ACC 100 ACC	3 years	Dr. Noel D. Wilkie 1 year
Dr. Douglas W. Goff	1 year	Peer Review Committee		Parliamentarian
Dr. Roger E. Johansen	1 year	Dr. Robert G. Tupac	3 years	Dr. Richard R. Seals 1 year
Dr. Richard A. Foster	2 years	Dr. Carl J. Andres	1 year	Ad Hoc Committee on the
Dr. Rolando Bernui	2 years	Dr. Dale E. Wilcox	1 year	International College of
Dr. William G. Kaylakie	2 years	Dr. Harold Litvak	2 years	I
The state of the s		* 65 E PE-1 COMMO		Prosthodontists
Dr. Frank V. Celenza	3 years	Dr. James L. Lord	2 years	Dr. James S. Brudvik, Chr.
Dr. Clifford W. Van Blarcom	3 years	Dr. Jack L. Kabcenell	3 years	Dr. Thomas J. Balshi
Nominating Committee		Dr. Dave W. Eggleston	3 years	Dr. Nicholas V. J. Barrett
Dr. William A. Kuebker, Chr.		Ethics Committee		Dr. Jack D. Preston
Dr. John B. Holmes		Dr. Robert W. Elliott, Chr.	2 years	Ad Hoc Committee on Dental
Dr. Mohammad Mazaheri			-	
The second secon		Dr. Richard J. Grisius	1 year	Laboratory Service
Dr. Roy T. Yanase		Dr. Ray A. Walters	1 year	Dr. Martin C. Comella, Chr.
Dr. Girard J. DiPietro		Dr. Harold J. Crosthwaite	2 years	Dr. Edward J. Billy
Private Practice of		Dr. Thomas D. Taylor	3 years	Dr. Terry L. Eggleston
Prosthodontics Committe		Dr. Alan S. Broner	3 years	Dr. Patrick W. Seely
Dr. Thomas J. McGarry, Chr.	-	Dr. Robert J. Flinton	3 years	Dr. Thomas S. Striano
Dr. George J. Schuetz	1 year	Annual Sessions Committe	ee - 1989	Dr. Thomas J. Martin
Dr. Francis E. Clark	1 year	Tuscon, Arizona		Dr. Robert W. Rudd
Dr. Paul P. Binon	2 years	Dr. Gerald M. Barrack,		Ad Hoc Committee on Geriatrics
Dr. Gerald M. Barrack	2 years	Annual Session Chr.		Dr. Patrick M. Lloyd, Chr.
Dr. Bruno E. Schiffleger	2 years	Dr. Kenneth L. Stewart		The same of the sa
		742		Dr. Stephen J. Ancowitz
Dr. Garrett D. Barrett	2 years	Dr. John F. Burton, Jr.		Dr. David S. Clary
Dr. Carolyn K. Parker	2 years	Dr. Joel O. Martin		Dr. Stephen R. Gordon
Dr. Richard E. Jones	3 years	Dr. Robert W. Hinman		Dr. Charles F. Hertzog, Jr.
Dr. Leonard B. Zaslow	3 years	Dr. Ronald D. Woody		Dr. Robert E. Ogle
Dr. Robert A. Saporito	3 years	Essay Program Subcomi	mittee	
Site Selection	o years			Dr. Joyce F. Palik
1	_	Dr. Gerald M. Barrack, Cl	ır.	Dr. Warren S. W. Yow
Dr. Mo Mazaheri, Chr.	2 years	Dr. Jack D. Preston		Ad Hoc Committee on the Care
Dr. E. Grant Eshelman	1 year	Dr. Harold Litvak		of the Maxillofacial Patient
Dr. S. George Colt	1 year	Dr. Joel O. Martin		Dr. Clifford W. Van Blarcom, Chr.
Dr. Ronald Woody	2 years	Dr. Kenneth A. Malament		Dr. Michael A. Carpenter
Dr. John F. Burton	2 years	Dr. Marvin J. Pinn		
				Dr. Verdi F. Carsten
Dr. William E. LaVelle	2 years	Local Arrangements Subo		Dr. James H. Doundoulakis
Dr. Don Garver	3 years	Dr. E. Grant Eshelman, J.	:, Chr.	Dr. John D. Piro
Dr. Robert A. Strohaver	3 years	Dr. Joseph F. Bock, Jr.		Dr. Thomas J. Vergo
Budget		Dr. William S. Jameson		Dr. Barry Shipman
Dr. John B. Holmes, Chr.		Dr, Robert M. Rohen		Ad Hoc Committee on Computer
Dr. Ronald D. Woody				Utilization
		Dr. Howard M. Steinberg		
Dr. James A. Fowler, Jr.		Dr. Ezra A. Merritt		Dr. Stephen F. Bergen, Chr.
Dr. Stephen F. Bergen, Advis	sor	Exhibits Subcommittee		Dr. Ernst Schelb
Linda Wallenborn, Advisor		Dr. Mohammad Mazaheri	Chr.	Dr. Leonard B. Zaslow
Sections Committee		Dr. Joseph J. Berte		Dr. David A. Chance
Dr. Carl W. Schulter, Chr.	2 years	Dr. C. Wayne Caswell		Ad Hoc Committee on Liaison to the
Dr. Jack D. Gerrow	-			007 19300 197
	1 year	Dr. Niles F. Guichet		ADA House of Delegates
Dr. C. Wayne Caswell	1 year	Dr. Vernon Y. Kwok		Dr. Lawrence S. Churgin, Chr.
Dr. George R. Troendle, Jr.	2 years	SECURIO DE COMPANIO DE COMPANI	ATT - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Dr. Bill B. Lefler
Dr. William F. Bowles, III	2 years			Ad Hoc Committee on Implant
Dr. James F. Skiba	3 years	QUESTIONS?		Prosthetics
Dr. Donald G. Crabtree		QUESTIONS:		
	3 years	IDEAS?		Dr. Charles E. English, Chr.
Dr. Craig V. Lee	3 years	IDLAS:		Dr. Thomas J. Balshi
Prosthodontic Nomenclatur	e	PROBLEMS?		Dr. Robert J. Chapman
Committee		I I I I I I I I I I I I I I I I I I I		Dr. James H. Doundoulakis
Dr. John A. Sobieralski, Chr.	2 years	Call the		Dr. Carl J. Drago
Dr. Aaron H. Fenton	1 year			Dr. Paul P. Binon
Dr. Joseph P. Janosek		Central Office		
I was an area to be a second or seco	2 years			Dr. Barry M. Goldman
Dr. Lily Garcia Bohnenkamp	2 years	(512) 829-7236		Dr. Yahia H. Ismail
Dr. Brian M. Kabcenell	3 years	, , ,		Dr. Paul S. Schnitman
Dr. Gerald M. Barrack	3 years			Dr. Roy T. Yanase

#### Ad Hoc Planning and Presidential **Advisory Committee**

- Dr. Robert A. Saporito, Chr.
- Dr. William A. Kuebker
- Dr. Cosmo V. DeSteno
- Dr. David W. Eggleston
- Dr. James A. Fowler, Jr.
- Dr. John B. Holmes

#### Ad Hoc Committee for Fixed and Removable Prosthodontics

- Dr. William A. Welker, Chr.
- Dr. William B. Akerly
- Dr. Harold J. Crosthwaite
- Dr. David R. Burns
- Dr. Earl E. Feldmann
- Dr. Jerry D. Gardner
- Dr. Ernest B. Mingledorff
- Dr. George E. Monasky
- Dr. David A. Beck
- Dr. Ann Sue von Gonten

#### Ad Hoc Committee for Corporate Support

- Dr. Cosmo V. DeSteno, Chr.
- Dr. Joel O. Martin
- Dr. Thomas J. Balshi
- Dr. Gerald M. Barrack
- Dr. Peter F. Johnson
- Dr. Kenneth L. Stewart
- Dr. Ronald D. Woody

#### Ad Hoc Committee for Temporomandibular Disorder

- Dr. Kenneth L. Hilsen, Chr.
- Dr. Frank Celenza
- Dr. Gerald M. Barrack
- Dr. Assad F. Mora
- Dr. Stephen M. Schmitt
- Dr. Cosmo V. DeSteno

#### Ad Hoc Committee on Continuing Education

- Dr. John F. Burton, Jr., Chr.
- Dr. Dale L. Cipra
- Dr. Robert A. Strohaver
- Dr. Robert A. Saporito
- Dr. Kenneth D. Rudd

#### Ad Hoc Committee on the Future of Prosthodontics

- Dr. Jack D. Preston, Chr.
- Dr. Howard M. Landesman
- Dr. Girard J. DiPietro

#### RESEARCH COMPETITION **WINNERS**

The finals of the John J. Sharry Research Competition was held in Baltimore, October 5, 1988 during the Annual Meeting of the American College of Prosthodontists. The College members attending the scientific session served as judges for the competition.

The winners and their subject, school and sponsor are as follows:

1st place winner: Dr. Mariane Bafile, "Porosity of Denture Resin Cured by Microwave Energy". Eastman Dental



Dr. Mariane Bafile, Eastman Dental Center, was the winner of the John J. Sharry Research Competition.

Center. Sponsor - Dr. Gerald N. Graser. 2nd place winner: Dr. Michael S. Jacobs, "An Investigation of Dental Luting Cement Solubility as a Function of the Marginal Gap". University of Texas Health Science Center at San Antonio and Wilford Hall USAF Medical Center. San Antonio. Sponsor - Dr. A. Stewart Windeler.

3rd place winner: Dr. Douglas Brian Evans, "The Influence of Condensation Method on Porosity and Shade of Body Porcelain". University of Texas Health Science Center at San Antonio and Wilford Hall USAF Medical Center, San Antonio. Sponsor - Dr. A. Stewart Windeler.

The first place winner receives an award of \$1,000, second place an award of \$500 and third place \$250. All receive a recognition plaque, a pocket patch, a study quide for certification and all volumes of Classic Prosthodontic Articles.

These young investigators, their programs and sponsors are to be congratulated for the high standards they set in preparing their research protocols. The College benefits from the efforts of these future leaders.

The search for the next Research Competition winner is already underway. Program directors are urged to encourage their graduate students to participate.

#### **ESSAY AWARD** WINNER ANNOUNCED

Dr. Joel O'Hara Martin, Chairman of the Research Committee has announced the winner of the Second Annual Essay Contest.

The winner is Dr. Izchak Barzilay, Eastman Research Center, sponsored by Dr. Gerald Graser. His article entitled "Mechanical and Chemical Retention Laboratory-Cured Composite to Metal Surfaces" has appeared in the Journal of Prosthetic Dentistry.

Dr. Barzilay received an inscribed plaque bearing the College seal and a monetary award of \$1,000 from President William Kuebker at the Annual Business Luncheon in Baltimore.

The next Essay Award competition is beginning and information on submitting essays will be presented in the Newsletter.

#### **EASTMAN DENTAL CENTER** WINS TWICE

Dr. Gerald N. Graser, Chairman of the Department of Prosthodontics, Eastman Dental Center, has very proudly, and rightfully so, informed the Editor of the Newsletter that two graduate students from that program have been declared first place winners in competitions sponsored by the College.

Dr. Izchak Barzilay won the Essay Award and Dr. Mariane Bafile won first place in the John J. Sharry Research Competition.

Members of the College join the Editor in congratulating these outstanding young people and the excellent program that prepared them so well.

#### TABLE CLINIC WINNERS ANNOUNCED

The Table Clinic competition in Baltimore was well attended and some excellent presentations were offered. Dr. Carl Drago, Chairman of the Table Clinic competition, announced the winners.

Dr. John Levon was the first place winner. His topic was "Cast Post/Core and Crown from Same Impression". He received a check for \$200, a plaque. pocket patch and study guide for certification.

Dr. George Horsley was the second place winner and his presentation was titled "Simplified Multiple Post and Core Impressions". He received a check for \$100, a plaque, pocket patch and study auide.

The third place winner was Dr. E. A. Shararoh whose subject was titled "The Use of Swallowing Position as a Centric Relation Record". Dr. Shararoh received a check for \$50, a plaque, pocket patch and study guide.

Judges for the competition were Dr. Drago and Dr. Lily Garcia Bohnenkamp.

Directors of graduate programs are urged to encourage their students to participate in this very worthwhile endeavor.

Details of the next competition, in Tucson, will be carried in the next Newsletter.



#### PRESIDENT'S AWARD

For the third time in our history the President of the College exercised the privilege of his office and named the recipient of this year's President's Award. President William Kuebker selected Dr. J. D. Larkin of New Braunfels, Texas, to receive this special honor.



President William Kuebker presents Dr. J.D. Larkin with the President's Award for 1988.

Dr. Larkin has compiled a record to be envied over the years. He has been a private practitioner in both Houston and New Braunfels for a number of years and also served as a faculty member and consultant to both the University of Texas Dental Branch at Houston and the Dental School at San Antonio.

Dr. Larkin is a Charter Fellow of the College and served as the first Editor of the Newsletter. He established the standards by which the Newsletter continues to operate. Perhaps his greatest fame comes from those memorable moments he sat at the piano keyboard during the sing-a-longs at the College cocktail hours at the Mid-Winter meeting in Chicago - they will be long remembered.

The College salutes one of its truly outstanding members.



Steve Bergen and Central Office Director Linda
Wallenborn ponder the problems of dessert.

### FORMER OFFICERS HONORED

The offices of Secretary, Treasurer and Editor of the **Newsletter** hold a special place in the history of the College. It is not that the positions are more responsible or require more insight but they are very demanding of time and energy. Each one has a term of office of three years and the possibility of a three year extension.

For this reason the Executive Council decided to honor the past holders of these positions with a special plaque at the President's Dinner. The honorees are:

Secretary - Drs. Ken Rudd, Bob Sproull, Bill Kuebker and Jim Fowler

Treasurer - Drs. Steve Bartlett, Noel Wilkie and John Holmes

Newsletter Editor - Drs. J.D. Larkin and Bob Elliott

The members join in thanking these individuals for a job well done.



Dr. Bob Sproull accepts a plaque given to past Secretaries, Treasurers, and **Newsletter** Editors for service beyond the call of duty.

#### HONORARY MEMBERS

For the first time in the history of the College two non-members were honored for the contributions they have made to the profession and to the specialty. Before a very enthusiastic audience at the President's Dinner aboard



Dr. Girard DePietro, right, sponsor, congratulates Dr. Parker Mahan on being elected to Honorary membership in the College.

the Lady Baltimore. Dr. Parker Mahan and Dr. Michael Alfano were recognized for the contributions they have made to advance the profession.

Dr. Cosmos DeSteno nominated Dr. Alfano and Dr. DiPietro nominated Dr. Mahan. The College is honored in adding their illustrious names to the rolls.



Dr. Cosmo DeSteno, sponsor, welcomes Dr. Michael C. Alfano into Honorary membership.

# FOR HONORARY MEMBERSHIP

The Central Office is accepting nominations for Honorary Membership for 1989. Nominations may be made by Fellows and must be submitted by 2:00 p.m. on May 1, 1989. Individuals who do not qualify for any other membership category but who have made significant clinical or scientific contributions to the discipline and/or specialty of prosthodontics or have provided substantial support for the educational or research programs of the College are eligible for Honorary Membership. The number of Honorary memberships granted each year is limited to three.

The nomination package must include letters from two Fellows and a current copy of the nominee's curriculum vitae. The letters must specifically describe how the candidate has distinguished him/herself and made creditable contributions to the field of prosthodontics.

After the nomination deadline, the Central Office will duplicate and distribute the nomination packets to members of the Membership Committee. The Committee will rank order the nominees and will submit its recommendations and supporting documentation to the Executive Council at the June meeting. The Council will approve 0-3 individuals for Honorary Membership. Those individuals approved for Honorary Membership will be notified by the President and will be honored at the Annual Session in October 1989.

### BOARD PREPARATION WORKSHOP

The first presentation of the Seminar on the Preparation for the American Board of Prosthodontics was held at the Annual Meeting of the ACP in Baltimore. Over 100 members were in attendance and the program was well received.

Material on all the exam phases was detailed extensively by Dr. Kenneth Malament (fixed), Dr. Arthur Nimmo (complete dentures), and Dr. Carl Andres (maxillofacial). Specific attention was given to criteria grading, exam timing, and exam strategy for all phases.

The new Study Guide has been enthusiastically reviewed and over 250 have been sold.

The ACP is committed to helping candidates challenge the Board and become Diplomates of the American Board of Prosthodontics as well as Fellows in the ACP. The special interest and involvement by the seminar teachers, and particularly by Dr. Peter Johnson, will insure that this effort will continue annually.

#### AFFILIATES AND ASSOCIATES SHOW INCREASED INTEREST IN BOARD CERTIFICATION

By Dale L. Cipra, D.D.S.

The Affiliates/Associates Seminar, held on Thursday, October 6, 1988, was attended by approximately 150 College members interested in obtaining Board certification. The participation level in the seminar continues to grow even when a special one day Board preparation course is offered. The seminar format is evidently providing the type of information that is being sought by those preparing to challenge the Board.

The seminar was begun with the introduction of Dr. William Kuebker, President of the College. Dr. Kuebker reaffirmed the College's support of the Affiliate and Associate members in their efforts towards Board certification. He related some of his personal experiences with Board certification and made the whole process seem realistic and attainable. His heartfelt comments were appreciated by all in attendance.

Dr. Peter F. Johnson, Chairman of the Education and Advancement Committee, addressed the participants next and explained the Committee's role relative to promoting Board certification. He mentioned the publications that were available through the College to assist

in the Board challenge and gave a brief review of what the new one day Board preparation program was meant to do.

One of the best parts of the seminar is having a member of the American Board address the seminar and provide insight into the Board's view of the examination process and just how the examination process is developed, reviewed, and implemented in a fair, yet thorough manner. This year we were privileged to have Dr. William D. Culpepper and Dr. Robert M. Morrow address the seminar. Both Board members offered significant comments which led to a better understanding of the board itself, the examination methodology, how the component parts of the examination are evaluated, and their personal hope that everyone at the seminar would challenge the Board successfully. Our thanks to Dr. Culpepper and Dr. Morrow for their time, their thoughts, and their desire to see more successful challenges of the American Board of Prosthodontics.

Traditionally, the seminar is a compilation of information presented by new Diplomates. It is a format which has worked well and was adhered to in Baltimore. A new Diplomate from each area of clinical examination was present to offer their thoughts about the Board.

Dr. Larry Breeding was the first new Diplomate to speak. Dr. Breeding took Phase II in Fixed and offered his thoughts for those also seeking to take the Board in fixed. He placed emphasis on preparation of the patient prior to getting to the Board site. This could make or break the Board. He recommended that the fixed candidate have a dental assistant, either accompanying him/her or contracted with at the Board site. Dr. Breeding placed strong emphasis on a personal timetable for the week of the exam. Without such a basis for step-bystep progress it was very easy to get bogged down with one phase and lose track of the total picture. Dr. Breeding answered many questions during his presentation as did all of the new Diplomates.

Dr. Kirk Gardner presented the Maxillofacial area of examination. Dr. Gardner, using slides, showed his Board case which was also a maxillofacial patient. He explained how he approached the case, how he chose to restore the patient, and presented his write-up of the case with a brief review of the Board's criteria regarding the Board case presentation. Dr. Gardner explained that the clinical patient for examination in maxillofacial must be presented to the Board using mounted casts, photographs, and a write-up at the time of the Board case presentation. He showed his presentation of the Phase II patient and then showed slides of the completed treatment which he took after returning from the Board. Dr. Gardner gave a very thorough presentation about challenging the Board in maxillofacial and certainly helped anyone in attendance who was anticipating challenging the Board in that area.

Dr. John Stuart took Phase II in Removable and offered valuable information not only for those seeking certification in removable, but in fixed and maxillofacial as well. Dr. Stuart brought to the seminar a very special perspective on the Phase II examination. He explained that he had been unsuccessful the previous two years on the Phase II examination. He related his feelings of frustration and uncertainty and explained what steps he took between the 1987 exam and the 1988 exam to improve his chances. Dr. Stuart said that consulting with other prosthodontists about his techniques and philosophies and showing them cases he had done played a major role in his successful challenge of the Board in 1988. He recommended the same thing for all potential Board candidates. He emphasized the impression making procedures as a crucial step for success. Proper selection and implementation of the posterior occlusal scheme was also emphasized. Dr. Stuart was quick to point out that the Board exam was not the place to try something new. Stick to what you know and can defend, was his recommendation. He addressed specific areas of the examination as they were brought up by audience questions. Dr. Stuart's honest, realistic view of the Board and how he persevered and finally challenged the Board successfully was appreciated by

A brief slide presentation of the facilities at the University of Texas Health Science Center at San Antonio Dental School, site of the 1989 Phase II exam, was given by Dr. Christopher R. Smith, Assistant Professor in the Department of Prosthodontics. Dr. Smith showed all aspects of the facility and the possible hotels that would be available during the examination. He also stated that an indepth letter would be sent to all candidates taking the exam in April, 1989. For those potential candidates intending to challenge the Board in San Antonio, Dr. Smith's presentation was timely and informative.

Following the speakers all participants were able to review three Board case presentations and ask any questions of

the Diplomates. This offered those present who had not started their Board case an opportunity to see what was in store for them and for those who had started, but had questions, a chance to see how others had handled similar case problems.

The Affiliates/Associates Seminar, in its current format, seems to be offering information about the Board examination process that is beneficial and worthwhile. With the advent of the one day Board preparation course, the seminar may require format changes in order to offer the Board candidate more specific information. Suggestions from Affiliate and Associate members who participated in both sessions would be most helpful to determine if such changes are necessary. Please address any suggestions to: Dale L. Cipra, D.D.S., 426 Ridgeview Court, Arnold, Maryland 21012

### INFECTION CONTROL SEMINAR

For the first time in the history of the College a full session of the scientific meeting was devoted to a single subject, infection control. Because of the importance of and the interest in this topic the Executive Council voted to develop a special seminar for the members. Block Drug Company generously contributed to the success of the seminar.

Drs. James Cottone and John Molinari and Mr. Bernard Sabatini, all recognized authorities in this field presented an informative and interesting summary of the many activities involved in infection control.



The College, with the Block Drug Co., sponsored a full-session seminar on Infection Control in Baltimore. Left - Annual Session Chairman Ken Stewart, Speakers James Cottone, Bernard Sabatini and John Molinari and President, Block Professional Dental Products. Dr. Michael C. Alfano.

#### EDUCATORS/MENTORS SEMINAR

Outcome Assessment Standards in Dental Education

Speaker: **Dr. Robert J. Braun,**Assistant Secretary, Commission on
Dental Accreditation, A.D.A.
Reported by: **Dr. Michael Tabacco** 

Dr. Braun commenced his address with the quotation, "There is no map of the future because nobody who goes

there ever comes back". The goal of Outcomes Assessment Standards is an attempt to "come back" from the future as a feedback measurement of the efficacy of prosthodontic Graduate Education Programs. Fundamental to this is to have definable educational goals and a measuring system which effectively evaluates, not only the results of education, but serves to re-evaluate the original goals and strategically plan for the future.

Dr. Braun emphasized that Outcomes Assessments in place must be Specific, Quantifiable, Accurate, Reasonable and Current, (i.e., current implantology programs) and applicable to all three areas of an institution's mission, Education, Research and Public Service. The difficulty lies in how to specifically establish objective measures that will continue to provide monitoring data after graduation.

The following elements were presented as critical Outcomes Measures, KNOWLEDGE - the basic course level by proficiency and didactic examinations. SKILLS - academic, interpersonal and leadership skills and vocational (technical) skills by practical examinations, table clinics, class leadership rolls and projects involvement. VALUES - this is difficult since it considers academic, cultural and societal expectations but could be by citizen awards, income, empathy/understanding and/or community time donation and fraternal awards. Finally RELATION-SHIP and BEHAVIORAL conduct measures a particular relationship or status with an external body such as The College or Specialty Board. How early does this student "feel like a prosthodontist?" How active in your association has the student been.

In summary, Dr. Braun repeated that prosthodontic programs must have goals set and an evaluation system to determine effectiveness in meeting these goals and that outcome measures are in place and others are being developed. A lively question and answer period followed. Dr. Braun emphasized again that outcome measures must be reasonable and practical; that evaluation of the graduate, with all attendant difficulties, is only one part of the enormous number of parameters that can evaluate the overall picture of the instructional process.

#### **SECTIONS**

A new year has started for the College and the Sections are prospering and growing within the College. Four new Sections have received official acceptance by the Executive Council this past year. They are: North Texas Section -President, Larry L. Pace; Rhode Island Section - President, Raymond B. Weiss; New Mexico Section - President, David A. Irvin; Canada Section (our first International Section) President, Jack Gerrow. CONGRATULATIONS!

New committee members have been assigned by President Steve Bergen to six regions within the United States and one international. They are: Jack D. Gerrow, International region; James Skiba - Northeast region, (Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Delaware, Pennsylvania and Ohio); C. Wayne Caswell - Southeast region, (Maryland, West Virginia, Virginia, North Carolina, South Carolina, Georgia, Alabama, Florida); Bill Bowles Central States, (Mississippi, Arkansas, Louisiana, Tennessee, Kentucky, Missouri, Illinois, Indiana); Donald Crabtree - North Central region, (Iowa, Michigan, Wisconsin, Minnesota, North Dakota, South Dakota, Nebraska); Craig Lee - Southwest region, (Wyoming, Montana, Idaho, Oklahoma, Kansas, Colorado, Utah, Arizona, New Mexico); Roger Troendle - West Coast region, (Texas, California, Nevada, Oregon, Washington, Alaska, Hawaii). If you are interested in forming a section within these regions contact the committee member assigned to your area.

Our Annual Sections Meeting in Baltimore, Maryland was very productive and informative for each Section. Certificates were presented by President Bill Kuebker to each Section certifying official acceptance as a Section in the American College of Prosthodontists. Photographs were taken by David Eggleston and will be available for each Section. President Bill Kuebker addressed the Sections welcoming new Sections and reporting on important issues facing the College. He stressed the importance of the Sections to the welfare of the College and that the Sections should assume a more important role in the governance of the College.

Committee members Bill Bowles, Earl Feldmann and Roger Troendle, reported on activities within their region. Earl Feldmann and Robert Allen were congratulated for their commitment and hard work over the past three years as committee members. Craig Lee and Donald Crabtree are new committee members and will assume their committee positions for the next three years.

Goals for the Sections were established and approved by the membership at the Annual Sessions Meeting. Handouts

listing these goals were discussed and each Section was asked to review them at their new meeting.

Special Section reports were given by James Skiba from New Jersey. He reported on his work with the Council on Dental Care Programs for the State of New Jersey. Mo Mazaheri from Pennsylvania discussed intra-state specialty organizations. How to establish these organizations in your state? The importance of these organizations within your States political arena. Dr. Ray Walters from Maryland reported that his State established specialty certification in Prosthodontics and had certified a number of non-trained dentists as Prosthodontists. Dr. Ken Malament from Massachusetts and President of the New England Section discussed Section activities. His Section has started a series of educational seminars at dental schools within their states. This was their mechanism to promote Prosthodontics within their states.

Kenneth Stewart, editor of the ACP Newsletter, reported on the need for an associate Newsletter editor to report on Sections activities. Roger Troendle and Carl Schulter have been appointed as associate editors for the Sections. Any Section activities should be submitted to them for review and publication in the Newsletter.

Updated reports on policies and new programs developed and approved by the Executive Council were discussed. The fact that brochures should be utilized by Sections in promoting prosthodontics and should be used with the newly developed exhibit booth. Special thanks was given to Patrick Lloyd for his efforts in developing and promoting the booth.



A beautiful new poster display exhibit was shown for the first time in Baltimore. It was developed by Dr. Pat Lloyd and is available for College use through the Central Office.

This booth can be used by Sections at state meetings, medically related meetings, etc. Contact Linda at the Central Office for further details. Paul Binon discussed Professional and Patient Newsletters he developed for the College. These are available for use by the

membership. For further details call Paul Binon. David Eggleston has developed an Informed Consent form for Prosthodontics. These forms have been approved by the Executive Council and can be acquired from David Eggleston. Official ACP Lab Forms will be available for membership. Check the **Newsletter** for directions on ordering lab forms. President Steve Bergen is developing an 800 number with a computerized answering machine for patient information purposes. A special thanks was given to President Bergen for bringing the College into the computer age.

Policy changes have occurred in the selection of nominees for the American Board of Prosthodontics and Honorary Members. The Section can now have a direct input into the nomination of candidates for both of these areas. Check **Newsletter** for policy changes.

Sections Committee and Ceremonies and Awards Committee are developing criteria for an undergraduate award to be given by Sections at their local dental schools. The purpose of this award is to develop an awareness of the ACP on an undergraduate level and to recognize an outstanding student in prosthodontics. It is the hope of these committees to have this award available for this year's graduating class.

Final discussion of the need for further organization between the Sections at the Annual Meeting due to the increase in number and future participation of the Sections in governance of the College. The committee recommended that each Section should have one voting member or delegate to represent the Section. The role of this delegate would be to vote on matters pertaining to the Sections and to be the spokesperson for his section. He would be able to make motions on the floor of the meeting and to vote on accepted motions. These accepted and approved motions would then be presented to the Executive Council by the Chairman of the Sections Committee. This format would assure equal representation and a mechanism for Sections to participate in the activities of the College.

The updated list of Section Presidents is as follows:

Canada, Dr. Jack Gerrow
California, Dr. Paul Binon
Georgia, Dr. E. Neal Kopp
Iowa, Dr. Steven A. Aquilino
Maryland, Dr. Ray A. Walters
Missouri Valley, Dr. Richard E. Coy
National Capitol Area, Captain
Edward J. Billy
New England, Dr. Kenneth A.
Malament

New Jersey, Dr. Joel Gelbman New Mexico, Dr. David A. Irvin New York, Dr. Gary Goldstein North Carolina, Dr. Richard D. Jordan North Texas, Dr. Larry L. Pace Ohio, Dr. Douglas W. Goff Pennsylvania, Dr. John Harrison Rhode Island, Dr. Raymond B. Weiss South Carolina, Dr. Robert Strohaver Tennessee, Dr. George Latta Texas, Dr. George R. Troendle, Jr. Southeast Texas, Dr. Edgar Starcke Virginia, Dr. Joseph Tregaskes Wisconsin, Dr. Joseph W. Lasnoski Let us hear from you about Section activities. You can reach Carl W. Schulter at (901) 767-8759. His phone number in the new roster is incorrect. Roger Troendle's number is (512) 340-0116.

NORTH TEXAS SECTION: The North Texas Section of the American College of Prosthodontists held its first continuing education meeting on the 10th of November 1988. President Dr. Larry Pace welcomed the membership. Dr. Gerald Woolsey was the guest speaker. His outstanding presentation was entitled "Recent Developments in Dental Materials - 1988". A short business meeting followed. The next continuing education program is scheduled in April. At that meeting the Prosthodontic Graduate students at Baylor College of Dentistry will each make a brief presentation.

# 1988 DENTAL BENEFITS CONFERENCE: A COUNCIL ON DENTAL CARE PROGRAMS

Title of Conference:
Alternative Payment Mechanisms,
Alternative Ethics?

Reported by

Dr. Frances Clark,

Chairman, Private Practice
of Prosthodontics

The 1988 Dental Benefits Conference was structured in such a way that the first day, Saturday, August 6th, consisted of seven concurrent session topics. I was assigned and attended the following two:

Dentist Contracting Issues and Recent Litigation Regarding Dental Benefit Plans

The synopsis of this session is that a wide latitude of caution is necessary for any dentist considering signing a contract provider arrangement with any third



Chair Fran Clark thanks Frank Celenza for his presentation in the Private Practice Seminar. party owner. There is a potential for abuse in the contract. There are significant liability realities for any dentist considering these contracts. In particular, the hold harmless clauses and indemnity clauses in which the dentist literally agrees to assume all of the liability including losses incurred by the carrier in the event of a change in the delivery system or a ceasing of the business of the third party carrier or in the event of litigation by any of the patients treated by the contract dentist. The summary is that the ADA offers a service on reviewing any and all contract information submitted by a carrier and they highly recommend any ADA member dentist submit his contract for evaluation by the ADA Committee.

#### Utilization Review Programs in Dentistry

The summary is that the Council recognizes that statistical reviews may be performed by dental insurance carriers, service corporations, administrators or dental consultants and that some of the purposes of these reviews can be considered useful. Specifically, identifying the patterns of clerical procedure coding errors improve the accuracy of dental procedure reportings, guide the consultant in identifying potential deviation from dental benefit utilization norms and to identify procedure frequencies for actual analysis and plan pricing. The problem is that they tend to be used in their abusive application and that there is a high potential for abuse of the application of data typically available from a utilization review system An insidious threat is the fact that utilization reviews can be used to control or influence the pattern of patient care and influence the decision making on the part of the dentist as opposed to allowing latitude in clinical judgment. The problem relative to prosthodontics specifically is that the data base is generated out of the IDOA statistics on a broad general dental population. So, that by design, any specialist's pattern of claim submission would be flagged as an aberrant overuse of a particular code or procedure and an automatic computer-generated letter would be sent to the "offending doctor". The ADA is attempting to establish dialogue with the insurance companies to have data bases tailored to specific specialities when reviewing specialty claim submissions.

On Sunday, August 7th, there were three major talks.

The first was Professional Ethics vs. Economics in the 1988 Healthcare Environment with speaker Dr. Muriel Bebeau, a Ph.D. in the Department of Health Ecology at the University of Minnesota School of Dentistry. The synopsis of her talk can be summed up in essentially one sentence. That the advent of alternative benefit plan models, capitation programs, and dental insurance impacts, utilization review, etc. is that it creates a strong economic incentive to deviate from professional ethical behavior. This is being manifested as inordinate and unnecessary stress on the doctors when they find themselves being put in a decision-making position between treatment plans based on clinical necessity vs. treatment plans based on insurance benefits.

The second major talk of the day was entitled, Dental Care Policy Roundtable: Dental Benefits Decisions and Their Influence on Patient and Professional Outcomes. The panel consisted of Dr. Jack H. Harris, a 15th district trustee from Texas of the American Dental Association, Mr. William Hoffman, Director of Social Security Department United Autoworkers of America, Mr. John Barry, Division Manager for Benefits Administration AT&T Company, Mr. William H. Sharkey, Vice President of Health Benefits Marketing for Cigna Corporation, and Mr. Herbert Strohson, President of Delta Dental Plans Association. Synopsis of their talk would be that the major companies are interested in the most cost effective and cost contained benefit package which they can offer to their employees. The insurance industry is interested in the most cost contained high profit margin product they can offer to the companies. The bottom line is that the dentist is economically disadvantaged by both the above designs. The problem that I felt running through is that there is only lip service paid to concern about quality of care of the dental services given to the consumers of the plans. The quality of care at the present time is maintained strictly by the standard of ethics of the individuals who participate in these plans.

The administrators and the insurance company are both well aware that there are economic disadvantages to participating dentists, that they place significant economic strain on the dentist to do adequate quality care and receive any compensation or remuneration for his services. This ties in with Dr. Bebeau's talk in that the dentist finds himself in an untenable bind between trying to provide the quality of care which he knows he is capable of doing in the face of the reality that he is literally subsidizing that care that he is providing.

These plans rely on the inherent ethical behavior of all participants in that they will continue to provide the same level of care to the cost contained benefit patient as they do to a normal fee-forservice full paying patient. The ax over the head to reinforce that behavior, of course, is the fact that the dentist, in all of these plans, assumes full liability for not only the practice and the outcome of his treatment but also as stated previously, in many cases assumes liability for economic satisfaction to the third party carrier in default of his required skills or judgment.

The third problem that I noticed pervasive throughout the talk was the attitude, particularly of Mr. Sharkey, who transmitted, at least to this observer, an overt hostility towards dental practitioners in general. An underlying attitude is that we are all overpaid, underworked individuals who don't deserve what fees are presently commanded in private practice. This obviously reflects in the scheduled benefits, etc. as well as the degree of difficulty which individual practitioners will experience when attempting to obtain realistic benefits for their patients.

I was struck by the fact that both the plan purchasers represented by Mr. Hoffman and Mr. Barry seem very receptive to input and dialogue relative to the types of plans available and the approaches to providing benefits to their employees and that the real stumbling block to progress is going to be within the insurance industry itself. This, of course, is understandable since their profit motivation is determined by the maximum premium and minimum payout.

The third Sunday afternoon session was entitled *Dental Care Operations* Roundtable: Claims in Dentist Review Programs - A Help or Hindrance to Patient Outcomes? The moderator was Dr. Fred Halik for the American Dental Association. The participants were Dr. Nick Varallo representing the American Dental Association, Mr. Rod Bunker who

is the Director of Finance for the Lubbock, Texas Independent School District, Mr. Gerald Burns who is the Supervisor for Disability Benefits for Caterpillar Inc., Dr. Bruce Keyworth, a member of Delta Dental Plans of Minnesota, and Dr. John Thorp, a representative for Blue Cross and Blue Shield companies.

The synopsis of dialogue that occurred was that the overwhelming consensus of the panel is that claim review and dental review programs are a definite help to insuring patient care and the quality of care. Their statistics have indicated that less than 1-2% of claims submitted are submitted fraudulently and that the incidence of poor care or fraudulent care is indeed very small. The claim reviews and the dentist review programs typically involve having a random selection of claims reviewed from a random population of dentists and it indicates that the overwhelming majority of patients and reviewers feel their dentist is doing a good job for them.

It was interesting to note that both the Lubbock School District and Caterpillar have self-funded dental care programs. The Lubbock Independent School District has a direct reimbursement plan, and the Caterpillar Corporation has a self-funded standard indemnity plan. Both individuals report that they are very pleased with their plans in that they feel that they have effective cost containment and cost effectiveness by virtue of eliminating an outside carrier.

In addition, the Lubbock School District had previously been involved with a third party payer situation and had switched from that to a direct reimburse-

ment plan and the speaker was very laudatory as to the outcome from both an employee standpoint as well as outcome from a fiscal standpoint.

The final important point centered around restatement of the dilemma alluded to in the first talk of the day - the economic pressures and professional ethics. Again, the feeling is strong that 99% of all dentists do possess high ethical standards and when faced with a decision will opt to behave ethically to their own economic detriment.

Finally the questions relative to the specialty of prosthodontics and how we can impact and relate to this entirely on issues is a challenge. In an arena where the primary concerns are the cost effectiveness and cost containment benefits of any given approach to underwriting dental care, it is easily understood why prosthodontics has not been successful in developing a dual fee reimbursement level for care that we provide to our patients routinely. I believe that we are not alone in this in that other specialties as well have had their pleas for dual reimbursement levels fall on deaf ears.

The two approaches that the College may consider valuable and potentially fruitful in obtaining an ear from third party payers, be they insurance carriers or self-funded employer plans, would be to have utilization review generate statistics relative to the rate of retreatment of patients and compare that data of retreatment by patients of prosthodontists vs retreatment rates in the general practice population. If these ratios prove high, then an argument could be made as to the cost effectiveness of allowing reimbursements for proper care through

prosthodontists in that while the one time benefit may either be higher than their statistical norm benefit, the lifetime savings of benefit dollars for that patient far outweighs the initial expense.

The insurance industry has the capability of developing these statistics and in fact may quite conceivably have done this. Whether or not they would ever share those results with the College or be actively interested in a dialogue with the College to mutual benefit is questionable.

The other avenue of approach is that which has already been seized upon by our specialist colleagues, the orthodontists, and that is direct reimbursement benefit plans and the value and advantages of these.

The effort of the College, I feel, should be directed toward education of employers and employees consuming these plans and to work with and support the ADA initiative on promulgating direct reimbursement plans. Whether we would remain a favored son within the ADA if we attempt to argue for dual reimbursement levels and whether the ADA would agree to spearhead that request in the face of their general dental base, again is a question that needs considerable thought.

Finally, a problem which many of us have experienced in our dealings with third party payers is the letter to the patient which indicates that our fees are significantly above the usual customary or reasonable fees for services provided. A letter authorized by the ADA with a cover letter indicating that they would like us to have this printed on our own stationery and to be sent to all of our patients of record regardless of whether they have received a communication from their third party payer regarding your fees can be obtained by calling or writing the ACP Central Office. I believe that this is an excellent approach and one which successfully and professionally communicates the position that we should be in as providers relative to the insurance dilemma.

### ESSAY AWARD COMPETITION

The College has established an Essay Award for outstanding articles published by an advanced Prosthodontic student.

The article, submitted for the Essay Award, must be written while the author was an advanced Prosthodontic student and must be published in a refereed journal within four (4) years of completion of the training program.

Any member of the American College of Prosthodontists, who is in good stand-

#### NEED TO CONTACT AN OFFICER OF THE COLLEGE?

MEED TO CONTACT	AN OFFICER OF	THE COLLEGE?
Phone or Write	Phone	Address
President Stephen F. Bergen	(212) 951-3255	One Colonial Woods Drive West Orange, NJ 07052-1614
President-Elect John B. Holmes	(415) 476-1982	279 Sandringham North Moraga, CA 94556
Vice President James A. Fowler, Jr.	(512) 567-6460	12519 Chateau Forest San Antonio, TX 78230
Secretary David W. Eggleston	(714) 640-5680	1441 Avocado Avenue # 508 Newport Beach, CA 92660
Treasurer Ronald D. Woody	(214) 828-8376	Baylor College of Dentistry 3302 Gaston Avenue Dallas TX 75246
Executive Councilors		
Thomas J. Balshi	(215) 646-6334	Prosthodontic Intermedica 467 Pennsylvania Avenue Fort Washington, PA 19036
Kenneth A. Turner	(404) 727-6740 E	Emory University, Sch. of Dentistry 1462 Clifton Road, N.E. Atlanta, GA 30322
Peter F. Johnson	(619) 235-1644	4089 Caminito Da Vila San Diego, CA 92122

ing, may nominate a qualified candidate.

Nominations, with the published article, will be submitted to the Central Office no later than 1 May, of the year in which the nominee will be considered.

Articles submitted for the John J. Sharry Research Competition are not eligible.

The nominee selected to receive the award will be presented a plaque of the College and a monetary award of one thousand dollars (\$1,000).

The third award will be presented at the 1989 Annual Meeting in Tucson, Arizona.

#### **ESSAY AWARD**

Selection: a) The selection committee shall consist of the current President of the College, the Chairman of the Research Committee, **Newsletter** Editor and one other member of the Committee.

b) The review of the articles and ranking of them shall be made by mail ballot and returned to the Chairman of the Committee by 1 August.

Presentation: The outgoing President of the College will present the award to the author of the number one rated article at the Annual Meeting. The award will be an appropriately inscribed plaque of the College Seal, as well as a monetary award of one thousand dollars, (\$1,000).

Publicity: Solicitation for nomination should be done by the College **Newsletter** notices, as well as a letter to each program director soliciting his student's input. A brief abstract of the article along with proper recognition should appear in the College **Newsletter** following the Annual Session.

#### SYNOPSES OF PAPERS PRESENTED AT THE BALTIMORE ANNUAL OFFICIAL SESSION

**TITLE:** Occlusal Considerations For Implant Prosthodontics

Lecturer: Dr. Thomas D. Taylor Reported by: Dr. Y. V. Hrabowsky Emory University Dental School

Dr. Taylor began his presentation by discussing the problem of dealing with occlusal considerations for implants. There is extensive documentation available on implant placement, but in the area of occlusal effects on longterm implant prognosis there is only limited recorded experience, anecdotal reporting, and few *in vitro* controlled clinical trials.

The speaker identified two main questions. First, of canine guidance, group

function, or bilateral balance, which occlusal scheme is indicated in a given patient situation? And secondly, what occlusal material will maintain stable occlusal contacts, be esthetic when necessary, function without excessive wear, and avoid unfavorable stresses to natural teeth, implant, supporting bone, muscle, and joint?

The following factors are considered:

- opposing occlusion of either natural teeth, tissue supported removable dentures, or implant prostheses;
- load bearing potential of the supporting bone and the occlusal plane prior to surgical placement of the fixture:
- number and length of available implants;
- remaining natural tooth distribution and the effect on occlusal contacts (i.e.) light vs. contact only upon heavy closure.

Dr. Taylor contrasted the periodontal support of the natural tooth to the "ankylosis" of an implant and discussed whether they should be combined in a prosthesis or kept separate. Joined in a bridge, if the natural tooth abutment is loaded then movement of the tooth within the periodontal ligament would necessitate deformation of either bone or bridge framework before getting support from the implant abutment. Similarly, if the pontic is loaded it would act as a cantilever off the implant without any significant load being applied to the tooth. Thus, frequently a differential stress breaker is used. Dr. Taylor emphasized placement of the attachment so that the implant prosthesis can be easily retrieved for repair when necessary.

A discussion of natural tooth movement and bone flexure cited two articles:

- G.J. Parfitt (1960) J. Dent. Res. 39, 608-618.
- D.C.A. Picton (1965) Arch. Oral Biol. 10, 945-955.

Dr. Taylor concluded that tooth mobility is extremely variable and stated that he tries to keep his implants freestanding and unattached to natural teeth.

Further factors to consider include interarch distance or space available between the edentulous ridge and the opposing occlusion. This pertains primarily to material selection since a resin restoration needs the most vertical space and metal needs the least. Dr. Taylor stated that parafunctional habits identified preoperatively are a contraindication to implant prosthesis because of trauma to tissue, bone, muscle and the temporomandibular joint. Determination of the patient's original oc-

clusal scheme or examination of the opposing and/or contralateral arch is a good indication for the design of the prosthesis. Again, the speaker emphasized the importance of design for ease of retrievability when the implant prosthesis needs modification or repair. This is crucial since the restoration will not last a lifetime.

Whatever the occlusal scheme, stress distribution should be designed to protect the remaining teeth, bone, tissues, muscles, and joints. The speaker mentioned some basic guidelines. Bilateral balance should be used to maintain stability of a complete denture (tissue supported) opposing an implant. Group function is used when restoring the original occlusal scheme or for class II patients. Likewise, if a patient has canine quidance on one side then restore a similar occlusion on the other. In choosing a material Dr. Taylor discussed the options. His first choice was copolymer resins, such as IPN or Vitapan denture teeth, for complete arch implants opposing complete dentition or denture. The material offers the greatest adaptability, retrievability, and repairability. Next choice was highly filled composite resin, Isosit or Visiogem, which offers excellent esthetics. Some practitioners have reported staining problems with Isosit. Dr. Taylor recommends against using either in posterior quadrants because of excessive wear requiring early replacement. Precious or nonprecious metal can also be used. In a case 4 years postoperatively Dr. Taylor noted that the patient maintained good hard and soft tissue response with full metal restorations. Metal occlusion over resin is still another option but involves unnecessary complexity and expense. The final choice was porcelain fused to metal which is the most durable and stable. Dr. Taylor cited Dr. Richard Skalak's article "Biomechanical Considerations in Osseointegrated Prosthesis" [(1983), JPD 49, 843-848)] as the basic source for the contraindication of the use of the porcelain occlusion. However, he also cautions that there is limited documentation to this effect. It is true that it is difficult to make a PFM restoration to the degree of accuracy needed with implants but technology of the 1980's provides us with more predictable results. Furthermore, implants are not subject to the same guidelines used for natural dentition. Teeth respond differently to lateral or tension forces than to axial loads but the same may not hold for implants.

In conclusion, Dr. Taylor emphasized that one cannot assume that the

priniciples used for natural teeth have application to implant prosthesis. It will take more clinical experience and comprehensive research before definitive occlusal guidelines for implants can be determined.

TITLE: Impacts of Demographic and Epidemiologic Trends in Prosthodontics

Lecturer: Dr. Chester Douglas Reported by: Dr. Lorraine Wargo Emory University Dental School

Dr. Chester gave a broad overview, without the mathematics, of an article published in the January 1988 JPD that he co-authored with Dr. M.D. Gammon

and Dr. D.A. Atwood.

The major thing happening with society, Dr. Douglas says is that it is increasing and getting older. In 1960, 20% of the population was between 0 and 9 years of age. Now the percentage is down to 12%. It is not that there are fewer children, but that the distribution has changed. In 1960, 5% of the population was in the over 70 years of age group; now the percentage has increased to 12%. There are about 245 million people in this country. Last year, 2.3 million was added to the population. With this information, Dr. Douglas predicts there to be 300 million people by the year 2008.

If there is one thing Dr. Douglas wants us to remember, it is to "think cohorts". Iwo Jima Generation 70±10 years Pepsi Generation 50 years Baby Boomer's Generation 32 years Atari Generation 12 years

Each of these generations have higher expectations of the dentist and better oral health than the generation before. The Iwo Jima Generation was taught that they will lose their teeth by age forty. The Pepsi Generation was taught that you can save your teeth if you go to the dentist. The Baby Boomer's heard what the Pepsi Generation heard and half of them started to hear of this thing called preventive dentistry. The Atari Generation had a bunch of parents who are willing to pay, apparently through the nose, for no cavities.

With the tremendous drop of the edentulous population, a false conclusion is that we don't need to have a Prosthodontic course in dental school... that we are not going to have a market for full dentures. A lower percentage of a much higher number of people is still the same number of people with dental care need... or more. The number of dentists in the U.S. is going to go down in the near future. So there will be a



Dr. Chester Douglas of Harvard University speaking to the scientific session on demographics. higher need with fewer dentists coming along.

Dr. Douglas suggested that we just count teeth. For ages 65-74 years:

1960's 7 teeth per person 1970's 9 teeth per person 1981 11 teeth per person 1986 18 teeth per person

Somewhere around age 55-60, people are headed into their second or third career. This group, along with the 65-74 years of age, the 80+ year group, is going to expect high quality restorative dental services that better last for twenty years. The average life expectancy gets higher when you are already 65 years old. We had 2.8 billion teeth in 1972. By the year 2000, using NIDR data, it looks like we are going to have more than 4 billion teeth, and 5 billion in 2030.

About 20% of the population have a problem with periodontal disease. If the disease develops a way of getting noticeably better, our lecturer believes the effect would be a positive one for prosthodontics.

In the year 2000, there will be a decrease in the need of 17 million hours of operative dentistry in the younger age population. But, there will be an increase of about 53 million hours of dentistry in the upper age group. It is estimated that 293 million hours will be needed for all Prosthodontic services. Everyone knows though that total need does not end up being the demand for dental care.

Dr. Douglas tells us that we'd be surprised at how little prosthodontics prosthodontists account for in the whole market. About 48 million hours of prosthodontics is done by GP's. Together we are only meeting one third of the total need. In the year 1990, there will be one prosthodontist for every one hundred ac-

Is there a future for prosthodontists? "You bet!", says Dr. Douglas. We produced 49 dentists per 100,000 people in the 50's. The ratio dropped in the 60's and 70's, so we built dental schools. In the late 80's, there are 60 dentists for every 100,000 people. Class size in the dental schools has dropped ever since the Fall of 1978. That means 1982 and '83 the largest classes were graduating and in '82 to '83 we had a noticeable recession. We had news that dental caries was down and that there were the largest number of dentists ever. Our understanding of the population trends are way underestimated.

Over the next thirty years there will be an increase in the number of people who need prosthodontic treatment. The demand and economic health of this nation is not bad. There is an increasing value of dentistry. In conclusion, Dr. Douglas urges us to move aggressively to lead this nation to insure that all members of society have access to high quality prosthodontic services.

TITLE: Prosthodontic/Periodontic Programming Lecturer: Dr. George Colt Reported by: Dr. Bruce Kennedy University of Texas Dental School at San Antonio

Each patient presents unique and individual problems with expectations that may be based on personal preferences without regard to the limits of restorative capabilities. The idea of a provisional restoration should be presented to the patient emphasizing that by its use, the specialist has better control over preprosthetic procedures which can lead to expectations that are more predictable. This communication is not only important between the dentist and the patient but there must also be interaction between the periodontist, prosthodontist and other specialists.

The basic use of the programming provisional is to control hard and soft tissue results, contour edentulous areas uniformly and signify to the periodontist the special needs of the prosthodontist. The provisional will show what end results are expected so the periodontist can shape the tissue to fit these needs.

When considering subgingival restorations, and the prosthodontist must consider going into the crevice for esthetic reasons, you must meet a specified criteria for success. First, you must have adequate attached gingiva of 3mm or more. If this is not available, then a free gingival graft should be considered. Second, the biological width or distance from the base of the gingival crevice to the alveolar bone should be 2mm. Third, the physiologic restorative dimension or the distance from the

margin of the restoration to the alveolar crest must be adequate to insure long term periodontal health.

Treatment should proceed in the proper sequence with the treatment schedule divided into three stages. In stage one, the provisional is placed before surgery to act as a template, help tissue heal by splinting action and to allow tissue to form a new gingival margin. In stage two, at three weeks, the provisional should be readapted with cold cure resin following additional preparation of the teeth to 1-1.5mm above the new gingival margin. At the third stage, around 12 weeks or longer, the tissue should be re-evaluated and the teeth prepared into the gingival crevice when planning to make the final impression at a subsequent appointment.

For the final preparation make a conventional bevel/chamfer preparation using appropriate techniques for retraction and visualization. Margins should go no deeper than .7mm into the crevice and metal margins should be placed into involved furcas. Make a good provisional temporary and have the patient return for the final impression.

Perio/Prosthodontic success can be based on clinical signs of gingival health which include minimal pocket depth, decreased mobility patterns, and good embrasure spaces. The radiographic findings will include clearly defined alveolar crestal bone, narrowing of the periodontal ligament space, and a well defined lamina dura.

#### **NEWSBRIEFS**

#### 100th CONGRESS HEALTH BILLS

The 100th Congress left a major health legacy, with many bills passed relating to dentistry.

The Health and Human Services appropriation includes \$131 million for the National Institute of Dental Research for the current 1989 fiscal year, a 3.5 percent increase over FY 1988. This includes \$3.5 million for AIDS research and almost \$2 million for the Dentist Scientist Program to encourage research careers.

President Reagan signed an omnibus health bill with new dental training and AIDS testing programs. The bill authorizes government funds for geriatric and AIDS training for dentists and provides money to help dental school clinics and hospitals with "unreimbursed costs" of oral health care for AIDS patients. The law provides \$100 million to states for counseling and testing for HIV. To get the bill through

Congress, supporters had to eliminate anti- discrimination and confidentiality language.

The health bill also provides a new funding mechanism for dental general practice residencies (GPRs), requires a state-by-state assessment of health manpower shortages and creates another national AIDS commission. Reagan also signed the Medical Waste Tracking Act, which sets up a 10-state experiment to test federal management of wastes from health care facilities. The bill gives the Environmental Protection Agency authority to exempt generators of less than 50 pounds of waste a month, which could apply to most dental offices. The Bill also requires the EPA to set rules on packaging and labeling and disposal of wastes, including blood and blood products, needles and other sharps.

Another law Congress passed and President Reagan signed created the Department of Veterans Affairs, effective March 15, as the 14th cabinet agency, replacing the Veterans Administration. The VA employs more than 900 dentists in a dental care system with over 3,000 employees, 202 clinics, four laboratories, two dental education centers and two research centers.

The Congress also approved a bill to limit children's TV program commercials, which often promote sweet and snack foods.

### LICENSURE AND DISCIPLINE REPORT

In both licensure and discipline areas, state dental board officials feel they are seriously understaffed and, as a result, their effectiveness in those matters is compromised, according to a comprehensive report on state licensure and discipline of dentists recently issued by Richard P. Kusserow, Inspector General of the Department of Health and Human Services.

The report also presents a number of recommendations directed to state governments, the Association of Dental Examiners (AADE), the ADA and the Department of Health and Human Services' Public Health Service. The study made the following recommendations:

- State governments should assure that state dental boards have sufficient resources to carry out their responsibilities effectively.
- State dental boards should join together to establish and use a highquality, national clinical licensure examination.
- State dental boards should explore workable, cost-effective approaches to continuing competency assessment.

- State dental boards should shore up their credential verification processes.
- The AADE, in close consultation with the ADA, the American Association of Dental Schools and the Council of State Governments, should work together to develop guidelines for state dental practice acts.
- The AADE should accumulate and disseminate to state boards the most effective techniques of credential verification.
- The ADA should encourage more extensive and effective interaction between its state societies and state dental boards.
- The Public Health Service should assist the AADE to carry out a more effective leadership role working with its member boards.

The ADA noted that most state dental societies already have guidelines addressing referrals to state dental boards and did not comment on whether further encouragement was needed.

## JOHN J. SHARRY PROSTHODONTIC RESEARCH COMPETITION

The John J. Sharry Prosthodontic Research Competition, sponsored by The American College of Prosthodontists, will be held in Tucson, Arizona in 1989. The Prosthodontic Research Competition is held to stimulate and acknowledge original research in prosthodontics by students.

Persons are eligible for competition if they are currently enrolled in post-doctoral prosthodontic programs or have completed their programs less than three years from the date of the competition. Other authors are limited to the student research advisor. Papers must not have appeared in print or been presented at a major meeting.

Abstracts must be submitted to the Chairman of the Research Committee, The American College of Prosthodontists, no later than April 15, 1989. Please note the following:

- 1. Title of paper followed by the abstract of 500 words or less.
- On a separate sheet, include name
  of author, address, and telephone
  number. Title of paper should also be
  on this separate sheet. Abstracts are
  sent to the Selection Committee
  without identification (for obvious
  reasons).
- Letter of recommendation from research advisor must accompany the abstracts.

Six abstracts will be selected by June 1, 1989 and all six authors will be inform







ed to submit manuscripts by June 30, 1989. On or about July 15, 1989, the Research Committee members will select three manuscripts from the semi-finalists to compete for the first place ward. The manuscripts of the six semi-finalists will be forwarded to the Editor of the Journal of The American College of Prosthodontists, for consideration of publication.

The three candidates selected to present their papers at the Annual Meeting will receive travel and one-day per diem expenses. Air transportation will be funded by The ACP, based on their closest normal U.S. Port of Entry from the foreign country to the Annual Meeting site and return to the port of entry. The first-place award will be \$1,000; second-place, \$500; third-place, \$250. All three finalists will receive a plaque and all volumes of Classic Prosthodontic Articles. For further information, please contact Dr. Joel Martin, Chairman, Research Committee, UMDNJ-NJDS, Office of Academic Affairs, Rm. B-813, 110 Bergen Street, Newark, New Jersey 07103-2425.

### CLASSIFIED POSITION AVAILABLE

Emory University School of Dentistry is presently conducting a search to fill a full time faculty position in the Department of Prosthodontics. Responsibilities include didactic and clinical teaching at the graduate level, research and intramural practice. Emory's redirection toward enriched postgraduate education and research will allow faculty to concentrate on these areas.

Requires D.D.S./D.M.D. degree, advanced training in Prosthodontics, and Board certification or educational qualifications for Board certification. Academic rank and salary commensurate with qualifications and experience. Emory University is an Equal Opportunity/Affirmative Action employer. Submit curriculum vitae to Dr. Kenneth A. Turner, Chairman, Department of Prosthodontics, Emory University School of Dentistry, 1462 Clifton Road NE, Atlanta, Georgia 30322.

#### **BOOKS AVAILABLE**

The "Study Guide for Certification", "Classic Prosthodontic Articles" and the "Index to the Journal of Prosthetic Dentistry" are available. To get your copy(ies) of these valuable books, complete the form below and mail to the Central Office Director, 1777 N.E. Loop 410, Suite 904, San Antonio, Texas 78217. Name: Address: \_\_ State \_\_ copy(ies) of the "Classic Prosthodontic Articles" Volume I I would like (Price Members \$23.00; Non-Members \$28.00) \_ copy(ies) of the "Classic Prosthodontic Articles" Volume II 2. 

I would like \_ (Price Members \$20.00; Non-Members \$25.00) \_ copy(ies) of the "Classic Prosthodontic Articles" Volume III 3. 

I would like \_ (Price Members \$20.00; Non-Members \$25.00) copy(ies) of the NEW 1988 EDITION of the "Study Guide for I would like \_ Certification". Includes 1981 thru 1987 Questions. (Price Members \$25.00; Non-Members \$30.00) \_ copy(ies) of the "Index To The Journal of Prosthetic Dentistry", I would like Bibliography spans 1960 to 1987. (Price Members \$45.00; Non-Members \$55.00, plus \$5.00 postage for out of the country mailings) **SUPPLEMENTS** (Do not order if you purchased any of the above items) copy(jes) of the 1981-1987 Phase I, Part 1 Questions for the American Board of Prosthodontics as a Supplement to the Study Guide (Price \$12.00) \_ copy(ies) of the "Index To The Journal of Prosthetic Dentistry Update". Includes 1980 to 1984. (Price \$10.00) \_ copy(ies) of the "Index To The Journal of Prosthetic Dentistry 3. 

I would like \_ Update". Includes 1985 to 1987. (Price \$10.00) DAMAGED CLASSIC VOLUMES Damaged Classic Volume 2 may be purchased for \$7.00. These books are the wrong size.

\_\_ copy(ies) of Volume 2

Make check payable to: The American College of Prosthodontists

1. 

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Amount enclosed \$

#### ACP DENTAL LABORATORY WORK AUTHORIZATION

The American College of Prosthodontists has developed a dental laboratory work authorization form for use by College members, the dental profession, and the dental laboratory industry. The illustration that appears is in a camera ready format that you can take to the printer of your choice for reproduction. The following instructions should be given to the printer: reproduce in a three page NCR (non-carbon reproduction) format; crash number in upper left hand corner (if required in your state); and with marginal wording. The marginal wording should be "LABORATORY COPY" on first page, "DENTIST COPY" on the second page, and "DENTIST FILE COPY" on the third page. This work authorization can be personalized with your name, address, telephone number and the laboratory you use, if desired.

This form was developed to meet all state requirements for dental laboratory work authorizations. It has been approved for use by the state dental societies and/or the Board of Dental Examiners/Board of Dentistry in almost all 50 states, including the District of Columbia, Puerto Rico, and the Virgin Islands. The following states are the only states who have not approved the use of the form: Florida, Indiana, Ohio, Oklahoma, and South Dakota, Acceptance of the form in these states is being pursued through the College's Sections in those states. Two states, Kansas and Missouri have approved the use of ACP Dental Laboratory Work Authorization only when accompanied with their approved state work authorization.

The ACP Dental Laboratory Work Authorization should be used by members of the ACP when requesting prosthesis from a dental laboratory. The form, when used by College members, the dental profession and the dental laboratory industry should be used in accordance with the by-laws of the state in which the dentist is practicing. It is hoped that with support from the College's Sections that the five states who have not accepted the form to date will eventually approve its use. If this happens, the ACP will have developed the first nationally accepted dental laboratory work authorization.

For additional information or clarification, you can phone Dr. Martin C. Comella, (202) 576-3091 or write to him at this address: 18909 Whetstone Circle, Gaithersburg, MD 20879.

NEWSLETTER

THE AMERICAN COLLEGE

OF PROSTHODONTISTS

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#### **ARTICLES BEARING COLLEGE SEAL**

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Jewelry (ea)	14K	10K	1/10 DRGP		Jewelry (ea)	14K	10K	1/10 DRGP	Number
Pinette	□\$67.50	□ \$ 50.50	□ \$20.50		College Key	□ 69.50	□ 51.50	□ \$26.00	
Tie Bar	□ 72.50	□ 55.50	□ 26.50		Lapel Pin	□ 67.50	□ 50.50	□ 20.40	
Cuff Links	□ 143.50	□ 110.50	□ 39.00		Ladies Charm	□ 67.50	□ 50.50	□ 20.30	
Tie Tacs	□ 67.50	□ 50.50	□ 20.45						
OTHER ITEMS (ea) —   Blazer Pocket Patch—Old \$9.00 Number   Blazer Pocket Patch—New \$16.00 Number   Wall Plaque (ceramic) \$26.00 Number									
In ordering 1/10 DRGP (Plate) Jewelry, Blazer Patches and Wall Plaques, please enclose check to cover costs, which include mailing, payable to the American College of Prosthodontists.									

\*Note: 14K and 10K jewelry are special order items and prices fluctuate with the costs of gold. You will be billed for the items you order on receipt by the Central Office of the manufacturer's invoice. Do not send check with order for 14K or 10K items.