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Vision, Mission, and Values

Vision

Leading the improvement of health by advancing oral health.

Mission

- Prepare oral healthcare providers for scientifically based practice
- Define new standards for education
- Provide patient-centered care
- Discover and disseminate knowledge
- Actualize individual potential
- · Develop and promote policies addressing the needs of society

Core Values

These core values characterize the School of Dentistry and define its distinctive identity:

- Humanism: dignity, integrity, and responsibility
- Innovation: willingness to take calculated risks
- · Leadership: modeling, inspiring, and mobilizing
- Reflection: using facts and outcomes for continuous improvement
- Stewardship: responsible use and management of resources
- Collaboration: partnering for the common good
- Philanthropy: investing time, talent and assets

Clinic Mission Statement

The mission of the school's clinics is to provide patient-centered, evidence-based, quality oral healthcare in a humanistic educational environment.

The goal of the clinic mission statement is to focus faculty, staff, and students on the delivery of excellent patient care. In all clinical interactions we will strive to provide excellent care to our patients and excellent educational experiences for our students. At those times when we must make a choice between patient care and teaching effectiveness, patient care will take precedence.

There are four parts to the mission statement. *Patient-centered care* means being prompt, efficient, responsible, engaging, focused, and adaptable, among other things. The private practice model is the patient care model to which we aspire. *Evidence-based decision making* involves the use of scientific evidence to help make treatment decisions. It is used in conjunction with individual patient values to determine the best course of action for each patient. *Quality oral healthcare* involves providing treatment to our patients that meets community standards of care in all disciplines. It means providing that care to patients of varying needs and expectations. *Humanistic education* is based on honest communication of clear expectations along with positive support for diligent effort.

Faculty and staff must be models of the profession's highest standards. Students are expected to set equally high standards for their behavior. The educational environment will be intellectually stimulating, progressive in scope, outcomes-focused, and competency-based.

Reservation of Powers

The School of Dentistry reserves the right to modify or change the curriculum, admission standards, course content, degree requirements, regulations, policies, procedures, tuition, and fees at any time without prior notice and effective immediately. Such changes or modifications will be posted in the online catalog, the source of the most current catalog information. Students who join a subsequent cohort for any reason are governed by the policies, requirements, and curriculum of the catalog in effect at the time of re-entry.

The information in this catalog is not to be regarded as creating an express or implied agreement between the student (or applicant) and the school, nor does its content limit the academic and administrative discretion of the school's administration.

History and Educational Goals

One of the world's most distinctive metropolitan centers, San Francisco has been the home of the School of Dentistry since its incorporation in 1896 as the College of Physicians and Surgeons. The school has been recognized since its inception as a major resource for dental education in the Western states.

- In 1962 the College of Physicians and Surgeons joined the University of the Pacific.
- In 1967 an eight-story building was completed for the teaching of clinical dentistry and for conducting dental research.
- In 1996 the school opened a state-of-the art preclinical simulation laboratory combining the latest in educational technology with a simulated patient experience.
- In 2002 three new state-of-the-art classrooms were completed.
- In 2003 a new Health Science Center was opened on the Stockton campus combining facilities for dentistry, dental hygiene, physical therapy, and speech pathology.
- In 2004 the university named the dental school in honor of its long-standing dean, Dr. Arthur A. Dugoni.
- In 2011 the school was awarded the prestigious Gies Award for Vision by the American Dental Education Association.
- In 2014 the dental school moved to a completely renovated and updated facility in downtown San Francisco, setting the pace for new and better methods of educating students and providing care to patients.
- In 2015 the dental school became the first school in California and in the United States to have students apply for licensure through a portfolio exam process.

The Alumni Association provided a twelve operatory dental clinic which has served as the school's major extended campus in southern Alameda County since 1973. The clinic was completely remodeled in 2002 and currently serves as the clinic site for the school's Advanced Education in General Dentistry residency program.

Accreditation

The University of the Pacific is fully accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC). The dental educational programs are fully accredited by the Commission on Dental Accreditation (CODA). The School of Dentistry is a member of the American Dental Education Association (ADEA).

CODA will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

Curriculum

DDS

As suggested by the Helix logo, biomedical, preclinical, and clinical science subjects are integrated and combined with applied behavioral sciences in a program to prepare graduates to provide excellent quality dental care to the public and to enter a changing world that will require them to be critical thinkers and lifelong learners. The 36-month curriculum leading to the degree of Doctor of Dental Surgery begins in July and is divided into twelve quarters, each consisting of ten weeks of instruction, one week of examinations, and a vacation period of varying length (between one and four weeks).

Integrated biomedical science instruction in human anatomy, biochemistry, physiology, pharmacology, and microbiology is offered over the first eight quarters, followed by multidisciplinary presentations of basic science foundations for clinical topics such as the importance of saliva, tissue aging, nutrition, and infection control. Throughout the curriculum, students learn to apply basic science knowledge to clinical problems using the scientific method of inquiry. Integrated preclinical instruction is concentrated in the first four quarters with students learning to work from a seated position in a modern preclinical simulation laboratory and with a chair-side assistant in conjunction with pediatric dental practice. Clinical work with patients is initiated in the fourth quarter.

The school is a pioneer in competency-based education, an approach that replaces the traditional system of clinical requirements with experiences that ensure graduates possess the skills, understanding, and professional values needed for the independent practice of general dentistry. Pacific is also known for its humanistic approach to dental education, stressing the dignity of each individual and his or her value as a person.

The Clinical Practice Strand of the Helix curriculum supports comprehensive patient care which is based on the concept of private dental practice where the student assumes responsibility for assigned patients' overall treatment, consultation, and referral for specialty care. In this strand, second-year students practice clinical dentistry approximately 15 hours per week and third year students practice approximately 33 hours per week. They learn to provide comprehensive dental care under the direction of a team of clinical faculty led by the Group Practice Leader (GPL).

The GPL teams with group practice mentors (GPMs) to supervise the following disciplines in each group practice: oral diagnosis and treatment planning, emergency dental care, uncomplicated periodontics, uncomplicated endodontics, operative, fixed prosthodontics, removable prosthodontics, uncomplicated extractions, and uncomplicated implant cases. In addition, test cases in most of these disciplines are supervised by at least two members of the faculty team. There are three GPMs in each group practice during a clinic session and students may work with all three mentors during the course of an appointment. The group practice model maintains a student to faculty ratio of approximately 5:1. The GPM/GPL monitors the progress of care and completes periodic case reviews with the patient and the student.

Each student provides care to all patients in his or her patient population. Occasionally, other caregivers, a second- or third-year student, resident, or faculty member, complete certain procedures in any given treatment plan. The GPL coordinates this process which also requires approval of the patient. The student dentist originally assigned to provide care to the patient maintains responsibility for care during all treatment provided by other practitioners.

The second- and third-year class is divided alphabetically into eight group practices. There are about twenty second-year and twenty third-year students in each group practice, which is managed by the GPL, who has overall responsibility for the care of patients by all students and faculty in the group practice. Other clinical disciplines are managed by faculty who do not have specific responsibility for a certain group of students. Specialists in endodontics manage more complex cases in a specified area of the clinic, including test cases. Periodontists manage most periodontal procedures. The Complex Care Clinic allows students to treat more technically difficult restorative cases under the supervision of trained faculty members with a low student-to-faculty ratio.

There are four discipline exceptions to the comprehensive care model: oral and maxillofacial surgery, pediatric dentistry, oral medicine/facial pain, and radiology. Students are assigned to rotations for two to three weeks in each of these disciplines, except for the oral medicine/facial pain rotations which are one day each. In orthodontics, students participate with faculty and orthodontic residents in adjunctive orthodontic care and in oral development clinics. Third-year students also rotate through the Special Care Clinic where they treat perinatal patients, dental-phobic patients, and patients with developmental disabilities. In addition, each student provides care in the hospital operating room on patients with specific health issues, including liver transplant patients.

Advanced clinical dentistry and evaluation of new developments and topics that involve several disciplines are learned in the third year in conjunction with patient care. Second- and third- year students participate in patient care at extramural sites located in numerous treatment facilities around the Bay Area, including acute care hospitals, community clinics, and skilled nursing facilities. At extramural clinic sites, students are taught by Pacific faculty in conditions that more closely resemble private practice, and typically treat 4-6 patients per day. Rotations occur at a number of different times, including weekdays during the academic year, weekends, and vacation periods. Students typically find these experiences to be highly educational, teaching them how to provide excellent patient care in a condensed time frame. Students may elect to participate in externships to specialty programs during academic break periods, most often the four-week summer break.

Behavioral science aspects of ethics, communication, human resource and practice management, and dental jurisprudence are integrated across the curriculum. Epidemiology and demography of the older population, basic processes of aging, and dental management of hospitalized patients, geriatric patients, and those with the most common disabling conditions are studied during the third year.

Students are counseled individually with regard to establishing a practice and applying for postgraduate education. A weekend conference devoted to new developments in dentistry serves to acquaint students with opportunities for postgraduate education and with alumni views of the realities of dental practice.

IDS

As suggested by the Helix logo, biomedical, preclinical, and clinical science subjects are integrated and combined with applied behavioral sciences in a program to prepare graduates to provide excellent quality dental care to the public and to enter a changing world that will require them to be critical thinkers and lifelong learners. The 24-month curriculum leading to the degree of Doctor of Dental Surgery begins in July and is divided into eight quarters, each consisting of ten weeks of instruction, one week of examinations, and a vacation period of varying length (between one and four weeks). Students in the IDS program are held to the same competency standards as their peers in the DDS program.

Integrated preclinical instruction is concentrated in the first two quarters with students learning to work from a seated position in a modern preclinical simulation laboratory and with a chair-side assistant in conjunction with pediatric dental practice. Clinical work with patients is initiated in the third quarter.

The school is a pioneer in competency-based education, an approach that replaces the traditional system of clinical requirements with experiences that ensure graduates possess the skills, understanding, and professional values needed for the independent practice of general dentistry. Pacific is also known for its humanistic approach to dental education, stressing the dignity of each individual and his or her value as a person.

The Clinical Practice Strand of the Helix curriculum supports comprehensive patient care which is based on the concept of private dental practice where the student assumes responsibility for assigned patients' overall treatment, consultation, and referral for specialty care. In this strand, first-year students practice clinical dentistry approximately fifteen hours per week and second-year students practice approximately thirty-three hours per week. Like their DDS peers, IDS students learn to provide comprehensive dental care under the direction of a team of clinical faculty led by the Group Practice Leader (GPL).

The GPL teams with group practice mentors (GPMs) to supervise the following disciplines in each group practice: oral diagnosis and treatment planning, emergency dental care, uncomplicated periodontics, uncomplicated endodontics, operative, fixed prosthodontics, removable prosthodontics, uncomplicated extractions, and uncomplicated implant cases. In addition, test cases in most of these disciplines are supervised by at least two members of the faculty team. There are three GPMs in each group practice during a clinic session and students may work with all three mentors during the course of an appointment. The group practice model maintains a student to faculty ratio of approximately 5:1. The GPM/GPL monitors the progress of care and completes periodic case reviews with the patient and the student.

Each student provides care to all patients in his or her patient population. Occasionally, other caregivers, a second- or third-year student, resident, or faculty member, complete certain procedures in any given treatment plan. The GPL coordinates this process which also requires approval of the patient. The student dentist originally assigned to provide care to the patient maintains responsibility for care during all treatment provided by other practitioners.

The first- and second-year IDS class is divided alphabetically into eight group practices. There are about 40 students in each group practice, including IDS students. Each group practice is managed by the GPL, who has overall responsibility for the care of patients by all students and faculty in the group practice. Other clinical disciplines are managed by faculty who do not have specific responsibility for a certain group of students. Specialists in endodontics manage more complex cases in a specified area of the clinic, including test cases. Periodontists manage most periodontal procedures. The Complex Care Clinic allows students to treat more technically difficult restorative cases under the supervision of trained faculty members with a low student-to-faculty ratio.

There are four discipline exceptions to the comprehensive care model: oral and maxillofacial surgery, pediatric dentistry, oral medicine/facial pain, and radiology. Students are assigned to rotations for two to three weeks in each of these disciplines, except for the oral medicine/facial pain rotations which are one day each. In orthodontics, students participate with faculty and orthodontic residents in adjunctive orthodontic care and in oral development clinics. Second-year students also rotate through the Special Care Clinic where they treat perinatal patients, dental-phobic patients, and patients with developmental disabilities. In addition, each student provides care in the hospital operating room on patients with specific health issues, including liver transplant patients.

Advanced clinical dentistry and evaluation of new developments and topics that involve several disciplines are learned in the second year in conjunction with patient care. Second-year IDS students participate in patient care at extramural sites in numerous treatment facilities around the Bay Area, including acute care hospitals, community clinics, and skilled nursing facilities. At extramural clinic sites, students are taught by Pacific faculty in conditions that more closely resemble private practice and typically treat 4-6 patients per day. Rotations at these sites occur at a number of different times, including weekdays during the academic year, weekends, and vacation periods. Students typically find these experiences to be highly educational, teaching them how to provide excellent patient care in a more condensed time frame. IDS students can elect to participate in externships to specialty programs during academic break periods, most often the four-week summer break.

Behavioral science aspects of ethics, communication, human resource and practice management, and dental jurisprudence are integrated throughout the curriculum. Epidemiology and demography of the older population, basic processes of aging, and dental management of hospitalized patients, geriatric patients, and those with the most common disabling conditions are studied during the final year.

Students are counseled individually with regard to establishing a practice and applying for postgraduate education. A weekend conference devoted to new developments in dentistry serves to acquaint students with opportunities for postgraduate education and with alumni views of the realities of dental practice.

Endodontics

Endodontic residents participate in a comprehensive 27-month program designed to provide in-depth clinical training in endodontics, supported by a solid foundation of coursework in the biologic principles that uphold the specialty. In addition to a curriculum that nurtures the clinician-scientist, the program offers clinical experiences with an extensive patient demographic supported by the School of Dentistry and a community dental clinic that is part of an expansive health care network in the East San Francisco Bay Area. Each resident will also engage in an investigative project and complete an acceptable thesis to qualify for the Master of Science in Dentistry degree. The thesis is typically submitted for publication in scientific journals. Classes begin each July. Residents are scheduled for classroom and clinical instruction five full days (and some evenings) per week and full participation is required.

More information on the program, including admissions requirements, curriculum and schedule, graduation and certification requirements are available here (http://dental.pacific.edu/Academic_Programs/Advanced_Education_Program_in_Endodontology.html).

Orthodontics

Pacific's orthodontics residency program, instituted in 1971, is fully accredited by the Commission on Dental Accreditation, and is recognized for educational eligibility by the American Board of Orthodontics. The program's courses prepare the resident to provide excellent treatment based on contemporary biologic orthodontic principles.

Faculty members foster the humanistic atmosphere with informal professional relationships and mutual respect with the residents. Clinical instruction and practice are conducted in the orthodontic clinic.

Residents treat an entire range of orthodontic problems during seven half-day clinics per week including instructions in general orthodontics, mixed dentition treatment, surgical orthodontics, mini-implants, and Invisalign. Adult patients constitute about one-fourth of a resident's case load. Each resident starts approximately 50 new patients and is transferred approximately 60-80 existing patients. Fixed appliance treatment employs the edgewise technique although instruction permits a wide latitude of clinical variation based on patient needs and faculty supervision.

Each resident engages in an investigative project and must complete an acceptable thesis to qualify for the Master of Science in Dentistry degree.

Residents are scheduled for didactic and clinical instruction five full days per week and full participation is required. While there is no prohibition of weekend private dental practice, residents' commitments during the program seriously limit this opportunity.

More information on the program, including admissions requirements, curriculum and schedule, graduation and certification requirements, and the Research Fellowship Program are available here (http://dental.pacific.edu/Academic_Programs/Graduate_Orthodontics_Program.html).

Oral and Maxillofacial Surgery Residency Program

Residents receive a thorough foundation in the basic biomedical sciences, including anatomy, pathology, pharmacology, and physiology. Clinical practice includes dentoalveolar surgery, comprehensive management of the implant patient, comprehensive management of dentofacial and craniofacial deformities, surgical management of pathologic lesions, temporomandibular joint surgery, aesthetic surgery, reconstructive surgery and management of cleft lip and palate, and trauma management.

The residency is 48 months in length, and is divided into 34 months of oral and maxillofacial surgery, five months of anesthesia (of which one month is pediatric anesthesia), two months of medicine, four months of general surgery (including trauma), two months of plastic surgery, and one month of oral pathology. There are several hospitals and clinics to which the resident is assigned including Highland Hospital, Kaiser Hospital in Oakland, Children's Hospital of Oakland, and the University of the Pacific School of Dentistry clinics.

As a senior resident, four months are spent as chief at Highland Hospital where trauma, pathology, reconstructive surgery and aesthetic surgery are prevalent. Four months are spent at Kaiser Hospital where orthognathic cases are seen in great numbers. Four months are spent at Children's Hospital, as part of a craniofacial anomalies team. Cleft lip and palate, congenital and acquired craniofacial deformities and orthognathic surgery are prevalent.

Stipend

Residents receive salaries from PGY1 to PGY4.

Admission Requirements and Application

To apply to the program, a candidate requires an undergraduate degree, transcripts showing a DDS or DMD degree, a completed PASS application, National Board of Medical Examiners (NBME) Comprehensive Basic Science Examination (CBSE) score, and three letters of recommendation. University of the Pacific/Highland participates in the National Matching Service.

For complete information please contact:

Division of Oral and Maxillofacial Surgery Alameda Health System - Highland Hospital Campus Oral Surgery Clinic E2 1411 East 31st Street Oakland, CA 94602 (510) 437-4101 Rachelle Surdilla rsurdilla@acmedctr.org

Advanced Education in General Dentistry

The University of the Pacific, Arthur A. Dugoni School of Dentistry houses its Advanced Education in General Dentistry (AEGD) residency program in Union City, approximately 35 miles southeast of San Francisco.

The AEGD program is a one-year accredited postgraduate residency in general dentistry with an optional second year. The core of the program involves advanced clinical treatment of patients requiring comprehensive general dental care. There is a comprehensive seminar series that covers all dental specialties. The residents provide dental care to people with complex medical, physical, and psychological conditions. While enrolled in the program, residents provide comprehensive dental care, attend supplemental seminars and rotations, and supervise dental students. Senior pre-doctoral students regularly rotate from the dental school in San Francisco. Union City residents are directly involved in the clinical education of these students, giving residents unique teaching experience.

The start date for the program is July 1. Residents have time off during the school's winter break and 10 days leave that can be scheduled with the approval of the program director.

Applicants must show record they have graduated from North American dental school. There is **no tuition required** to participate in the program; residents receive an educational stipend. The program uses the American Dental Education Association's PASS application to receive application materials. For further information on the Pacific AEGD program application process, please click here (http://www.dental.pacific.edu/Academic_Programs/Advanced_Education_in_General_Dentistry/Application_Process.html).

International General Dentist Educator Program

In this five-year program, the first two years consist of participation in the AEGD program, and the remaining three years consist of attaining a masters or doctorate degree in professional education and leadership from the university's Benerd School of Education.

The clinical residency and graduate program for international general dentists is a dual-track program consisting of clinical and didactic education. The clinical track is mainly intended to prepare the candidate for a career in patient care and clinical education. The didactic track and teaching practicum are mainly intended to prepare the candidate for a full-time career in dental academia. However, each track may have overlapping features in terms of purpose.

Clinical education is provided under a two-year residency program leading to a clinical certificate upon completion of both years one and two. Didactic education is provided under the two-year graduate program leading to a Master's in Education. The final year of the program will consist of completing the thesis project if not completed in the previous year, and teaching practicum in didactic, pre-clinical, and clinical education of doctoral students.

Please click here (http://www.dental.pacific.edu/Academic_Programs/International_General_Dentist_Educator_Program.html) for more information about this program.

Dental Hygiene Program

Mission

The mission of the University of the Pacific Baccalaureate Dental Hygiene program is consistent with the mission and educational goals of the dental school.

The dental hygiene program will:

- Educate individuals who, upon completion of the program, will be professionally competent to provide quality dental hygiene care in an evolving profession
- Provide patient-centered, quality care in an efficient clinical model that demonstrates the highest standards of service achievable
- · Provide opportunities for community-based, experiential learning

The program and its graduates will be distinguished by the following attributes:

- · Continuous enhancement through professional development
- · Humanistic values that respect the dignity of each individual and foster the potential for growth in all of us
- Application of theory and data for continuous improvement
- · Leadership in addressing the challenges facing the profession of dental hygiene, education, and our communities

The Study of Dental Hygiene

The dental hygiene course of study is a professional program where students learn to provide preventive clinical care for patients with emphasis on recognition, treatment, and prevention of oral diseases. In addition to performing a variety of preventive and therapeutic functions, the dental hygienist also has a major role in counseling and educating patients, community groups, and other health professionals. The curriculum helps students build the educational, communication, and clinical skills necessary to work in co-therapy with the dental team.

Facilities

Beginning in January 2017, the dental hygiene program will be located at University of the Pacific's San Francisco campus, along with other dental programs offered at the Arthur A. Dugoni School of Dentistry. The program's move will allow for increased connection to the school's San Franciscobased dental clinics and programs; enhanced interprofessional opportunities in the field of oral healthcare; opportunities for dental hygiene students to learn alongside other dental students in the DDS, IDS and residency programs; and a large base of patients who utilize the school's clinics. The San Francisco campus is a state-of-the-art facility located in the South of Market (SoMa) district and is highly accessible by all major forms of public transportation, including BART and Muni.

The Dental Hygiene program will continue to be located at University of the Pacific's Stockton campus through December 2016. The program is currently based in the Chan Family Health Sciences Learning Center, a facility shared with Physical Therapy and Speech-Language Pathology programs.

Admission Requirements

Admission to the Dental Hygiene Program is competitive and based on merit. Students may apply either as a freshman student, doing prerequisite coursework at Pacific, or as a transfer student, completing prerequisites at another institution. After review of the completed application, the Office of Admissions will invite qualified candidates to participate in interviews on campus. In addition to a personal interview, applicants are invited to take part in orientation and financial aid seminars, meet informally with current students, and tour the campus. Admission will be based on the combination of application information and interview.

Please click here (http://www.pacific.edu/Admission/Undergraduate/Applying/Dental-Hygiene.html) to see detailed admissions information.

Program Description

The Baccalaureate Dental Hygiene program is a professional program presented in an accelerated year-round format of eight semesters, including summer sessions, culminating in the bachelor of science in dental hygiene degree. Students accepted into the program as freshmen complete all sessions with the University. Transfer-level program entrants, with prerequisites fulfilled, complete the final four semesters of professional coursework only.

Program applicants must complete prerequisite general education courses either at Pacific or another institution to provide a strong science background and a broad base in the humanities. The prerequisites are designed to strengthen dental hygiene science and clinical practice. Students may undertake this first portion of their course work in the College of the Pacific, with the general undergraduate student population on the main campus. Each student must maintain a 2.7 GPA or better in lower-division coursework to be considered for the professional portion of the program.

The professional portion of the program is a highly-structured four consecutive semesters of upper division coursework that includes both didactic and clinical experience. This portion of the program is presented by the Arthur A. Dugoni School of Dentistry Dental Hygiene Program on the Stockton campus until January 2017, when it will then be offered on the San Francisco campus.

Dental Hygiene Licensure

Completion of the program enables graduates to take national and regional or state licensure examinations. For California examination information contact:

Dental Hygiene Committee of California 2005 Evergreen Street., Suite 1050 Sacramento, CA 95815 http://www.dhcc.ca.gov/

(916) 263-1978 or (916) 263-1978

General Education Curriculum

Dental hygiene prerequisites consist of general education courses providing a strong science background and a broad base in the humanities.

Please click here (http://catalog.pacific.edu/general/arthuradugonischoolofdentistry/dentalhygiene) to see more about the general education requirements in this program.

Dental Hygiene Curriculum

Professional training is undertaken in four consecutive semesters following prerequisites. The curriculum provides students with the knowledge of oral health and disease as a basis for assuming responsibility to assess, plan, implement and evaluate dental hygiene services for both the individual patient and community oral health programs.

Please click here (http://catalog.pacific.edu/general/arthuradugonischoolofdentistry/dentalhygiene) to see more about the professional training requirements in this program.

Humanistic Education

It is the goal of the School of Dentistry to educate the highest quality practitioners who can practice independently and successfully in their patients' best interests. It is our belief that a humanistic approach to education best accomplishes this goal. Our view of humanism is based upon honest communication of clear expectations along with positive support for diligent effort. Although kindness is valued, humanism is not interpreted to mean softness, weakness, or superficial niceness. In fact, humanism places great responsibility on each member of the dental school community.

In order for this approach to work, faculty members must be models of the profession's highest standards, and they must teach in a way that encourages and energizes students. Students, in turn, are expected to set very high standards, to work hard, and to take personal responsibility for their own learning process.

Humanistic student-faculty Interaction

Includes

- Good work ethic
- Constructive feedback
- Maintaining confidentiality
- Addressing the issue
- Celebrating achievement
- Excellence
- High ethical standards
- Professional responsibility
- Increasing independence
- Attainment of competency

Excludes

- Minimum effort
- Authoritarian behavior
- Public criticism
- Ignoring the problem
- Dwelling on the negative
- Expedience
- Ethical compromise
- Avoiding responsibility
- Continued dependence
- Tolerance of inability

Competency Statements

Competencies are written statements describing the level of knowledge, skill, and values expected of graduates. Students are introduced to competency-based education and the competency statements at matriculation; second- and third-year students are reminded of the competency focus of the educational program during mandatory clinic orientations at the start of each academic year. In addition to these competencies expected of students in the DDS and IDS programs at graduation, there are other components of the curriculum - foundation knowledge and skills - that are also required as part of the educational program. These are normally defined as learning objectives in individual courses.

In regard to oral disease detection, diagnosis, and prevention

- 1. Establish and maintain patient rapport
- 2. Perform a complete patient work-up, to include history and physical, laboratory, and radiographic examinations
- 3. Interpret findings from the complete patient work-up and present them in a standardized format
- 4. Determine differential, provisional, and definitive diagnoses

5. Determine and consider patient's dental, medical, and personal situations in evaluating the range of dental therapies appropriate for that individual 6. Combine diagnostic and prognostic data with a science base and patient's values to form an individualized, comprehensive, sequenced treatment plan

7. Discuss treatment plans with patients and caregivers, including presentation of findings, alternatives, risks and benefits, and obtain informed consent from them

- 8. Modify ongoing treatment plans based on changed circumstances
- 9. Make referrals to dental and medical colleagues and, in conjunction with them, manage patients' care
- 10. Use preventive strategies to help patients maintain and improve their oral health

In regard to treatment of dental diseases and abnormalities

- 11. Restore single teeth for therapeutic reasons
- 12. Treat patients who have missing teeth with simple fixed, removable, and implant-supported prostheses
- 13. Oversee long-term care for patients with dental prostheses
- 14. Work with commercial laboratory support associated with restorative treatment
- 15. Fabricate nightguard appliances to protect the dentition
- 16. Address simple cosmetic concerns
- 17. Prevent and treat pulpal inflammations using direct and indirect procedures
- 18. Perform uncomplicated endodontic therapy on permanent teeth
- 19. Treat plaque-induced gingivitis, mild chronic periodontitis, and other conditions requiring uncomplicated periodontal therapy
- 20. Recognize and treat or refer moderate to severe chronic periodontitis, aggressive periodontitis, and other conditions requiring complicated
- periodontal therapy
- 21. Assess results of periodontal treatment
- 22. Recognize and refer dental malocclusions and disturbances in the development of dentition
- 23. Perform simple and surgical tooth and root extractions
- 24. Treat simple and recognize and refer complex complications related to intraoral surgical procedures
- 25. Treat simple and refer complex oral bony abnormalities
- 26. Treat simple and refer complex oral mucosal abnormalities
- 27. Administer and prescribe medications commonly used in dentistry, including local anesthesia, and manage their complications
- 28. Recognize and respond to intraoral emergencies
- 29. Recognize and respond to medical emergencies occurring in the dental office
- 30. Perform CPR

In regard to customized treatment of dental diseases and abnormalities

- 31. Treat patients with special needs who do not require hospital adjunctive care as part of treatment
- 32. Recognize oral healthcare needs, refer, and ensure follow-up treatment for patients with complex disabilities and medical conditions
- 33. Involve caregivers, guardians, and other health and social service professionals in managing the oral health of patients
- 34. Perform treatment for children in a manner that incorporates consideration of their expected growth and development
- 35. Counsel patients on lifestyle habits that affect oral health

In regard to health care delivery and practice management

- 36. Function as a patient's primary and comprehensive oral health care provider
- 37. Prepare and use complete and accurate records
- 38. Use current infection and hazard control measures in dental practice
- 39. Practice four-handed dentistry
- 40. Direct services of dental auxiliaries
- 41. Develop a philosophy of practice
- 42. Develop a plan incorporating dental practice management principles
- 43. Participate in quality assurance systems
- 44. Practice consistent with sound business principles and legal requirements and regulations
- 45. Evaluate oral health care delivery and payment systems in terms of their impact on patients, dental practices, and the profession

In regard to personal development and professionalism

46. Diagnose and treat only within one's competence

- 47. Recognize moral weakness, uncertainty, and dilemmas in dental practice and practice in accordance with normative ethical principles
- 48. Recognize signs of abuse and neglect and take appropriate action
- 49. Communicate with patients, staff, and others in an empathetic and culturally competent manner
- 50. Participate in activities designed to improve the health of communities
- 51. Participate in organized dentistry
- 52. Assume active responsibility for one's lifelong learning
- 53. Use information technology for dental practice
- 54. Evaluate scientific, lay, and trade information and claims about new products and procedures
- 55. Think critically, solve problems, and base dental decisions on evidence and theory

Course Descriptions and Faculty

Course descriptions are grouped by department. Courses are numbered by year: first-year predoctoral courses in the 100s, second-year predoctoral courses in the 200s, and third-year predoctoral courses in the 300s. Graduate courses are similarly numbered by year: first-year graduate courses in the 400s, second-year graduate courses in the 500s, and third-year graduate courses in the 600s. Quarters during which a course is offered in the DDS and graduate orthodontics and endodontics programs are indicated in parentheses following the course descriptions. (For the sequence of courses in the IDS program, please see Distribution of Instruction). Units of credit are listed separately for clinical courses offered during second and third years, e.g. EN 259 Clinical Endodontics I (2 or 4 units). Otherwise the unit value is listed after the course title. More than a single unit value is reported when there is a difference in contact hours between DDS and IDS courses.

Beginning in the fourth quarter, DDS and IDS students must enroll in selective instruction each year which serves to extend basic knowledge and skills in a discipline. A listing of selective course offerings is distributed during the winter and spring quarters. Advanced topics and experiences in selected basic, clinical, and behavioral science disciplines are offered (10 to 40 hours per year, 0.1-1.0 units per course). If additional work is needed to reach competency in previously completed courses, supplemental instruction offering additional customized and intensive instruction in targeted didactic, laboratory, and clinical competencies will be offered by the faculty.

Units of Credit

One unit of credit is awarded for ten hours of lecture or seminar, twenty hours of laboratory or clinic, or thirty hours of independent study per term. In the predoctoral programs (DDS and IDS), students are assigned to comprehensive care clinics for approximately 500 hours during the second year and 1,000 hours during the third, in addition to specialty clinic rotations. Units of credit are assigned in the comprehensive care clinical disciplines in proportion to the amount of time students spend providing specific types of care for assigned patterns.

Full-time enrollment in the predoctoral programs at the School of Dentistry (DDS and IDS) is defined as16 or more units per term. Full-time enrollment in the graduate residency programs in orthodontics and endodontics is defined as 20 or more units per term. For the graduate certificate programs in Advanced Education in General Dentistry and Oral and Maxillofacial Surgery, full-time enrollment is defined as 16 or more units per term.

Biomedical Sciences (BMS)

Department Chairperson

David M. Ojcius Professor of Biomedical Sciences

Faculty

Α

Leigh Charles Anderson

Professor of Biomedical Sciences BS, University of Minnesota, 1971 DDS, University of Minnesota, 1977 PhD, University of Minnesota, Oral Biology, 1979

Homayon Asadi

Associate Professor of Biomedical Sciences San Jose City College, 1982 B.A., San Jose State University, Biology, 1984 D.D.S., University of the Pacific, 1988

В

Alan Wythe Budenz

Professor of Biomedical Sciences University of Redlands, 1970 BS, Oregon State University, Zoology, 1972 MS, University of California, Los Angeles, Anatomy, 1977 DDS, University of California, San Francisco, Dentistry, 1982 MBA, Univesity of the Pacific, Business, 2000

Dorothy T. Burk

Associate Professor of Biomedical Sciences BA, University of New Hampshire, Zoology, 1972 PhD, University of Michigan, Anatomy, 1976 University of Virginia, Craniofacial Development, 1979 MA, University of the Pacific, Educational Counseling Psychology, 1994

С

Takahiro Chino

Assistant Professor of Biomedical Sciences DDS, Japanese Ministry of Public Health, Dentistry, 1991 DDS, Matsumoto Dental University, Dentistry, 1991 Matsumoto Dental University, Japan, Oral Maxillofacial Surgery, 1993 Indiana University School of Dentistry, Oral Surgery, Medicine Pathology, 1995 Other, Indiana University School of Dentistry, Oral Diagnosis, 1996 MSD, Indiana University School of Dentistry, Dental Diagnostic Sciences, 1999 PhD, University of Washington, Oral Biology, 2008 University of Medicine Dentistry of New Jersey, Postdoctural Fellow, Periodontics, 2010

D

Nejat A. Duzgunes

Professor of Biomedical Sciences Diploma, Noble and Grenough School, Deham, Mass., 1968 BS, Middle East Technical University, Ankara, Turkey, Physics, 1972 PhD, State University of New York at Buffalo, Biophysical Sciences, 1978 Other, University of California, San Francisco, Membrane Biophysics, 1981

Η

Stefan Highsmith

Professor of Biomedical Sciences BA, University of California, Berkeley, Chemistry, 1966 PhD, Massachusetts Institute of Technology, Organic Chemistry, 1972 Brandeis University, Physical Chemistry, 1974 University of California, San Francisco, Biophysical Chemistry, 1978

Μ

Alexander J. Murphy Professor of Biomedical Sciences BS, Brooklyn College, Chemistry, 1962 PhD, Yale University, Biochemistry, 1967 University of California, San Francisco, Biophysical Chemistry, 1970

0

David M. Ojcius

Professor of Biomedical Sciences BS, University of California, Berkeley, Biophysicis, 1982 Harvard Medical School, Postdoctural Fellow, 1987 PhD, University of California, Berkeley, Biophysics, 1990 Rockefeller University, New York, Postdoctural Fellow, 1991

R

Gary D. Richards

Associate Professor of Biomedical Sciences A.A., Chabot College, 1977 B.A., University of California at Berkeley, Anthropology, 1980 M.A., University of California at Berkeley, Anthropology, 1984 PhD, University of California at Berkeley, Anthropology, 2007

Т

Der Thor

Assistant Professor of Biomedical Sciences BS, University of the Pacific, Biological Sciences, 2000 MS, University of the Pacific, Biological Sciences, 2003 PhD, University of the Pacific, Physiology and Pharmacology, 2009

X

Nan Xiao

Assistant Professor of Biomedical Sciences BS, Peking University, Stomatology, 2003 MS, Peking University - School of Stomatology, Orthodontics, 2005 PhD, Hong Kong University of Science and Technology, Biochemistry, 2009

Ζ

Benjamin D. Zeitlin

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Adjunct Faculty

-Dorothy E

Dorothy E. Dechant Adjunct Assistant Professor of Biomedical Sciences BA, University of California, Berkeley, Anthropology, 1973 MA, University of California, Berkeley, Anthropology, 1978 PhD, University of California, Berkeley, Anthropology, 1982

Alan J. Detton

Adjunct Assistant Professor of Biomedical Sciences BS, Brigham Young University, Exercise Science, 2006 MS, Ohio State University, Biomedical Informatics, 2010 PhD, Ohio State University, Philosophy, 2012

Κ

Krystyna Konopka

Adjunct Professor of Biomedical Sciences High School, Lodz, Poland, 1954 MD, School of Medicine, Lodz, Poland, Medicine, 1961 Bieganski Hospital, Lodz Poland, Clinical Pathology, 1965 Jonscher Hospital, Lodz Poland, Rotating Internship, 1965 MS, University of Lodz, Biochemistry, 1966 PhD, University of Lodz, Biochemistry, 1969

Μ

Matthew Milnes

Adjunct Instructor of Biomedical Sciences BS, California Lutheran University, Biology, 1997 MS, University of the Pacific, Biology, 2000 DDS, University of the Pacific School of Dentistry, General Dentistry, 2003

Ρ

Brigitte Papahadjopoulos-Sternberg

Adjunct Assistant Professor of Biomedical Sciences BS, Karl-Marx-University Humboldt University Berlin, Chemistry, 1971 PhD, Humboldt-University, Berlin, 1976

Course Descriptions

Predoctoral Courses

AN 110. Human Anatomy I: Cells to Systems. 6 Units.

The student will gain an understanding of cell biology, functional histology, and gross anatomy of the human body as appropriate for professional health care providers. Emphasis will be on the integration of anatomical knowledge at all levels and its correlation with basic clinical medicine relevant to dentistry. (45 hours lecture, 40 hours laboratory, including 15 hours clinical correlations/case discussion. Quarters 1-2.).

AN 111. Human Anatomy II: The Orofacial Complex. 7 Units.

The student will gain an understanding of the embryology, histology, neuroanatomy and gross anatomy of the head and neck as appropriate for a dental professional. The objectives are for the student to (1) understand the normal development and structure of tissues of the head and neck in preparation for courses in oral pathology and oral medicine and (2) comprehend the biological basis for rational diagnosis and treatment of clinical problems. Emphasis will be on the integration of anatomical knowledge and its correlation with oral medicine and clinical dentistry (40 hours lecture, 40 hours laboratory, 20 hours seminar/case discussion, Quarter 3).

BC 114. Biochemistry. 6 Units.

Study of major molecular structures and processes of the human organism including structure, function, and biosynthesis of the informational macromolecules, proteins and nucleic acids; generation and storage of metabolic energy; structure, genesis, and transformations of mineralized tissues; and digestion, absorption, and utilization of required nutrients. (60 hours lecture, including 10 hours case-based discussion. Quarters 1-2.).

BMS 100. Integrated Medical Sciences. 0 Units.

MC 224. Microbiology. 6 Units.

The biology of microorganisms that cause disease, including caries, and periodontal and endodontic infections. Microbial structure, metabolism, genetics, and virulence factors; molecular diagnostics and recombinant DNA technology. Pathogenesis, epidemiology, clinical syndromes, laboratory diagnosis, treatment, and prevention of infectious diseases. Innate, humoral and cell-mediated immunity, hypersensitivity and vaccines. Antibacterial, antiviral and antifungal agents. Bacterial infections, including oral manifestations; oral microbiology. Virology, with emphasis on HIV, herpesviruses, and hepatitis viruses; oral manifestations of viral infections. Mycology, with emphasis on oral infections. Parasitology, with emphasis on global public health. Oral microbiology laboratory, including disinfectant and antibiotic susceptibility; the caries risk test and identification of oral bacteria. (57 lecture hours, including independent study hours; 15 laboratory hours. Quarters 4-5.).

PG 120. Physiology. 7 Units.

Study of the functioning of the human body, basic methods used to evaluate physiological parameters and introduction to recognition of functional abnormalities in humans. Cell membrane transport; electrical potentials; peripheral nerves; skeletal and smooth muscles; spinal cord and autonomic nervous system; circulatory system and respiratory system; homeostatic function of the kidneys; energy metabolism, temperature regulation, assimilation of food by the gastrointestinal tract; regulatory function of the endocrine system; perception of the external world through the sense organs, and integrative activity of the brain. (70 hours lecture and demonstrations including 10 hours case-based discussion. Quarters 1-3.).

PG 220. Pharmacology and Therapeutics. 6 Units.

Rationale of drug use in dental practice, and mechanisms of action of drugs used for the medical management of dental patients; pharmacodynamics and drug kinetics; quantitative pharmacology; drug laws and regulations; prescription writing; emergency drugs, autonomic, respiratory, cardiovascular, psychotropic, hormonal, gastrointestinal, antianxiety, antiparkinson, antidiabetic, antineoplastic drugs; neuromuscular blockers, histamine antagonists, inflammatory mediators, sedative- hypnotics, anticonvulsants, general and local anesthetics, analgesics, antibiotics, antifungal and antiviral agents, substance abuse, toxicology, drug interactions, and therapeutic decision making. (60 hours lecture. Quarters 6-8.).

Graduate Courses

AN 410. Advanced Head and Neck Anatomy I. 1 Unit.

This course presents head and neck anatomy in depth to provide residents essential foundation for dental procedures. The development of normal and pathological craniofacial shapes, as well as anatomical structures relevant for implant placement, are discussed in detail. (Quarter 1.).

AN 510. Advanced Head & Neck Anatomy II. 1 Unit.

This course covers head and neck anatomy in depth to provide residents with essential foundation knowledge for dental procedures. The development of normal and pathological craniofacial shapes, as well as anatomical structures relevant for implant placement, are covered in detail. (Quarter 5.).

BC 414. Biochemistry and Bioengineering I. 1 Unit.

Residents learn how to assess biocompatibility and longevity of various materials in contact with body fluid and tissues. This course also covers biofilm formation and removal from oral biomaterials. (Quarter 2.).

BC 514. Biochemistry & Bioengineering II. 1 Unit.

Residents learn how to assess biocompatibility and longevity of various materials in contact with body fluid and tissues. This course also covers biofilm formation and removal from oral biomaterials. (Quarter 6.).

BMS 401. Research Philosophy and Design I. 1 Unit.

In this two-quarter foundational course, students learn about hypothesis-driven research, including hypothesis development and significance testing. (Quarter 1.).

BMS 411. Stem Cell Biology I. 1 Unit.

In this two-quarter course, residents discuss in detail current research on cell populations, their properties, and possible application routes--the foundation of modern biology-driven endodontic therapy. Treatment possibilities for immature teeth and other applications in regenerative endodontics are presented. (Quarter 2.).

BMS 412. Topics in Oral Biology I. 1 Unit.

This course covers the interaction of pulpal and periapical tissues with medicaments such as bisphosphonates or TNF-alpha blocking antibodies, the effects of systemic diseases such as HIV, diabetes or sclerodermia on oral tissues, and other common issues in endodontics. (Quarter 4.).

BMS 414. Oral Biology Journal Club I. 1 Unit.

This course features discussion of papers on a variety of topics in oral biology.(Quarter 2.).

BMS 440. Thesis Protocol. 1 Unit.

In this independent-study research course, residents work with mentor(s) to develop research questions, formulate hypotheses, and write a formal research proposal that includes a full literature review, statement of material and methods, execution of the research, and appropriate analysis and interpretation of data. (Quarters 2-3.).

BMS 450. Research Project I. 4 Units.

In this independent-study research course, residents work with research mentors to perform the research project, including data gathering, complilation, and interpretation of the results. The course will culminate in a publishable manuscript.(Quarters 1-4.).

BMS 501. Research Philosophy and Design II. 1 Unit.

In this two-quarter foundational course, residents learn about hypothesis-driven research, including hypothesis development and significance testing. (Quarter 5.).

BMS 511. Stem Cell Biology II. 1 Unit.

In this two-quarter course, residents discuss in detail current research on cell populations, their properties, and possible application routes--the foundation of modern biology-driven endodontic therapy. Treatment possibilities for immature teeth and other applications in regenerative endodontics are presented. (Quarter 6.).

BMS 512. Topics in Oral Biology II. 4 Units.

This course covers the interaction of pulpal and periapical tissues with medicaments such as bisphosphonates or TNF-alpha blocking antibodies, the effects of systemic diseases such as HIV, diabetes or sclerodermia on oral tissues, and other common issues in endodontics. (Quarters 5-8.).

BMS 514. Oral Biology Journal Club II. 1 Unit.

Residents read and discuss current literature on a range of oral biology topics. (Quarter 6.).

BMS 550. Research Project II. 4 Units.

In this independent-study research course, residents work with research mentors to perform the research project, including data gathering, complilation, and interpretation of the results. The course will culminate in a publishable manuscript. (Quarters 5-8.).

BMS 651. Manuscript Preparation. 1 Unit.

Residents prepare the final version of a publishable manuscript. (Quarter 9.).

MC 404. Host Response I. 1 Unit.

This course extends basic immunology to the etiology of pulpal and periapical disease focusing on the host response. The role of inflammatory mediators and the cells that elaborate them is discussed. (Quarter 1.).

MC 424. Oral Microbiology I. 1 Unit.

Residents learn about microbial structure, metabolism, genetics, and virulence factors; molecular diagnostics and recombinant DNA technology; pathogenesis, epidemiology, clinical syndromes, laboratory diagnosis, treatment, and prevention of infectious diseases. (Quarter 2.).

MC 504. Host Response II. 1 Unit.

This course extends from basic immunology to the etiology of pulpal and periapical disease focusing on the host response. The role of inflammatory mediators and the cells that elaborate them will be discussed. (Quarter 5.).

MC 524. Oral Microbiology II. 1 Unit.

In this course, residents learn about microbial structure, metabolism, genetics, and virulence factors; molecular diagnostics and recombinant DNA technology; pathogenesis, epidemiology, clinical syndromes, laboratory diagnosis, treatment, and prevention of infectious diseases. (Quarter 6.).

PG 420. Advanced Pharmacology I. 1 Unit.

Local anesthesia and pain management of acute and chronic pain are main components of this lecture series, with specific emphasis on endodontics. Infection control, including biochemistry and side effects, is also presented. (Quarter 1.).

PG 520. Advanced Pharmacology II. 1 Unit.

Local anesthesia and pain management of acute and chronic pain are two main components of this lecture series, with specific emphasis on endodontics. Infection control, including biochemistry and side effects, is also presented. (Quarter 5.).

Dental Practice and Community Service (DP)

Department Chairperson

Lucinda J. Lyon Associate Professor of Dental Practice

Vice Chair, Diagnostic Sciences and Services

Alan Wythe Budenz Professor of Dental Practice

Vice Chair, Integrated Clinical Sciences Strand

Terry Edwin Hoover Associate Professor of Dental Practice

Vice Chair, Clinical Practice Strand

William C. Sands Assistant Professor of Dental Practice

Faculty

Α

Sigmund H Abelson

Associate Professor of Dental Practice Other, Los Angeles City College, Arts, 1959 Los Angeles State College, 1962 DDS, University of the Pacific School of Dentistry, Dentistry, 1966 MA, Keck School of Medicine, University of Southern Californis, Academic Medicine, 2010

Mark McGregor Abzug

Assistant Professor of Dental Practice BA, University of California Santa Barbara, Geography, 1975 DDS, University of the Pacific School of Dentistry, General Dentistry, 1980

Janet E. Andrews

Assistant Professor of Dental Practice BS, University of the Pacific/Marquette University, Dental Hygiene, 1975 MA, University of the Pacific, Education, 1979 DDS, University of the Pacific, Dentistry, 1983

Kalid Aziz

Assistant Professor of Dental Practice DDS, University of Los Andes, Venezuela, Dentistry, 1993 MS, University of Iowa, Operative Dentistry, 2002

В

Kim Lucas Benton

Instructor of Dental Practice University of California at Davis, 1982 Howard University, 1984 DDS, Meharry Medical College-School of Dentistry, 1988

John Berk

Assistant Professor of Dental Practice Pierce Junior College, Undergraduate-Pre-Dental Studies, 1964 University of California Los Angeles, Undergraduate-Pre-Dental Studies, 1966 DDS, University of Calfornia San Francisco, General Dentistry, 1970

Mark T. Booth

Assistant Professor of Dental Practice BA, Stanford University, Human Biology, 1995 DDS, University of the Pacific School of Dentistry, Dentistry, 2001 CERT, University of the Pacific School of Dentistry, Advanced Clinical Experience, Resident, 2002 CERT, University of the Pacific School of Dentistry, Advanced Education in General Dentistry, 2003

Michelle Brady

Instructor of Dental Practice BDS, Cardiff Dental School, Dentistry, 1994 Other, Dublin Dental School, Clinic Dentistry, 2004 Other, Dublin Dental School, Conscious Sedation, 2011

Alan Wythe Budenz

Professor of Dental Practice University of Redlands, 1970 BS, Oregon State University, Zoology, 1972 MS, University of California, Los Angeles, Anatomy, 1977 BS, University of California, San Francisco, Dental Science, 1982 DDS, University of California, San Francisco, 1982 MBA, University of the Pacific, Business, 2000

С

David William Chambers

Professor of Dental Practice
AB, Harvard University, Experimental psychology, 1965
EdM, Harvard University, School of Education, Educational evaluation, 1966
PhD, Stanford University, School of Education, Educational psychology, 1969
MBA, San Francisco State University, Management and operations research, 1979
Cambridge University, Department of Philosophy, Visiting Scholar, 2008
University of California, Berkeley, Department of Philosophy, Visiting Scholar, 2010
Center for Philosophy of Natural and Social Sciences, London School of Economics, Visiting Scholar, 2012

Armando Chang

Instructor of Dental Practice BA, University of California, Berkeley, Biology, 1979 DDS, Northwestern University, Dentistry, 1983

Gina S. Chann

Assistant Professor of Dental Practice BS, University of California, Davis, 1986 DDS, University of the Pacific School of Dentistry, 1989

Elisa Marie Chavez-Luna

Associate Professor of Dental Practice BS, Saint Mary's College of California, 1990 DDS, University of California, San Francisco, 1994 CERT, University of Michigan, Geriatric Dentistry Fellowship (Certificate), 2000

Darren P Cox

Associate Professor of Dental Practice BS, Louisiana State University, Zoology, 1985 DDS, LSU School of Dentistry, Dentistry, 1990 Loyola University Hospital, Chicago, IL, General Practice Residency, 1991 Emory University Hospital, Atlanta GA, Oral, Head and Neck Pathology Residency, 2000 MBA, University of Pittsburgh, Business, 2004

Eve Cuny

Associate Professor of Dental Practice University of California, Berkeley Extension, Environmental Hazardous Management, 1995 BA, St. Mary's College, Management, 1998 MS, St. Mary's College, Health Service Administration, 2001

D

Arthur A. Dugoni

Professor of Dental Practice University of San Francisco, 1943 BS, Gonzaga University, 1944 University Missouri, School of Dentistry, Dental, 1946 DDS, College of Physicians Surgeons (UOP), Dental, 1948 Bureau of Medicine and Surgery Internship, Dental, 1949 MSD, University of Washington, Orthodontics Certificate, 1963

Ε

Lynn Edwards

Assistant Professor of Dental Practice BA, University of the Pacific, Biology, 1978 DDS, UOP School of Dentistry, Dentistry, 1981

Robert Livingston English

Assistant Professor of Dental Practice BS, University of Alaska, Chemistry/Biochemistry, 1984 DDS, University of the Pacific, Dentistry, 1989

Douglas Farrell

Assistant Professor of Dental Practice Chapman College, Orange, CA, Undergraduate Studies, Biological Sciences, 1968 California State University Long Beach, Long Beach, CA, Undergraduate Studies, Zoology, 1970 DDS, University of Southern California, Los Angeles, CA, Doctor of Dental Surgery, 1974 Other, Veterans? Administration Medical Center, W. Los Angeles, CA, Advanced Prosthodontics Certificate, 1987

Richard Farrell

Instructor of Dental Practice BS, University of San Francisco, 1967 University of California, Berkeley, Graduate courses, Department of Zoology, 1968 San Diego State University, Secondary Education courses, 1970 DDS, University of Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 1974

Fred J. Fendler

Associate Professor of Dental Practice BS, University of San Francisco, 1970 DDS, University of the Pacific, 1974

Leticia Ferreira

Assistant Professor of Dental Practice DDS, Universidade Federal da Bahia College of Dentistry, General Dentistry, 2006 MS, Baylor College of Dentistry, Texas AM University, Biomedical Sciences, 2011 Other, Baylor College of Dentistry, Texas AM University, Certificate in Oral and Maxillofacial Pathology, 2011

Maria Flores

Instructor of Dental Practice BS, Mount St. Mary's College, 1982 DDS, University of California, San Francisco, 1987

Barbara J. Fong-Hori

Assistant Professor of Dental Practice City College of San Francisco BA, University of California, Berkeley, Physiology, 1974 DDS, UCSF School of Dentistry, 1978

Richard E. Fredekind

Professor of Administration B.S., University of Idaho, 1976 D.M.D., Tufts University School of Dental Medicine, 1979 Cert., Highland General Hospital, General Practice, 1980 M.A., University of the Pacific, Educational and Counseling Psychology, 1994

G

Des Gallagher

Assistant Professor of Dental Practice DDS, University of Wales, College of Medicine, Dental Surgery, 1994 Other, Army, Advance Education in General Dentistry, 1995 Trinity College Dublin Dental School, Postgraduate diploma Clinical Dentistry, 2004

Andrea Garcia

Instructor of Dental Practice BS, University of the Pacific, Dental Hygiene, 2008

Lola Giusti

Associate Professor of Dental Practice University of California, Davis, Italian/Human Biology, 1976 Stanford University, Italian/Human Biology, 1977 DDS, University of Southern California, Dentistry, 1981 Other, Wadsworth V.A. Hospital, GPR, 1982 MS, AAL and UOP Joint Program (In progress), Master's Degree in Education, 2015

Paul Glassman

Professor of Dental Practice BA, University of California, Los Angeles, Zoology, 1968 DDS, University of California, San Francisco, Dentistry, 1972 CERT, University of California, San Francisco, General Practice Residency, 1975 MA, University of the Pacific, Educational and Counseling Psychology, 1994 MBA, University of the Pacific, Business, 1999

н

Glen F Hebert

Assistant Professor of Dental Practice California State University, Fresno, 1983 BA, California State University, Northridge, Biology, 1985 DDS, University of California, San Francisco, Dentistry, 1990

Robert Ho

Professor of Dental Practice BS, San Francisco State University, Clinical Science, Chemistry, 1987 BS, Univ. of California, San Francisco, Dental Science, 1991 DDS, Univ. of California, San Francisco, Dental Science, 1991

Thi Hoang

Instructor of Dental Practice San Francisco State University, San Francisco, CA, 2000 BS, University of the Pacific, Stockton, CA, Biological Sciences, 2004 DDS, University of the Pacific School of Dentistry, Doctor of Dental Surgery, 2007 Other, University of the Pacific Arthur A. Dugoni, Union City, CA, Advanced Education in General Dentistry, 2008

Rex W Hoover

Instructor of Dental Practice BA, UOP, Biology, 1970 DDS, UCLA, 1974

Terry Edwin Hoover

Associate Professor of Dental Practice BA, Stanford University, Biology, 1968 DDS, University of California, San Francisco, Dentistry, 1972 Rotating Hospital Dental Internship, VA Hospital, Portland, OR, 1973

Randall N. Inouye

Associate Professor of Dental Practice BS, University of Southern California, Biological Science, 1973 DDS, University of the Pacific, 1976 MSD, University of Washington, Orthodontics, 1983 University of California, Berkeley, Medical Anthropology, 1999 University of California, San Francisco, Medical Anthropology, 1999

Lisa E Itaya

Associate Professor of Dental Practice BS, Cal Poly State University, Computer Science, 1987 DDS, University of the Pacific, 1998 CERT, University of the Pacific, AEGD, 2000

J

Harry S. Jew

Assistant Professor of Dental Practice BA, Golden Gate University, 1981 DDS, Northwestern University, 1982 MS, University of New Haven, Human Nutrition, 2002

Bonnie Lynn Jue

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Leslie Jue

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Κ

Brian J. Kenyon

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Assistant Professor of Dental Practice

AA, College of the Sequoias, Liberal Arts, 1967 San Francisco State University, French, 1969 CA Cred., St. Mary's College, Secondary Education, 1971 BA, UC Berkeley, French/ CA Elementary Education, 1973 MA, University of the Pacific, Stockton CA, Educational Administration and Leadership, 2008 Ed.D, Univesity of the Pacific, Stockton, Ca, Educational Administration and Leadership, 2009

L

Michael B. Lambert

Assistant Professor of Dental Practice BA, University of California, 1971 DMD, Washington University School of Dentistry, Dentistry, 1984 VA Hospital, Palo Alto, Certificate, 1985

Margaret Landy

Assistant Professor of Dental Practice BA, University of California, Berkeley, Philosophy, 2002 MA, University of North Carolina at Chapel Hill, Philosophy, 2006 PhD, University of North Carolina at Chapel Hill, Philosophy, 2011

Natasha Lee

Assistant Professor of Dental Practice BA, University of California, Santa Cruz, Anthropology, 1994 DDS, University of the Pacific, Dentistry, 2000

William W. Lee

Assistant Professor of Dental Practice BS, University of Pittsburgh, Neuroscience, 1993 DDS, State University of New York, Buffalo, Dentistry, 1998 Cert, San Francisco VA Hospital, GPR Dentistry, 1999 Fellowship, San Francisco VA Hospital, Prosthodontics, 2000

Krystle Lim

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Josh Liu

Instructor of Dental Practice BS, University of California, Santa Barbara, Aquatic Biology, 2007 DDS, University of Pacific, Arthur A. Dugoni School of Dentistry, Dentistry, 2012

Lucinda J. Lyon

Associate Professor of Dental Practice BS, University of Southern California, Dental Hygiene, 1978 DDS, University of the Pacific, General Dentistry, 1986 USC School of Policy, Planning and Development and Marshall School of Business, 2004 ADEA Leadership Institute- American Dental Education Assn., 2009 EdD, University of the Pacific, Education, 2009 Drexel University, Executive Leadership in Academic Medicine, 2015

Μ

Roberto S. Masangkay

Assistant Professor of Dental Practice BA, Letran College, Manilla Philippines, 1961 DMD, University of the East, School of Dentistry, 1965 Dental Intern, Veterans Memorial Hospital, Manilla Philippines, Oral Surgery, 1968 DDS, University of the Pacific, 1989

Maritza Mendez

Assistant Professor of Dental Practice BA, Temple University, Philadelphia, PA, Psychology, Cum Laude, 1987 DMD, University of Pennsylvania, School of Dental Medicine, Philadelphia, PA, Dentistry, 1991 UCSF, AEGD, Resident (Certificate), 1994 UCSF, AEGD, Chief Resident, 1995

Stephen A. Mikulic

Assistant Professor of Dental Practice

BA, University of Arizona, Psychology, 1971 DDS, University of Southern California, 1975

Christine E Miller

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Helen Patricia Mockler

Instructor of Dental Practice BS, University of California, Santa Barbara, Mathematical Sciences, 2006 DDS, University of the Pacific School of Dentistry, General Dentistry, 2010

Ν

Nader A. Nadershahi

Professor of Administration University of California, Berkeley, Biology/Art, 1991 DDS, University of the Pacific, Dentistry, 1994 CERT, Palo Alto Veterans Administration Hospital, Hospital Dentistry, 1995 MBA, University of the Pacific, Business, 1999 EdD, University of the Pacific, Education and Leadership, 2011

Nilou Nadershahi

Instructor of Dental Practice BS, University of California Berkeley, Architecture, 1988 DDS, University of the Pacific Authur A. Dugoni School of Dentistry, Dentistry, 1991

Daniel Nam

Instructor of Dental Practice BA, University of California, Los Angeles, Music-Piano, 1996 DDS, University of the Pacific School of Dentistry, General Dentistry, 2002

Ρ

Bruce Peltier

Professor of Dental Practice BS, USMA, West Point, Engineering, 1970 Med, Wayne State University, West Berlin, Psychology, 1974 PhD, Wayne State University, Detroit, Counseling, 1979 Post- Doc, University of Southern California, Clinical Psychology, 1980 MBA, University of the Pacific, Business, 1999

Beverly Presley-Nelson

Instructor of Dental Practice University of Arizona, Philosophy, Creative Writiing, Chemistry, 1971 RDH, Phoenix College, 1973 BS, Northern Arizona University, Vocational and Professional Education, 1978 REFDH, Northern University of Arizona, Education/Expanded Function Dental Hygiene, 1978 DDS, University of the Pacific School of Dentistry, Dentistry, 1982 Beijing Stomatological Hospital, Chinese Educational Exchange, Foreign Expert, 1983

R

Lauren Yasuda Rainey

Instructor of Dental Practice BA, Wellesley College, East Asian Studies: Japanese language, 2006 DDS, University of Pacific Dugoni Dental School, Dentistry, 2011 Other, Tufts University School of Dental Medicine, General Practice Residency, 2012

Miriam K. Robins

Assistant Professor of Dental Practice Ohio State University, PreDent, 1965 DDS, Ohio State University, 1969 University of Texas, 2013

S

Eric S. Salmon

Assistant Professor of Dental Practice BS, Harvey Mudd College, Biology, 1993 DDS, University of the Pacific, 1999

William C. Sands

Assistant Professor of Dental Practice BA, University of the Pacific, Stockton, CA, BA Chemistry, 1967 DDS, University of the Pacific, School of Dentistry, San Francisco, CA, Doctor of Dental Surgery, 1971

Monica Sasaki

Instructor of Dental Practice BS, California State University, Fresno, Physical Therapy, 1994 MA, California State University, Fresno, Physical Therapy, 1996

Erin Shah

Instructor of Dental Practice BA, Columbia College Chicago, Business Management, 2002 Loyola University Chicago, Post-Baccalaureate Pre-Health Program, 2011 DDS, University of the Pacific School of Dentistry, Dentistry, 2014

Raymond Joseph Sheridan

Assistant Professor of Dental Practice BS, LeMoyne College, Biology, 1966 DDS, New York University College of Dentistry, Doctor of Dental Surgery, 1970

Timothy Sheu

Instructor of Dental Practice BS, University of British Columbia, Biochemistry, 1986 DDS, University of the Pacific, Arthur A. School of Dentistry, General Dentistry, 1990

George Shiao

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BA, University of California, Berkeley, Bacteriology, 1977
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UCSF Hospital, SF General Hospital, VA Longbeach Hospital, Hospital Dentistry, Oral Med, Oral Surg Clerkship, 1981
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Course Descriptions

Predoctoral Courses

DP 100. Ethics and Exploration of Basic Cultural Issues. 3 Units.

Through a combination of classroom discussion and activities, this course introduces students to cultural and ethical issues relevant to dental school clinics and private practice. In a small group environment, students have the opportunity to discuss school culture and intercultural relationships, preparing them for experiences with a diverse school culture and patient pool. Ethics, along with state and federal regulations, are introduced as they apply to dentistry practiced in dental school clinics and private practice. (27 hours. IDS Quarter 1.).

DP 101. Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry. 5 Units.

This course is the didactic component of a multi-disciplinary, year-long course designed to prepare students to treat patients in Pacific's Main Dental Clinic and engage in community oral health events and programs. Together, DP 101 and DP 106 focus on Diagnostic Sciences, Behavior Sciences, Periodontology, Prevention and Community Health Care Services and Systems. Case-based simulations are supported by clinical exercises and practical exams. (Quarters 1-3.).

DP 106. Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry Practicum. 7 Units.

This clinically-focused, multi-disciplinary course is designed to prepare students to treat patients in Pacific's Main Dental Clinic and in communitybased settings. This lab/clinic course is comprised of supervised case-based simulations, workshops, clinical exercises and community sites. The focus is on the development of a comprehensive medical and dental database risk assessment; disease prevention strategies; diagnostic tests; oral pathology; electronic chart management; ergonomics; infection control; basic periodontal instrumentation; professional deportment; cultural sensitivity and communication with patients in the clinic and in community settings. (Quarters 1-4.).

DP 107. Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry Practicum. 2 Units.

This one-quarter course is offered in the first year of the International Dental Studies curriculum. This clinically-focused, multi-disciplinary course is designed to prepare students to treat patients in Pacific's Main Dental Clinic. In a variety of settings such as seminars, case-based simulations and clinical exercises, students focus on diagnosis, treatment planning, communication, efficient patient care, clinical systems, basic periodontal instrumentation, electronic patient records and infection control. (IDS Quarter 2.).

DP 160. Dental Radiology. 2 Units.

Study of radiation physics and biology, image quality, intensifying devices, radiation safety, tomography, radiation and the law, radiographic techniques, film processing, anatomic landmarks, and principles of radiographic interpretations. (Quarters 2-3.).

DP 166. Dental Radiographic Technique. 1 or 2 Unit.

Instruction and practice using the extension cone paralleling radiographic technique including patient management, radiation safety, use of equipment, film placement, exposure, identification and mounting, and correction of technical error. (20 hours lab/clinic. Quarter 4.).

DP 199. Enriched Preclinical Experience. 16 Units.

This course provides students with an additional opportunity to enhance or enrich their skills in some or all disciplines. These experiences are directed by the student's Group Practice Leader and/or department chairs, who also recommends certification for promotion. (1-4 quarters).

DP 200. Practice Management I. 1 Unit.

Introduces students to the study of fundamental concepts and terminology of the art and science of practice management as a basis for leadership and decisions in dental practice. Students will learn to track and evaluate key practice indicators, read financial reports, understand the importance of leading a team for efficient delivery of patient care, track and control overhead expenses, and set goals. (10 hours. Quarter 5.).

DP 201. Integrated Clinical Sciences II: Application of Foundational Knowledge. 5 Units.

This two-quarter course provides students with enriched multidisciplinary diagnostic and technical content beyond the fundamentals of first-year studies. Material is presented in a variety of formats including lecture, small group seminars, case-based discussions, and on-line modules. Topics include biomedical sciences, materials, techniques, radiographic interpretation, professionalism, and information specific to each discipline of dental practice. Emphasis is placed on critical thinking and application of evidence to the clinical treatment and management of patients. (Quarters 5-6.).

DP 202. Integrated Clinical Sciences II: Application of Foundational Knowledge. 4 Units.

This one-quarter course builds on foundational clinical and biomedical material presented in first-year studies and in DP 201. Topics include advanced material in endodontics, restorative, implants, orofacial pain, ethics and patient management, community oral health, and appraising scientific literature. Emphasis is placed on the integration of dental concepts, evidence, and critical thinking to deliver accurate diagnoses and prepare customized comprehensive treatment plans. (Quarter 7.).

DP 203. Integrated Clinical Sciences II: Application of Foundational Knowledge. 3 or 5 Units.

This one-quarter course continues the theme of integration of material from multiple dental disciplines in DP 201 and DP 202. Topics include advanced content in oral surgery, endodontics, restorative, implants, orofacial pain, ethics, and managing complex cases. Students are introduced to resume and professional electronic portfolio development as they ready themselves for professional careers. Evidence-based decision making is coordinated with clinical patient management exercises in DP 219. (Quarter 8.).

DP 216. Patient Management and Productivity I. 2 or 4 Units.

Development of competency in patient management skills to maximize patient satisfaction. Students learn to use proper verbal and non-verbal communication and listening skills; to respond appropriately to patient and non-patient concerns; to be organized and prepared for tasks and contingencies related to patient care; to complete tasks and treatment in a timely manner; to provide patients with relevant information about prevention of dental disease and treatment options; and to obtain proper informed consent for procedures. (Quarters 5-8.).

DP 218. Clinical Oral Diagnosis and Treatment Planning. 1-4 Units.

The diagnosis and communication to the patient of the need for dental treatment; recognizing medical, oral, physical, emotional, and economic factors that modify or complicate dental treatment; and development of comprehensive dental treatment plans suitable for patients' needs in accordance with identified modifying and complicating factors. (Quarters 5-8.).

DP 219. Clinical Management and Judgment I. 2 or 4 Units.

Students will learn comprehensive diagnostic care for assigned patients in the disciplines of endodontics, fixed prosthodontics, operative dentistry, oral diagnosis and treatment planning, periodontics, removable prosthodontics and orthodontics. For each assigned patient, the student will examine and evaluate the patient, identify and list dental problems, complete an appropriate treatment plan and schedule, provide all dentistry required in the disciplines, and recognize need for and refer the patient to specialty areas when such treatment is required. (Quarters 5-8.).

DP 266. Clinical Radiology. 2 Units.

Study of preparation, evaluation, and interpretation of diagnostically acceptable intraoral radiographic and panographic surveys for comprehensive care and emergency clinic patients. (Quarters 5-8.).

DP 299. Enriched Clinical Experience I. 16 Units.

This course provides students with an additional opportunity to enhance or enrich their skills in some or all clinical disciplines. These experiences are directed by the student's Group Practice Leader, who also recommends certification for promotion. (1-4 quarters).

DP 300. Practice Management II. 3 Units.

Challenges students to apply knowledge of practice management concepts through utilization of a computerized business simulation. Includes preparation for career decisions in dentistry with a focus on practice transitions, associateships, dental benefit plan participation, marketing, debt management, retirement planning, patient billing and collections, scheduling for efficiency, basic accounting, tax planning, and development of business plans. (30 hours lecture. Quarter 11.).

DP 301. Jurisprudence. 1 Unit.

Prepares students for an understanding of the foundations of the law, its primary groupings and modes, and its application to the dentist and dental practice environment. Particular attention will be given to California dental law and risk management. (10 hours lecture. Quarter 12.).

DP 302. Clinical Care of Complex Needs Patients. 4 Units.

Study of basic disease processes, epidemiology, demographics, treatment planning, principles of providing dental treatment for individuals with a wide variety of conditions including medical and developmental disabilities, problems associated with aging, psychological problems including dental phobia, hospital organization, joining a hospital staff, providing dental treatment and consultation in a hospital, and principles of general anesthesia. (20 hours lecture, 20 hours self-study and seminar. Quarters 9-11.).

DP 303. Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars. 6 Units.

Multidisciplinary case based presentations of integrated material related to the practice of clinical dentistry. This three-quarter course builds on the foundational and clinical knowledge base of each student to evaluate and plan more complex treatment needs. (60 hours lecture/seminar. Quarters 9-11.).

DP 307. Extramural Patient Care. 4 Units.

Through a combination of didactic and clinical experiences, this course seeks to prepare the student for practice in community clinical settings where diverse patient populations may be encountered. Upon completion of the course, students will have developed the skills to: perform dental procedures in community-based practice settings, work with diverse patient populations, describe the social context of disease processes, develop social awareness and skills for treating underserved groups, describe dental delivery in a community clinic environment, and develop treatment alternative in clinics with limited resources. (90 hours clinical rotations and 4 hours lecture/seminar. Quarters 9-12.).

DP 316. Patient Management and Productivity II. 4 Units.

Development of competency in patient management skills to maximize patient satisfaction. Students learn to use proper verbal and non-verbal communication and listening skills; to respond appropriately to patient and non-patient concerns; to be organized and prepared for tasks and contingencies related to patient care; to complete tasks and treatment in a timely manner; to provide patients with relevant information about prevention of dental disease and treatment options; and to obtain proper informed consent for procedures. (Quarters 9-10.).

DP 317. Patient Management and Productivity III. 4 Units.

Development of competency in patient management skills to maximize patient satisfaction. Students learn to use proper verbal and non-verbal communication and listening skills; to respond appropriately to patient and non-patient concerns; to be organized and prepared for tasks and contingencies related to patient care; to complete tasks and treatment in a timely manner; to provide patients with relevant information about prevention of dental disease and treatment options; and to obtain proper informed consent for procedures. (Quarters 11-12.).

DP 318. Clinical Management and Judgment II. 4 Units.

Students will learn comprehensive diagnostic care for assigned patients in the disciplines of endodontics, fixed prosthodontics, operative dentistry, oral diagnosis and treatment planning, periodontics, removable prosthodontics and orthodontics. For each assigned patient, the student will examine and evaluate the patient, identify and list dental problems, complete an appropriate treatment plan and schedule, provide all dentistry required in the disciplines, and recognize need for and refer the patient to specialty areas when such treatment is required. (Approximately 700 hours in clinical disciplines listed. Quarters 9-10.).

DP 319. Clinical Management and Judgment III. 4 Units.

Students will learn comprehensive diagnostic care for assigned patients in the disciplines of endodontics, fixed prosthodontics, operative dentistry, oral diagnosis and treatment planning, periodontics, removable prosthodontics and orthodontics. For each assigned patient, the student will examine and evaluate the patient, identify and list dental problems, complete an appropriate treatment plan and schedule, provide all dentistry required in the disciplines, and recognize need for and refer the patient to specialty areas when such treatment is required. (Approximately 700 hours in clinical disciplines listed. Quarters 11-12.).

DP 320. Preparation for State Licensure. 0 Units.

This course, available to students on an as-needed basis, includes a review of requirements and protocol as well as practical exercises in preparation for the Western Regional Examining Board and other licensing examinations.

DP 368. Emergency Clinic. 3 Units.

The diagnosis and treatment of patients who require immediate attention. (90 hours clinical rotation. Quarters 9-12.).
DP 399. Enriched Clinical Experience. 16 Units.

This course provides students with an additional opportunity to enhance or enrich their skills in some or all clinical disciplines subsequent to the scheduled graduation date. These experiences are directed by the student's Group Practice Leader, who also recommends certification for graduation. (1-4 quarters).

PA 230. General Pathology. 6 Units.

Basic concepts of disease are studied, especially with regard to mechanisms, gross tissue changes, microscopic changes in selected instances, and implications and applications of these concepts to dental practice. (52 hours lecture/seminar and 34 hours independent study. Quarters 5-6.).

PA 330. Oral Pathology. 5 Units.

Study of the etiology, pathogenesis, clinical and histopathogenic features, and the treatment and prognosis of oral diseases. Recognition of basic tissue reaction and lesions that occur in the mouth, jaws, and neck; formulation of tentative diagnoses; methods used to secure definitive diagnoses and provide appropriate therapy and management or obtaining consultation for the same. (24 hours lecture, programmed instruction equivalent to 30 hours lecture, and six hours clinical rotation. Quarters 7-9.).

PA 331. Differential Diagnosis of Oral and Maxillofacial Lesions. 2 Units.

Clinical evaluation, development of a differential diagnosis, and management protocols for oral and paraoral soft tissue and jaw lesions, based on knowledge of the appearance, behavior, and treatment of oral diseases. (20 hours lecture. Quarter 10.).

Graduate Courses

DP 402. Statistical Methods I. 1 Unit.

Residents learn the importance of data organization and evaluation, and statistical methods used in research. They apply this knowledge to their own research and enhance skills in the interpretation of quality research data. (Quarter 2.).

DP 430. Advanced Oral Pathology I. 1 Unit.

Organized into lectures and clinical-pathologic conferences, this course provides residents a firm foundation in endodontic pathology and clinical entities that may occur in patients but are unrelated to root canal treatment. (Quarter 1.).

DP 460. Advanced Radiology I. 1 Unit.

This course covers key elements of endodontics such as proper radiographic technique and three-dimensional data acquisition and interpretation. Residents obtain and read images from small FOV cone beam scans. (Quarter 1.).

DP 502. Statistical Methods II. 1 Unit.

Residents learn the importance of data organization and evaluation, and statistical methods for meaningful research. They will learn to apply this knowledge both to their own research but also (as is perhaps even more relevant for a practicing clinician) to the interpretation of the quality of published data. (Quarter 6.).

DP 530. Advanced Oral Pathology II. 1 Unit.

Organized into lectures and clinical-pathologic conferences, this course provides residents a firm foundation in endodontic pathology and clinical entities that may occur in patients but are unrelated to root canal treatment. (Quarter 5.).

DP 560. Advanced Radiology II. 1 Unit.

This course covers key elements of endodontics such as proper radiographic technique and three-dimensional data acquisition and interpretation. Residents obtain and read images from small FOV cone beam scans. (Quarter 5.).

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 University of the Pacific, Advanced Endodontics, 1996

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 American Dental Association Institute For Diversity in Leadership, Chicago, IL, Certificate of Completion, 2000

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Course Descriptions

Predoctoral Courses

EN 154. Basic Endodontics. 1 Unit.

Development of the dental pulp, classification and nature of endodontic disease, clinical diagnosis, and fundamentals of root canal therapy and radiographic interpretation. (10 hours lecture. Quarter 3.).

EN 159. Preclinical Endodontics. 2 Units.

Study of pulp morphology, anatomy, cleaning and shaping of root canals; access openings; use of irrigating solutions; obturating the canal and judging the complete treatment with radiographs. (40 hours laboratory. Quarter 4.).

EN 254. Endodontics. 1 Unit.

Review of endodontic retreatment and surgical therapies; dental trauma and sequelae; complex problem solving; endodontic emergencies; endodontic mishaps; and alternate treatments. (10 hours lecture. Quarter 7.).

EN 259. Clinical Endodontics I. 2 or 4 Units.

Study of endodontic diagnosis, treatment planning, and therapy, including management of endodontic emergencies and surgical endodontics in a comprehensive clinical dental practice setting. (Quarters 5-8.).

EN 359. Clinical Endodontics II. 8 Units.

Study of endodontic diagnosis, treatment planning, and therapy, including management of endodontic emergencies and surgical endodontics in a comprehensive clinical dental practice setting. (Quarters 9-12.).

Graduate Courses

EN 401. Endodontic Technology I. 1 Unit.

This course introduces residents to endodontic technology. (Quarter 1.).

EN 402. Endodontic Therapy Seminar I. 3 Units.

Residents discuss contemporary endodontic strategies and the application of current scientific evidence to endodontic treatment. (Quarters 1-2.).

EN 403. Endodontic Biology and Pathology I. 2 Units.

This course presents the biology and etiology of pulpal and periapical disease. (Quarters 1-4.).

EN 405. Advanced Endodontic Technique. 5 Units.

This preclinical course uses simulated root canal treatment on extracted teeth with a variety of instruments and devices to prepare residents for clinical care. (Quarter 1.).

EN 411. Case Seminar I. 8 Units.

Residents review their own cases prepared according to ABE board documentation rules. (Quarters 1-4.).

EN 412. Classic Literature I. 12 Units.

Residents review the body of classic literarature pertinent to endodontics, including material relevant for board preparation. (Quarters 1-4.).

EN 413. Current Literature I. 4 Units.

In this course, residents review current endodontic literature using the EndoLit iPad app. (Quarters 1-4.).

EN 422. Clinical Transition: Evidence-based Endodontics. 4 Units.

This course introduces residents to the evidence-based modalities and local rules for treating patients endodontically in the school's clinic. (Quarter 2.).

EN 423. Anesthesia and Pain Management I. 1 Unit.

This course is an introduction to theoretical and practical anesthetic techniques and pain management. (Quarter 2.).

EN 424. Pain/Neuro Seminar I. 1 Unit.

Residents study the physiology and pathophysiology of pain. (Quarter 1.).

EN 430. Clinic Connections I. 1 Unit.

The collaboration between endodontists and other members of the dental team is essential for good clinical outcomes. A series of presentations by clinicians with different training and expertise reinforces an inclusive view of typical and atypical treatment modalities. (Quarter 4.).

EN 440. Special Topics in Endodontology I. 4 Units.

Residents attend seminars by invited speakers with expertise and training in contemporary endodontic therapies. (Quarters 1-2.).

EN 457. Endodontic Clinic: Assisting. 4 Units.

In this clinical course, residents assist during endodontic treatment by endodontic faculty in the graduate endodontic clinic. (Quarter 1.).

EN 458. Clinical Endodontics I. 25 Units.

Residents practice non-surgical endodontics appropriate in scope and case difficulty for the first year. (Quarters 2-4.).

EN 459. Clinical Endodontics: Surgery I. 6 Units.

Residents practice surgical endodontics appropriate in scope and case difficulty for the first year. (Quarters 2-4.).

EN 466. Special Care Clinic Rotation. 2 Units.

In this rotation, residents practice non-surgical endodontics under sedation and general anesthesia for patients with special needs. (Quarter 3.).

EN 501. Endodontic Technology II. 1 Unit.

This course introduces residents to endodontic technology. (Quarter 5.).

EN 502. Endodontic Therapy Seminar II. 3 Units.

Residents discuss contemporary endodontic strategies and the application of current scientific evidence to endodontic treatment. (Quarters 5-6.).

EN 503. Endodontic Biology and Pathology II. 2 Units.

This course presents the biology and etiology of pulpal and periapical disease. (Quarters 5-8.).

EN 511. Case Seminar II. 8 Units.

Residents review their own cases prepared according to ABE board documentation rules. (Quarters 5-8.).

EN 512. Classic Literature II. 12 Units.

Residents review the body of classic literarature pertinent to endodontics, including material relevant for board preparation. (Quarters 5-8.).

EN 513. Current Literature II. 4 Units.

In this course, residents review current endodontic literature using the EndoLit iPad app. (Quarters 5-8.).

EN 523. Anesthesia and Pain Management II. 1 Unit.

This course is an introduction to theoretical and practical anesthetic techniques and pain management. (Quarter 6.).

EN 524. Pain/Neuro Seminar II. 1 Unit.

Residents study the physiology and pathophysiology of pain. (Quarter 5.).

EN 530. Clinic Connections II. 1 Unit.

The collaboration between endodontists and other members of the dental team is essential for good clinical outcomes. A series of presentations by clinicians with different training and expertise reinforces an inclusive view of typical and atypical treatment modalities. (Quarter 8.).

EN 540. Special Topics in Endodontology II. 4 Units.

Residents attend seminars by invited speakers with expertise and training in contemporary endodontic therapies. (Quarters 5-6.).

EN 558. Clinical Endodontics II. 7 Units.

Residents practice non-surgical endodontics appropriate in scope and case difficulty for the first year. (Quarters 5-8.).

EN 559. Clinical Endodontics: Surgery II. 13 Units.

Residents practice surgical endodontics appropriate in scope and case difficulty for the second year. (Quarters 5-8.).

EN 567. Endodontics at La Clinica II. 22 Units.

Residents practice non-surgical endodontics appropriate in scope and case difficulty for the second year at an affiliated extramural site. (Quarters 5-8.).

EN 571. Predoctoral Instruction. 22 Units.

Residents instruct predoctoral dental students in non-surgical endodontics. (Quarters 5-8.).

EN 603. Endodontic Biology and Pathology III. 2 Units.

Residents prepare for the ABE exam by studying relevant areas of biology. (Quarter 9.).

EN 611. Case Seminar III. 2 Units.

Residents review their own cases prepared according to ABE board documentation rules. (Quarter 9.).

EN 612. Classic Literature III. 3 Units.

Residents review the body of classic literarature pertinent to endodontics, including material relevant for board preparation. (Quarter 9.).

EN 613. Current Literature III. 1 Unit.

In this course, residents review current endodontic literature using the EndoLit iPad app. (Quarter 9.).

EN 640. Special Topics in Endodontology III. 1 Unit.

Residents attend seminars by invited speakers with expertise and training in contemporary endodontic therapies. (Quarter 9.).

EN 658. Clinical Endodontics III. 7 Units.

Residents practice non-surgical endodontics appropriate in scope and case difficulty for the third year. (Quarter 9.).

EN 659. Clinical Endodontics: Surgery III. 1 Unit.

Residents practice surgical endodontics appropriate in scope and case difficulty for the third year. (Quarter 9.).

EN 671. Residency Instruction. 1 Unit.

Senior residents instruct first-year residents in endodontic technique. (Quarter 9.).

EN 684. ABE Seminar. 3 Units.

Residents participate in mock board exams and assemble their portfolios. (Quarter 9.).

Integrated Reconstructive Dental Sciences (RDS)

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Associate Professor of Integrated Reconstructive Dental Sciences BA, University of California, Berkeley, Microbiology, 1985 DDS, University of the Pacific, Dentistry, 1988 MA, University of the Pacific, Education, 1994

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Instructor of Integrated Reconstructive Dental Sciences University of California, Berkeley, 1974 DDS, University of the Pacific School of Dentistry, Dentistry, 1977 UCSF, Implantology Study Group - (One Year Program), 1984 UCSF Postgraduate Temporomandibular Joint Disorder Program, 1989

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Instructor of Integrated Reconstructive Dental Sciences BS, Santa Clara University, Biology, 2008 DDS, University of the Pacific Arthur A Dugoni School of Dentistry, 2012

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Instructor of Integrated Reconstructive Dental Sciences BA, University of the Pacific, Biology, 2008 DDS, University of the Pacific, Dentistry, 2011

Μ

Joy Magtanong-Madrid

Instructor of Integrated Reconstructive Dental Sciences BS, University of California, Irvine, CA, Classical Civilization, 2004 University of California, San Francisco, Post-Baccalaureate Certificate, 2007 DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 2011

Olga Matveyeva

Instructor of Integrated Reconstructive Dental Sciences Other, Odessa Medical College #1, Dental Technician, 1977 Cert., Odessa Training School for Health Workers, Certificate of Completion, 1986 Cert., Health Department of Odessa Regional State Boars of Certification, Dental Technician, 2013

Charles W. McGary

Instructor of Integrated Reconstructive Dental Sciences University of Michigan, 1953 University of Michigan, DDS, 1957

James Edward Milani

Associate Professor of Integrated Reconstructive Dental Sciences BA, University of the Pacific, Biology, 1979 DDS, University of the Pacific, 1982

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Associate Professor of Integrated Reconstructive Dental Sciences BA, University of California, Santa Barbara, CA, Biochemistry, 1976 BDS, University of California, San Francisco, Dental Services, 1980 DDS, University of California, San Francisco, CA, 1980 University of Washington, Summer Institute in Clinical Dental Research Metho, 2006 University of North Carolina, Institute for Teaching and Learning, 2007

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Instructor of Integrated Reconstructive Dental Sciences BS, University of California, San Diego, Cognitive Science, 2004 DDS, University of the Pacific, 2007 Other, University of California, San Francisco, Prosthodontics, 2013

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Farbod Bob Nadjibi

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Assistant Professor of Integrated Reconstructive Dental Sciences Other, USC School of Dental Hygiene, 1967 BS, San Jose State University, Molecular Biology, 1976 DDS, University of the Pacific School of Dentistry, Dentistry, 1979

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Instructor of Integrated Reconstructive Dental Sciences Career Academy Vocational School, Dental Technology, 1968

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Assistant Professor of Integrated Reconstructive Dental Sciences BDS, Pamashree Dr. D. Y. Patil Dental School, Dentistry, 2002 DDS, University of the Pacific, Dentistry, 2011

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Associate Professor of Integrated Reconstructive Dental Sciences San Jose State University, Pre-Dental, 1989 DDS, University of the Pacific, School of Dentistry, Doctoral of Dental Surgery, 1992 EdD, University of the Pacific, Gladys L Benerd School of Education, Education administration and leadership EDD, 2009

Aneet Randhawa

Assistant Professor of Integrated Reconstructive Dental Sciences BDS, Punjab Government Dental College and Hospital, 1988 MDS, Punjab Government Dental College and Hospital, 1992

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Assistant Professor of Integrated Reconstructive Dental Sciences Flinders University, Australia, Education Abroad Program, 1989 BS, University of California, Davis, Psychology, 1991 Vanderbilt University, Doctor of Medicine, 1996 DDS, University of the Pacific, Doctorate of Dental Surgery, 2000

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Assistant Professor of Integrated Reconstructive Dental Sciences BS, University of Wisconsin, Experimental Psychology and Biology, 1970 DDS, Marquette University, Dentistry, 1974 Veterans Administration Medical Center, General Practice Resident, 1975

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Instructor of Integrated Reconstructive Dental Sciences BS, King's College London, Computer Science, 2004 DDS, UoP, Dentistry, 2014

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Instructor of Integrated Reconstructive Dental Sciences B.A., California State University, Northridge, 1990 D.D.S., University of California at San Francisco, 1995 Tufts University, Dental Sleep Medicine, 2013

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W

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Adjunct Faculty

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L

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S

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Course Descriptions

Predoctoral Courses

RDS 125. Integrated Preclinical Professional Development I. 2 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course includes the continual formative evaluation of students' professionalism as well as assessments aimed to measure their critical evaluation and thought processes. Students are evaluated on a multitude of professional traits for the duration of the course including professional behavior, preparedness and organization, communication, self-assessment, critical thinking, time-management, teamwork and rapport, response to feedback, and engagement in learning. Students' strengths and weaknesses are evaluated frequently and reported to them in the form of a rubric by faculty who work closely with them in the laboratory environment. Students are expected to grow and show improvement in areas in which they are weak. Their critical thinking ability and growth is measured using assessments in both the laboratory and didactic sessions that allow students to showcase these integrated skills and thought processes such as OSCE's, oral examinations, portfolios and multidisciplinary capstone experiences. (Quarters 1-2.).

RDS 126. Integrated Preclinical Professional Development II. 4 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course includes the continual formative evaluation of students' professionalism as well as assessments aimed to measure their critical evaluation and thought processes. Students are evaluated on a multitude of professional traits for the duration of the course including professional behavior, preparedness and organization, communication, self-assessment, critical thinking, time-management, teamwork and rapport, response to feedback, and engagement in learning. Students' strengths and weaknesses are evaluated frequently and reported to them in the form of a rubric by faculty who work closely with them in the laboratory environment. Students are expected to grow and show improvement in areas in which they are weak. Their critical thinking ability and growth is measured using assessments in both the laboratory and didactic sessions that allow students to showcase these integrated skills and thought processes such as OSCE's, oral examinations, portfolios and multidisciplinary capstone experiences. (Quarters 3-4.).

RDS 130. Integrated Preclinical Concepts I. 4 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course will provide students with the factual knowledge needed to build a strong foundation for critical assessment, evidence-based practice and lifelong learning in the dental profession. Formative and summative assessment will be used to frequently appraise students' grasp of dental anatomy, dental materials science, occlusion, cariology, operative dentistry, fixed and removable prosthodontics, radiology, local anesthesia, implant dentistry, diagnosis and treatment planning. The assessments used will measure the students' ability not only to master concepts within a discipline, but to integrate concepts across disciplines. This didactic component enables the students to treat a family of patients with a strong foundation of dental fundamentals. (Quarter 1.).

RDS 131. Integrated Preclinical Concepts II. 4 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course will provide students with the factual knowledge needed to build a strong foundation for critical assessment, evidence-based practice and lifelong learning in the dental profession. Formative and summative assessment will be used to frequently appraise students' grasp of dental anatomy, dental materials science, occlusion, cariology, operative dentistry, fixed and removable prosthodontics, radiology, local anesthesia, implant dentistry, diagnosis and treatment planning. The assessments used will measure the students' ability not only to master concepts within a discipline, but to integrate concepts across disciplines. This didactic component enables the students to treat a family of patients with a strong foundation of dental fundamentals. (Quarter 2.).

RDS 132. Integrated Preclinical Concepts III. 4 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course will provide students with the factual knowledge needed to build a strong foundation for critical assessment, evidence-based practice and lifelong learning in the dental profession. Formative and summative assessment will be used to frequently appraise students' grasp of dental anatomy, dental materials science, occlusion, cariology, operative dentistry, fixed and removable prosthodontics, radiology, local anesthesia, implant dentistry, diagnosis and treatment planning. The assessments used will measure the students' ability not only to master concepts within a discipline, but to integrate concepts across disciplines. This didactic component enables the students to treat a family of patients with a strong foundation of dental fundamentals. (Quarter 3.).

RDS 133. Integrated Preclinical Concepts IV. 1 Unit.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course will provide students with the factual knowledge needed to build a strong foundation for critical assessment, evidence-based practice and lifelong learning in the dental profession. Formative and summative assessment will be used to frequently appraise students' grasp of dental anatomy, dental materials science, occlusion, cariology, operative dentistry, fixed and removable prosthodontics, radiology, local anesthesia, implant dentistry, diagnosis and treatment planning. The assessments used will measure the students' ability not only to master concepts within a discipline, but to integrate concepts across disciplines. This didactic component enables the students to treat a family of patients with a strong foundation of dental fundamentals. (Quarter 4.).

RDS 137. Local Anesthesia. 2 Units.

This hands-on course will teach the pharmacological basis and basic injection techniques of dental local anesthesia. Topics include an overview of local and systemic complications, the pharmacology of local anesthetics, and presentation of an algorithm of how to overcome difficulties in mandibular blocks. This rotation should help students develop confidence and ease the anxiety of providing injections on patients. (Quarter 4.).

RDS 138. Advanced Restorative Technique. 2 Units.

This hands-on course, referred to as "A.R.T" block, utilizes extracted human teeth to simulate a multitude of clinical procedures. Students will perform advanced techniques focused on adhesive dentistry and digital dentistry. (Quarter 4.).

RDS 139. Clinical Transitions. 1 Unit.

A hands-on course focused on caries detection evaluation and removal techniques in extracted human teeth. Students will also participate in seminars that highlight Dugoni's clinical process and procedures relating to reconstructive dentistry. (Quarter 4.).

RDS 145. Integrated Preclinical Technique I: : Dental Anatomy. 2 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a "family" of patient cases presented in the course. Projects in this course include waxing teeth to partial and full contour using additive and subtractive techniques, and composite placement and amalgam carving. Occlusal principles are heavily emphasized as a key factor in successful mastery of dental anatomy. (Quarters 1-2).

RDS 146. Integrated Preclinical Technique I: Direct Restorative. 5 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a "family" of patient cases presented in the course. In this course, students use a caries-driven, minimally invasive approach to treating dental decay in the "family" of patients. Students are taught modern and classic preparations starting with sealants on a child "patient," and progress through minimally invasive resin-based preparations, larger resin-based preparations and ultimately learning GV black amalgam preparations. Students gain exposure to all types of anterior and posterior direct preparations and restorations including Classes I, II, III, IV, V. Occlusion and establishing the proper occlusal relationship is paramount. (Quarters 1-2).

RDS 147. Integrated Preclinical Technique I: Indirect Restorative. 4 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a "family" of patient cases presented in the course. Starting with all-ceramic preparations and progressing through PFM, gold and partial coverage restorations, an emphasis on conservation of tooth structure and maintaining or enhancing esthetics is woven through all projects. Students learn single tooth and multiple tooth rehabilitation. Projects increase in complexity throughout the year and treatment planning accompanies all projects. Ample time is spent on the adhesive protocols for cementation. Related topics included in this component are post and core placement, laboratory skills, and general dental procedures such as impression taking and model work. (Quarters 1-2).

RDS 155. Integrated Preclinical Technique II: Dental Anatomy. 2 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a "family" of patient cases presented in the course. Projects in this course include waxing teeth to partial and full contour using additive and subtractive techniques, and composite placement and amalgam carving. Occlusal principles are heavily emphasized as a key factor in successful mastery of dental anatomy. (Quarters 3-4).

RDS 156. Integrated Preclinical Technique II: Direct Restorative. 3 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a "family" of patient cases presented in the course. In this course, students use a caries-driven, minimally invasive approach to treating dental decay in the "family" of patients. Students are taught modern and classic preparations starting with sealants on a child "patient," and progress through minimally invasive resin-based preparations, larger resin-based preparations and ultimately learning GV black amalgam preparations. Students gain exposure to all types of anterior and posterior direct preparations and restorations including Classes I, II, III, IV, V. Occlusion and establishing the proper occlusal relationship is paramount. (Quarters 3-4).

RDS 157. Integrated Preclinical Technique II: Indirect Restorative. 5 Units.

As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a "family" of patient cases presented in the course. Starting with all-ceramic preparations and progressing through PFM, gold and partial coverage restorations, an emphasis on conservation of tooth structure and maintaining or enhancing esthetics is woven through all projects. Students learn single tooth and multiple tooth rehabilitation. Projects increase in complexity throughout the year and treatment planning accompanies all projects. Ample time is spent on the adhesive protocols for cementation. Related topics included in this component are post and core placement, laboratory skills, and general dental procedures such as impression taking and model work. (Quarters 3-4).

RDS 173. Principles of Restorative Dentistry Lecture. 4 Units.

This course introduces students to operative dentistry and dental anatomy in a comprehensive, integrated format with an emphasis on clinical applications. Foundational knowledge of direct restorative materials is presented. Students learn about indications and principles of preparations for restoring teeth with amalgam and composite resins, including techniques for placement of the direct restorations. Additionally, correct ergonomics for a dental practitioner, hand piece techniques, rubber dam application and tooth morphology are covered. Emphasis is placed on the development of hand skills and self-evaluation of the student's own work. Development of critical thinking skills by students is achieved through two literature review projects. (Quarter 1.).

RDS 174. Complex Issues in Restorative Dentistry Lecture. 3 Units.

This second course in the series introduces the disciplines of fixed prosthodontics, dental anatomy, and occlusion. Various indirect restorative materials are presented. Sequencing treatment is incorporated through the use of simulated clinical patient cases. Students learn the rationale and criteria for full cast gold crowns and ceramic restorations, including the preparation designs for individual teeth and fixed partial dentures. Traditional impression techniques and provisional fabrications are also taught. Emphasis is placed on developing the student's hand skills needed to complete successful fixed prosthodontic preparations. (Quarter 2.).

RDS 175. Principles of Restorative Dentistry Lab. 5 Units.

This course introduces students to operative dentistry and dental anatomy in a comprehensive, integrated format with an emphasis on clinical applications. Foundational knowledge of direct restorative materials is presented. Students learn about indications and principles of preparations for restoring teeth with amalgam and composite resins, including techniques for placement of the direct restorations. Additionally, correct ergonomics for a dental practitioner, hand piece techniques, rubber dam application and tooth morphology are covered. Emphasis is placed on the development of hand skills and self-evaluation of the student's own work. Development of critical thinking skills by students is achieved through two literature review projects. (Quarter 1.).

RDS 179. Complex Issues in Restorative Dentistry Lab. 5 Units.

This second course in the series introduces the disciplines of fixed prosthodontics, dental anatomy, and occlusion. Various indirect restorative materials are presented. Sequencing treatment is incorporated through the use of simulated clinical patient cases. Students learn the rationale and criteria for full cast gold crowns and ceramic restorations, including the preparation designs for individual teeth and fixed partial dentures. Traditional impression techniques and provisional fabrications are also taught. Emphasis is placed on developing the student's hand skills needed to complete successful fixed prosthodontic preparations. (Quarter 2.).

RDS 183. Advanced Techniques in Restorative Dentistry Lecture. 3 Units.

The third course of the series continues with the disciplines of fixed prosthodontics, removable prosthodontics, and implant dentistry. Advanced restorative procedures, direct and indirect esthetic posterior restorations, and anterior esthetic reconstruction by creating a smile design and fabricating indirect porcelain veneers are covered. Treatment-planning fundamentals are introduced and concepts are integrated through the use of multiple simulated clinical patient cases. Emphasis is placed on the student's ability to apply principles taught in the first two quarters to simulated clinical situations. Clinical photography and digital impressions with hands-on training sessions are also taught. Additionally, students are given an introduction to implant dentistry that includes a hands-on session on implant impression techniques. A group research project is completed to further develop critical thinking on the part of the student. (Quarter 3.).

RDS 185. Advanced Techniques in Restorative Dentistry Lab. 6 Units.

The third course of the series continues with the disciplines of fixed prosthodontics, removable prosthodontics, and implant dentistry. Advanced restorative procedures, direct and indirect esthetic posterior restorations, and anterior esthetic reconstruction by creating a smile design and fabricating indirect porcelain veneers are covered. Treatment-planning fundamentals are introduced and concepts are integrated through the use of multiple simulated clinical patient cases. Emphasis is placed on the student's ability to apply principles taught in the first two quarters to simulated clinical situations. Clinical photography and digital impressions with hands-on training sessions are also taught. Additionally, students are given an introduction to implant dentistry that includes a hands-on session on implant impression techniques. A group research project is completed to further develop critical thinking on the part of the student. (Quarter 3.).

RDS 225. Integrated Preclinical Professional Development III. 5 Units.

In this course, students develop many skills that are important for success as a dental professional. These skills include professional behavior, preparedness and organization, communication, self-assessment, critical thinking, time-management, teamwork and rapport, response to feedback, and engagement in learning. Students' strengths and weaknesses are evaluated and reported to them in the form of a rubric by faculty who work closely with them in the laboratory and clinical environment. Students are expected to grow and show improvement in areas in which they are weak. Critical-thinking abilities and growth are measured using assessments in both the laboratory and didactic sessions that allow students to showcase these integrated skills and thought processes such as OSCE's, oral examinations, portfolios, seminars and case presentations. Clinical activities required during the course include Denture Block and Crown Block. (Quarters 5-7.).

RDS 230. Integrated Preclinical Concepts V. 2 Units.

This didactic course provides students with the foundational knowledge in removable prosthodontics needed to build a strong foundation for critical assessment, evidence-based practice, and lifelong learning in the dental profession. Formative and summative assessment will be used frequently to appraise students' grasp of principles related to the partially edentulous and fully edentulous patient. Course material includes the full scope of removable prosthodontic treatment for partially and completely edentulous patients, including patho-physiology of tooth loss; diagnosis and treatment planning for transitional and definitive removable dentures; fabrication of partial and complete dentures; follow-up, recall, and problem-solving for patients with removable dentures. (Quarter 5.).

RDS 231. Integrated Preclinical Concepts VI. 2 Units.

This didactic course provides students with the foundational knowledge in occlusion and implant dentistry needed to build a strong foundation for critical assessment, evidence-based practice, and lifelong learning in the dental profession. Formative and summative assessment will be used frequently to appraise students' grasp of occlusal principles related to the dentate, partially edentulous and fully edentulous patient. The concept of "idealized occlusion" is taught as a model to utilize when designing new restorations and larger restorative cases. Lectures on temporo-mandibular joint (TMJ) and muscle anatomy, occlusal exam, inter-occlusal records, marking media, bruxism, sleep disorders, and temporo-mandibular dysfunction (TMD) are provided. Course material also includes the full scope of implant treatment for partially and completely edentulous patients, including history and biophysiology of dental implants; diagnosis and treatment planning for implants; implant components and techniques; follow-up, recall, and problem-solving for patients with implant restorations. (Quarter 6.).

RDS 232. Integrated Preclinical Concepts VII. 2 Units.

This didactic course provides students with the foundational knowledge in dentistry needed to build a strong foundation for critical assessment, evidence-based practice, and lifelong learning in the dental profession. Formative and summative assessment will be used frequently to appraise students' grasp of occlusal principles related to evidence-based dentistry. Course material includes the temporo-mandibular joint (TMJ) and muscle anatomy, occlusal exam, inter-occlusal records, marking media, bruxism, sleep disorders, temporo-mandibular dysfunction (TMD), erosion, and para-functional habits and their effects on total dental wear as it relates to complex conformative and reorganized dentistry. (Quarter 7.).

RDS 235. Integrated Preclinical Technique III: Removable Prosthodontics. 3 Units.

In this course, students develop laboratory and clinical skills as related to removable prosthodontics. In the partially edentulous patient, students will gain technical experience with tooth replacement with a removable prosthesis. Students will apply biomechanical principles and fundamentals of survey and prosthesis design, including base, clasp, rest, minor connector, and major connector designs. For edentulous patients and those patients with hopeless dentition, students will learn the basic clinical and laboratory phases of complete denture fabrication including diagnosis, pre-prosthetic surgery, tissue conditioning, impression, cast fabrication, record base/rim, occlusal records, chair-side esthetic arrangement, articulator mounting, anterior artificial tooth arrangement, trial denture try-in, denture processing and finishing, denture insertion, prosthetic home care patient education, and prosthetic follow-up and recall, including reline/repair and laboratory communication. Students will prescribe optimal clinical materials to be used in prosthesis fabrication and diagnose biomechanical problems from simulated case scenarios. (Quarter 5.).

RDS 236. Integrated Preclinical Technique IV: Occlusion and Implant Dentistry. 3 Units.

In this course, students develop laboratory and clinical skills in occlusion and implant dentistry. Students will gain technical experience in equilibrating occlusal prematurities, creating Smile Design wax-up, polymerized smile design and custom incisal guide table to understand the balance between occlusal factors and esthetics. This course provides students with the foundational knowledge needed for critical assessment during the occlusal exam, treatment planning, evidence-based practice, and encouragement of lifelong learning. Formative and summative assessment will be used frequently to appraise students' grasp of occlusion and implant principles and the use of that knowledge to perform laboratory and clinical procedures. The concept of "idealized occlusion" is taught as a model to utilize when designing new restorations and larger restorative cases. (Quarter 6.).

RDS 237. Integrated Preclinical Technique V: Advanced Reconstructive Techniques. 3 Units.

In this course, students develop laboratory and clinical skills as related to modern dentistry. Students will gain technical experience in veneer preparation and cementation procedures, various soft tissue management techniques, and the delivery and maintenance of an occlusal splint. Students are challenged to treatment plan and determine restorability of teeth in various dental situations utilizing periodontal, endodontic, and orthodontic parameters addressing the chief concerns from selected clinical case scenarios. (Quarter 7.).

RDS 277. Local Anesthesia. 1 Unit.

Students review basic anesthesia delivery techniques and apply them to a clinical situation. Students will learn new injection technique and how to overcome difficulties in mandibular anesthesia. In the self-study component, students will conduct independent research and summarize their findings in writing. (2 hours lecture, 6 hours clinical rotation, 10 hours self-study. Quarters 5-7.).

RDS 279. Clinical Restorative Dentistry I. 3 or 6 Units.

Study of diagnosis, treatment planning, and intracoronal dental therapy, including preparation for and restoration of teeth with cast gold and porcelain inlays and onlays, composite resins, laminates, and amalgam in comprehensive clinical dental practice. Requirements include practice of operative dentistry procedures under simulated state board examination conditions. These courses also cover the diagnosis, treatment planning, and delivery of fixed prosthodontic treatment that addresses the patient's esthetic dental needs; stabilizes, improves, and protects the patients' gnathostomatic system in a comprehensive clinical dental practice. Students participate in quality assessment at clinical impression stage and at prosthesis delivery. Lab Services coordinates student dental laboratory prescriptions with private outsource laboratories. Test cases determine student competency by evaluating their ability to independently prepare a single tooth crown preparation in a specified time period. (Quarters 5-8.).

RDS 281. Dental Implants. 1 Unit.

The study of modern implant dentistry with emphasis on history, the physiology of osseous integration, treatment planning, implant surgery, fabrication of single and multiple tooth fixed implant restorations and implant-supported removable overdentures, laboratory steps, maintenance and implant problems. Hard and soft tissue augmentation procedures will be studied along with esthetic concerns. (10 hours lecture and laboratory. Quarter 8.).

RDS 378. Clinical Restorative Dentistry II. 11 Units.

Study of diagnosis, treatment planning, and intracoronal dental therapy, including preparation for and restoration of teeth with cast gold and porcelain inlays and onlays, composite resins, laminates, and amalgam in comprehensive clinical dental practice. Requirements include practice of operative dentistry procedures under simulated state board examination conditions. These courses also cover the diagnosis, treatment planning, and delivery of fixed prosthodontic treatment that addresses the patient's esthetic dental needs; stabilizes, improves, and protects the patients' gnathostomatic system in a comprehensive clinical dental practice. Students participate in quality assessment at clinical impression stage and at prosthesis delivery. Lab Services coordinates student dental laboratory prescriptions with private outsource laboratories. Test cases determine student competency by evaluating their ability to independently prepare a single tooth crown preparation in a specified time period. (Quarters 9-10.).

RDS 379. Clinical Restorative Dentistry III. 12 Units.

Study of diagnosis, treatment planning, and intracoronal dental therapy, including preparation for and restoration of teeth with cast gold and porcelain inlays and onlays, composite resins, laminates, and amalgam in comprehensive clinical dental practice. Requirements include practice of operative dentistry procedures under simulated state board examination conditions. These courses also cover the diagnosis, treatment planning, and delivery of fixed prosthodontic treatment that addresses the patient's esthetic dental needs; stabilizes, improves, and protects the patients' gnathostomatic system in a comprehensive clinical dental practice. Students participate in quality assessment at clinical impression stage and at prosthesis delivery. Lab Services coordinates student dental laboratory prescriptions with private outsource laboratories. Test cases determine student competency by evaluating their ability to independently prepare a single tooth crown preparation in a specified time period. (Quarters 11-12.).

RDS 396. Clinical Removable Prosthodontics. 12 Units.

The study of diagnosis, treatment planning, and removable prosthodontic treatment that restores masticatory function and phonetics, preserves underlying structures, results in patient comfort, and is esthetically pleasing. Course includes practice for state board removable prosthodontic procedures and simulated examination conditions. (Quarters 9-12.).

Graduate Courses

RDS 484. Biomaterials I. 1 Unit.

This class focuses on restorative materials such as bonding systems, buildup composites and materials for crown and bridge fabrication. It also introduces new developments in biomaterial sciences. Basic material testing principles are discussed and the material properties for NiTi alloy used in endodontics are included. (Quarter 2.).

RDS 584. Biomaterials II. 1 Unit.

This class focuses on restorative materials such as bonding systems, buildup composites and materials for crown and bridge fabrication. It also introduces new developments in biomaterial sciences. Basic material testing principles are discussed and the material properties for NiTi alloy used in endodontics are included. (Quarter 6.).

Oral and Maxillofacial Surgery (OS)

Department Chairperson

A. Thomas Indresano

Professor of Oral and Maxillofacial Surgery

Faculty

Α

Michael Ajayi

Associate Professor of Oral and Maxillofacial Surgery BDS, University of Lagos College of Medicine and Dentistry, 1975 BSc, University of Toronto, Toronto, Canada, 1981 University of Toronto, Oral and Maxillofacial Surgery, Resident, 1981 Henry Ford Hospital, Oral Maxillofacial Surgery, Detroit, Michigan, Chief Resident, 1983

Spencer James Anderson

Instructor of Oral and Maxillofacial Surgery BS, Brigham Young University, Clusters in Biology and Chemistry, 2008 DDS, Creighton University School of Dentistry, Dentistry, 2012 Highland General Hospital - UOP, OMFS - Anticipated Graduation 6/2016, 2016

В

Edmond Bedrossian

Associate Professor of Oral and Maxillofacial Surgery BS, University of San Francisco, Biology, 1981 DDS, University of the Pacific, 1986 DDS, Highland General Hospital, Certificate of Completion, 1990

John A. Boghossian

Associate Professor of Oral and Maxillofacial Surgery AA, City College of San Francisco, Biology, 1983 BA, San Francisco State University, Biology, 1984 DDS, University of California San Francisco, Dentistry, 1988 Other, Memorial Sloan-Kettering Cancer Center, New York, NY, Dental Oncology Fellowship Certificate, 1990 Harbor-UCLA Medical Center, Torrance, CA, Oral Surgery, 1995

Justin Bonner

Instructor of Oral and Maxillofacial Surgery Amarillo College, Pre-dental Studies, 2005 Florida College, Pre-Dental Studies, 2006 BS, West Texas AM University, Biology, Summa Cum Laude, 2007 DDS, University of Texas Health Science Center at San Antonio, TX, Dentistry, Honors, 2012

D

Alfredo A. Dela Rosa, Jr.

Assistant Professor of Oral and Maxillofacial Surgery Saint Ignatius College Preparatory, San Francisco, 1999 University of California, Davis: College of Biological Sciences, Biological Sciences, 2002 BS, University of California, San Francisco, Dental Sciences, 2004 DDS, University of California, San Francisco, Doctor of Dental Surgery, 2006 MD, Harvard Medical School, Boston MA, Doctor of Medicine, 2009 Massachusetts General Hospital, General Surgery, 2010 Massachusetts General Hospital, Oral Maxillofacial Surgery, 2012

F

Jesse M. Fa

Instructor of Oral and Maxillofacial Surgery BS, University of the Notre Dame, IN, Science, 2003 DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2006 PGY1 General Practice Residency VA/UCI Medical Center, Long Beach, Certificate, 2007 PGY2 General Practice Residency VA/UCLA Medical Center, LA, Certificate, 2008 University of Illinois at Chicago, Oral Surgery Internship, Certificate, 2010

Vincent Wayne Farhood

Associate Professor of Oral and Maxillofacial Surgery DDS, University of Southern California, Dentistry, 1970 Certificat, Wilford Hall USAF Medical Center, Oral Maxillofacial Surgery, 1978 I

A. Thomas Indresano

Professor of Oral and Maxillofacial Surgery AB, Boston University, Biology, 1967 DMD, Harvard University School of Dental Medicine, Dentistry, 1971 Vanderbilt University, Oral and Maxillofacial Surgery, 1974

J

Bahram Javid

Associate Professor of Oral and Maxillofacial Surgery Hilsea College (Basingstoke) U.K., School Certificate, Oxford University, U.K., 1951 L.D.S., King College (Durham University) Sutherland Dental School, Newcastle-upon-Tyne, U.K., Oral Surgery, 1956 King's College Dental School (Durham University). Newcastle-upon-Tyne, U.K., Junior House Officer, 1957 King's College Dental School, 1957 Newcastle-on-Tyne Infirmary, England, Junior House Instructor, 1957 Eastman Dental Center, University of Rochester, rochester, New York, USA, Clinical Fellow, 1958 DMD, School of Dental Medicine, Tufts University, 1960 Hospital of the University of Pennsylvania, Graduate School of Medicine, Pennsylvania, PA USA, Oral Surgery Residency Program, 1966 Diplomate, American Board of Oral and Maxillofacial Surgery, 1972

Κ

Doug Edward Kendrick

Instructor of Oral and Maxillofacial Surgery None, Des Moines Area Community College, General Education Classes, 2003 None, Iowa State University, Aerospace Engineering, 2004 None, University of Iowa, Biomedical Engeineering, 2006 DDS, Unversity of Iowa, Dentistry, 2010

Sam F Khoury

Instructor of Oral and Maxillofacial Surgery BS, Santa Clara University, Biology, 1999 DMD, University of Pittsburgh, Dental Medicine, 2005

L

Cassidy Migan Lavorini-Doyle

Instructor of Oral and Maxillofacial Surgery BA, University of California, Santa Cruz, Biology, 2006 DDS, UOP School of Dentistry, Doctor of Dental Surgery, 2009 Yale-New Haven Hospital, Certificate in Oral Maxillofacial Surgery, 2013

Luis Ramon G. Limchayseng

Assistant Professor of Oral and Maxillofacial Surgery BS, University of the East (Philippines), 1979 DMD, University of the Philippines College of Dentistry, 1983

Μ

Joseph Clarence McMurray

Assistant Professor of Oral and Maxillofacial Surgery BS, Pt. Loma College, Biology, 1985 DMD, Washington University St. Louis, 1990 University of Southern California, Oral Maxillofacial Surgery, 1994 MBA, Pepperdine University, Business Economics and Management, 2007

Ν

Anders Nattestad

Professor of Oral and Maxillofacial Surgery DDS, University of Copenhagen, Dentistry, 1986 Masters, Kobenhavns Universitet, Health Sciences, 1986 PhD, Dental School, University of Copenhagen, Dentistry, 1991 PhD, Royal Dental College, Dentistry, 1992 American Dental Association (ADEA), ADEA Lidership Institution, 2007

Ρ

Chan M. Park

Assistant Professor of Oral and Maxillofacial Surgery BS, University of California, San Diego, La Jolla, CA, General Biology, 2000 DDS, University of California School of Dentistry, Los Angeles, CA, Doctor of Dental Surgery, 2005 MD, Loma Linda University School of Medicine, Doctor of Medicine, 2008 Loma Linda University Medical Center, General Surgery Internship - Certificate, 2009 Loma Linda University, OMFS Residency Certificate, 2011

S

Erica Lynn Shook

Assistant Professor of Oral and Maxillofacial Surgery BS, University of Michigan, Biology, 2004 University of Michigan, University Hospital Dentistry Clinic, Oral and Maxillofacial Surgery, 2007 Ohio State University, Oral and Maxillofacial Surgery, 2008 University of Tennessee, Memphis, Oral and Maxillofacial Surgery, 2008 DDS, University of Michigan, Dentistry, 2009 Hennepin County Medical Center, General Practice Residency, 2010

Olga P Smutko

Instructor of Oral and Maxillofacial Surgery BS, Arizona State University, Microbiology, 2006 University of the Pacific, School of Dentistry, SF, Invisalign Certificate, 2008 DDS, University of the Pacific School of Dentistry, Dentistry, 2009

Т

Len Tolstunov

Assistant Professor of Oral and Maxillofacial Surgery DDS, Moscow Dental Institute, 1985 Moscow Trauma Hospital, Resident in the department of oral and maxillofaci, 1989 DDS, University of the Pacific, Graduated with honors (TAU KAPPA OMEGA), 1992 University of California, San Francisco, Oral and Maxillofacial Surgery residency, 1997

Adjunct Faculty

A

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Adjunct Instructor of Oral and Maxillofacial Surgery Prophetstown High School, Diploma, 1999 BS, Brigham Young University, Exercise Science, 2006 Temple University, Oral and Maxillofacial Surgery Residency Program, 2009 DMD, Southern Illinois University School of Dental Medicine, Dentistry, 2010

В

Michael Lawrence Beckley

Adjunct Assistant Professor of Oral and Maxillofacial Surgery BS, Texas Christian University, Biology, 1992 DDS, Baylor College of Dentisty Texas A and M University, 1997 University of the Pacific School of Dentistry, Oral and Maxillofacial Surgery, 2002

Craig Yale Bloom

Adjunct Associate Professor of Oral and Maxillofacial Surgery BA, Boston University, Biology, 1967 DMD, University of Pennsylvania Dental School, Dentistry, 1971 University of Pennsylvania, Anesthesiology, 1973 University of Pennsylvania, OMF Surgery, 1976

С

Michael E. Cadra

Adjunct Assistant Professor of Oral and Maxillofacial Surgery BS, University of California, Irvine, Biological Sciences, 1975 Other, California State University, Fullerton, Graduate Research in Biochemistry, 1978 DMD, Washington University School of Dental Medicine, Dentistry, 1982 Los Angeles County/USC Medical Center, Oral and Maxillofacial Surgery, 1986 MD, University of Alabama School of Medicine, Medicine, 1993 Cottage Hospital, Santa Barbara, General Surgery, 1994

D

Donald Hayes Devlin

Adjunct Professor of Oral and Maxillofacial Surgery University of California Berkeley, 1945

DDS, University of California San Francisco, 1949

Michael Dumas

Adjunct Associate Professor of Oral and Maxillofacial Surgery DMD, Tufts University, 1956 PhD, University of California, 1964

Ε

Austin Eckard

Adjunct Instructor of Oral and Maxillofacial Surgery BA, University of California, Berkeley, Molecular and Cell Biology, 2009

F

Alicia Follmar

Adjunct Instructor of Oral and Maxillofacial Surgery BA, Stanford University, Human Biology, Molecular Physiology Disease Mech, 2009 Other, University of Southern California, Los Angeles County, Oral Maxillofacial Surgery (one week externship, 2012 Other, University of the Pacific, Highland Hospital, Department of Oral and Maxillofacial Surgery, 2012 DMD, Harvard School of Dental Medicine, Dentistry, Oral Maxillofacial Surgery, 2013

G

Paul C. George

Adjunct Assistant Professor of Oral and Maxillofacial Surgery University of California, Santa Cruz, General - Biology, 1983 BA, University of California, Berkeley, Cell Biology, 1985 BSc, University of California, San Francisco, Dental Science, 1989 DDS, University of California, San Francisco, Dentistry, 1989 University of California, San Francisco, Certificate in Oral Maxillofacial Surgery, 1993

Κ

Touraj Khalilzadeh

Adjunct Instructor of Oral and Maxillofacial Surgery BS, University of California, Irvine, Biological Sciences, 2002 DMD, University of Pennsylvania, Doctor of Dental Medicine, 2006 MD, University of Maryland School of Medicine, Doctor of Medicine, 2009 Other, University of Maryland Medical Center, R. Adams Cowley Shock Trauma Center, Oral Maxillofacial Surgery, 2012

Joseph S Kim

Adjunct Assistant Professor of Oral and Maxillofacial Surgery BA, Oxford College at Emery University, Chemistry, 1985 DMD, Tufts University School of Dental Medicine, 1991 Montefiore Medical Center, Specialty Certificate, 1997

Michael Rudolph Knoll

Adjunct Instructor of Oral and Maxillofacial Surgery BS, University of California Riverside, Biology, 1993 MS, Loma Linda University School of Dentistry, Doctorate Dental Surgery, 2001 University of Alabama Birmingham, OMS Certificate Internship, 2002 University of Alabama Birmingham, Medical Doctorate, 2004 Certificat, University of Alabama Birmingham, Internship General Surgery, 2005 Certificat, University of Alabama Birmingham, Oral Maxillofacial Surgery, 2007

L

Gregory Scott Lee

Adjunct Assistant Professor of Oral and Maxillofacial Surgery BA, UOP Stockton, Stockon California, 1984 DDS, UOP School of Dentistry, 1987 Certificat, UOP Highland General Hospital, 1997

Wendy Peiwen Liao

Adjunct Instructor of Oral and Maxillofacial Surgery BA, University of California, Berkeley, Molecular Cell Biology Emphasis in Neurobiology, 1999 BA, University of California, Berkeley, Music, 1999 DDS, University of California, Los Angeles, Degree Expected, 2004

Μ

Nima Massoomi

Adjunct Instructor of Oral and Maxillofacial Surgery

BS, St. Lawrence University, Cum Laude, Canton, New York, Bio/Chemistry, 1994 DMD, University of Pennsylvania School of Dental Medicine, Dental Medicine, 2001 Med, University of Pennylvania Graduate School of Education, Masters of Education, 2001 Internship, Vandervilt University Medical Center, Nashville, TN, General Surgery, 2005 MD, Vanderbilt University School of Medicine, Nashville, TN, Medicine, 2007 Residency, Vanderbilt University, Nashville, TN, Oral Maxillofacial Surgery, 2007 Fellowship, T. Williams Evans Fellowship Columbus, Ohio, Facial Cosmetics Surgery, 2008

David L McAninch

Adjunct Instructor of Oral and Maxillofacial Surgery BS, California Polytechnic State University: San Luis Obispo, CA, Business Administration Management, 2008 DDS, University of Southern California, Dentistry, 2012

Craig D McDow

Adjunct Assistant Professor of Oral and Maxillofacial Surgery BS, Oregon State University, Zoology, 1977 Portland State University, Adaptive Physiology, 1978 DMD, Oregon Health Sciences University, Dentistry, 1982 GPR, USAF Keesler AFB, General Dentistry, 1983 MS, University of Michigan Hospitals, Oral Maxillofacial Surgery, 1989

Ν

Yuko Christine Nakamura

Adjunct Assistant Professor of Oral and Maxillofacial Surgery BS, Duke University Trinity College, Durham, NC, Major: Cell Molecular Biology, Minor: Chemistry, 1999 DMD, Case Western Reserve University School of Dental Medicine, Cleveland, OH, Doctor of Medical Dentistry, 2004 MD, Columbia University College of Physicians Surgeons, NY, Doctor of Medicine, 2007 Columbia University Medical Center, New York, NY, General Surgery Internship, 2008 Columbia University Medical Center, New York, NY, Oral Maxillofacial Surgery Certificate, 2010

Ned Leonard Nix

Adjunct Associate Professor of Oral and Maxillofacial Surgery BS, University of California, Davis, Economics, 1986 San Jose State University, 1992 Other, General Hospital, Oakland CA, Oral and Maxillofacial Surgery, 1994 DDS, University of the Pacific, 1995 Other, Metro Health Medical Center, Oral and Maxillofacial Surgery, 1995 Other, St. Luke's Roosevelt Hospital Center, Certificate, OMFS, 2000 St. Luke's Roosevelt Hospital Center, Certificate, Oral and Maxillofacial Surgery, 2000

Ρ

David B. Poor

Adjunct Associate Professor of Oral and Maxillofacial Surgery BA, Windham College, English/Economics, 1974 University of Massachusetts, Graduate Non-Degree Program, Zoology, 1979 DMD, Tufts University, 1982 United States Air Force, Keesler AFB, Mississippi, 1983

S

Roger W. Sachs

Adjunct Assistant Professor of Oral and Maxillofacial Surgery BS, Parsons College, Biology, 1964 MS, Northeastern University, Physiology, 1966 DMD, Temple University, Dentistry, 1970 Beth Israel Hospital, OMFS, 1971 Lincoln Hospital, Albert Einstein College of Medicine, Oral Maxillofacial Surgery, 1974

Benjamin R. Shimel

Adjunct Instructor of Oral and Maxillofacial Surgery BA, Saint Mary's College of California, Integral Program of Liberal Arts, 2002 Other, California San Francisco State University, Biology, 2009 Other, Cal Berkeley Extension, Biology, 2010 University of California, San Francisco, Externship, 2012 DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2013

Alireza Michael Sodeifi

Adjunct Assistant Professor of Oral and Maxillofacial Surgery DMD, Harvard School of Dental Medicine, Dentistry, 1997 Vanderbilt University Medical Center, Intern, Oral Surgery, 1998 Vanderbilt University Medical Center, Resident, General Surgery, 2001 Vanderbilt University Medical Center, Resident, Oral Surgery, 2002 Vanderbilt University Medical Center, Chief Resident, Oral Surgery, 2003 MD, Vanderbilt University School of Medicine, Dentistry, 2007

W

Stephen Takashi Gong Wat

Adjunct Instructor of Oral and Maxillofacial Surgery BS, University of California, Los Angeles, California, Microbiology, Immunology, and Molecular Genetics, 2003 Highland General Hospital, Oakland, California, Attended grand rounds, 2004 University of Washington, Harborview Hospital - observer, Observer, 2004 LSU Heath Sciences Center, Charity Hospital, 2005 University Medical Center, Fresno, California, 2005

DDS, University of Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, California, 2006

Course Descriptions

Predoctoral Courses

OS 139. Preclinical Multidisciplinary Surgery. 1 Unit.

Study of the principles of mucoperiosteal flap design, biopsy techniques, suturing, use of flaps, bone removal, and tooth sectioning for exodontia; apicoectomy in endodontic surgery and osseous surgery. Soft tissue grafting in periodontics will also be demonstrated. (7.5 hours lecture, 4 hours laboratory. Quarter 4.).

OS 239. Clinical Oral and Maxillofacial Surgery I. 1 Unit.

Oral and maxillofacial surgical treatment planning and treatment including routine exodontia, incision and drainage, biopsy, mucoperiosteal flap design, sectioning of teeth, and bone removal; utilizing accepted procedures for asepsis; and patient preparation, positioning, and management including obtaining patients' informed consent and proper consideration for medically compromised patients. The student learns to assume responsibility for recognizing limitations of their competence and to refer patients who need more complex surgical treatment to a specialist. (Quarters 5-8.).

OS 339. Clinical Oral and Maxillofacial Surgery II. 2 Units.

Oral and maxillofacial surgical treatment planning and treatment including routine exodontia, incision and drainage, biopsy, mucoperiosteal flap design, sectioning of teeth, and bone removal; utilizing accepted procedures for asepsis; and patient preparation, positioning, and management including obtaining patients' informed consent and proper consideration for medically compromised patients. The student learns to assume responsibility for recognizing limitations of their competence and to refer patients who need more complex surgical treatment to a specialist. (Quarters 9-12.).

Graduate Courses

OS 434. Implant Seminar I. 4 Units.

In this implant treatment-planning seminar, endodontics residents discuss case presentations and treatment planning options. The focus will be on evidence-based treatment options. (Quarters 1-4.).

OS 439. Advanced Oral Surgery and Implantology I. 2 Units.

This hands-on course provides endodontics residents the foundational and practical knowledge of treatment planning and placement. (Quarters 3-4.).

OS 534. Implant Seminar II. 4 Units.

In this implant treatment-planning seminar, endodontics residents discuss case presentations and treatment planning options. The focus will be on evidence-based treatment options. (Quarters 5-8.).

OS 539. Advanced Oral Surgery and Implantology II. 2 Units.

This hands-on course provides endodontics residents the foundational and practical knowledge of treatment planning and placement. (Quarters 7-8.).

OS 634. Implant Seminar III. 1 Unit.

In this Implant treatment-planning seminar, endodontics residents discuss case presentations and treatment planning options. The focus will be on evidence-based treatment options. (Quarter 9.).

Orthodontics (OR)

Department Chairperson

Robert L. Boyd Professor of Orthodontics

Program Director

HeeSoo Oh Associate Professor of Orthodontics

Clinical Director

M. Gabrielle Thodas Assistant Professor of Orthodontics

Director of the Pre-doctoral Program

Mohamed S. Fallah Associate Professor of Orthodontics

Director of the Craniofacial Research Instrumentation Laboratory (CRIL)

Sheldon Baumrind Professor of Orthodontics

Associate Director of the Craniofacial Research Instrumentation Laboratory (CRIL)

HeeSoo Oh Associate Professor of Orthodontics

Director of the Cleft Lip and Palate Prevention Program

Marie Milena Tolarova Professor of Orthodontics

Faculty

В

Sheldon Baumrind

Professor of Orthodontics BS, New York University, Chemistry, 1943 DDS, New York University, College of Dentistry, Dentistry, 1947 U. Oregon Dental School, Certificate in Orthodontics, 1966 MS, Oregon Health Sciences University, Cell Biology, 1968

Roger P. Boero

Associate Professor of Orthodontics Pomona College, 1960 DDS, College of Physicians Surgeony (UOP), Dentistry, 1964 University of the Pacific, Orthodontics, 1975 MSD, University of the Pacific, Orthodontics, 1995

Robert L. Boyd

Professor of Orthodontics Indiana University, Biology, 1966 DDS, Temple University, Dentistry, 1970 CERT, University of Pennsylvania, Periodontics, 1972 CERT, University of Pennsylvania, Orthodontics, 1974 Med, University of Florida, Dental Education, 1981

F

Mohamed S. Fallah

Associate Professor of Orthodontics BSD, University of London, UK, Dental Surgery, 1969 University of Pittsburgh, Certificate - Clinical Intership, 1974 MSD, University of Pittsburgh, Dental Science, 1976 University of Pittsburgh, Certificate - Orthodontics, 1976

Κ

Katherine Kieu Instructor of Orthodontics

BS, University of California, Los Angeles, Biology, 2005

DDS, University of California, San Francisco, Dentistry, 2009 MSD, University of the Pacific, Orthodontics, 2012

Μ

Kimberly A Mahood

Assistant Professor of Orthodontics BS, University of Louisville, Biology, 2000 DMD, University of Kentucky College of Dentistry, Dentistry, 2004 University of Kentucky College of Dentistry, Oral and Maxillofacial Surgery, 2005 University of the Pacific Arthur A. Dugoni School of Dentistry, Advanced General Dentistry, 2007 MSD, University of the Pacific Arthur A. Dugoni School of Dentistry, Orthodontics, 2010

0

HeeSoo Oh

Associate Professor of Orthodontics

DDS, Chonnam National University School of Dentistry, Korea, Dentistry, 1989 Chonnam National University Hospital, Korea, Pediatric Dentistry, 1992 MS, Chonnam National University, School of Dentistry, Korea, Pediatric Dentistry, 1992 PhD, Chonnam National University, School of Dentistry, Korea, Growth Development, 1999 University of the Pacific, School of Dentistry, Graduate Residency Program - AEGD, 2001 MSD, University of the Pacific, Arthur A. Dugoni, School of Dentistry, Orthodontics, 2005

Ρ

Joorok Park

Assistant Professor of Orthodontics BA, University of California, Berkeley, Molecular and Cell Biology, 2001 DMD, University of Pennsylvania, School of Dental Medicine, Dental Medicine, 2006 MSD, University of the Pacific, Arthur A. Dugoni School of Dentistry, Certificate, Orthodontics, 2008

Т

M. Gabrielle Thodas

Assistant Professor of Orthodontics BS, Oregon State University, Biology, 1972 DDS, University of the Pacific, General Dentistry, 1977 MSD, University of the Pacific, Orthodontics, 1995

Miroslav Tolar

Associate Professor of Orthodontics MD, Charles University School of Medicine, 1965 PhD, Czechoslovak Academy of Sciences Charles University School of Medicine, Postgraduate Program in Physiology, 1970 Unviersity of California in San Francisco, Postgraduate course in biostatistics biomodeling, 1993

Marie Milena Tolarova

Professor of Orthodontics Gymnasium, Tabor, Czechoslovakia, College education, 1959 MD, Charles University Schhol of Medicine, Medicine, 1965 PhD, Czechoslovak Academy of Sciences Charles University School of Medicine, Prague, Czechoslovakia, Human Genetics, 1979 Board Cert, Postgraduate Medical Institute, Prague, Czechoslovakia, Medical Genetics, Board Certificate, 1985 Board Cert, Postgraduate Medical Institute, Prague, Czechoslovakia, Pediatrics, Board Certificate, 1985 DSc, Czechoslovak Academy of Scineces, Prague, Czechoslovakia, Medical Genetics, 1986

V

Maureen Ann Valley

Associate Professor of Orthodontics BA, University of California, Biology (High Honors), 1987 DMD, Harvard School of Dental Medicine, Dentistry (Cum Laude, 1992 MPH, Harvard School of Public Health, Public Management and Community Health, 1992 MS, Northwestern University Dental School, Orthodontics, 1997

Adjunct Faculty

A

Arash Abolfazlian

Adjunct Assistant Professor of Orthodontics BS, California Polytechnic State University, San Luis Obispo, Industrial Technology and Biology, 2007 DDS, University of the Pacific, Dentistry, 2011 MSD, University of the Pacific, Orthodontics, 2013

Hesham Amer

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Christopher Anderson

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Maryse M. Aubert

Adjunct Assistant Professor of Orthodontics DDS, University Paris V, Dentistry, 1976 University Paris VII, Embriology, 1976 University of the Pacific, Orthodontics, 1980 MA, University of the Pacific, Education, 1994 MA, University of the Pacific, Psychology and Counseling, 1994 University of California, San Francisco, Certificate of Participation - Temporomandibular, 1996

В

Kathleen M. Bales

Adjunct Assistant Professor of Orthodontics BA, University of the Pacific, Applied Science, 2000 DDS, University of the Pacific, Dentistry, 2003 MS, UCLA School of Orthodontics, M.S. in Oral Biology, 2006

Thomas Reed Bales

Adjunct Assistant Professor of Orthodontics University of California Davis, 1971 DDS, University of the Pacific, School of Dentistry, Dental, 1974 certificat, UCLA, Orthodontics, 1976

Carol T. Bongiovanni

Adjunct Assistant Professor of Orthodontics BS, Rensselaer Polytechnic Institute, Biology, 1989 DMD, Tufts University School of Dental Medicine, Magna Cum Laude, 1993 Cert, Tufts University School of Dental Medicine, Orthodontics, 1995

Matthew K Bruner

Adjunct Assistant Professor of Orthodontics Interlake High School, 1990 BS, Pacific Lutheran University, Biology, 1994 DDS, Loma Linda University School of Dentistry, Dentistry, 1998 Army, Flight Surgeon Primary Course, 2000 MS, University of Louisville, Orthodontics, 2004

С

Sean K. Carlson

Adjunct Assistant Professor of Orthodontics BA, University of California, Santa Barbara, Biology, 1989 DMD, Harvard School of Dental Medicine, Dentistry, 1994 MS, University of California, San Francisco, Oral Biology, 1998 University of California, San Francisco, Orthodontics Certificate, 1998

Kevin W. Carrington

Adjunct Assistant Professor of Orthodontics BS, St. Mary's College, Moraga, CA, 1980 DDS, University of California, Los Angeles, CA, Dentistry, 1984 MA, Howard University, Washington DC, Orthodontics, 1987

Thad Champlin

Adjunct Associate Professor of Orthodontics AA, Santa Monica College, Pre-Dent, 1963 BS, Cal State University Long Beach, Zoology (Pre-Dent), 1965 DDS, USC, Dentistry, 1969 MSD, University of the Pacific, Orthodontics, 1984

Lani Chun

Adjunct Assistant Professor of Orthodontics BS, University of Utah, Major: Sociology Minor: Chemistry, 1994 DDS, New York University College of Dentistry, Doctor of Dental Surgery, 1999 Bronx Lebanon Hospital Center, Hospital Based General Practice, 2000 MSD, University of the Pacific, Orthodontics, 2008

Sarah Chung

Adjunct Assistant Professor of Orthodontics BS, University of the Pacific, Biological Sciences, 2003 DDS, University of California San Francisco, dental, 2007 MSD, University of the Pacific, orthodontics, 2012

William A Cole

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D

Sam W. Daher

Adjunct Assistant Professor of Orthodontics DCS, Vanier College, Health Sciences, 1988 McGill University, Pre-Dentistry, 1990 DDS, McGill University, Dentistry, 1994 MS, Universite de Montreal, Orthodontics, 2006

Bill Dischinger

Adjunct Assistant Professor of Orthodontics Lake Oswego High School, 1990 BS, Oregon State University, Pre Dental, 1994 DMD, Oregon Health Sciences University, Dentistry, 1997 Tufts University, Certificate in Orthodontics, 1999

Terry Dischinger

Adjunct Associate Professor of Orthodontics DDS, Univ. Of Tennessee, 1973 Univ. Of Oregon, Orthodontics, 1977

Steven A. Dugoni

Adjunct Professor of Orthodontics DMD, Tufts University, 1979 MSD, University of the Pacific, 1981

F

Stuart Lund Frost

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Course Descriptions

Predoctoral Courses

OR 144. Human Growth and Development. 1 Unit.

Study of the basic mechanisms of human growth and development with emphasis on craniofacial development. Study of the development of the dentition and occlusion and introduction to malocclusion and its classification. (10 hours lecture. Quarter 3.).

OR 244. Orthodontics. 2 Units.

An introduction to orthodontic diagnostic procedures, comprehensive treatment planning, and various treatment modalities as applied to a full range of malocclusions in a general dental practice. A strong emphasis is placed on the use of the Invisalign appliance and its application in general practice. Other orthodontic appliances covered will be the functional appliance as it relates to early orthodontic treatment and the edgewise appliance in full comprehensive cases. Orthognathic surgical cases and use of microimplants for anchorage will also be reviewed. (20 hours lecture. Quarters 4-5.).

OR 249. Preclinical Orthodontics. 1 Unit.

This preclinical course introduces students to various removable and fixed appliances with primary focus on their application for minor orthodontic movement. Laboratory instruction addresses such areas as fabrication of removable and fixed appliances, cementation of bands, bonding of brackets and placement of arch wires. Lateral head films are traced, measured, analyzed, and discussed with regard to norms and growth patterns. The course also introduces students to 3-D computer technology for the manufacturing of the Invisalign system appliance and the use of this appliance in general practice. Emphasis is placed on critical self-evaluation skills. (12 hours seminar. Quarter 8.).

OR 348. Applied Orthodontics. 1 Unit.

A study of standard orthodontic records and their application to diagnosis, treatment planning, and treatment evaluation in the mixed and permanent dentitions. Lateral head films are traced, measured, analyzed, and discussed with regard to norms and growth patterns. Facial soft tissue surface mapping using volumetric imagining technology and 3-D imagining software will be introduced. Students will present cases incorporating dental records, study models, cephalometric analysis, photographs, arch length and tooth size discrepancy analysis to explain diagnostic, treatment planning, and treatment procedures. (12 hours seminar, 6 hours graduate orthodontic clinic. Quarters 9-10.).

Graduate Courses

OR 401. Cephalometrics. 4 Units.

This course introduces students to the use of cephalometric radiographs in clinical orthodontics. Students will learn basic principles of cephalometry, the historical significance of cephalometry, and how to interpret various cephalometric analyses that are most commonly used in diagnosis and treatment planning. At the end of this course, students should be able to perform various methods of superimposition in order to identify and understand changes that occurred during growth and treatment between different lateral cephalometric radiographs. (Quarters 1-2.).

OR 402. Facial Growth. 4 Units.

This course reviews scientific literature covering basic biological principles on craniofacial growth and development. This course focuses on the basic mechanisms of postnatal growth of the cranium, nasomaxillary complex and mandible, and the clinical application of facial growth principles. (Quarters 3-4.).

OR 403. Critical Thinking. 3 Units.

In this course, students will learn foundational knowledge on scientific methods, design a sound research project and critically evaluate literature in their area. (Quarters 2-4.).

OR 404. Research Practicum and Thesis I. 4 Units.

In this independent research course, students work with research mentors to develop research questions, formulate hypotheses and write a formal research proposal that includes a full literature review, statement of material and methods, execution of the research, and appropriate analysis and interpretation of data. This course is designed to enable successful completion of the MS thesis. (Quarters 1-4.).
OR 410. Biomechanics. 7 Units.

This seminar-based course introduces fundamental concepts for understanding the laws of mechanics and biological responses to force systems used in orthodontic force systems and appliances. (Quarters 1-4.).

OR 411. Craniofacial Biology & Genetics. 6 Units.

In order to build a solid foundation for clinical orthodontic treatment, this course specifically focuses on human craniofacial growth and development and on craniofacial genetics, helping students to understand concepts related to the nature and control of normal and abnormal craniofacial growth. The course is divided into three consecutive quarters: Normal Human Growth and Development (1Q), Advanced Basic Science (2Q), Abnormal Growth and Development (3Q). (Quarters 1-3.).

OR 412. Cleft Lip & Palate/Craniofacial Anomolies. 2 Units.

The course focuses on introducing a multidisciplinary approach to treating patients with cleft lip and palate and other craniofacial anomalies (CFA). A state-of-the art approach in the management of CFA patients is based on current literature and seminars covering etiology and epidemiology, recurrence risk, and primary prevention. While this course emphasizes orthodontics (which includes naso-alveolar molding), surgical treatment, speech problems and psychological issues are also covered. (Quarter 4.).

OR 413. Cleft Medical Missions Seminar. 2 Units.

This course consists of seminars and practical exercises in making appliances to prepare residents to be actively involved in the treatment of patients with cleft lip and palate and other craniofacial anomalies by participating in medical and dental missions in developing and undeveloped countries. (Quarters 1-2.).

OR 414. Introduction to Contemporary Orthodontics. 5 Units.

This course introduces basic artistic skills in contemporary orthodontics. Students will review the basic concepts of photography, direct bonding of fixed appliances, 3D imaging, 3D cephalometric analysis, and digital imaging software (2D and 3D). (Quarters 1-4.).

OR 420. Bone Biology. 1 Unit.

This seminar course is designed for first year residents to review basic concepts and theories of bone biology, orthodontic tooth movement, and osseointegration of orthodontic microimplants. (Quarter 4.).

OR 421. Current Literature Seminar I. 4 Units.

In this seminar series, students review articles appearing in orthodontic and related journals. (Quarters 1-4.).

OR 422. Anatomy. 1 Unit.

This course provides a detailed review of anatomic structures of the craniofacial region. Lecture topics include osteology of the skull, innervation and blood supply of the face, muscles of facial expression and mastication, and anatomy of the oral cavity. (Quarter 1.).

OR 423. Comprehensive Case Analysis Seminar I. 4 Units.

Topics in this seminar series include the clinical application of various diagnostic procedures and treatment philosophies, the presentation of practical procedures in the management of unusual problems that can arise during the course of treatment, basic and applied principles of photography, and advances in computer technology. (Quarters 1-4.).

OR 424. Treatment Planning Seminar I. 4 Units.

In this seminar series, first-year residents prepare a case presentation to share initial diagnostic records to diagnose and treatment plan orthodontic cases. All students then participate in free-format discussion. (Quarters 1-4.).

OR 426. Principles of Orthodontic Technique. 5 Units.

This course is designed to provide basic principles on orthodontic tooth movement and fixed appliances by working on typodonts. (Quarters 1-2.).

OR 430. Surgical-Orthodontic Treatment. 6 Units.

This seminar-based course covers basic concepts involved in surgical orthodontics, which include diagnosis and treatment planning, pre-surgical orthodontics, surgical procedures utilized by oral surgeons, and post-surgical orthodontics. Topics such as TMJ disorders, Distraction Osteogenesis, and Obstructive Sleep Apnea are also discussed. (Quarters 1-4.).

OR 431. Orthognathic Surgery Seminar I. 4 Units.

This seminar series for the orthodontic and oral surgery residents emphasizes diagnosis, treatment planning, management of pre- and post-surgical orthodontic treatment, and understanding of treatment outcome and stability. This course consists of case presentations by the Orthodontic and Oral and Maxillofacial Surgery faculty and residents. (Quarters 1-4.).

OR 432. Multidisciplinary Seminar I. 4 Units.

This seminar series covers treatment of patients with complex dental and skeletal orthodontic, periodontal, and restorative problems that require input from a variety of dental specialties. The teaching format includes case presentations by the residents and open discussions of interdisciplinary topics. (Quarters 1-4.).

OR 433. Retention Seminar I. 1 Unit.

In this seminar series, each second-year resident presents on a long-term post-retention patient whose active orthodontic treatment was completed at least ten years prior to the resident's year of graduation from the program. All students and faculty then participate in discussion. (Quarter 4.).

OR 434. Introduction to Invisalign. 1 Unit.

Th purpose of this course is to introduce basic knowledge on clinical applications of Invisalign treatment, while also incorporating the latest treatment protocols. (Quarter 1.).

OR 456. Clinical Orthodontics I. 30 Units.

This series provides clinical experience in treating orthodontic patients with a variety of problems. Various orthopedic appliances, including the headgear, face mask, rapid maxillary expander and other fixed auxillary appliances (LLA, TPA, Wilson distalizer) may be incorporated into specific treatment protocols. Topics also include other appliance systems such as edgewise appliance (.018 & .022" slot), TAD, self-ligating brackets, fixed-functional appliance (Herbst, Forsus), and Invisalign for adolescent and adult patients. (Quarters 1-4.).

OR 457. Mixed Dentition Orthodontics I. 8 Units.

This series provides clinical experience in treating various malocclusions in the mixed dentition stage. This course covers facial growth and occlusal development in the mixed dentition, diagnosis and treatment planning for mixed dentition cases, and evaluating growth changes and treatment outcomes. (Quarters 1-4.).

OR 458. Surgical Orthodontics I. 2 Units.

This series provides clinical experience in analyzing diagnostic records, formulating surgical orthodontic treatment plans for patients with major skeletal and dental disharmonies, integration of surgical and orthodontic treatment, communication with surgeons, pre-and post- surgical orthodotnic treatment, and evaluation of treatment outcomes. (Quarters 1-4.).

OR 459. Clinical Orthodontics in Craniofacial Anomalies I. 2 Units.

In this series, students will provide orthodontic treatment to patients with craniofacial anomalies in the graduate clinic and attend panels provided by comprehensive KAISER and Oakland Children's Hospital Craniofacial Anomalies Teams. (Quarters 1-4.).

OR 501. Principles of Orthodontics. 8 Units.

In this literature-based seminar, residents participate in discussion with emphasis on the critical analysis and evaluation of the scientific methodology in the literature reviewed, and the clinical application of the material. Topics include Principles of Orthodontics Introduction, Biomechanics, Facial growth, Retention & Relapse, Functional appliances, Intraoral forces, Mandibular motion & Tooth contact, Maxillo-Mandibular references, and Occlusal treatment objectives. (Quarters 5-8.).

OR 502. Microimplant & Bone Biology I. 6 Units.

This course provides comprehensive review of the factors related to safety and stability of orthodontic microimplants and their clinical application in orthodontic treatment. Students will present their own clinical cases that utilized microimplants. (Quarters 5-7.).

OR 503. Research Design I. 4 Units.

This advanced course covers the nature of hypothesis testing, the process of clinical decision making, and the statistical methodology to be employed in each student's thesis project. (Quarters 5-8.).

OR 504. Research Practicum and Thesis II. 4 Units.

In this independent research course, students work with research mentors to develop research questions, formulate hypotheses and write a formal research proposal that includes a full literature review, statement of material and methods, execution of the research, and appropriate analysis and interpretation of data. This course is designed to enable successful completion of the MS thesis. (Quarters 5-8.).

OR 510. Periodontic-Orthodontic Relations. 8 Units.

The first part of this course covers the Orthodontic-Restorative-Periodontal Interface, including esthetic and functional considerations, periodontal and other benefits of two-phase orthodontic treatment, clinical considerations of orthodontic root resorption, periodontal considerations in the orthodontic treatment of impacted teeth, and Invisalign treatment. The second part of this course covers the latest innovations from Invisalign and their application to Complex class, I, II, and III Malocclusions. (Quarters 5-8.).

OR 511. Practice Management I. 3 Units.

This course covers basic concepts of practice management, including human resource management, management systems, marketing, legal aspects of orthodontics, associateships/practice ownership, and customer service. The format of this course includes guest lectures by orthodontists, orthodontic consultants, and other professionals connected to the specialty of orthodontics, as well as private practice office visits. (Quarters 6-8.).

OR 512. Preparation for Specialty Examination. 1 Unit.

This course will prepare students for the American Board of Orthodontics written exam by reviewing basic sciences and clinical concepts in orthodontics. (Quarter 7.).

OR 513. TMD & Orthodontics. 1 Unit.

This course covers the ramifications of orthodontic treatment on the stomatognathic system, the intricacies of the interrelationship between the occlusion and the TMJ, and basic management of TMD symptoms. (Quarter 5.).

OR 521. Current Literature Seminar II. 4 Units.

In this seminar series, students review articles appearing in orthodontic and related journals. (Quarters 5-8.).

OR 523. Comprehensive Case Analysis Seminar II. 4 Units.

Topics in this seminar series include the clinical application of various diagnostic procedures and treatment philosophies, the presentation of practical procedures in the management of unusual problems that can arise during the course of treatment, basic and applied principles of photography, and advances in computer technology. (Quarters 5-8.).

OR 524. Treatment Planning Seminar II. 4 Units.

In this seminar series, first-year residents prepare a case presentation to share initial diagnostic records to diagnose and treatment plan orthodontic cases. All students then participate in free-format discussion. (Quarters 5-8.).

OR 531. Orthognathic Surgery Seminar II. 4 Units.

This seminar series for the orthodontic and oral surgery residents emphasizes diagnosis, treatment planning, management of pre- and post-surgical orthodontic treatment, and understanding of treatment outcome and stability. This course consists of case presentations by the Orthodontic and Oral and Maxillofacial Surgery faculty and residents. (Quarters 5-8.).

OR 532. Multidisciplinary Seminar II. 4 Units.

This seminar series covers treatment of patients with complex dental and skeletal orthodontic, periodontal, and restorative problems that require input from a variety of dental specialties. The teaching format includes case presentations by the residents and open discussions of interdisciplinary topics. (Quarters 5-8.).

OR 533. Retention Seminar II. 1 Unit.

In this seminar series, each second-year resident presents on a long-term post-retention patient whose active orthodontic treatment was completed at least ten years prior to the resident's year of graduation from the program. All students and faculty then participate in discussion. (Quarter 8.).

OR 556. Clinical Orthodontics II. 40 Units.

This series provides clinical experience in treating orthodontic patients with a variety of problems. Various orthopedic appliances, including the headgear, face mask, rapid maxillary expander and other fixed auxillary appliances (LLA, TPA, Wilson distalizer) may be incorporated into specific treatment protocols. Topics also include other appliance systems such as edgewise appliance (.018 & .022" slot), TAD, self-ligating brackets, fixed-functional appliance (Herbst, Forsus), and Invisalign for adolescent and adult patients. (Quarters 5-8.).

OR 557. Mixed Dentition Orthodontics II. 8 Units.

This series provides clinical experience in treating various malocclusions in the mixed dentition stage. This course covers facial growth and occlusal development in the mixed dentition, diagnosis and treatment planning for mixed dentition cases, and evaluating growth changes and treatment outcomes. (Quarters 5-8.).

OR 558. Surgical Orthodontics II. 2 Units.

This series provides clinical experience in analyzing diagnostic records, formulating surgical orthodontic treatment plans for patients with major skeletal and dental disharmonies, integration of surgical and orthodontic treatment, communication with surgeons, pre-and post- surgical orthodotnic treatment, and evaluation of treatment outcomes. (Quarters 5-8.).

OR 559. Clinical Orthodontics in Craniofacial Anomalies II. 2 Units.

In this series, students will provide orthodontic treatment to patients with craniofacial anomalies in the graduate clinic and attend panels provided by comprehensive KAISER and Oakland Children's Hospital Craniofacial Anomalies Teams. (Quarters 5-8.).

OR 601. Temporomandibular Joint Disorders. 1 Unit.

This course provides an overview of clinical anatomy and mechanics of the TMJ, pathogenesis of degenerative TMD disorders, and various approaches on the management of TMD. (Quarter 9.).

OR 602. Microimplant & Bone Biology II. 1 Unit.

This course provides comprehensive review of the factors related to safety and stability of orthodontic microimplants and their clinical application in orthodontic treatment. Students will present their own clinical cases that utilized microimplants. (Quarter 9.).

OR 603. Research Design II. 1 Unit.

This advanced course covers the nature of hypothesis testing, the process of clinical decision making, and the statistical methodology to be employed in each student's thesis project. (Quarter 9.).

OR 604. Research Practicum and Thesis III. 6 Units.

In this independent research course, students work with research mentors to develop research questions, formulate hypotheses and write a formal research proposal that includes a full literature review, statement of material and methods, execution of the research, and appropriate analysis and interpretation of data. This course is designed to enable successful completion of the MS thesis. (Quarter 9.).

OR 611. Practice Management II. 1 Unit.

This course covers basic concepts of practice management, including human resource management, management systems, marketing, legal aspects of orthodontics, associateships/practice ownership, and customer service. The format of this course includes guest lectures by orthodontists, orthodontic consultants, and other professionals connected to the specialty of orthodontics, as well as private practice office visits. (Quarter 9.).

OR 612. Ethics. 1 Unit.

This is an intermediate-advanced course that builds on undergraduate ethics instruction and focuses on issues unique to orthodontic practice. Students will reflect on and discuss real-life cases that exemplify typical ethical problems in orthodontics. (Quarter 9.).

OR 613. Orthodontics Speaker Series. 2 Units.

In this course, guest speakers deliver lectures on a variety of orthodontic topics. (Quarter 9.).

OR 621. Current Literature Seminar III. 1 Unit.

In this seminar series, students review articles appearing in orthodontic and related journals. (Quarter 9.).

OR 623. Comprehensive Case Analysis Seminar III. 1 Unit.

Topics in this seminar series include the clinical application of various diagnostic procedures and treatment philosophies, the presentation of practical procedures in the management of unusual problems that can arise during the course of treatment, basic and applied principles of photography, and advances in computer technology. (Quarter 9.).

OR 624. Treatment Planning Seminar III. 1 Unit.

In this seminar series, first-year residents prepare a case presentation to share initial diagnostic records to diagnose and treatment plan orthodontic cases. All students then participate in free-format discussion. (Quarter 9.).

OR 631. Orthognathic Surgery Seminar III. 1 Unit.

This seminar series for the orthodontic and oral surgery residents emphasizes diagnosis, treatment planning, management of pre- and post-surgical orthodontic treatment, and understanding of treatment outcome and stability. This course consists of case presentations by the Orthodontic and Oral and Maxillofacial Surgery faculty and residents. (Quarter 9.).

OR 632. Multidisciplinary Seminar III. 1 Unit.

This seminar series covers treatment of patients with complex dental and skeletal orthodontic, periodontal, and restorative problems that require input from a variety of dental specialties. The teaching format includes case presentations by the residents and open discussions of interdisciplinary topics. (Quarter 9.).

OR 656. Clinical Orthodontics III. 10 Units.

This series provides clinical experience in treating orthodontic patients with a variety of problems. Various orthopedic appliances, including the headgear, face mask, rapid maxillary expander and other fixed auxillary appliances (LLA, TPA, Wilson distalizer) may be incorporated into specific treatment protocols. Topics also include other appliance systems such as edgewise appliance (.018 & .022" slot), TAD, self-ligating brackets, fixed-functional appliance (Herbst, Forsus), and Invisalign for adolescent and adult patients. (Quarter 9.).

OR 657. Mixed Dentition Orthodontics III. 2 Units.

This series provides clinical experience in treating various malocclusions in the mixed dentition stage. This course covers facial growth and occlusal development in the mixed dentition, diagnosis and treatment planning for mixed dentition cases, and evaluating growth changes and treatment outcomes. (Quarter 9.).

OR 658. Surgical Orthodontics III. 1 Unit.

This series provides clinical experience in analyzing diagnostic records, formulating surgical orthodontic treatment plans for patients with major skeletal and dental disharmonies, integration of surgical and orthodontic treatment, communication with surgeons, pre-and post- surgical orthodotnic treatment, and evaluation of treatment outcomes. (Quarter 9.).

OR 659. Clinical Orthodontics in Craniofacial Anomalies III. 1 Unit.

In this series, students will provide orthodontic treatment to patients with craniofacial anomalies in the graduate clinic and attend panels provided by comprehensive KAISER and Oakland Children's Hospital Craniofacial Anomalies Teams. (Quarter 9.).

Pediatric Dentistry (PD)

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Alfred Jeffrey Wood Professor of Pediatric Dentistry

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S

Robert Stuart

Associate Professor of Pediatric Dentistry AB, Columbia College, 1951 DDS, New York University, 1955 Columbia University College of Physicians, Surgeons, Pediatrics, 1959

W

Michael Wahl

Assistant Professor of Pediatric Dentistry BS, Univertsity of California Los Angeles, Engineering, 2006 DDS, New York University College of Dentistry, DDS, 2010 New York University College of Dentistry, Pediatric Dentistry, 2012

Alfred Jeffrey Wood

Professor of Pediatric Dentistry BS, Virginia Commonwealth University, Biology, 1980 DDS, Medical College of Virginia, Dentistry, 1984 Medical College of Virginia, Pediatric Dentistry, 1987

Ζ

Naomi Zaul

Assistant Professor of Pediatric Dentistry BS, UC Davis, Microbiology, 2007 DDS, UCLA, Dentistry, 2011 Other, USC, Certificate in Pediatrics, 2013

Adjunct Faculty

В

Namrata Bhullar

Adjunct Assistant Professor of Pediatric Dentistry BS, University of California, San Diego, Biology, 2002 DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Pediatric Dentistry, 2005 Other, Saint Barnabas Hospital, Pediatric Dentistry, 2010

С

Daniel Charland

Adjunct Assistant Professor of Pediatric Dentistry BMS, University of Western Ontario, 2004 DDS, University of Toronto, 2008 MS, University of California, San Francisco, Oral and Craniofacial Sciences, 2011 University of California, San Francisco, Certificate in Pediatric Dentistry, 2011 Other, Southern Alberta Institute of Technology, Pediatric Advanced Life of Technology, 2013

David J. Crippen

Adjunct Assistant Professor of Pediatric Dentistry BS, University of Washington, Zoology, 2001 DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, 2004 Children's Hospital of Wisconsin, Certificate in Pediatric Dentistry, 2006

D

Maria Do

Adjunct Assistant Professor of Pediatric Dentistry BS, UCLA, Molecullar, Cellular, Development Bio, 2004 DDS, USC, Dentistry, 2008 DDS, Albert Einstein / Montefiore, Pediatric Dentistry, 2010

G

Jay T Golinveaux

Adjunct Assistant Professor of Pediatric Dentistry BS, University of California Berkeley, Science, Resource Economics and Policy, 1996 AB, California State University, Sacramento, General Science, 1997 DDS, University of the Pacific - School of Dentis, General Dentisry, 2008 MS, University of California, San Francisco, Pediatric Denstistry, 2011

Η

Michelle M Haghpanah

Adjunct Assistant Professor of Pediatric Dentistry BS, Fairfield University, Biology and Computer Science, 2002 MPH, Yale University, Epidemiology of Microbial Diseases, 2004 DDS, New York University, Dentistry, 2009 Mount Sinai Hospital, GPR and Pediatric Dentistry, 2012

Stephanie Hardwick

Adjunct Assistant Professor of Pediatric Dentistry DDS, UCLA, Dentistry, 2010 Other, NYU, Certificate - Pediatric Dentistry, 2012

May Hayder

Adjunct Assistant Professor of Pediatric Dentistry BA, UC Berkeley, Molecular and Cell Biology, 1999 DDS, UC San Francisco, Dentistry, 2006 Other, University of Southern California, Certificate-Advanced Educ.in General Dentistry, 2007 Other, St. Barnabas Hospital, Certificate Pediatric Dentistry, 2009

Joyce K. Huang

Adjunct Assistant Professor of Pediatric Dentistry BS, University of California, San Diego, Biochemistry and Cell Biology, 2006 DDS, University of California, Los Angeles, 2011 Other, University of Southern California/Children's Hospital Los Angeles, Pediatric Dentistry, 2013

Jeffrey Paul Huston

Adjunct Associate Professor of Pediatric Dentistry BA, Indiana University, Biology, 1977 DDS, Indiana University School of Dentistry, 1979 MS, Indiana University School of Medicine, Master of Science in Medical Genetics, 1979 University of Southern California - School of Dentistry, Certificate in Pediatric Dentistry, 1984

Κ

Aneil Kamboj

Adjunct Assistant Professor of Pediatric Dentistry BS, University of Pacific, Biology, 2006 DDS, Arthur A. Dugoni School of Dentistry, DDS, 2009 Other, St. Barnabas Hospital, GPR, 2010 Other, St. Barnabas Hospital, Pediatric Dentistry, 2012

Karen Kishiyama

Adjunct Assistant Professor of Pediatric Dentistry BS, California Institute of Technology, Chemical Engineering, 2002 MS, California Institute of Technology, Materials Science, 2004 DDS, UCSF, Dentistry, 2010 Other, UCSF, Pediatric Dentistry, 2013

L

Stacey Lam

Adjunct Assistant Professor of Pediatric Dentistry BS, University of California, Davis, Chemical Engineering, 1998 DDS, University of the Pacific School of Dentistry, Doctor of Dental Surgery, 2007

University of California, Los Angeles, Pediatric Dentistry, 2007

Mary C. Le

Adjunct Assistant Professor of Pediatric Dentistry BA, DDS, University of Missouri - Kansas City, Six year combined program, 2000 MS, University of California San Francisco, Oral Biology, 2003 University of California San Francisco, Certificate in Pediatric Dentistry, 2003

Jocelyn Y. Lee

Adjunct Assistant Professor of Pediatric Dentistry BS, UC Davis, Biochemistry and Psychology, 2001 DDS, UCSF, Dentistry, 2006 MSD, Loma Linda School of Dentistry, Pediatric Dentistry, 2013

Charles Leung

Adjunct Assistant Professor of Pediatric Dentistry New York University Kings County Hospital Center, General Dentistry, 2011 Maimonides Medical Center, Pediatric Dentistry, 2013

Lerida F. Lipumano-Picazo

Adjunct Assistant Professor of Pediatric Dentistry University of the Philippines, Pre-Doctoral, 1982 DMD, University of the Philippines, 1986 Boston University School of Graduate Dentistry, Pediatric Dentistry, 1992

Μ

Eric Charles McMahon

Adjunct Assistant Professor of Pediatric Dentistry BS, UC Davis, Genetics, 2001 DDS, University of the Pacific, Dentistry, 2005 DDS, Harvard Dental, Specialty Certificate, 2007

Stephanie D. Moniz

Adjunct Assistant Professor of Pediatric Dentistry BS, Uiniversty of Santa Barbara, Pharmacology, 2006 DDS, University of the Pacific, Dentistry, 2009 Children's Hospital of Wisconsin, Pediatric Dentistry, 2011

Simon P. Morris

Adjunct Assistant Professor of Pediatric Dentistry BS, Harvey Mudd College, 1993 DDS, University of the Pacific, 1996 University of Southern California, Certificate of Specialization, 1998

Ν

John A Neves

Adjunct Assistant Professor of Pediatric Dentistry Georg-August Universitaet, Education Abroad Program, 1997 BS, University of California, Major: Biology Minors: German Music, 1998 DMD, Nova Southeastern University, Doctor of Dental Medicine, 2004 Nova Southeastern University/Miami Children's Hospital, Certificate in Pediatric Dentistry, 2006

Scott Ngai

Adjunct Assistant Professor of Pediatric Dentistry BS, University of California, Berkeley, Molecular Cell Biology/Public Health, 2007 DDS, UoP School of Dentistry, Dentistry, 2010 Other, University of California, Los Angeles, Pediatric Specialty, 2012

S

Charles E. Sackett

Adjunct Assistant Professor of Pediatric Dentistry BS, University of San Francisco, Biology, 2000 DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, General Dentistry, 2003

Jamie J Sahouria

Adjunct Assistant Professor of Pediatric Dentistry BS, University of the Pacific, Biological Sciences, 2001 DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, 2004 University of the Pacific, Advanced Education - General Dentistry, 2005 MS, University of Texas Health Sciences Center - Houston, Pediatric Dentistry, 2007

Donald C. Schmitt

Adjunct Assistant Professor of Pediatric Dentistry BA, Unversity of California, Berkeley, Human Biodynamics, 1993 DDS, University of the Pacific, 1999 Miller Childrens Hospital, Long Beach, 2001 University of Southern California, Pediatric Dentistry, 2001

Poonam Shah

Adjunct Assistant Professor of Pediatric Dentistry BA, Northwestern Univ, Psych, 2005 DDS, Indiana Dental School, Dentistry, 2009 Other, King's County Hospital, GPR, 2010 Other, Maimonides Medical Center, Pediatric Dental Residency (Certified), 2012

Richard Stephen Sobel

Adjunct Associate Professor of Pediatric Dentistry BA, Queens College, New York City, 1963 U.S. Public Health Service COSTEP Externship, Federal Medical Center, 1966 DDS, State University of New York at Buffalo, School of Dentistry, Dentistry, 1967 Harvard University, Pediatric Dentistry, 1979

Joshua J. Solomon

Adjunct Assistant Professor of Pediatric Dentistry BS, University of the Pacific, BS Biology, 1998 DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, 2001 MS, University of Texas, Dental Branch at Houston, Dept. of Oral Bio-Materials, Master of Science, 2003 University of Texas, Dental Branch at Houston, Dept. of Pediatric Dentistry, Certificate in Pediatric Dentistry, 2003

Т

Yogita B Thakur

Adjunct Assistant Professor of Pediatric Dentistry BDS, VYWS College Hospital, General Dentistry, 1996 MSA, University of Iowa, Dental Public Health, 2002 MS, UCSF, Certificate Pediatric Detistry, 2010

Vikram Tiku

Adjunct Assistant Professor of Pediatric Dentistry BA, Dartmouth College, Biology, 2005 DDS, University of the Pacific, School of Denitstry, Dentistry, 2011 Other, UNLV, Pediatric Dentistry, 2014 Other, USC, GPR, 2014

Brigid W Trent

Adjunct Assistant Professor of Pediatric Dentistry BA, Marquette University, Physiology, Spanish, 2002 DDS, University of Illinois, Dentistry, 2006 DDS, VA Medical Center, SF, General Practice Residency, 2009 Childrens Memorial Hospital, Pediatric Dentistry, 2011

V

Viviene Valdez

Adjunct Assistant Professor of Pediatric Dentistry BS, Ohio State University, Biological Sciences, Biology, 2003 DDS, New York University College of Dentistry, 2007 St. Barnabas Hospital, Bronx, Pediatric Dental Residency, 2010

Vincent Van

Adjunct Assistant Professor of Pediatric Dentistry BS, University of California, Irvine, Biological Science, 2006 DDS, University of California, Los Angeles, School of Dentistry, 2011 Other, New York University College of Dentistry, Advanced Education in Pediatric Dentistry, 2013

Υ

Bobby Yang

Adjunct Assistant Professor of Pediatric Dentistry BS, University of Arizona, Health Sciences, 1998 DDS, University of the Pacific School of Dentistry, 2003 Children's Hospital of Wisconsin, Pediatric Dentistry, 2005

Christian Yee

Adjunct Assistant Professor of Pediatric Dentistry

BS, University of the Pacific, Biology, 2006 Shasta Community Health Center, 2009 DDS, UCSF Dental School, Dentistry, 2010 Certi., University of Southern California, Pediatric Dentistry, 2012 USC/Children's Hospital Orange County, Pediatrics, 2012

Course Descriptions

Predoctoral Courses

PD 146. Preclinical Pediatric Dentistry. 1 Unit.

This simulation lab-based course introduces first-year IDS students to the technical aspects of preparing and restoring primary teeth. (2 hours lecture, approximately 6 hours lab/clinic. Quarter 3.).

PD 240. Pediatric Dentistry. 2 Units.

The study of the physical and psychological development of the child; understanding and prevention of dental disease in children; differential diagnosis and treatment of dental and periodontal diseases and abnormalities in children; and modern concepts of behavioral guidance in children. (20 hours lecture. Quarters 5-6.).

PD 346. Dental Auxiliary Utilization. 2 Units.

Rationale and system of procedures for sit-down, four-handed dental practice, including ergonomically correct practice and work-related injury prevention. (84 hours clinic in conjunction with Clinical Pediatric Dentistry. Quarters 7-10.).

PD 347. Clinical Pediatric Dentistry. 2 or 4 Units.

Study of the diagnosis, treatment planning, and comprehensive preventive and restorative dental treatment for children. (84 hours clinic in conjunction with Dental Auxiliary Utilization. Quarters 7-10.).

Periodontics (PR)

Department Chairperson

William P. Lundergan Professor of Periodontics

Faculty

A

Tamer Alpagot

Professor of Periodontics Hacettepe University, Ankara, Turkey, Dentistry, 1981 DDS, Ege University, Izmir, Turkey, Dentistry, 1983 PhD, Hacettepe University, Ankara, Turkey, Periodontics, 1986 PhD, University of Minnesota, Oral Biology, 1995

Shelly Azevedo

Assistant Professor of Periodontics California State University, Chico, Pre-Dental Hygiene, 1982 BS, Loma Linda University, Dental Hygiene, 1984 Masters, Touro University International, Health Science with an amphasis in Health Educatio, 2007

В

Gretchen J. Bruce

Associate Professor of Periodontics University of Minnesota, 1973 BA, Northwestern University, Biology, 1976 BS, University of Illinois, Bachelor of Science Dentistry 12/81, 1983 DDS, University of Illinois, Doctor of Dental Surgery 6/83, 1983 Cert, Boston University, Certificate, Periodontics 6/87, 1987 MBA, University of the Pacific, Master of Business Administration, 1999

С

Huei-Ling Chang

Assistant Professor of Periodontics DDS, University of California, San Francisco, Dentistry, 2005 MS, The Ohio State Univesity, Periodontology, 2008

Abida Tariq Cheema

Assistant Professor of Periodontics BSc, Lahore College for Women, Lahore, Pakistan, PreMed/Dental, 1970 BDS, de' Montmorency College of Dentistry, Punjab Dental Hospital, Lahore, Pakistan, Dentistry, 1974 MSc, Institute of Dental Surgery, London University, London, UK, Periodontology, 1986

Preeti M Chopra

Assistant Professor of Periodontics BDS, H.P Govt Dental School, Bachelor of Dental Surgery, 2004 MS, University of Alabama, Masters of Science in Dental Biomaterials, 2007 MS, Baylor College of Dentistry, Texas AM University, Master of Science - Periodontics, 2010

D

Cathleen Dornbush

Instructor of Periodontics Illinois Central College, Prehygiene, 1975 BS, University of Southern California, Dental Hygiene, 1979 University of the Pacific, RDHAP, 2004

G

Gary Grill

Assistant Professor of Periodontics BS, University of Maryland, BS Zoology, 1974 DDS, University of Southern California, Dentistry, 1978 Boston University, Certificate in Periodontics, 1980

Η

Lisa A. Harpenau Professor of Periodontics BS, Loyola Marymount University, Biology, 1986 BS, University of California San Francisco, Dental Sciences, 1990 DDS, University of California San Francisco, 1990 Baylor College of Dentistry, Periodontics, 1992 MS, Baylor University Graduate School, Oral Biology, 1992 MBA, University of the Pacific, 1999 MA, University of the Pacific, Educational Administration, 2009

Deborah J. Horlak

Associate Professor of Periodontics Wittenberg University, Biology/Chemistry, 1971 BA, Ohio State University, Psychology/Dental Hygiene, 1973 MA, California State University, Fresno, Higher Education Administration, 2003

Josef A Huang

Assistant Professor of Periodontics BS, University of San Diego, Biology, 1993 DDS, Columbia University Dental, Dental, 1998 New York University, Periodontics, 2001

J

Tanya V. Jones

Instructor of Periodontics Brigham Young University Brigham Young University, German, 1982 AA, Chabot College, Dental Hygiene, 1985 AA, University of the Pacific, Dental Hygiene, 2004

Κ

Kimi Kan

Instructor of Periodontics Santa Rosa Junior College, A.S and A.A Degree, 2002 BS, San Francisco State University, Biology/Physiology, 2004 BS, University of the Pacific, Dental Hygiene, 2006

Navid N. Knight

Assistant Professor of Periodontics B.A., University of California at Berkeley, 1986 D.D.S., University of the Pacific School of Dentistry, 1989 University of the Pacific Arthur A. Dugoni School of Dentistry, 1990 Oregon Health Sciences University, Certificate in Periodontics, 1992 Oregon Health Sciences University, Mini Anesthesia Residency, 1992 Veterans Admin. Hospital, Periodontology resident, 1992 United States Navy, Certificate of Training in Oral Pathology/Medicine, 1995

L

Dan R. Lauber

Assistant Professor of Periodontics BA, San Fernando Valley State College, Biology, 1970 DDS, University of Southern California, 1975 Boston University, Periodontics Certificate, 1979

William P. Lundergan

Professor of Periodontics AA, College of the Sequoias, Mathematics, 1970 BS, University of California, Irvine, Biology, 1973 University of California, San Francisco, Pharmacy, 1978 DDS, University of the Pacific, Dentistry, 1981 CERT, University of Connecticut, Certificate of Proficiency in Periodontics, 1983 MA, University of the Pacific, Education, 1994

Μ

Frank Martinez

Assistant Professor of Periodontics University of New Mexico, Chemical Engineering, 1967 U. S. Navy, Technician's Prosthetics School, 1972 BS, University of New Mexico, 1974 DDS, University of Southern California, 1978 National Naval Dental Center, Periodontics Certificate, 1983

SCU, School of Law, Santa Clara California, 1995

Ν

Richard Alan Nathan

Associate Professor of Periodontics BS, Tufts College, Biology / Psychology, 1971 DMD, Tufts Dental, Dentistry, 1975 Denver Hospital, Denver, CO, General Practice, 1976 UCSF Dental School, Periodontology Certificate, 1978 MS, UCSF Dental School, Oral Biology, 1979

R

Mustafa Radif

Instructor of Periodontics/Dental Hygiene BDS, Baghdad University, Dental Surgery, 2001 Cert., Diablo Valley College, Dental Laboratory Technology, 2010 BSD, University of the Pacific, Dental Hygiene, 2012

S

Marlene Storz

Assistant Professor of Periodontics BS, University of the Pacific, Dental Hygiene, 2006

Т

William J. Tognotti

Assistant Professor of Periodontics University of San Francisco, 1955 DDS, College of Physicians Surgeons (UOP), 1959

Yi-Pin Tsao

Assistant Professor of Periodontics DDS, Kaohsiung Medical University, Dentistry, 2000 MS, University of Michigan, Periodontics, 2004

W

Paula Watson

Associate Professor of Periodontics AS, Foothill College, Dental Hygiene, 1990 BS, Chapman University, Health Systems, Certificate in Gerontology, 2001 MS, University of New Haven Connecticut, Human Nutrition, 2004

Ζ

Joseph A. Zingale

Professor of Periodontics Adelbert College of Case Western Reserve University, 1953 BS, Case Western Reserve University, 1955 DDS, Case Western Reserve University, 1957 St. Luke's Hospital Cleveland, Ohio, Rotating Internship, 1958 Walter Reed Institute of Research, Advanced Theory and Science of Dental Practice, 1968 Letterman Army Medical Center, Periodontics, 1970 MPS, Western Kentucky University, 1974

Adjunct Faculty

В

Rahmat Barkhordar

Adjunct Associate Professor of Periodontics Shiraz University, Iran, College of Arts Sciences, 1972 DMD, Shiraz University, Iran, School of Dental Medicine, Dentistry, 1976 University of Pennsylvania, General Practice Residency, 1977 University of Pennsylvania, Endodontics, 1980 University of Pennsylvania, Periodontics, 1980

Lynna BK Bui

Adjunct Assistant Professor of Periodontics DDS, Northwestern University, General Dentistry, 1999 MA, University of Pittsburgh, Periodontics, 2004 MPH, University of Pittsburgh, Dental Public Health, 2004

С

Lauren K Chin

Adjunct Instructor of Periodontics/Dental Hygiene BA, San Francisco State University, Industrial Arts, 2007

- BA, San Francisco State University, Journalism, 2007
- BS, University of Pacific, Dental Hygiene, 2014

Κ

Richard Tsu-hsun Kao

Adjunct Professor of Periodontics AB, University of California, Berkeley, Bacteriology, 1976 MA, San Francisco State University, Cell Biology, 1980 DDS, University of California, San Francisco, Dentistry, 1982 PhD, University of California, San Francisco, Experimental, 1984 University of California, San Francisco, Post-doctoral fellow Bone Biochemistry, 1986 University of California, San Francisco, Post-doctoral fellow Pathology, 1986 University of California, San Francisco, Certificate in Periodontics, 1991

Μ

Scott W. Milliken

Adjunct Assistant Professor of Periodontics BA, San Jose State University, Biology, 1984 DDS, University of Pacific, Surgery, 1987 MS, Northwestern University, Certificate in Periodontics, 1989

John Muller

Adjunct Assistant Professor of Periodontics BS, University of San Francisco, Biology, 1978 DDS, University of the Pacific, Dentistry, 1985

0

Connie Oh

Adjunct Assistant Professor of Periodontics BS, College of William Mary, Neuroscience, 2007 DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2011 MS, University of California, San Francisco, Oral and Craniofacial Sciences, 2014 University of California, San Francisco, Periodontology, 2014

R

Lita Rodriguez

Adjunct Instructor of Periodontics DDS, Cayetano Heredia Peruvian University, Dental, 1988

Mauricio Ronderos

Adjunct Assistant Professor of Periodontics DDS, Pontificia Universidad Javeriana, Dentistry, 1992 MPH, University of Minnesota, Epidemiology, 1999 MS, University of Minnesota, Periodontics-Dentistry, 1999 University of Minnesota, Periodontics, 1999

Т

Jeffrey Takai

Adjunct Assistant Professor of Periodontics University of California, Irvine, Biological Sciences Major, 2004 BS, University of California, Berkeley, Nutritional Science and Molecular Toxicology, 2006 DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 2010 MS, University of California, San Francisco, Masters of Science in Oral Craniofacial Sciences, 2013 University of California, San Francisco, Certificate in Post-graduate Periodontology, 2013

W

Shanda Lauri Wallace

Adjunct Instructor of Periodontics AS, Cabrillo College, Certificate in Dental Hygiene BS, Loma Linda University, Dental Hygiene San Joaquin Delta College, General Education, 1980 Louisiana State University, Cultural Anthropology and Womens Literature, 2011 University of Phoenix, College Algebra, 2011

Jonathan S. Wong

Adjunct of Periodontics

BA, University of California, Davis, Biological Sciences, 1996
BA, University of California, Davis, Organizational Studies, 1996
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 2003
Oregon Health and Sciences University, Periodontology, 2006

Course Descriptions

Predoctoral Courses

PR 150. Periodontal Diseases. 1 Unit.

Introduction to periodontology, clinical and histopathological features, epidemiology, classification of periodontal diseases, pathogenesis, etiologies of periodontal disease, and risk assessment. (10 hours lecture. Quarter 4.).

PR 151. Periodontics & Periodontal Diseases. 3 Units.

Introduction to periodontology, clinical and histopathological features, classification of periodontal diseases, etiologies of periodontal disease, periodontal examination and diagnosis, occlusal analysis, temporary splinting, initial periodontal therapy, re-evaluation, surgical asepsis, and supportive periodontal therapy. (27 hours lecture, 3 hours simulation, 5 hours clinic. IDS Quarter 1.).

PR 156. Preclinical Periodontics. 1 Unit.

Study of techniques for instrument sharpening, root planing, and use of ultrasonic devices. Introduction to temporary splinting, microbiologic sampling, local drug delivery, and occlusal analysis. (5 hours lecture, 5 hours lab. Quarter 4.).

PR 250. Periodontics. 3 Units.

Introduction to the methodology of collecting data, utilizing data to make a diagnosis, preparing a treatment plan, and providing initial therapy including microbial sampling and chemotherapeutics; rationale for initial therapy including elimination of local factors, occlusal correction, provisional splinting, and initial therapy evaluation; basic rationale for periodontal surgery; techniques employed in surgical periodontics including the scientific basis for surgical technique, specific indications/contraindications, and sequence in healing following gingival surgery, osseous resection, gingival augmentation, regenerative therapy, and dental implants. (30 hours lecture. Quarters 5-7.).

PR 251. Periodontics. 2 Units.

Introduction to basic rationale for periodontal surgery; techniques employed in surgical periodontics including scientific basis for surgical technique, specific indications/contraindications, and sequence in healing following gingival surgery, osseous resection, gingival augmentation, regenerative therapy, and dental implants. (20 hours lecture. IDS Quarters 2-3.).

PR 256. Clinical Periodontics I. 3 or 6 Units.

Study of periodontal examination, diagnosis, treatment planning, nonsurgical therapy, periodontal re-evaluation, periodontal surgery, and supportive periodontal therapy in comprehensive clinical dental practice. (Quarters 5-8.).

PR 356. Clinical Periodontics II. 4 Units.

Study of periodontal examination, diagnosis, treatment planning, nonsurgical therapy, periodontal re-evaluation, periodontal surgery, and supportive periodontal therapy in comprehensive clinical dental practice. (Quarters 9-12.).

THIRTY-SIX MONTH DOCTORAL PROGRAM OVERVIEW (DDS)

|--|

Quarter	1

		TOTEAUNT	WEDNESDAY	THURSDAY	FRIDAY				
8-9	Examination Hour	integrated							
9-10	Integrated	Predinical Reconstructive Dentistry Integrated Medical Sciences	Predinical Reconstructive Dentistry Integrated	Integrated	Integrated				
0-11	Clinical Sciences I: Orientation to			Predinical Reconstructive	Preclinical Reconstructive	Integrated Medica			
1-12	the Clinical Practice of			Integrated	Integrated	Integrated	Dentistry	Dentistry I	Dentistry I
12-1	General Dentistry		dical Sciences						
1-2									
2-3	ICSI: OCP	Integrated Medical Sciences	Integrated Preclinical Reconstructive	Integrated PrecInical Reconstructive Dentistry I	Integrated Medica Sciences				
3-4	Integrated Medical Sciences								
4-5			Dentistry I						

					Quarter 2
HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour	Integrated			
9-10	Integrated	Preclinical Reconstructive	Integrated	Integrated	
10-11	Clinical Sciences I: Orientation to	Dentistry	Dentistry Preclinical Reconstructive	Preclinical Reconstructive	Integrated Medical Sciences
11-12	the Clinical Practice of	Integrated	Dentistry I	Dentistry I	
12-1	General Dentistry	Medical Sciences			
1-2					
2-3	109-009		integrated	Integrated	Integrated
3-4		Integrated Medical Sciences	Preclinical Reconstructive	Preclinical Reconstructive	Medical Sciences
4-5	Dental Radiology		Dentistry I	Dentistry I	

					Quarter 3
HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour	integrated			
9-10	Endedontics	Precinical Reconstructive	Integrated	Integrated	Integrated
10-11	Integrated Christel Sciences It Orientation to the Christel Practice of General Dentistry	Dentistry I	Preclinical Reconstructive	Precinical Reconstructive Dentistry I	Medical Science
11-12		to the fixe of tiday Medical Sciences	Dentistry I		
12-1					Manuan Growth and Development
1-2					
2-3	ICSI: OCP		Integrated	Integrated	Integrated
34		Integrated Medical Sciences	Preclinical Reconstructive	Preclinical Reconstructive	Medical Sciences
45	Dental Radiology		Dentistry I	Dentistry I	

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour				Orthodontics
9-10		Risk Asigonatis	Integrated		
10-11	Integrated Clinical Sciences I: Clinical Practice of General Dentistry Advanced Practicum	(Verhalde, ex essigned) Dental Radiographic Task, Presile Train,	Preclinical Reconstructive Dentistry I	Preclinical Reconstructive	Block Assignments
11-12		Local Anasthesis, Prod. Multi Surgery, Adv Real Tash, Provide Paris,			
12-1		Cinital Transitions			
1-2					
2-3	Block Assignments (Variable, as	Microbiology	Integrated	Microbiology	Marchiston
34		Block Assignment	Preclinical Reconstructive	Periodontics	Marcalagy
45	assigned)	Lecture Series	Dentistry I		

Quarter 8

Quarter 4

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University of the Pacific

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour	Pediatric Dentistry		Practice Management	Orthodontics
9-10	ICS I	Periodontics	Microbiology	Microbiology	
10-11				Integrated Preclinical	Integrated Preclinical
11-12	General Pathology Lab/Seminar	Pathology Lab/Semicar	Microbiology Laboratory	Reconstructive Dentistry II	Reconstructive Dentistry II
12-1					
142					
2-3					Integrated
34	Clinical Practice	Clinical Practice	Clinical Practice	Clinical Practice	Precinical Reconstructive
4-5					Dentistry II

a total of 13 hours this quarter.

Third Year

Quarter 9

HOUR

8-9

9-10 10-11

11-12 12-1 1-2 2-8

ы

4-5

MONDAY

mination H Binical Care of Complex Need

Differential Diagnosis

nical Practi

ning Clinic

8:30 pm

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour				
9-10	Clinical Care of Complex Needs				
10-11		Chaired Brantine	Chaired Bractice	Sciences III Multiple billions	Citotral Practice
11-12	Oral Pathology			Case Rased Seminars	Canada Pracida
12-1	t				
1-2					
2-8	Chaired Providing			Chained Data Mine	
3-4	Canada Practica	Clinical Practice	Clinical Practice	Canada Pracida	Clinical Practice
4-5	Evening Clinic G- 8:30 pm			Evening Clinic 6- 8:30 pm	

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8-9	Examination Hour General Pathology General Pathology (5 wweek) ICS II (5 weeks)	Pediatric Dentistry	Integrated	Pharmacology	Integrated Preclinical	
9-10		Periodontics	Clinical Sciences II		Reconstructiv Dentistry II	
10-11		General	Integrated Clinical Sciences II:	Integrated Preclinical	Integrated	
11-12		Pathology (5 weeks)	Application of R Foundational	Reconstructive Dentistry II	Preclinical Reconstructiv	
12-1		ICS II (5 weeks)	Knowledge Seminar/Lab		Dentistry II	
14						
2-8						
34	Clinical Practice	Clinical Practice	Clinical Practice	Clinical Practice	Clinical Practic	
4-5						

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8-9	Endodontics (5 weeks)	Examination Hour	Pharmacology	IFT II	Integrated Preclinical	
9-10	Periodontics (3 weeks)	Periodontics	Integrated Clinical Sciences II	Pharmacology	Reconstructive Dentistry II	
10-11		Integrated Clinical	Integrated Clinical	Integrated	Integrated	
11-12	Oral Pathology	Application of Foundational	Application of Foundational	Preclinical Reconstructive	Preclinical Reconstructive	
12-1		Knowledge Seminar/Lab	Knowledge Seminar/Lab	Dentistry II	Dentistry II	
1-2						
2-3						
ы	Clinical Practice	Clinical Practice	Clinical Practice	Clinical Practice	Clinical Practice	
45						

OUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour		Dental Implants	Pharmacology	
9-10	105.11	Pharmacoogy	ICS II		
0-11	Integrated Clinical Sciences II:	Integrated Chrisal Sciences Ib	Integrated Clinical Sciences II:		
11-12	Application of Foundational	Application of Foundational	Application of Foundational		Oral Patholog
12-1	Knowledge Seminar/Lab	Knowledge Service glab	Knowledge Seminar/Lab		
1-2					
2-3					
3-4	Clinical Practice	Clinical Practice	Clinical Practice	Clinical Practice	Clinical Practice
4 5					

Quarter 12

OUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour				
9-10					
0-11		Challend Devention	Christin Deutlin	but mentioned	Chained Development
1-12	Preparation for State Licensure	Caraca Pracace		and a second	Contract Productor
12-1					
1-2					
2-3	Cipical Practice			Cinical Practice	
ы	Caracar Practice	Clinical Practice	Clinical Practice	CIRCLEPIALIE	Clinical Practice
45	Evening Clinic 6- 8:30 pm			Evening Clinic G- R:30 pm	

Quarter 10

Quarter 6

TUESDAY	WEDNESDAY	THURSDAY	FRIDAY		HOUR	MONDAY
					8-9	
					9-10	Scienced Patient Constantions
Inited Dearthca	Cipical Practice	Sciences III:	Clinical Dractica		10-11	
Inical Practice		Case Rosed Seminary		11-	11-12	Practice Management II
					12-1	
					1-2	
		Clinical Bractica			2-3	Clocked Practice
inical Practice	Clinical Practice		Clinical Practice		34	
		Evening Clinic 6- 8:30 pm			45	Evening Clinic 6- 8:30 pm

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Scienced Patient Care Seminan				
Practice Management II	Clinical Practice	Clinical Practice	Integrated Chrisal Sciences III Multidiciplinary Case Rased Seminary	Clinical Practice
Clinical Practice	Chaical Brastler	Cinical Practice	Clinical Practice	Chaired Drawtice

Evening Clinic G-8:30 pm

Quarter 7

Quarter 11

IDS TWENTY-FOUR MONTH DOCTORAL PROGRAM OVERVIEW

HOUR 8-9 9-10 10-11 11-12 12-1

142 243 244

4-5

Quarter 2

First Year

Quarter 1

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8-9	Examination Hour	Pediatric Dentistry				
9-10		Periodontics and Perio Diseases	Principles of Restorative Dentistry			
10-11	Dental Radiographic Technique	Principles of		Integrated Precinical Reconstructive Dentistry II	Integrated Preclinical Reconstructive Dentistry II	
11-12		Restorative				
12-1		Contract,				
1-2						
2-3	Ethics and	Design design and	Principles of Restorative Dentistry	Principles of Restorative Dentistry	Integrated	
3-4	Exploration of Basic Cultural	Periodontal Decidontal			Preclinical Reconstructive	
4-5	lissues				Dentistry II	

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour	Pediatric Dentistry		Pharmacology	Integrated Preclinical
9-10		Periodontics	Construction	IPT II	Reconstructive Dentistry II
10-11	Orientation to Comprehensive Patient Care Clinic	Complex Issues	in Restorative Dentistry	Complex Issues in Restorative Dentistry	Integrated
11-12		In Restorative Dentistry			Preclinical Reconstructive
12-1		(Lecture and Lab)			Dentistry II
1-2					
2-3	Orientation to		Construction	integrated	
3-4	Comprehensive Patient Care	Anesthesia	Complex Issues In Restorative Dentistry	Preclinical Reconstructive Dentistry II	
4-5	Clinic*				

* OCP ends at 4pm the last 5 weeks of this quarter

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Endodontics (S weeks)	Examination Hour	Pharmacology	UPT II	Integrated Preclinical
Periodontics (3 weeks)	Periodontics		Pharmacology	Reconstructive Dentistry II
Clinical Practice	Advanced Tech In Restorative Dentistry	Advanced Tech In Restorative Dentistry	Integrated Precinical Reconstructive Dentistry II	
Preclinical Endodontics	Kuman Growth and Development (3 Weeks), Ond Kurgery Klock (3 week), Perio Kurgery Klock (3 week)	Advanced Tech In Restorative Dentistry	Advanced Tech in Restorative Dentistry	integrated Reclinical Reconstructive Dentistry II

Quarter 3

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour	Description	Dental Implants	Pharmacology	Orthodontics
9-10	ICS II Seminar	Pharmaconegy			
10-11					
11-12	Clinical Practice	Clinical Practice	Clinical Practice	Citical Practice	Oral Pathology
12-1					
1-2					
2-3	Integrated Clinical Sciences II: Applications of Foundational Ecowindge Seminar	Integrated Clinical			
3-4		Applications of Foundational	Clinical Practice		Clinical Practice
4-5		Knowledge Seminar			

Second Year

Quarter 5

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour				Orthodontics
9-10	Clinical Care of Complex Needs				
10-11		Chained Davadian	(Televille et al.	Integrated Clinical Sciences III:	Circles Decision
11-12	Oral Pathology	Canacal Practice	Canacal Practice	Case Rased Seminars	Clinical Practice
12-1	1				
1-2					
2-3	-				
3-4	Clinical Practice	Clinical Practice	Clinical Practice	Cincal Practice	Clinical Practice
4-5	Evening Clinic G- 8:30 pm			Evening Clinic 6- 8:30 pm	

Quarter 6

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour				
9-10	Clinical Care of Complex Needs				
10-11	Differential	Clinical Practice	Cipical Practice	Integrated Chricel Sciences III	Cinical Practice
11-12	Diagnosis	China Plante		Multidiciplinary Case Based Seminary	
12-1					
1-2					
2-3	Challed Develop			Challend Develope	
34	Canada Practice	Clinical Practice	Clinical Practice	Canaca Practice	Clinical Practice
4-5	Evening Clinic 6- 8:30 pm			Evening Clinic 6- 8:30 pm	

Quarter 7

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour				
9-10	Bringmand Patient Gene Seminary				
10-11		Chaired Departies	Clinical Dractice	Integrated Clinical Sciences IB	Cinical Dractice
11-12	Practice Management II	Caracter Processo	Carlos Pracios	Multidisciplinary Case Based Seminars	Calles Fiscale
12-1					
1-2					
2-3	Citeria Dentita			Challer I Provider	
34	CIRICAL PRACTICE	Clinical Practice	Clinical Practice	Canaca Practice	Clinical Practice
4-5	Evening Clinic G-			Evening Clinic 6-	

Quarter 8

Quarter 4

HOUR	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8-9	Examination Hour				
9-10					
30-11		Chaired Drawting	Circlesi Departing	Independence	Chaired Drawtice
11-12	Preparation for State Licensure	Canada Pracina	Contra Practice	ren tegn under inte	Cance Fischer
12-1					
1-2					
2-3	Chained Departure			(Televi Develue	
3-4	Canada Practice	Clinical Practice	Clinical Practice	Canada Pracede	Clinical Practice
4-5	Evening Clinic G- 8:30 pm			Evening Clinic G- 8:30 pm	

Distribution of Instruction

DDS

Year 1			
Summer Quarter (1)		Didactic Units	Lab/Clinic Units
AN 110I	Human Anatomy I: Cells to Systems	3	0
BC 114I	Biochemistry	3	0
DP 101I	Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry	2	0
DP 106I	Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry Practicum	0	1
PG 120I	Physiology	2	0
RDS 1251	Integrated Preclinical Professional Development I	0	1
RDS 130	Integrated Preclinical Concepts I	4	0
RDS 1451	Integrated Preclinical Technique I: Dental Anatomy	0	1
RDS 1461	Integrated Preclinical Technique I: Direct Restorative	0	3
RDS 1471	Integrated Preclinical Technique I: : Indirect Restorative	0	1
	Quarter Total	14	7
Autumn Quarter (2)			
AN 110	Human Anatomy I: Cells to Systems	3	0
BC 114	Biochemistry	3	0
DP 101I	Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry	2	0
DP 106I	Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry Practicum	0	2
DP 160I	Dental Radiology	1	0
PG 120I	Physiology	3	0
RDS 125	Integrated Preclinical Professional Development I	0	1
RDS 131	Integrated Preclinical Concepts II	4	0
RDS 145	Integrated Preclinical Technique I: : Dental Anatomy	0	1
RDS 146	Integrated Preclinical Technique I: Direct Restorative	0	2
RDS 147	Integrated Preclinical Technique I: Indirect Restorative	0	3
	Quarter Total	16	9
Winter Quarter (3)			
AN 111	Human Anatomy II: The Orofacial Complex	7	0
DP 101	Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry	1	0
DP 106I	Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry Practicum	0	2
DP 160	Dental Radiology	1	0
EN 154	Basic Endodontics	1	0
OR 144	Human Growth and Development	1	0
PG 120	Physiology	2	0
RDS 1261	Integrated Preclinical Professional Development II	0	1
RDS 132	Integrated Preclinical Concepts III	4	0
RDS 1551	Integrated Preclinical Technique II: Dental Anatomy	0	1
RDS 1561	Integrated Preclinical Technique II: Direct Restorative	0	2
RDS 1571	Integrated Preclinical Technique II: Indirect Restorative	0	3
	Quarter Total	17	9
Spring Quarter (4)			
DP 106	Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry Practicum	0	2
MC 224I	Microbiology	2	0
OR 2441	Orthodontics	1	0
PR 150	Periodontal Diseases	1	0
RDS 126	Integrated Preclinical Professional Development II	0	1

RDS 133	Integrated Preclinical Concepts IV	1	0
RDS 155	Integrated Preclinical Technique II: Dental Anatomy	0	1
RDS 156	Integrated Preclinical Technique II: Direct Restorative	0	1
RDS 157	Integrated Preclinical Technique II: Indirect Restorative	0	2
Supplemental & select	tive instruction	variable	variable
Block Rotations:			
DP 166	Dental Radiographic Technique	0	1
EN 159	Preclinical Endodontics	0	2
OS 139	Preclinical Multidisciplinary Surgery	0	1
PR 156	Preclinical Periodontics	0	1
RDS 137	Local Anesthesia	0	2
RDS 138	Advanced Restorative Technique	0	2
RDS 139	Clinical Transitions	0	1
	Quarter Total	5	17
Year Total:		52	42
Year 2			
Summer Quarter (5)			
DP 200	Practice Management I	1	0
DP 2011	Integrated Clinical Sciences II: Application of Foundational Knowledge	1	0
DP 216I	Patient Management and Productivity I	0	1
DP 218I	Clinical Oral Diagnosis and Treatment Planning	0	1
DP 219I	Clinical Management and Judgment I	0	1
DP 2661	Clinical Radiology	0	1
EN 2591	Clinical Endodontics	0	1
MC 224	Microbiology	4	0
OR 244	Orthodontics	1	0
OS 2391	Clinical Oral and Maxillofacial Surgery I	0	0
PA 230I	General Pathology	4	0
PD 240I	Pediatric Dentistry	1	0
PR 2501	Periodontics	1	0
PR 256I	Clinical Periodontics I	0	1
RDS 2251	Integrated Preclinical Professional Development III	0	2
RDS 230	Integrated Preclinical Concepts V	2	0
RDS 235	Integrated Preclinical Technique III: Removable Prosthodontics	0	3
RDS 2771	Local Anesthesia	0	0
RDS 2791	Clinical Restorative Dentistry I	0	1
	Quarter Total	15	12
Autumn Quarter (6)			
DP 201	Integrated Clinical Sciences II: Application of Foundational Knowledge	4	0
DP 216I	Patient Management and Productivity I	0	1
DP 218I	Clinical Oral Diagnosis and Treatment Planning	0	1
DP 219I	Clinical Management and Judgment I	0	1
DP 266I	Clinical Radiology	0	0
EN 2591	Clinical Endodontics	0	1
OS 2391	Clinical Oral and Maxillofacial Surgery I	0	0
PA 230	General Pathology	2	0
PD 240	Pediatric Dentistry	1	0
PG 220I	Pharmacology and Therapeutics	1	0
PR 250I	Periodontics	1	0
PR 256I	Clinical Periodontics I	0	1
RDS 2251	Integrated Preclinical Professional Development III	0	1
RDS 231	Integrated Preclinical Concepts VI	2	0
RDS 236	Integrated Preclinical Technique IV: Occlusion and Implant Dentistry	0	3
RDS 2771	Local Anesthesia	0	0
RDS 2791	Clinical Restorative Dentistry I	0	1
	Quarter Total	11	10

Winter Quarter (7)			
DP 202	Integrated Clinical Sciences II: Application of Foundational Knowledge	4	0
DP 216I	Patient Management and Productivity I	0	1
DP 218I	Clinical Oral Diagnosis and Treatment Planning	0	1
DP 219I	Clinical Management and Judgment I	0	1
DP 2661	Clinical Radiology	0	1
EN 254	Endodontics	1	0
EN 2591	Clinical Endodontics	0	1
OS 2391	Clinical Oral and Maxillofacial Surgery I	0	0
PA 330I	Oral Pathology	2	0
PD 346I	Dental Auxiliary Utilization	0	0
PD 347I	Clinical Pediatric Dentistry	0	0
PG 220I	Pharmacology and Therapeutics	2	0
PR 250	Periodontics	1	0
PR 256I	Clinical Periodontics I	0	2
RDS 225	Integrated Preclinical Professional Development III	0	2
RDS 232	Integrated Preclinical Concepts VII	2	0
RDS 237	Integrated Preclinical Technique V: Advanced Reconstructive Techniques	0	3
RDS 277	Local Anesthesia	0	1
RDS 2791	Clinical Restorative Dentistry I	0	3
	Quarter Total	12	16
Spring Quarter (8)			
DP 203	Integrated Clinical Sciences II: Application of Foundational Knowledge	5	0
DP 216	Patient Management and Productivity I	0	1
DP 218	Clinical Oral Diagnosis and Treatment Planning	0	1
DP 219	Clinical Management and Judgment I	0	1
DP 266	Clinical Radiology	0	0
EN 259	Clinical Endodontics I	0	1
OR 249	Preclinical Orthodontics	0	1
OS 239	Clinical Oral and Maxillofacial Surgery I	0	1
PA 330I	Oral Pathology	2	0
PD 346I	Dental Auxiliary Utilization	0	0
PD 347I	Clinical Pediatric Dentistry	0	0
PG 220	Pharmacology and Therapeutics	3	0
PR 256	Clinical Periodontics I	0	2
RDS 279	Clinical Restorative Dentistry I	0	1
RDS 281	Dental Implants	1	0
	Quarter Total	11	9
Year Total:		49	47
Year 3			
Summer Quarter (9)			
DP 3021	Clinical Care of Complex Needs Patients	1	0
DP 3031	Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars	2	0
DP 3071	Extramural Patient Care	0	1
DP 316I	Patient Management and Productivity II	0	2
DP 318I	Clinical Management and Judgment II	0	2
DP 368I	Emergency Clinic	0	0
EN 3591	Clinical Endodontics II	0	2
OR 348I	Applied Orthodontics	0	-
OS 3391	Clinical Oral and Maxillofacial Surgery II	0	0
PA 330	Oral Pathology	- 1	0
PD 346I	Dental Auxiliary Utilization	0	0
PD 3471	Clinical Pediatric Dentistry	0	0
PR 356I	Clinical Periodontics II	0	1
RDS 378I	Clinical Restorative Dentistry II	0	5
		-	-

RDS 396I	Clinical Removable Prosthodontics	0	3
	Quarter Total	4	17
Autumn Quarte	r (10)		
DP 302I	Clinical Care of Complex Needs Patients	1	0
DP 303I	Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars	2	0
DP 307I	Extramural Patient Care	0	1
DP 316	Patient Management and Productivity II	0	2
DP 318	Clinical Management and Judgment II	0	2
DP 368I	Emergency Clinic	0	1
EN 359I	Clinical Endodontics II	0	2
OR 348	Applied Orthodontics	0	1
OS 3391	Clinical Oral and Maxillofacial Surgery II	0	0
PA 331	Differential Diagnosis of Oral and Maxillofacial Lesions	2	0
PD 346	Dental Auxiliary Utilization	0	2
PD 347	Clinical Pediatric Dentistry	0	4
PR 356I	Clinical Periodontics II	0	1
RDS 378	Clinical Restorative Dentistry II	0	6
RDS 3961	Clinical Removable Prosthodontics	0	3
	Quarter Total	5	25
Winter Quarter	(11)		
DP 300	Practice Management II	3	0
DP 302	Clinical Care of Complex Needs Patients	2	0
DP 303	Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars	2	0
DP 307I	Extramural Patient Care	0	1
DP 317I	Patient Management and Productivity III	0	2
DP 319I	Clinical Management and Judgment III	0	2
DP 368I	Emergency Clinic	0	1
EN 3591	Clinical Endodontics II	0	2
OS 3391	Clinical Oral and Maxillofacial Surgery II	0	0
PR 356I	Clinical Periodontics II	0	1
RDS 3791	Clin Rest Dent III	0	6
RDS 396I	Clinical Removable Prosthodontics	0	3
	Quarter Total	7	18
Spring Quarter	(12)		
DP 301	Jurisprudence	1	0
DP 307	Extramural Patient Care	0	1
DP 317	Patient Management and Productivity III	0	2
DP 319	Clinical Management and Judgment III	0	2
DP 368	Emergency Clinic	0	1
EN 359	Clinical Endodontics II	0	2
OS 339	Clinical Oral and Maxillofacial Surgery II	0	2
PR 356	Clinical Periodontics II	0	1
RDS 379	Clinical Restorative Dentistry III	0	6
RDS 396	Clinical Removable Prosthodontics	0	3
	Quarter Total	1	20
Year Total:		17	80
Program Total:		118	169

IDS

Year 1			
Summer Quarter (1)		Didactic Units	Lab/Clinic Units
DP 100	Ethics and Exploration of Basic Cultural Issues	3	0
DP 166	Dental Radiographic Technique	0	2
PD 240I	Pediatric Dentistry	1	0
PR 151	Periodontics Periodontal Diseases	2	0
RDS 173	Principles of Restorative Dentistry Lecture	4	0
RDS 175	Principles of Restorative Dentistry Lab	0	5
RDS 2251	Integrated Preclinical Professional Development III	0	2
RDS 230	Integrated Preclinical Concepts V	2	0
RDS 235	Integrated Preclinical Technique III: Removable Prosthodontics	0	3
	Quarter Total	12	12
Autumn Quarter (2)			
DP 107	Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry Practicum	0	2
EN 154	Basic Endodontics	1	0
PD 146	Preclinical Pediatric Dentistry	1	
PD 240	Pediatric Dentistry	1	0
PG 2201	Pharmacology and Therapeutics	1	0
PR 2511	Periodontics	2	0
RDS 137	Local Anesthesia	0	2
RDS 174	Complex Issues in Restorative Dentistry Lecture	3	0
RDS 179	Complex Issues in Restorative Dentistry Lab	0	5
RDS 2251	Integrated Preclinical Professional Development III	0	1
RDS 231	Integrated Preclinical Concepts VI	2	0
RDS 236	Integrated Preclinical Technique IV: Occlusion and Implant Dentistry	0	3
Winter Quarter (3)			10
DP 216	Patient Management and Productivity I	0	1
DP 2181	Clinical Oral Diagnosis and Treatment Planning	0	1
DP 2191	Clinical Management and Judgment I	0	1
EN 159	Preclinical Endodontics	0	2
EN 254	Endodontics	1	0
OR 144	Human Growth and Development	1	0 0
OS 139	Preclinical Multidisciplinary Surgery	0	2
PG 2201	Pharmacology and Therapeutics	2	0
PR 251	Periodontics	- 1	0 0
PR 2561	Clinical Periodontics I	0	1
RDS 183	Advanced Techniques in Restorative Dentistry Lecture	3	0
RDS 185	Advanced Techniques in Restorative Dentistry Lab	0	6
RDS 225	Integrated Preclinical Professional Development III	2	0
RDS 232	Integrated Preclinical Concepts VII	2	0 0
RDS 237	Integrated Preclinical Technique V: Advanced Reconstructive Techniques	0	° 3
RDS 277	l ocal Anesthesia	0	1
RDS 2791	Clinical Restorative Dentistry I	0	1
1002101	Quarter Total	12	19
Spring Quarter (4)			10
DP 203	Integrated Clinical Sciences II: Application of Foundational Knowledge	3	0
DP 216	Patient Management and Productivity I	0	1
DP 218	Clinical Oral Diagnosis and Treatment Planning	0	1
DP 219	Clinical Management and Judgment I	0	1
EN 259	Clinical Endodontics I	0	2
OR 244	Orthodontics	1	0
OR 249	Preclinical Orthodontics	0	1
PA 3301	Oral Pathology	2	0
	crait autology	5	0

PG 220	Pharmacology and Therapeutics	3	0
PR 256	Clinical Periodontics I	0	1
RDS 279	Clinical Restorative Dentistry I	0	2
RDS 281	Dental Implants	1	0
	Quarter Total	11	9
Year Total:		46	53
Year 2			
Summer Quarter (5)			
DP 200	Practice Management I	1	0
DP 2661	Clinical Radiology	0	1
DP 302I	Clinical Care of Complex Needs Patients	1	0
DP 303I	Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars	2	0
DP 307I	Extramural Patient Care	0	1
DP 316I	Patient Management and Productivity II	0	2
DP 318I	Clinical Management and Judgment II	0	2
DP 368I	Emergency Clinic	0	0
EN 3591	Clinical Endodontics II	0	2
OR 244	Orthodontics	1	0
OR 348I	Applied Orthodontics	0	1
OS 3391	Clinical Oral and Maxillofacial Surgery II	0	0
PA 330	Oral Pathology	2	0
PR 356I	Clinical Periodontics II	0	1
RDS 378I	Clinical Restorative Dentistry II	0	5
RDS 3961	Clinical Removable Prosthodontics	0	2
	Quarter Total	7	17
Autumn Quarter (6)			
DP 2661	Clinical Radiology	0	1
DP 302I	Clinical Care of Complex Needs Patients	1	0
DP 303I	Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars	2	0
DP 3071	Extramural Patient Care	0	1
DP 316	Patient Management and Productivity II	0	2
DP 318	Clinical Management and Judgment II	0	2
DP 368I	Emergency Clinic	0	1
EN 359I	Clinical Endodontics II	0	2
OR 348	Applied Orthodontics	0	1
OS 3391	Clinical Oral and Maxillofacial Surgery II	0	0
PA 331	Differential Diagnosis of Oral and Maxillofacial Lesions	2	0
PD 346	Dental Auxiliary Utilization	0	2
PD 347	Clinical Pediatric Dentistry	0	2
PR 356I	Clinical Periodontics II	0	1
RDS 378	Clinical Restorative Dentistry II	0	6
RDS 3961	Clinical Removable Prosthodontics	0	3
	Quarter Total	5	24
Winter Quarter (7)			
DP 266I	Clinical Radiology	0	1
DP 300	Practice Management II	3	0
DP 302	Clinical Care of Complex Needs Patients	2	0
DP 303	Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars	2	0
DP 307I	Extramural Patient Care	0	1
DP 317I	Patient Management and Productivity III	0	2
DP 319I	Clinical Management and Judgment III	0	2
DP 368I	Emergency Clinic	0	1
EN 3591	Clinical Endodontics II	0	2
OS 3391	Clinical Oral and Maxillofacial Surgery II	0	0
PR 356I	Clinical Periodontics II	0	1
RDS 3791	Clin Rest Dent III	0	1

RDS 396I	Clinical Removable Prosthodontics	0	6
	Quarter Total	7	17
Spring Quarter	(8)		
DP 266	Clinical Radiology	0	1
DP 301	Jurisprudence	1	0
DP 307	Extramural Patient Care	0	1
DP 317	Patient Management and Productivity III	0	2
DP 319	Clinical Management and Judgment III	0	2
DP 368	Emergency Clinic	0	1
EN 359	Clinical Endodontics II	0	1
OS 339	Clinical Oral and Maxillofacial Surgery II	0	2
PR 356	Clinical Periodontics II	0	1
RDS 379	Clinical Restorative Dentistry III	0	6
RDS 396	Clinical Removable Prosthodontics	0	3
	Quarter Total	1	20
Year Total:		20	78
Program Total:		66	131

Orthodontics Graduate Program

Year 1			
Summer Quarter (1)		Didactic Units	Lab/Clinic Units
OR 401I	Cephalometrics	2	0
OR 404I	Research Practicum and Thesis I	1	0
OR 410I	Biomechanics	1	0
OR 411I	Craniofacial Biology and Genetics	2	0
OR 413I	Cleft Medical Missions Seminar	1	0
OR 414I	Introduction to Contemporary Orthodontics	2	0
OR 4211	Current Literature Seminar I	1	0
OR 422	Anatomy	1	0
OR 423I	Comprehensive Case Analysis Seminar I	1	0
OR 424I	Treatment Planning Seminar I	1	0
OR 4261	Principles of Orthodontic Technique	0	2
OR 430I	Surgical-Orthodontic Treatment	1	0
OR 4311	Orthognathic Surgery Seminar I	1	0
OR 4321	Multidisciplinary Seminar I	1	0
OR 434	Introduction to Invisalian	1	0
OR 456I	Clinical Orthodontics I	0	7
OR 4571	Mixed Dentition Orthodontics I	0	2
OR 458	Surgical Orthodontics I	0	0
OR 4591	Clinical Orthodontics in Craniofacial Anomalies	0	0
01(4001	Quarter Total	17	11
Autumn Quarter (2)	Quarter rotar	17	11
	Conholomotrics	2	0
OR 401	Critical Thinking	2	0
OR 4031	Chucal Minking	1	0
OR 4041		1	0
OR 4101	Biomechanics	2	0
OR 4111	Craniofacial Biology and Genetics	2	0
OR 413	Cleft Medical Missions Seminar	1	0
OR 4141	Introduction to Contemporary Orthodontics	1	0
OR 4211		1	0
OR 4231	Comprehensive Case Analysis Seminar I	1	0
OR 4241	Treatment Planning Seminar I	1	0
OR 426	Principles of Orthodontic Technique	0	3
OR 4301	Surgical-Orthodontic Treatment	2	0
OR 4311	Orthognathic Surgery Seminar I	1	0
OR 432I	Multidisciplinary Seminar I	1	0
OR 4561	Clinical Orthodontics I	0	7
OR 4571	Mixed Dentition Orthodontics I	0	2
OR 458I	Surgical Orthodontics I	0	1
OR 4591	Clinical Orthodontics in Craniofacial Anomalies	0	1
	Quarter Total	17	14
Winter Quarter (3)			
OR 4021	Facial Growth	2	0
OR 403I	Critical Thinking	1	0
OR 404I	Research Practicum and Thesis I	1	0
OR 410I	Biomechanics	2	0
OR 411	Craniofacial Biology Genetics	2	0
OR 414I	Introduction to Contemporary Orthodontics	1	0
OR 4211	Current Literature Seminar I	1	0
OR 423I	Comprehensive Case Analysis Seminar I	1	0
OR 424I	Treatment Planning Seminar I	1	0
OR 430I	Surgical-Orthodontic Treatment	2	0
OR 4311	Orthognathic Surgery Seminar I	1	0
OR 432I	Multidisciplinary Seminar I	1	0

OR 4561	Clinical Orthodontics I	0	8
OR 4571	Mixed Dentition Orthodontics I	0	2
OR 4581	Surgical Orthodontics I	0	0
OR 4591	Clinical Orthodontics in Craniofacial Anomalies	0	0
	Quarter Total	16	10
Spring Quarter (4)			
OR 402	Facial Growth	2	0
OR 403	Critical Thinking	1	0
OR 404	Research Practicum and Thesis I	1	0
OR 410	Biomechanics	2	0
OR 412	Cleft Lip Palate/Craniofacial Anomolies	2	0
OR 414	Introduction to Contemporary Orthodontics	1	0
OR 420	Bone Biology	1	0
OR 421	Current Literature Seminar I	1	0
OR 423	Comprehensive Case Analysis Seminar I	1	0
OR 424	Treatment Planning Seminar I	1	0
OR 430	Surgical-Orthodontic Treatment	1	0
OR 431	Orthognathic Surgery Seminar I	1	0
OR 432	Multidisciplinary Seminar I	1	0
OR 433	Retention Seminar I	1	0
OR 456	Clinical Orthodontics I	0	8
OR 457	Mixed Dentition Orthodontics I	0	2
OR 458	Surgical Orthodontics I	0	1
OR 459	Clinical Orthodontics in Craniofacial Anomalies I	0	1
	Quarter Total	17	12
Year Total:		67	47
Year 2			
Summer Quarter (5)			
OR 5011	Principles of Orthodontics	2	0
OR 5021	Microimplant Bone Biology I	2	0
OR 503I	Research Design I	1	0
OR 504I	Research Practicum and Thesis II	1	0
OR 510I	Periodontic-Orthodontic Relations	2	0
OR 513	TMD Orthodontics	1	0
OR 5211	Current Literature Seminar II	1	0
OR 5231	Comprehensive Case Analysis Seminar II	1	0
OR 5241	Treatment Planning Seminar II	1	0
OR 5311	Orthognathic Surgery Seminar II	1	0
OR 5321	Multidisciplinary Seminar II	1	0
OR 5561	Clinical Orthodontics II	0	10
OR 5571	Mixed Dentition Orthodontics II	0	2
OR 558I	Surgical Orthodontics II	0	0
OR 5591	Clinical Orthodontics in Craniofacial Anomalies II	0	0
	Quarter Total	14	12
Autumn Quarter (6)			
OR 5011	Principles of Orthodontics	2	0
OR 502I	Microimplant Bone Biology I	2	0
OR 503I	Research Design I	1	0
OR 504I	Research Practicum and Thesis II	1	0
OR 510I	Periodontic-Orthodontic Relations	2	0
OR 511I	Practice Management I	1	0
OR 5211	Current Literature Seminar II	1	0
OR 5231	Comprehensive Case Analysis Seminar II	1	0
OR 5241	Treatment Planning Seminar II	1	0
OR 5311	Orthognathic Surgery Seminar II	1	0
OR 5321	Multidisciplinary Seminar II	1	0

	Clinical Orthodontics II	0	10
OR 5501		0	10
OR 5571		0	2
	Surgical Orthodonius II	0	1
OR 5591		0	1
	Quarter Total	14	14
Winter Quarter (7)			_
OR 5011	Principles of Orthodontics	2	0
OR 502	Microimplant Bone Biology I	2	0
OR 503I	Research Design I	1	0
OR 504I	Research Practicum and Thesis II	1	0
OR 510I	Periodontic-Orthodontic Relations	2	0
OR 511I	Practice Management I	1	0
OR 512	Preparation for Specialty Examination	1	0
OR 5211	Current Literature Seminar II	1	0
OR 523I	Comprehensive Case Analysis Seminar II	1	0
OR 524I	Treatment Planning Seminar II	1	0
OR 5311	Orthognathic Surgery Seminar II	1	0
OR 532I	Multidisciplinary Seminar II	1	0
OR 556I	Clinical Orthodontics II	0	10
OR 5571	Mixed Dentition Orthodontics II	0	2
OR 558I	Surgical Orthodontics II	0	0
OR 5591	Clinical Orthodontics in Craniofacial Anomalies II	0	0
	Quarter Total	15	12
Spring Quarter (8)			
OR 501	Principles of Orthodontics	2	0
OR 503	Research Design I	1	0
OR 504	Research Practicum and Thesis II	1	0
OR 510	Periodontic-Orthodontic Relations	2	0
OR 511	Practice Management I	- 1	0
OR 521	Current Literature Seminar II	1	0
OR 523	Comprehensive Case Analysis Seminar II	1	0
OR 524	Treatment Planning Seminar II	1	0
OR 531	Arthognathic Surgery Seminar II	1	0
OR 531	Multidisciplinary Seminar II	1	0
OR 532	Potention Sominar II	1	0
OR 555		1	10
OR 550		0	10
OR 557		0	2
OR 556	Surgical Orthodonius II	0	1
OR 559		0	1
	Quarter I otal	13	14
Year Total:		56	52
Year 3			
Summer Quarter (9)			
OR 601	Temporomandibular Joint Disorders	1	0
OR 602	Microimplant Bone Biology II	1	0
OR 603	Research Design II	1	0
OR 604	Research Practicum and Thesis III	6	0
OR 611	Practice Management II	1	0
OR 612	Ethics	1	0
OR 613	Orthodontics Speaker Series	2	0
OR 621	Current Literature Seminar III	1	0
OR 623	Comprehensive Case Analysis Seminar III	1	0
OR 624	Treatment Planning Seminar III	1	0
OR 631	Orthognathic Surgery Seminar III	1	0
OR 632	Multidisciplinary Seminar III	1	0
OR 656	Clinical Orthodontics III	0	10

OR 657	Mixed Dentition Orthodontics III	0	2
OR 658	Surgical Orthodontics III	0	1
OR 659	Clinical Orthodontics in Craniofacial Anomalies III	0	1
	Quarter Total	18	14
Year Total:		18	14
Program Total:		141	113

Endodontics Graduate Program

Year 1			
Summer Quarter (1)		Didactic Units	Lab/Clinic Units
AN 410	Advanced Head and Neck Anatomy I	1	0
MC 404	Host Response I	1	0
PG 420	Advanced Pharmacology I	1	0
BMS 401	Research Philosophy and Design I	1	0
BMS 4501	Research Project I	1	0
DP 430	Advanced Oral Pathology I	1	0
DP 460	Advanced Radiology I	1	0
OS 434I	Implant Seminar I	1	0
EN 401	Endodontic Technology I	1	0
EN 4021	Endodontic Therapy Seminar I	1	0
EN 403I	Endodontic Biology and Pathology I	1	0
EN 405	Advanced Endodontic Technique	0	5
EN 411I	Case Seminar I	2	0
EN 412I	Classic Literature I	3	0
EN 413I	Current Literature I	1	0
EN 424	Pain/Neuro Seminar I	1	0
EN 440I	Special Topics in Endodontology I	1	0
EN 457	Endodontic Clinic: Assisting	0	4
	Quarter Total	19	9
Autumn Quarter (2)			
BC 414	Biochemistry and Bioengineering I	1	0
MC 424	Oral Microbiology I	1	0
BMS 411	Stem Cell Biology I	1	0
BMS 414	Oral Biology Journal Club I	1	0
BMS 440I	Thesis Protocol	1	0
BMS 4501	Research Project I	1	0
DP 402	Statistical Methods I	1	0
OS 434I	Implant Seminar I	1	0
RDS 484	Biomaterials I	1	0
EN 402	Endodontic Therapy Seminar I	1	0
EN 403I	Endodontic Biology and Pathology I	1	0
EN 411I	Case Seminar I	2	0
EN 412I	Classic Literature I	3	0
EN 413I	Current Literature I	1	0
EN 422	Clinical Transition: Evidence-based Endodontics	4	0
EN 423	Anesthesia and Pain Management I	1	0
EN 440	Special Topics in Endodontology I	1	0
EN 458I	Clinical Endodontics I	0	8
EN 4591	Clinical Endodontics: Surgery I	0	2
	Quarter Total	23	10
Winter Quarter (3)			
BMS 440	Thesis Protocol	1	0
BMS 450I	Research Project I	1	0
OS 434I	Implant Seminar I	1	0
OS 439I	Advanced Oral Surgery and Implantology I	0	1
EN 403I	Endodontic Biology and Pathology I	1	0
EN 411I	Case Seminar I	2	0
EN 412I	Classic Literature I	3	0
EN 413I	Current Literature I	1	0
EN 458I	Clinical Endodontics I	0	8
EN 4591	Clinical Endodontics: Surgery I	0	2
EN 466	Special Care Clinic Rotation	0	2
	Quarter Total	10	13

Spring Quarter (4)			
BMS 412	Topics in Oral Biology I	1	0
BMS 450	Research Project I	1	0
OS 434	Implant Seminar I	1	0
OS 439	Advanced Oral Surgery and Implantology I	0	1
EN 403	Endodontic Biology and Pathology I	1	0
EN 411	Case Seminar I	2	0
EN 412	Classic Literature L	-	0
EN 413		1	0
EN 430		1	0
EN 458		0	8
EN 450	Clinical Endodontics	0	2
LN 435	Quarter Total	11	
Year Total:		63	43
Year 2			
Summer Quarter (5)			
AN 510	Advanced Head Neck Anatomy II	1	0
		1	0
DC 520	Advensed Dharmasology II	1	0
PG 520	Advanced Pharmacology II	1	0
BINIS 501	Research Philosophy and Design II	1	0
BMS 5121		1	0
BMS 5501	Research Project II	1	0
OS 5341	Implant Seminar II	1	0
DP 530	Advanced Oral Pathology II	1	0
DP 560	Advanced Radiology II	1	0
EN 501	Endodontic Technology II	1	0
EN 502I	Endodontic Therapy Seminar II	1	0
EN 503I	Endodontic Biology and Pathology II	1	0
EN 511I	Case Seminar II	2	0
EN 512I	Classic Literature II	3	0
EN 513I	Current Literature II	1	0
EN 524	Pain/Neuro Seminar II	1	0
EN 540I	Special Topics in Endodontology II	1	0
EN 558I	Clinical Endodontics II	0	1
EN 559I	Clinical Endodontics: Surgery II	0	2
EN 5671	Endodontics at La Clinica II	0	5
EN 571I	Predoctoral Instruction	5	0
	Quarter Total	25	8
Autumn Quarter (6)			
BC 514	Biochemistry Bioengineering II	1	0
MC 524	Oral Microbiology II	1	0
BMS 511	Stem Cell Biology II	1	0
BMS 512I	Topics in Oral Biology II	1	0
BMS 514	Oral Biology Journal Club II	1	0
BMS 5501	Research Project II	1	0
DP 502	Statistical Methods II	1	0
OS 534I	Implant Seminar II	1	0
RDS 584	Biomaterials II	1	0
EN 502	Endodontic Therapy Seminar II	1	0
EN 503	Endodontic Biology and Pathology II	1	0
EN 511	Case Seminar II	2	0
EN 512		2	0
	Current Literature II	3	0
EN 5131	Aposthosia and Dain Management II	1	0
EN 323	Anesulesid dhu Falli Mahayemethili Special Tanica in Endedontalary !!	1	U
	opecial ropics in Endodoniology II	1	U
EIN JOCC VIE	Ciinical Endodontics II	0	2

EN 5591	Clinical Endodontics: Surgery II	0	4
EN 5671	Endodontics at La Clinica II	0	5
EN 5711	Predoctoral Instruction	5	0
	Quarter Total	24	11
Winter Quarter	r (7)		
BMS 512I	Topics in Oral Biology II	1	0
BMS 550I	Research Project II	1	0
OS 534I	Implant Seminar II	1	0
OS 5391	Adv OS Impl II	0	1
EN 503I	Endodontic Biology and Pathology II	1	0
EN 511I	Case Seminar II	2	0
EN 512I	Classic Literature II	3	0
EN 513I	Current Literature II	1	0
EN 558I	Clinical Endodontics II	0	2
EN 5591	Clinical Endodontics: Surgery II	0	3
EN 5671	Endodontics at La Clinica II	0	6
EN 5711	Predoctoral Instruction	6	0
	Quarter Total	16	12
Spring Quarter	r (8)		
BMS 512	Topics in Oral Biology II	1	0
BMS 550	Research Project II	1	0
OS 534	Implant Seminar II	1	0
OS 539	Advanced Oral Surgery and Implantology II	0	1
EN 503	Endodontic Biology and Pathology II	1	0
EN 511	Case Seminar II	2	0
EN 512	Classic Literature II	- 3	0
EN 513	Current Literature II	1	0
EN 530	Clinic Connections II	1	0
EN 558	Clinical Endodontics II	0	2
EN 559	Clinical Endodontics: Surgery II	0	4
EN 567	Endodontics at La Clinica II	0	6
EN 571	Predoctoral Instruction	6	0
	Quarter Total	17	13
Year Total		82	44
Year 3		52	
Summer Quart	ter (9)		
BMS 651	Manuscript Preparation	1	0
OS 634	Implant Seminar III	1	0
EN 603	Endodontic Biology and Pathology III	2	0
EN 611	Case Seminar III	2	0
EN 612	Classic Literature III	- 3	0
EN 613	Current Literature III	1	0
EN 640	Special Topics in Endodontology III	1	0
EN 658	Clinical Endodontics III	0	7
EN 659	Clinical Endodontics: Surgery III	0 0	, 1
EN 684	ABE Seminar	с З	0
EN 671	Residency Instruction	2	0
		16	Q
Veer Tetel		10	0
		10	0 0-
Program Total	:	161	95

DDS Admissions Requirements

Doctor of Dental Surgery Requirements

Details on admissions requirements for the DDS degree are found here (http://dental.pacific.edu/Academic_Programs/Doctor_of_Dental_Surgery/ DDS_Admissions_Requirements.html). From here (http://dental.pacific.edu/Academic_Programs.html) you can navigate to admissions requirements for all degrees offered at the School of Dentistry.

Bachelor of Arts in Applied Sciences

In conjunction with the School of Pharmacy and Health Sciences on the main campus, students who matriculate at the School of Dentistry without a baccalaureate degree can apply to be reviewed for the degree of Bachelor of Arts in Applied Sciences. Transcripts of interested students will be forwarded by the dental school to the associate dean in PHS for evaluation. Students who meet the requirements for the BAAS will be notified and are eligible to receive the diploma upon successful completion of dental school.

Admission with Advanced Standing

Only under unusual and compelling circumstances does the School of Dentistry accept transfer students. Incompatibility of dental education programs generally inhibits transition from another dental school to the University of the Pacific's program. Students requesting such classification usually join the first-year class. No student will be admitted to advanced standing beyond the second year. Special action regarding transfer is required.

Financial Aid

All applicants are considered for admission regardless of their financial circumstances. Financial aid is awarded on the basis of financial need as long as the student is a U.S. citizen or an eligible non-citizen. The financial aid office mails application materials beginning in late January to those who apply for admission.

Financial aid staff assists students in managing their financial resources and their indebtedness in school and after graduation. Staff members conduct a needs analysis and provide comprehensive financial guidance for every student applying for financial aid. Students may be awarded aid from federal, state, and institutional sources.

Tuition and Fees

Please click here (http://dental.pacific.edu/Academic_Programs/Doctor_of_Dental_Surgery/Tuition_and_Fees.html) for detailed information on tuition and fees.

General Policies

Students who enroll in the School of Dentistry agree to adhere to the school's policies and procedures and to conform their conduct to the standards of the school and of the law. Students who fail to do so are subject to all sanctions or other appropriate action by the school, up to and including interim or indefinite suspension, interim or indefinite involuntary leave of absence, or final dismissal.

In cases where the school determines in its judgment that a student's continued enrollment at the School of Dentistry would not be prudent, for reasons including but not limited to the student's violation of standards of conduct, inadequate academic performance, and/or a judgment that the student has failed to demonstrate attributes of character which the school believes are necessary to qualify students to practice dentistry, the school may terminate the student's enrollment and/or refuse to award a degree.

Equal Educational Opportunity

The school is an equal opportunity institution of higher learning and is firmly committed to nondiscrimination in its delivery of educational services and employment practices. In compliance with all applicable federal and state laws, such decisions will be made irrespective of the individual's race, color, religion, religious creed, ancestry, national origin, age (except for minors), sex, marital status, citizenship status, military service status, sexual orientation, medical condition (cancer-related or genetic condition), disability and/or any other status protected by law. When necessary, the School will reasonably accommodate an individual (including students) with disabilities if the educational program of the school and /or safely perform all essential functions, without undue hardship to the school and/or without altering fundamental aspects of its educational program.

See also:

For all other school policies, please refer to the Policies and Procedures page (http://dental.pacific.edu/Human_Resources/Employee_Resources/ Policies_and_Procedures.html).

Disclaimer

All claims against the school or university for loss or damage arising from acts, omissions, or contingencies beyond the control of the university and its employees are hereby expressly waived. The waiver includes loss by fire, theft, or natural catastrophe of any materials belonging to a member of the student body, whether such loss occurs on or off the school premises. Students agree to these conditions when they register.

Policy on Accommodations for Students with Disabilities

The School grants otherwise qualified students, residents, and applicants all the rights, privileges, programs, and activities generally accorded or made available to students at the School and does not discriminate on the grounds listed in the Policy Prohibiting Unlawful Discrimination in the administration of its educational programs, admissions, scholarships and loans, or other School activities.

The School will reasonably accommodate individuals with disabilities when the individual so presents a request in accordance with this policy and the individual is qualified to safely and effectively perform all essential functions of the position unless there is undue hardship in doing so. Reasonable accommodations do not include a modification of the fundamental requirements and elements of the program (e.g. behavior and conduct standards, attendance and grading policies, academic and patient-care standards, etc.)

If the individual student, resident, or applicant is otherwise qualified, in response to a request for accommodation the School will offer to make an accommodation if the accommodation is reasonable, effective, does not alter a fundamental aspect of the program, will not otherwise impose an undue hardship on the School, and/or there are no equivalent alternatives. If appropriate, the School may choose to consult with such individuals, internal or external to the School, to provide further assistance needed to evaluate the request for accommodation.

For purposes of reasonable accommodation, a student, resident, or applicant with a disability is a person who: (a) has a physical or mental impairment which limits one or more major life activities (such as walking, seeing, speaking, learning, or working); or (b) has a record with the School by which the School has officially recognized such impairment. To be eligible to continue at the School, the student, resident, or applicant must meet the qualifications and requirements expected generally of its students, and must also be able to perform the requirements of the individual major or program in which s/he is enrolled, with or without reasonable accommodation.

Note: In the event that a request for reasonable accommodation is denied, the School may occasionally choose to afford the student some temporary measure or flexibility, which is not based on the asserted disability issue, but which otherwise is considered appropriate, if it does not alter a fundamental element of the program and is not viewed by the School as inequitable toward other students. In such few cases, such temporary measure or flexibility will not be a precedent, nor will be a reasonable accommodation, and the student thereby will not be regarded as an individual with a disability.

Procedure for Seeking Accommodations

A student, resident, or applicant who requires an accommodation aid or assistance ("accommodations"), whether for academic or other uses, and who believes s/he is qualified under the School's policy, should contact the Assistant Dean of Academic Affairs, who serves as coordinator of disability accommodations and services. Individuals who may apply for admission are also encouraged to contact this office to request general information.

Faculty and staff members who receive student-initiated inquiries or requests regarding accommodations should promptly refer those students to the Assistant Dean of Academic Affairs. Accommodation determinations should not be made without consultation and written determination of the assistant dean.

Students and residents who seek academic accommodations are expected to contact the Assistant Dean of Academic Affairs well in advance of the commencement of the activity course(s), and to provide all requested supporting information at least three weeks in advance of the requested implementation date.

Determination of Accommodation Requests and Right to Obtain Further Review:

Provided that all forms and other documentation, if necessary, are completed accurately and furnished by the student, resident, or applicant in a timely fashion, the Assistant Dean of Academic Affairs will respond in writing to the request for accommodation and will do so in a manner consistent with

the policy. If the student, resident, or applicant agrees with the response, faculty and staff members who will be involved in providing or facilitating the accommodation will be informed of the accommodation, but the Assistant Dean of Academic Affairs will not provide medical or health-related information, unless such information is appropriate in order to allow them to assist in implementing the accommodation.

Responsibility of Student, Resident, or Applicant

Each student, resident, or applicant requesting accommodation bears the responsibility for initiating, documenting and communicating promptly with the School regarding a disability-related request for accommodation, in the manner requested in this policy. Timely communication between the student and the Assistant Dean of Academic Affairs and/or individual faculty members is critical. Requests for information and details on accommodations will generally be communicated via confidential email, and student, resident, or applicant replies to such communications, be they from the assistant dean or a faculty member, should be in writing within 72 hours. Students must contact course directors at least one week in advance of an assessment for which accommodation is requested. Once an accommodation has been agreed upon by the student or resident and a faculty member, the student or resident must adhere to the accommodation, barring a significant and unforeseen event (e.g., sudden serious illness). Last-minute requests for or cancellations of previously agreed upon accommodations are prohibited by this policy. Furthermore, a student or resident who appears late for an assessment for which accommodations have been arranged forfeits the time lost due to tardiness.

The student, resident, or applicant will provide to the Assistant Dean of Academic Affairs the documentation to support the request. Documentation from the appropriate health professional(s) should reflect the nature of and present level of disability, how the disability affects the student's, resident's or applicant's needs in a collegiate setting, and how the requested accommodation will resolve the needs. Because the provision of all reasonable accommodations and services is based upon assessment of the current impact of the disability on current academic performance, it is in an individual's best interest to provide recent and appropriate documentation, generally no more than 3 years old. Earlier documentation regarding learning disabilities will be reviewed, if it is supplemented by more recent materials.

The Assistant Dean of Academic Affairs has discretion to determine what type of professional documentation is necessary, and this may vary depending on the nature of the disability and/or accommodation. The assistant dean has discretion to seek independent medical assessment if in his/her judgment it is appropriate in some circumstances.

Family Educational Rights and Privacy Act (FERPA)

Please click here (http://www.pacific.edu/About-Pacific/AdministrationOffices/Office-of-the-Registrar/Student-Privacy--FERPA.html) for the University's FERPA policy.

Code of Ethics and Adjudication of Ethics Violations

All allegations of unethical student behavior are investigated by a senior faculty member (appointed by the Dean) acting as an Initial Reviewer. If there is sufficient evidence to support the allegations and the student agrees to the proposed sanction, the Initial Reviewer recommends the appropriate disciplinary action to the Dean. If the student disagrees with the findings of the Initial Reviewer or the proposed sanction, the allegation will then be forwarded to the Ethics Committee.

The ethics committee conducts hearings on matters related to student behavior and violations of the Code of Ethics. The committee is a joint facultyadministrative committee comprised of a chair selected by the Dental Faculty Council, three elected faculty members, and five elected students, one from each DDS and IDS class. In addition, four elected faculty members and three elected students, one from each class, act as alternates, and may be called to serve during committee review of a complaint that may involve an elected member or when an elected member is unable to be present. Recommendations of the ethics committee are submitted to the dean for action. The decision of the dean can only be appealed through University channels (Office of the Provost). Privileged information related to petitions, petitioners, and all deliberations and recommendations of the committee are treated as confidential and will remain "in committee" except as reported through appropriate channels.

Please click here (http://sfdental.pacific.edu/docs/Code_of_Ethics.pdf) to see the Code of Ethics.

Policy Statement on Alcohol Consumption and Drug Use

For the Policy Statement on Alcohol Consumption and Drug Use, please refer to the Policies and Procedures page (http://dental.pacific.edu/ Human_Resources/Employee_Resources/Policies_and_Procedures.html).

Workplace Security and Anti-Violence Policy

For the Workplace Security and Anti-Violence policy (which includes weapons and firearms), please refer to the Policies and Procedures page (http:// dental.pacific.edu/Human_Resources/Employee_Resources/Policies_and_Procedures.html).

Prohibited Sexual and Other Unlawful Harassment Policy

For the Prohibited Sexual and Other Unlawful Harassment policy, please refer to the Policies and Procedures page (http://dental.pacific.edu/ Human_Resources/Employee_Resources/Policies_and_Procedures.html).

Academic and Administrative Policies

Academic and administrative policies set forth in this section are in force for all students enrolled at the School of Dentistry during the academic year 2015-2016. Students who join a subsequent cohort for any reason are governed by the policies, requirements, and curriculum of the catalog in effect at the time of re-entry. The right to change academic programs, policies, and standards at any time without prior notice is reserved by the university. It is the student's responsibility to regularly consult this site for changes or modifications.

Registration

Registration at the School of Dentistry includes payment of tuition and fees, enrollment in courses, submission of all required application materials (including one official transcript of academic record from each college or university attended through the last completed quarter, semester, or summer session), and submission of required medical examination and clearance forms.

In order to receive credit for coursework taken during a particular term, every student must be properly registered during that term. Barring a written notice of withdrawal or a dismissal from the school, registration is assumed for all students. Entering students register on matriculation day.

Records & Transcripts

An academic record (transcript) for each student is maintained in the Office of Academic Affairs. This official record is used in the conduct of the student's personal and academic affairs and is considered both private and confidential. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the School of Dentistry has established procedures to ensure that students have access to their records, that those records are accurate, and that the privacy rights of students are protected. Students are notified annually of their rights under FERPA by publication of this catalog. The full policy is available here (http://www.pacific.edu/About-Pacific/AdministrationOffices/Office-of-the-Registrar/Student-Privacy--FERPA.html).

Upon written request by the student, an official transcript is issued to whomever is designated, provided all financial obligations to the university have been met. The official transcript shows all work completed to date, and is divided into four program years (three program years for the IDS program). Official transcripts of credit earned at other institutions which have been presented for admission or evaluation of credit become the property of the university and are not reissued or copied for distribution to other institutions. Students can access their unofficial transcript any time through InsidePacific, the university portal.

Exemption from Courses

If a student has extensive educational preparation in a discipline, the student may petition the appropriate course director for exemption from required coursework. Such exemption may be granted at the discretion of the course director who will award an appropriate final letter grade (A, B, C, D), or credit (CR) signifying completion of the required course.

Attendance Policy

Students at the School of Dentistry assume professional obligations which include regular and consistent attendance at all formal learning activities. This includes classroom, laboratory, and remedial instruction; written and oral examinations, quizzes, and practicals; and patient care experiences. Regular and consistent attendance is an essential qualification of all students. A student who in the judgment of the school fails to meet this qualification may be dismissed from school.

Course directors can determine a reasonable attendance policy specific to their course, and must provide students a written statement of such policy in the course syllabus. In the absence of such a written statement from the course director, the school's policy is in effect.

The student is responsible for making up all work missed due to an absence. Faculty have sole discretion in determining whether and under what conditions missed work is to be made up. Faculty also decide if, when, and under what conditions a make-up exam or practical will be provided. It is expected that make ups will replicate the original assessment in difficulty and content coverage, although an alternative format may be used.

Discretionary Days

The school allots a set number of discretionary days to each student for use during an academic year. Students are expected to use discretionary days judiciously for such events as medical appointments or illness, legal obligations, national board examinations, postgraduate or employment interviews, or other school-sponsored trips or events.

Discretionary days in effect for each class are as follows:

First-year DDS, IDS: 5 full days (DDS no carryover to Year 2)

Second-year DDS: 8 full days

Third-year DDS and second-year IDS: 8 full days plus 50% of unused days from Year 2 (Year 1 for IDS students).¹

¹Night clinic sessions count as one half-day. An absence for all three instructional sessions on Monday or Thursday (morning, afternoon, and evening) counts as 1.5 discretionary days.

Guidelines for use of discretionary days:

- 1. Half-days can be used for events lasting less than a full day (e.g., medical appointments). However, students who report an illness for a morning session will be excused for the entire day. Faculty will be notified of a day-long absence and, for clinic students, clinic staff will reschedule patients.
- 2. For any absence of more than two (2) consecutive days, documentation supporting the absence must be submitted promptly to the Office of Academic Affairs. 'Bunching' of unused days at the end of an academic year is prohibited by this policy.
- 3. Discretionary days may not be used when an examination, quiz, or practical is scheduled. In the event of an absence on a day when an examination, quiz, or practical is scheduled, a discretionary day will be forfeited. Illness or other emergency must be documented. Make ups are allowed at the sole discretion of the course director(s), who will set the day and time of the make up.
- 4. Discretionary days may not be used retroactively.
- 5. A discretionary day is forfeited whenever an unreported absence is discovered or otherwise reported to the Office of Academic Affairs.
- 6. A student who exceeds the number of available discretionary days in an academic year may be referred to the ethics committee. In cases of excessive absence, the assistant or associate dean of academic affairs will meet with the student, and other impacted parties as needed, to determine whether an internal solution is possible (e.g., medical or other leave of absence), and if so, implement the solution. Only if an internal solution fails or is not possible is the student referred to the ethics committee.

Notification Process

A student who wishes to use a discretionary day or part thereof must notify the Office of Academic Affairs in advance or by 9:00 a.m. on the day of the absence. In the event of an emergency, the student must notify Academic Affairs as soon as reasonably possible. The Office of Academic Affairs will notify faculty promptly of the student's absence and will maintain a log of each student's use of discretionary days. Absences must be communicated daily.

A student who exceeds the number of available discretionary days in an academic year may be referred to the ethics committee (see above).

Attendance at Examinations and Other Assessment Activities

Barring a documented emergency, attendance at scheduled examinations, quizzes, practicals, or other assessment activities is mandatory. Students are expected to report to the assigned location early and to begin the examination at the designated start time. No student will be allowed to begin an examination 15 minutes after the designated start time (5 minutes for a quiz), and no student will be allowed to leave an examination room until 15 minutes have elapsed (5 minutes for a quiz). A student who appears for an examination within the 15 minute window forfeits the missed time.

Course directors have sole discretion to determine if and under what conditions a make up examination will be provided.

Approved: DFC, November 21, 2012; Dean's Cabinet, December 3, 2012

Grades

Grades represent passing or failing performance. Grades of A, B, C, and D represent passing performance, and the grade of F represents failure. Grades of A, excellent; B, good; and C, acceptable, represent unconditional passing performance; the grade D indicates conditional passing performance and must be remediated. Conditions on such grades must be specified when grades are submitted and may include additional instruction or evaluation before advancement to clinical practice or eligibility for board examinations. Course directors are required to provide a grade for every enrolled student at the end of each quarter of instruction. They must also notify the Office of Academic Affairs in writing of conditions that apply to D grades; conditions and assignments for removing incompletes; and suggested alternatives for overcoming failing performance, if any exist.

Credit (CR)

Credit (CR) may be awarded in clinical courses to indicate that the student has not been assigned sufficient patients for clinical ability to be assessed in a particular area. In nonclinical courses, CR signifies satisfactory completion of an ungraded course where reliable differentiation among passing grades is not possible.

INC (Incomplete)

An incomplete grade (INC) may be given temporarily when a student is progressing satisfactorily but the course director has insufficient information to award a letter grade because the student has not completed all assigned coursework. The course director determines the conditions under which and the date by which the deficiency that caused the INC must be removed by the student. If no completion date is stipulated, by default the end date of the subsequent term is the completion date. Failure to comply with stated conditions by the stipulated date will result in the INC reverting to the grade F, failure. When an INC is given in the terminal quarter of a clinical course, a customized program will be developed to allow the student to meet clinical expectations in a timely manner. No student may earn a diploma with a permanent INC grade in a course directly tied to one or more of the school's competency statements.

Grade Point Average

In computing a grade point average (GPA) numerical values are: A, 4 points; B, 3 points; C, 2 points; D or INC, one point; and F, zero points. Credit (CR) notations do not affect the grade point average. The dental school does not award "+" or "-" modification of grades. For details on how GPA is calculated for students repeating a single course or an entire academic year, see the Repeat section in the Academic Performance tab.

Change of Grades

Final passing grades (A, B, C, D, CR) are not subject to change on the basis of second examination or additional work completed after grades are submitted. Passing grades may be changed during the quarter following award of the final grade to correct an error in computation or in transcribing a report or where some part of a student's work has been overlooked. A failing grade of F may be changed only on the basis of reexamination or repeat of the course. Reexamination or repeat of the course is at the discretion of the course director or the Student Academic Performance and Promotion Committee. Upon reexamination, D is the highest grade that can be reported; on repeat of the course, the new final grade will be reported. When a final grade is awarded to substitute for INC or for the failing grade of F, this will be indicated on the student transcript by an appropriate symbol denoting the change.

Academic Performance

Academic Progress

The Office of Academic Affairs reviews student academic performance each quarter. In a course that continues through two or more quarters, a grade is awarded each quarter to indicate interim progress, and the final grade for the entire course is awarded at completion of the terminal quarter of the course. However, the Student Academic Performance and Promotions Committee will regard an interim grade in the same manner as a final grade with respect to promotion.

Academic Good Standing

Academic good standing requires a grade point average (GPA) of at least 2.0 for all didactic courses attempted and for all laboratory and clinic courses attempted, and no permanent D or F grades.

Academic Probation

Academic probation is accorded to a student upon receipt of a GPA below 2.0 for all didactic courses attempted OR a GPA below 2.0 for all laboratory and clinic courses attempted OR both; OR to a student with a permanent D or F grade. Normally, the standard for academic good standing must be met within three months of being placed on academic probation. In circumstances where this time constraint cannot be met, e.g. for laboratory and clinic grades at the beginning of the second year, or when a course is being repeated to remove an F grade, a reasonable time period will be specified.

I. Phase One Academic Probation: Intervention

- 1. Didactic and/or lab/clinic GPA below 2.0 if the student was in good academic standing the previous quarter. (New students are assumed to be in good standing upon matriculation unless otherwise stipulated by the Office of Student Services.)
- 2. Repeating students are placed on intervention at the beginning of their repeat year.
- 3. Examples of interventions include:
 - meetings with advisor
 - assignment of tutors
 - · inventory of outside activities, living conditions
 - diagnostic testing for suspected health, psychological, language, or learning problems
 - · in-course remediation
 - · evaluation by health care professional to determine fitness for student activities
 - alternative career counseling

II. Phase Two Academic Probation: Contract

- 1. Didactic and/or lab/clinic GPA below 2.0 if the student was on Phase I probation the previous quarter, or
- 2. Any permanent D or F grade.
- 3. Examples of contract conditions include:
 - required weekly meetings with faculty member, Group Practice Administrator, or advisor
 - · restrictions on outside activities, living conditions
 - · required professional assistance with diagnosed health, psychological, or learning problems
 - tutors
 - · assignment to scheduled supplemental courses
 - regular meetings with therapist
- 4. No student on contract is eligible to take National Dental Board Examinations without approval from the promotions committee.

Academic Disqualification

Academic disqualification may be recommended to the dean by the Student Academic Performance and Promotions Committee for a student who has failed to meet any of the conditions of phase two probation (contract). When a student's academic record meets published criteria for academic disqualification, the committee will provide an opportunity for the student to appear before it to ensure that all pertinent information is available before the committee makes its recommendation to the dean. This is the only opportunity for the student to present relevant information to the committee; if a student fails to provide all pertinent information at this opportunity, the student risks exclusion of information from the committee's deliberations. A student appearing before the committee has the option to: (i) select a faculty advisor; (ii) request and receive assistance from that faculty advisor with preparation of a statement to the committee; and (iii) request the faculty advisor attend the committee meeting with the student as a silent observer. A student may, at their discretion, take advantage of all or none of these opportunities. During the committee meeting, the student is advised to read aloud their prepared statement, but is discouraged from circulating copies or presenting evidence of academic performance.

If, in the judgment of the committee and after consideration of the relevant information available to it, the student has the capacity and commitment to overcome his or her documented deficiencies and reach an acceptable level of patient care, the committee may recommend (i) continuation on academic contract; (ii) extension of the program; or (iii) reenrollment in a subsequent cohort. The committee may also recommend reenrollment only through the normal admissions process, after a careful review of the relevant information and as appropriate to the student's potential.

Promotion

Students who are in academic good standing automatically are recommended for promotion by the Student Academic Performance and Promotions Committee. The committee may recommend that a student who is not in academic good standing be promoted on academic probation with conditions of the probation clearly outlined.

Academic Standards for Holding Student Office

In order to run for and/or hold an elected or appointed office in the Associated Student Body or to assume a major leadership position in an organization affiliated with and approved by the school, a student must be registered for a full-time course of study, be in good academic and disciplinary standing, and maintain a cumulative Grade Point Average of 2.5 or higher during the entire period of time in which he or she holds office. Failure to meet the academic standards outlined by this policy will result in a one quarter probationary period, during which the student is expected to meet the minimum cumulative GPA standard. Failure to do so by the end of the probationary period will lead to automatic resignation from office.

Repeat

When one course is repeated by a student who remains with his/her original matriculating cohort, BOTH attempts are permanently recorded on the student's transcript. Repeated courses are identified on the transcript with a "Y" in the repeat column, and the interim and permanent grade earned, if applicable, is INCLUDED in the Grade Point Average calculation ("grade averaging").

When more than one course is repeated (normally by a student who is repeating an entire academic year), BOTH attempts are permanently recorded on the student's transcript. Repeated courses are identified on the transcript with a "Y" in the repeat column, but interim or permanent grades earned are NOT included in the GPA calculation ("grade replacement").

In the absence of a written agreement of exemption filed in the Office of Academic Affairs, students who join a subsequent cohort for any reason are governed by the policies, requirements, and curriculum of the catalog in effect at the time of re-entry.

Withdrawal

A student who wishes to withdraw from school must file a written request in the Office of Academic Affairs. A student's request for withdrawal becomes final only upon completion of the customary check-out process. The student's academic standing at the completion of the check-out process will be recorded on the permanent record (transcript). The record of a student who withdraws without first requesting permission will record a dismissal. A student who has met the published criteria for disqualification may not elect to voluntarily withdraw until the dean has rendered a final decision regarding promotion or academic standing.

Leave of Absence

Student or resident requests for a leave of absence are filed with the dean, who will designate the appropriate administrator to respond to the request. To request a leave of absence, the student or resident must be in good academic standing and must submit a written request identifying persuasive reasons warranting the leave, together with documentation supporting the request. The dean will notify the student or resident in writing of the decision and, if approved, will stipulate the length of the leave and conditions for re-enrollment. The student or resident assumes the responsibility of keeping the dean informed of the intent to re-enroll by the specified date. Students or residents with federally-guaranteed student loans whose leave of absence exceeds 180 days will be reported as withdrawn on the 181st day and federal loans will enter repayment. A student or resident who does not re-enroll by the specified date will be considered to have withdrawn from the school. The decision whether to deny, grant, or set conditions for a request for leave of absence shall be in the sole discretion of the dean. Leaves of absence from the dental school's three-year curriculum are rarely granted.

The dean has the authority to place a student on interim or indefinite leave of absence after careful review of the facts of a case. See also the Overview section of the General Policies section.

Graduation

In addition to all other requirements for graduation, the candidate must demonstrate competence to discharge the duties required of a practitioner of dentistry. In addition to the skills, knowledge, and values expected of a beginning general dentist, this is interpreted to mean evidence of moral character compatible with the public interest and with the practice of the healing arts, discharge of all financial obligations to the school, completion of all technical and clinical requirements prescribed in the curriculum, good academic standing, a passing score on Part II of the National Board Dental Examination, and compliance with all relevant policies of the School of Dentistry. If, in the opinion of the Student Academic Performance and Promotion Committee, the candidate for the Doctor of Dental Surgery degree has met all these requirements, it is authorized to recommend to the dean the graduation and conferral of the degree. The committee may also recommend delay in the individual's graduation date and will stipulate conditions necessary to bring the student to a competent level.

Committees

Student Academic Performance and Promotions Committee

Functions: The Student Academic Performance and Promotions Committee evaluates records of student academic performance and progress; recommends to the dean appropriate candidates for promotion, dismissal, repeat or other action, and students who should receive awards for academic excellences; and works with the curriculum committee in planning, developing, and recommending methods by which students' performance may best be evaluated. The committee ensures enforcement of academic standards as described in this catalog.

Membership includes: the associate dean for clinical services, the assistant dean for academic affairs, the vice-chair of the department of dental practice; all Group Practice Leaders, and all department chairpersons. Should a clinical department chair be unable to attend the meeting, a single co- or vice-chair is invited.

Academic Advisory Committee

Functions: The Academic Advisory Committee reviews records of students who are on phase one academic probation to recommend intervention, and reviews records of students on phase two academic probation to draw up contracts. It also reviews the records of students who have failed their contracts and makes recommendations to the Student Academic Performance and Promotion Committee.

Membership includes: the associate and assistant deans for academic affairs, two Group Practice Leaders, one representative each of the biomedical science courses and preclinical technique courses, and one student.

Student Appeals Committee

Functions: The Student Appeals Committee reviews and makes recommendations on student-initiated appeals for reconsideration of faculty action with regard to grading or evaluation. In academic matters related to promotion and dismissal, the Student Appeals Committee's inquiry will be limited to review of compliance with the due process components of this policy and will not constitute an attempt to substitute its judgment for the academic judgment of faculty or of the administration.

Membership includes: four elected faculty members and three elected students, one each from the two senior classes and the junior class.

Standing Committees

In keeping with university philosophy and sound shared governance principles, the School of Dentistry incorporates the expertise and perspective of students, faculty, and administrators in the decision-making process through use of the committee system. Committees are designated according to areas of concern and authority as "faculty," "administrative," or "joint faculty-administrative" committees. Standing committees are listed below.

Faculty Committees

The faculty has primary responsibility for recommending policy in the following areas: curriculum, subject matter and methods of instruction, research, faculty status, and those aspects of student life which are related to the educational process. Final review and decision rest with the dean, president, and Board of Regents.

- Academic Advisory Committee
- Admissions Committee, DDS
- Admissions Committee, IDS
- Curriculum Committee
- Dental Faculty Council
- Faculty Appointment, Promotion, and Tenure Committee
- Research Committee
- Student Academic Performance and Promotions Committee
- Advisors Committee

Joint Faculty-Administration Committees

Joint committees consider areas of major importance to faculty and administration. Administrative officials hold ultimate authority, but faculty members' and students' consultation and advice are of great importance.

- · Education and Information Technology Advisory Committee
- Ethics Committee
- Clinical Quality Assurance Committee
- Student Appeals Committee

Administrative Committees

The administration has primary responsibility for maintenance of existing institutional resources and the creation of new resources. The dean plans, organizes, directs, and represents the School of Dentistry with general support from the faculty, the president, and the Board of Regents. The dean initiates, innovates, and assures that School of Dentistry standards and procedures conform to policy established by the Board of Regents and to standards of sound academic practice. Administrative committees are those in which administrative responsibility is primary and members appointed by the dean serve in an advisory capacity.

- A. W. Ward Museum Committee
- Infection Control Committee
- Library Committee
- Managers and Directors Committee
- Outcomes Review Committee
- Committee on Continuing Dental Education
- Store Committee
- Student Clinic Advisory Committee
- Student Financial Aid Committee

Services

The resources below are available to assist students and residents in areas related to completion of the academic program.

Business Office

The business office manages student accounts, including posting of all charges; collecting payments; and issuing reimbursements.

Student Services

Under direction of the associate dean of student services, this office is responsible for recruiting and advising potential students, coordinating admissions and pre-dental programs, managing admissions committee activities and directives, and providing consultation and assistance in nonacademic areas including student financial aid, health and health insurance, and housing. Student Services also plans and supervises all student retreats.

Housing

The school maintains a listing of off-campus, privately-owned apartments for interested students. The school does not endorse, investigate, or guarantee the tenability of listings or suitability of those responding to any off-campus listing.

Financial Aid

Financial aid is available only to U.S. citizens, permanent residents, and eligible non-citizens. Loans and grant funds are available from private, state, and federal sources. The financial aid office assists students in managing their financial resources and their indebtedness. It also provides comprehensive financial guidance for every student applying for financial aid to help them find the best funding option. Eligibility for most available financial aid funds is based on demonstrated financial need. An applicant must be approved for admissions before financial aid can be awarded.

Complete information about the types of financial aid available and the application process can be obtained from our website at www.dental.pacific.edu or from the financial aid staff in the Office of Student Services.

Student Store

The student store stocks equipment, books, and supplies for the educational program. It is available for students, faculty, and staff. Merchandise is also available from the store's website, www.dentalstudents.com (http://www.dentalstudents.com).

First-Year Retreat and Counseling

First-year students participate in a mandatory two-day retreat in San Francisco shortly after matriculation. Through presentations, small group activities, and interactions with faculty and administrators, new students are acquainted with the various aspects and demands of the educational program. A halfday service learning experience at locations in the Bay Area is an important part of first-year retreat.

Many faculty members who teach first-year courses serve as advisors to new students to provide friendly ears and sounding boards for their concerns and to assist them in the transition from undergraduate to professional education. Students are assigned an advisor at the beginning of their first year. Second- and third-year students have access to their assigned group practice leader as well as course directors and other faculty members.

Academic counseling is provided by advisors as well as course directors, faculty members, and the associate and assistant deans for academic affairs. Referral to professional health care counseling is available; however the school cannot warrant the services of external health care providers. (Students should become familiar with the procedures of such counselors before engaging the services.) Services of a psychologist trained in student stress and study skills problems are available to students on an on-call and drop-in basis.

Pacific Health Services

Pacific Health Services (PHS), part of the university's Division of Student Life, maintains a clinic at the School of Dentistry. Dental students who are enrolled full-time and have submitted the required health history form and immunization records are eligible for care at any PHS clinic. The on-site nurse practitioner is supported by an extended professional staff that includes a supervising physician, other nurse practitioners, and a registered dietitian. Services available to students include health education, wellness information, and direct care during illness.

All dental students are charged a health service fee of \$60 each quarter. The fee covers nurse practitioner services, nutritionist services (mostly by phone), and health and wellness management. The health services fee does not cover student health insurance, the cost of some procedures, the cost of medications, or costs incurred as a result of outside referrals.

Dental and Orthodontic Treatment Benefits

Dental and orthodontic treatment benefits are available at the School of Dentistry during regular clinic hours for students in good standing and their spouses and children living at home. Students and their spouses/children who request and are accepted for dental care pay at a reduced rate established by clinic administration.

Development

The school recognizes the strong philanthropic support enjoyed by the school with walls of honor, plaques, and badges. Thousands of the school's generous alumni and students, faculty, staff, friends, foundations, corporations, and organization donors have helped to build clinics and classrooms, provide scholarships, fund faculty positions, provide dental care to patients, and support numerous projects that keep the dental school strong.

Marketing & Communication

The Office of Marketing & Communication directs communications and marketing programs to increase the visibility of the dental school and to enhance its identity to various constituents. The marketing & communication team promotes not only the dental school, but also the school's students, faculty, staff, alumni, and clinics, through effective media relations, Web communications, event planning, publication development, and marketing strategies.

Continuing Dental Education

The Division of Continuing Dental Education provides dynamic and multidisciplinary continuing education programs for members of the dental profession. Program formats include didactic, laboratory workshops, hands-on clinical sessions with live-patient treatment, on-line delivery, or any combination thereof. Programs lengths vary, and include half-day, full-day, and multiple sessions. CDE offers more than 60 courses each year that are presented by many of the profession's outstanding leaders and educators. Annual attendance at clinical and lecture presentations exceeds 3,000 dentists and dental auxiliaries. Courses are offered at the dental school as well as at select locations throughout California and the United States. The division also sponsors learning and travel programs abroad, the next being planned for 2016 in Italy.

Pacific dental students, faculty, and staff receive discounted rates to attend continuing dental education courses offered by the division. Tuition charges are minimal for students, and substantially reduced for faculty and staff, depending on the program. Pacific dues-paying alumni members receive a 10% discount on most CDE programs offered by the division.

For more information, visit www.dental.pacific.edu/ce1 or contact Continuing Dental Education at (415) 929-6486 or cedental@pacific.edu.

Professional and Fraternal Organizations

Social, fraternal, and professional organization memberships are open to all students in the doctoral program. Opportunities to establish associations that will endure throughout graduates' lifetimes are described in the groups. Navigate using the tabs above.

Associated Student Body

The Associated Student Body of the University of the Pacific, Arthur A. Dugoni School of Dentistry is composed of all students enrolled in the doctoral program. Business affairs of the organization are conducted by the Student Executive Council which consists of the elected student body officers, the president and vice president of each class, and elected representatives to selected agencies of organized dentistry. Any student may meet with the Student Executive Council, but only duly elected officers may vote on issues under consideration. Students are represented on the following school committees: Curriculum; Library; Faculty Appointment, Promotion, and Tenure; Student Appeals; Ethics; Museum; Postgraduate Studies; Safety; Store; Student Clinic Advisory; Infection Control; Clinical Quality Assurance; Educational and Information Technology Advisory; and Academic Advisory.

Student Research Group

The Student Research Group (SRG) works to enhance the research culture at the Dental School by supporting collaboration between students and faculty members in current research projects. The goal of SRG is to promote the advancement of dental research and evidence-based practice.

The SRG is a chapter of the National Student Research Group (NSRG)/American Association for Dental Research (AADR) and the International Association for Dental Research (IADR). Group members are encouraged to participate in various school events, attend the NSRG meeting and the annual AADR/IADR meeting. A member of the student group also represents Pacific each year at the ADA-sponsored Annual Dental Student Conference on Research in the Washington DC area.

SCOPE (Student Community Outreach for Public Education)

The Student Community Outreach for Public Education program (SCOPE) is a student-directed, peer-mentoring organization at the School of Dentistry with programs focused on professional development and the promotion of community oral health. Created in 1994 by students and a faculty mentor, SCOPE's mission is to engage and involve students and faculty in volunteer oral health projects directed toward community needs. Today, SCOPE exemplifies several of the school's six strategic directives, including to utilize best practices and public health science, and to develop professionals committed to and engaged in improving the health of all people. SCOPE programs are a major component of Pacific's Community-Campus Partnership Programs (CCPP), which collaborates with community agencies in the development of Pacific's oral health programs.

Inter-professional projects, leadership development, and evidence-based best practices are the foundation of CCPP and SCOPE programs. Student officers take an active role in sponsoring, selecting and/or participating in health projects such as screenings, presentations and educational sessions for children, families and senior citizens in the Bay Area. SCOPE sponsors inter-professional projects with students from pharmacy, nursing and physician assistant schools. SCOPE also helps foster a sense of community health awareness and civic pride in Pacific dental students, a characteristic that will follow them through graduation into private practice. Throughout the year, students, faculty, and staff volunteer their time and talent at senior centers, pre-schools, elementary and non-profit agencies and numerous health fairs.

National Dental Fraternities

Two chapters of national dental fraternities are active at the School of Dentistry: Alpha Omega and Delta Sigma Delta.

School of Dentistry Alumni Association

The Alumni Association of the University of the Pacific, Arthur A. Dugoni School of Dentistry, has three membership categories:

- 1. Alumni members all graduates of the dental school;
- 2. Associate members dentists who graduated from other schools and who join the Association; and
- 3. Honorary members non-dentists who are valued members of our community.

The Alumni Association is highly effective in its efforts to improve dental education, and expand the horizons of the profession of dentistry. Its mission is to foster lifelong relationships among its members and with the School. The institution, its excellent reputation, and its unequalled physical facilities are the direct result of the loyalty and active support of its alumni and the Alumni Association. The Association's interest in the total University program is further demonstrated by dental school representation on the Board of Directors of the Alumni Association.

Through a student-alumni committee, the Association sponsors social and educational events throughout the year and assists student participation in organized intra- and extramural events such as the city softball league, Bay to Breakers race, and various golf, basketball, and softball tournaments.

Officers

William A. van Dyk '73 President

Kimberly A. Fanelli '06 DH *President-Elect*

Daniel M. Castagna '81 Vice President

Mary M. Turoff '77 Secretary

Bruce G. Toy '81 Treasurer

Arthur A. Dugoni '48

Dean Emeritus Artemiz Adkins '04 Immediate Past President

David Eastis Executive Director

Board Members

Alan W. Budenz, Associate Jeffrey J. Bueno '90 Richard F. Creaghe '86 David Ehsan '95 Richard J. Garcia, Associate Kelsie Hensley '11 DH Parag R. Kachalia '01 Peter C. Liu '89 Leon C. Nelson '60 Cheri Howell Reynolds, Associate Bertrand D. Rouleau '82 Ortho Jamie J. Sahouria '04 Daniel S. Tanita '73 Kevin R. Tanner '82 Bing Elliot Xia '00 IDS Magnus K. Yang '09/'10 AEGD

Student Representatives

Abdul Ghani Fahd Mohammed '16 IDS Neri Lubomirsky '17 Navid Toabian '16

Ex-Officio

Deborah Horlak Associate Professor and Director, Dental Hygiene Program

Jeff Rhode Associate Dean for Development

PDF Representative

Edmond Bedrossian '86 PDF President

Staff

Ms. Esther Hill Assistant Director

Mr. Marceyl Jones Administrative Assistant

Ms. Andrea Woodson Coordinator

Pacific Dugoni Foundation

The Pacific Dugoni Foundation (PDF) is a group of volunteers working closely with the Dean and the development team to promote philanthropy at the School of Dentistry. The mission of the Foundation is to ensure that the University of the Pacific, Arthur A. Dugoni School of Dentistry has the resources it needs to realize its visions and goals.

The Foundation shares the school's commitment to excellence and measures success by the joy it brings to donors, by the funds it raises, by the fundraising programs it initiates, and by the continuing recruitment and retention of new, effective board members.

Pacific Dugoni Foundation Board

Executive Committee

- Dr. Edmond Bedrossian '86, President
- Dr. Michael Fox '82

Mr. Gary Mitchell

Dr. W. Ronald Redmond '66

Mr. Jeff Rhode

Dr. Daniel Tanita '73

Dr. M. Gabrielle Thodas '77, '95

- Dr. Gary Weiner, '66
- Dr. Brian Adams '02
- Dr. Artemiz Adkins '04
- Dr. Braden Beck '71, '85
- Dr. Gerald Bittner, Jr. '85
- Dr. Susan Bittner '74A
- Dr. Joseph Bronzini '66
- Dr. Michael Campbell '79
- Dr. Elisa LoBue-Campbell '84
- Dr. Arthur Dugoni '48, Dean Emeritus
- Dr. Joseph Errante '80
- Dr. Nava Fathi, '95
- Dr. Stephen Hannon
- Dr. A. Thomas Indresano
- Dr. Yan Kalika
- Dr. John Young Jin Kim '04
- Dr. Catherine Lambetecchio '87
- Dr. Michael Lasky '95
- Dr. Jill Lasky '98
- Dr. Gary Low '76
- Dr. Scott Milliken '87
- Dr. Aneet Randhawa
- Dr. Gurjit Randhawa
- Dr. Kenneth Shimizu '85, '87
- Mr. Steven Tiret
- Dr. Gregory Vaughn '99
- Dr. Paola L. Leone
- Dr. Colin Wong '65
- Dr. Rick Workman
- Dr. Douglas Yarris '83
- **Ex Officio**
- Dr. William van Dyk '73 Alumni Association President

American Student Dental Association (ASDA)

All University of the Pacific dental students are members of ASDA and, concurrently, student members of the American Dental Association with all the rights and privileges of such membership. Benefits are detailed in publications distributed by these organizations.

California Dental Association (CDA)

University of the Pacific dental students were the first in California to avail themselves of the student membership category offered by the California Dental Association. Modest annual dues provide each student member with CDA publications, access to CDA meetings without charge, and other benefits.

American Dental Education Association (ADEA)

All enrolled predoctoral students are members of ADEA.

The Council of Students is one of several councils of ADEA. The school's elected representatives to the council participate in the ADEA annual session and regional meetings. The Council of Students has an administrative board consisting of a vice president who serves on the ADEA executive committee, and a chair, vice chair, secretary, and member-at-large. The council elects several student delegates who have full voting privileges in the ADEA House of Delegates.

Awards

Awards and prizes are presented annually at the Graduate Alumni Association banquet honoring the graduating classes. A detailed description of each award, including selection criteria, is available in the Office of Academic Affairs.

Scholarship

Alpha Omega International Dental Fraternity award Dean's Valedictorian awards (DDS, IDS) Dean's Salutatorian awards (DDS, IDS) Dean's Award (third highest GPA) Excellence in Anatomy award Excellence in Biochemistry award Excellence in General Pathology award Excellence in Implants award Excellence in Microbiology award Excellence in Oral Diagnosis award Excellence in Oral Surgery award Inesi Award in Physiology OKU Clinical Excellence awards

Leadership, Professionalism, Scholarship, and Service

Abelson Endowment award Academy of General Dentistry award Alpha Omega Dental Fraternity, Bay Area Alumni award American College of Dentists, Northern California Section award American Student Dental Association Award of Excellence Thomas R. Bales Family Endowment Good Samaritan Award Community Service award California Dental Association award Delta Dental Plan of California Student Leadership award Deric Desmarteau Endowment award Kevin Campbell Alumni Association Service award F. Gene and Rosemary Dixon IDS Endowment award CHIPS Editor award Pierre Fauchard Academy awards William W.Y. Goon/OKU award International College of Dentists Student Leadership award Phi Kappa Phi Honor Society San Francisco Dental Society Ethics award Charles, Charles Jr. and Joe Sweet Scholarship awards (for pediatric dentistry) Frederick T. West Leadership award Herbert K. Yee Scholarship award

Outstanding Performance

Academy of Osseointegration award Advanced Education in General Dentistry Outstanding Resident award Eric B. Bystrom Memorial award Academy of Operative Dentistry award American Academy of Implant Dentistry award American Academy of Oral and Maxillofacial Radiology award American Academy of Oral Medicine award American Academy of Oral and Maxillofacial Pathology award American Academy of Oral and Maxillofacial Radiology award American Academy of Esthetic Dentistry award American Academy of Pediatric Dentistry award American Academy of Periodontology award American Association of Endodontics award American Association of Oral and Maxillofacial Surgeons Dental Student awards American Association of Oral Biologists award American Association of Orthodontics award American Association of Public Health Dentistry award American College of Prosthodontists award American Dental Society of Anesthesiology award Oral and Facial Surgeons of California award Dentsply/American Dental Association Student Research Program award Charles A. Ertola award (for removable prosthodontics)

Thomas B. Hartzell award (for periodontics) Hinman Symposium award International Congress of Oral Implantologist award Lasky Family Endowment Pediatric awards Oral and Maxillofacial Pathology award Oral Surgery Outstanding Resident award Quintessence Publishing Co. awards (one each for research achievement, periodontics, and restorative dentistry) Warren Family Endowment award (for pediatric dentistry) Western Society of Periodontology Who's Who award

Graduation Honors

Upon recommendation of the Student Academic Performance and Promotion Committee, students who complete the didactic, clinical, and national board requirements for graduation and whose academic record qualifies them for election to Tau Kappa Omega are graduated with honors. Those who complete graduation requirements and whose record qualifies them for election to Omicron Kappa Upsilon are graduated with high honors. The valedictorian is graduated with highest honors.

Honor Societies

Phi Kappa Phi

Each year DDS and IDS students who demonstrate the highest academic achievement are inducted into Phi Kappa Phi, a national multi-disciplinary honor society.

Omicron Kappa Upsilon

The Delta Delta chapter of the national dental honor fraternity, Omicron Kappa Upsilon, was organized at the dental school in 1934. Its purpose is to encourage scholarship and to advance ethical standards of the dental profession. Membership is limited to twelve percent of the graduating DDS and IDS classes, selected by a faculty vote on the basis of scholarship and character.

Tau Kappa Omega

In 1927, the Alpha Chapter of an undergraduate honor society, Tau Kappa Omega, was organized for promotion of honor and service to the school. Students are elected to the fraternity on the basis of ideals and scholarship.

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