Dr. Robert Schneider, Chair of the ACP Laboratory Committee represented the College at the NADL Annual Meeting in San Diego this past June. Dr. Schneider addressed the opening ceremonies of the NADL House of Delegates where he was warmly received by the officers and delegates. Dr. Schneider reported, "They very much appreciated our participation, support, and involvement." He presented the ACP Laboratory Relations Committee's proposed combined survey to the organizational leaders for co-funding consideration of the project along with the ACP. The survey would be sent to prosthodontists and dental laboratories to elicit information about quality, training, and perceptions. NADL agreed to provide funding for the survey. The results of the survey would be prepared for consideration for publication in the Journal of Prosthodontics and the Journal of Dental Technology.

Dr. Schneider also addressed the NADL Educators Meeting. "I expressed support from the ACP in improving and developing new educational programs and training for future technicians. With the rapid increase in advanced technology into the dental laboratory industry a closer relationship between dental technician educators with dental schools and leading edge practitioners, researchers and educators groups such as the ACP is critical for the continued assurance of quality health care for our patients. This relationship in the educational process of dental technicians will help ensure that satisfactory numbers of qualified dental technicians are being trained to meet the future demands of the public and to provide support to the prosthodontist."

A three day conference on the Management of Temporomandibular Disorders was held in Bethesda, Maryland in April of this year. The conference was sponsored by the NIH Office of Medical Applications of Research in conjunction with the National Institute of Dental Research, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Neurological Disorders and Stroke, the National Institute of Nursing Research, and the NIH Office of Research on Women's Health.

The planning and execution of this conference did not include representation from the prosthodontic community. The ACP was unaware of its existence until shortly before the event. According to Dr. Keith Kindelknecht, Chair of the ACP TMD Committee who attended the conference, "The absence of representation from prosthodontics during the presentation of information was noticeable. The role and usefulness of occlusal therapy in the management of any TMD was questioned and generally dismissed. There were numerous attacks on the biomechanical treatment modalities citing lack of long term randomized controlled double-blind clinical studies to scientifically prove a cause and effect relationship between occlusal dysfunctional states and the development of temporomandibular disorders."

He went on to observe, "There was a notable lack of science in many of the presentations. There were no studies or discussions on the diagnosis, etiology, treatment, or management of any patient with a specific diagnosis, or with multiple diagnoses. Epidemiology studies were not based on diagnostic subtypes but on signs and symptoms of TMD. TMD was

Continued on page 3
Over the past months, I have become an informed, educated dental consumer. In my judgment, prosthodontics is the best kept secret of all the dental specialties. Now is the time to step forward and initiate public education on the specialty with particular emphasis on the potential patient benefits and value of seeking consultation from a prosthodontist. Such a major undertaking must be planned and implemented very carefully.

This is exactly the approach being taken by The American Academy of Periodontology which recently announced plans to proceed "...with the development of a direct-to-consumer advertising campaign to increase awareness of who periodontists are and the services we provide". As reported in the July, 1996 AAP News, the first phase of developing and testing consumer message concepts will be directed by an advertising firm specializing in consumer marketing. The Academy plans to bring the researched and tested program to the membership by the 1997 Annual Meeting. The members will then decide whether to implement the program and what resources to invest in a campaign.

The ACP Planning Committee, chaired by Dr. John Burton, met this summer and is developing an updated strategic plan. The committee agreed that a top priority College goal must be to "increase public awareness and demand for prosthodontic specialty care". Work is underway on developing specific objectives, timetables and feasible action plans to address this major consumer education goal.

In the coming weeks, we will be talking to public relations, advertising and marketing communications specialists to gather more specific data on consumer research, message development, delivery options (direct mail, radio, TV, press releases, customized presentations, collateral materials etc.) and costs. While this basic research is in process, we’ll continue to expand and update the information on the College Web page (http://www.prosthodontics.org), including the possible addition of the College membership roster, and also look at ways to enhance our other existing informational materials.

As I wrote in the May, 1996 ACP Messenger, I encourage all members to give me a call whenever you have an idea or thought on ways we can better serve you. I need and want to know what's on your mind so we are always working smart and focusing all our resources most efficiently. I hope to see and talk to you in person next month in Kansas City at what promises to be an outstanding Annual Session.
Reinventing the Prosthodontic Dental Practice

Editor's note: The following monograph on practice management is designed to respond to member requests for more information on this subject and was produced by Dr. Roger Levin who presented the Private Practice Seminar at the 1995 ACP Annual Session. It began in the March 1996 issue in The ACP Messenger as a series of articles and concludes with this issue. The statements and opinions expressed in this series are solely those of Dr. Levin. His statements and opinions do not reflect any endorsement by the American College of Prosthodontists.

Part IV
The Prosthodontic Dental Practice and Entertainment

As part of the re-invention process, the prosthodontic dental practice needs to become entertaining. I realize this may sound a little bit funny, but the reality is that people respond to entertainment in a positive manner. Today, this level of fun and entertainment is essential.

This is the re-invention concept needed today. Your practice has to be far more than simply clinical or technical dentistry. People no longer respond only to the concept of quality. If patients do not perceive a value in your service, or if they cannot have a pleasant experience in your practice, they will seek out another office. Keeping patients satisfied will lead to increased referrals. Have you wondered why a small percentage of your patients make up the active referral sources? Simply put, the answer is that most people do not think much about the practice after their visits. Why don't you receive one new patient from every current patient on an annual basis? The answer is that your practice has not gone beyond the necessary threshold.

You haven't been able to generate the positive word of mouth that would have patients talking about you to all their friends and throughout the community. One way to rectify this is to be sure that each experience has high quality customer service and that every patient has an entertaining and positive experience.

Take the Test Below
My Prosthodontic Dental Practice: (Place check if true)
☐ Every patient leaves with the “WOW” factor
☐ All patients are aware of and understand our elective services
☐ Each patient knows that we appreciate and desire referrals
☐ Patients find our practice entertaining
☐ Patients tell their friends about our practice.
☐ We have a clear and informative new patient orientation
☐ Our decor changes every five years
☐ The advanced technology in our practice is explained to every patient
☐ We measure customer service results through evening telephone calls, patient surveys or patient focus groups
☐ Almost all patients would report that they have a highly positive experience in our office.

Now you know where to begin. ✦

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The American College of Prosthodontists
211 E. Chicago Avenue, Suite 1000
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Phone: (312) 573-1260
Fax: (312) 573-1257
E-mail Address: acpros@aol.com

Editor-in-Chief
David R. Burns, DMD
Medical College of Virginia
Virginia Commonwealth University
Box 980566, MCV Station
Richmond, VA 23298
(804) 828-3661 or (804) 828-0832
FAX (804) 828-3661
E-mail Address: burnsdent@aol.com

Managing Editor
Joanne M. Constantine
Director of Communications, ACP

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NIH Holds TMD Conference
Continued from page 1

often spoken of as a syndrome or as a single disease. The conference also failed to apply knowledge from the sciences of anatomy, neuromuscular physiology, neuroanatomy, and clinical observation to the diagnostic subtypes in an attempt to evaluate effective and appropriate therapeutic modalities.

The purpose of the conference was to address five basic questions:
1. What clinical conditions are classified as temporomandibular disorders? What occurs if these conditions are left untreated?
2. What types of symptoms, signs, and other assessments provide a basis for initiating therapeutic interventions?
3. What are effective approaches to the initial management and treatment of patients with various TMD subtypes?
4. What are effective approaches to management and treatment of patients with persistent TMD pain and dysfunction?
5. What are the most productive directions for future research? What types of new collaborations and partnerships should be developed for pursuing these directions?

During an oral presentation by Dr. Kinderknecht, a position statement from the ACP TMD Committee was submitted to the conference in an attempt to clarify the role of prosthodontic therapy in the management of TMD. To receive a copy of that statement and/or Dr. Kinderknecht’s report on the meeting, please contact the ACP office at (312) 573-1260.

A formal response to the five questions addressed at the conference will be developed by the ACP TMD Committee as their input was not solicited or included in the conference. Any members of the College who wish to have input into the future direction and activities of the TMD Committee should contact Dr. Kinderknecht or any member of the committee. ✦

ACP/AAOMS Conference Set

The AAOMS Midwinter Conference will be held in conjunction with the American College of Prosthodontists next year. The conference will be held February 7-9, 1997 at the Chicago Marriott Downtown.

Representing the ACP on the Joint Planning Committee are Co-Chair Dr. Ned Van Roekel, and Drs. Stephen Parel, Gerald Barrack, John Kois, and Brien Lang.

The scientific program will feature sessions on TMD, Problems of Vertical Dimension, Restoration of the Aging Face, Rehabilitation of Acquired Maxillofacial Defects, and Evaluation of Implant Treatment Modalities. The list of speakers includes several College members.

Registration fees for members of the ACP and AAOMS will be $450. Program brochures will be sent to ACP members in November. ✦
The comments made by Dr. Jim Lord on denturism in Open Forum in the July issue of the ACP Messenger stimulated me to go to my files on denturism, which go back to 1955. As a dental assistant, dental laboratory technician, dental student, general dentist, prosthodontist and dental educator, I have been in dentistry for the past 45 years. In every one of those years I have heard the denturist problem discussed and the dental profession is still discussing, not solving it. It leads one, of my years, to think that maybe the profession does not understand just what the denturist problem is.

Dr. Lord stated, "...it saddens me to many times find the better quality dentures provided by the denturist." That is interesting, because for years I have believed that while there are many reasons for the proliferation of the denturist movement, the basic reason always has been the inability of many dentists to provide adequate prosthodontic treatment especially in the areas of complete and removable partial dentures. One of the main reasons for this is that the curriculum of our dental schools does not provide sufficient curriculum time and/or properly trained faculty to teach the difficult procedures required to learn complete and removable partial denture treatment.

The administrators of many schools follow the philosophy (even if they don't believe it) that the dentist does not need to be competent in the performance of many prosthodontic procedures, but just supervise and evaluate a technician performing those procedures. This philosophy falls short on several counts. If dentists cannot competently perform a procedure, it will be very difficult for them to supervise technicians or properly evaluate their completed procedure. If the dentists are unable to perform the procedure, who will properly train the technicians to do it?

In order to properly accomplish the procedures of prosthodontic treatment, or supervise and evaluate that work by another, the dentist must have a thorough basic knowledge of prosthodontics, sufficient skill and the development of the required manual dexterity. Then and only then, will the dentist have the confidence necessary to direct and utilize the services of the dental laboratory technicians in the proper manner, thus gaining the respect of the technician. For if you want trouble, just have a supervisee (dental lab tech) that is more competent in the procedure than the supervisor (dentist). I suspect that is the very reason that denturism first got started.

Far too many of our practicing dentists lack this confidence. Unfortunately, this stems from a lack of sufficient training and experience in their undergraduate dental education. Dr. A.H. Grunewald directed attention to this as early as 1958. Curriculum time devoted to removable prosthodontics has decreased, not increased, in most, if not all, of our dental schools since then.

Dr. Lord asks, "What should we do next?" When one reaches my point in life you tend to answer that question with, "Do nothing. Let someone else do it." However, like Dr. Lord, I too long ago volunteered to defeat denturism. So I recommend we do the following.

Convince our dental school deans that it requires a large amount of curriculum time to become proficient in providing removable as well as fixed prosthodontic treatment. Further, it is essential to have properly trained faculty teaching basic prosthodontics as well as supervising prosthodontics treatment in the clinic. We must induce them to invest the required amounts of curriculum time, money, and trained faculty to meet the removable prosthodontic standards for undergraduate dental education - even if this means adding prosthodontic curriculum time. Adding to an already crowded curriculum requires many difficult decisions. Deans and curriculum committees should ask themselves; in dentistry, what things are just nice to know and what things are necessary to know? Then make curriculum changes accordingly.

To accomplish this, the American College of Prosthodontists must establish meaningful liaisons with undergraduate prosthodontic education. One way might be through the American Association of Dental Schools. Notice I said undergraduate prosthodontic education. Even since the 1984 ACP Annual Meeting, I have the feeling that the ACP has not been overly interested in undergraduate prosthodontic education. I do not quite understand that either, for undergraduate prosthodontic education produces our graduate prosthodontic students.

Another focus might be the dental examining boards. Determine if they feel the prosthodontic competency of their candidates has increased or decreased over the years.

I feel that more education is the key to solving the denturist issue. Should that education be directed to the dental student, general practitioner, dental laboratory technician or denturist, or all of them? What type of education should it be? To increase their technical skills, their knowledge, their dexterity, their ability to refer some types of patients?

Dr. Jim Lord is to be commended for reintroducing us to an old, but ever-present problem - denturism. As he does, I too hope you will respond by expressing your views through our newsletter and during the business meetings.

Dr. Bill Welker
Dublin, Ohio

Sharry Award
Semi-Finalists Named

The Research Committee of the American College of Prosthodontists has recently completed its selection of the six semi-finalists for the 1996 John J. Sharry Prosthodontic Research Competition. After reviewing the submitted manuscripts, the Research Committee will select three finalists to present their research at the ACP Annual Session in Kansas City, Missouri.

The six semi-finalists are:

Dr. Panagiotis Zoidis
Temple University School of Dentistry
"The Effect of Soldering, Electrowelding and Cast-to Procedures on the Accuracy of Fit of Castable Implant Bars"
Mentor: Dr. Sheldon Winker

Dr. Edmundo I. Martinez
University of North Carolina School of Dentistry
"Gender-, Side-, and Site-Dependent Variations in Human Periodontal Thermal Sensitivities"
Mentor: Dr. Gregory Essick

Dr. Geoffrey W. Sheen
MCG Dental School
"Tensile and Shear Strengths of Several Bonding Systems Following Various Surface Treatments in In-Ceram All-Ceramic Core Material"
Mentor: Dr. Steven A. Aquilino

Dr. Joe J. Villalobos
Wilford Hall Medical Center Lackland AFB
"Potassium and Rubidium Ion Exchange of a Leucite-Reinforced Porcelain"
Mentor: Dr. Stephen Schmitt

Dr. Alan J. Sutton
Wilford Hall Medical Center Lackland AFB
"Sprue Designs Effects on Castability and Porosity of Titanium RPDS"
Mentor: Dr. Stephen Schmitt

Dr. George H. Clayton
USA Dental Clinic Command
"The Effect of Luting Agents on the Retention and Marginal Adaptation of the CeraOne Implant System"
Mentor: Dr. Carl F. Driscoll
The Canadian Dental Association (CDA) held a meeting of its Task Force on Denturism June 7-8, 1996 in Chicago. Dr. Catherine Lach, Chair of the ACP Denturism Committee, attended on behalf of the College. According to Dr. Lach, "The CDA appears very committed to the issues related to denturism. Although denturism is much more a national phenomenon in Canada the CDA has serious concerns about denturists in the areas of quality of care, lack of appropriate education, and the underlying denturist agenda to expand scope of practice to include all aspects of removable prosthodontics including implant supported prostheses."

It was agreed by all in attendance that denturism is going to exist in Canada as well as some US states. The goal of the Task Force is to promote professional, public and legislative awareness.

One course of action proposed by the Task Force was to develop a survey to access the attitudes of Canadian (and US) dentists regarding their current provision for removable prosthodontic treatment modalities. If the results show many dentists feel uncomfortable in providing these procedures then it may be possible to develop an educational program to assist them, teaching advanced techniques in removable prosthetics and implant supported prostheses. By supporting the education of dentists in practice, the dentist will feel more comfortable providing removable prosthodontic services and the public will have a better alternative than a denturist. The public will have the benefits of comprehensive diagnosis, treatment planning, and treatment provided by general dentists. The education process will also help the general dentist identify patients that may be better served by referral to prosthodontist.

If the survey results indicate interest and commitment to an educational program this program would be conducted by prosthodontists and allied specialists to further education in removable prosthetics, oral medicine, oral pathology, pre-prosthetic surgical techniques and implant related dentistry (surgical and prosthodontic phases). This program would be a modular system tailored to the needs of the individual dentist. The participating dentist could continue through modules with more advanced modules involving “hands on” involvement with a mentor specialist. This program is not intended to create “specialists.”

To promote public awareness, the Task Force suggested informing the public of the names of general dentists and specialists in their communities who provide removable prosthodontic treatment (including implant retained prostheses).

A brochure illustrating denture and implant services provided by dentists was also discussed with emphasis on the education of the dentist and the dentist’s ability to provide comprehensive oral health care.

In the area of legislative awareness, the Task Force plans to develop resources to promote the value of comprehensive dentist-provided care for all patients — especially the totally edentulous. These resources will be targeted to legislators and state/provincial health regulatory bodies.

The Canadian members of the Task Force have made it very clear that they would like the support of the ACP and the ADA to create a North American effort.

In Memorial

Dr. Kenneth L. Stewart
August 1, 1996
Fellow, San Antonio, Texas

The College mourns the loss of Kenneth Lowe Stewart, DDS who passed away on August 1, 1996. Dr. Stewart was a Charter Member of the ACP.

Ken was a great contributor to the discipline and specialty of prosthodontics and worked tirelessly to foster interest in prosthodontics with the objective of improving the quality of treatment of the prosthodontic patient through educational activities. Ken’s desire to disseminate new ideas, techniques and research into clinical practice served as the motivation for his participation in the development of the Journal of Prosthodontics. He was appointed as the Editor of the ACP proposed journal in 1988 and then served as the Editor-in-Chief of the Journal from its initial publication in 1992 until 1994. It was his vision and leadership prior to the initial publication that has allowed the Journal of Prosthodontics to flourish and rapidly take its place alongside the other publications covering the field of prosthodontics.

Ken served his country as a fighter pilot during World War II. He graduated from the Baltimore College of Dental Surgery in 1951. After a year as a postgraduate student at the University of Texas Dental Branch at Houston, he completed a residency in prosthodontics at Wilford Hall United States Air Force Medical Center in Texas and successfully challenged the American Board of Prosthodontics in 1964.

Dr. Stewart served thirty years with the Air Force before joining the faculty of the University of Texas Health Science Center at San Antonio in 1973. He remained on the faculty until his death and was truly loved and respected by his students and peers.

Ken Stewart was a determined, resilient individual who overcame many serious medical problems, but nevertheless continued to live life to the fullest. He was stricken with cancer in 1994, complications of which eventually claimed his life.

Dr. Kenneth L. Stewart’s death is a great loss to prosthodontics and to dental education. We will all miss Ken - the prosthodontist, the educator, the publisher, the individual. He established a benchmark, a benchmark of courtesy, honesty and integrity, that will be remembered by his students, colleagues, family and friends.

Dr. Florian J. Knap
February 13, 1996
Life Fellow, Colgate, Wisconsin

Dr. Knap was a board certified prosthodontist. A graduate of Marquette University’s dental school in 1947, he pioneered advanced dental education by achieving a Master of Science degree and then founding a fixed prosthodontics program in the 1960’s. He rose to the position of full professor and chairman of fixed prosthodontics. While chairman, he advanced the principles of occlusion by doing research and improving pre-doctoral teaching.

In the late 1960’s he established and guided a graduate program in fixed prosthodontics that attracted many talented young people and influenced the evolution of restorative dentistry into formalized graduate training in prosthodontics.

In the early 1980’s Dr. Knap relocated to the Medical College of Virginia. He was professor and chairman of restorative dentistry. He grew to love the school and the community as much as his alma mater.

In honor of the memory of Dr. Knap, the new prosthodontic graduate clinic at Marquette University will be named for him. Partial funding for the new clinic will come from donations made by Marquette’s prosthodontic graduates and other interested individuals in Dr. Knap’s name.

Dr. Alexander L. Martone
June 6, 1996
Life Fellow, Norfolk, Virginia

ACP Charter Member Alexander L. Martone, DDS passed away June 6, 1996 at his home in Virginia. A Life Fellow of the ACP, Dr. Martone made great contributions to dentistry holding the office of president in eight dental-related organizations.

Dr. Martone was a member of the ADA House of Delegates for 21 years and served as President of the Virginia State Board of Dentistry for 11 years.

A graduate of the Medical College of Virginia School of Dentistry, he received his Master’s degree in Prosthodontics from Ohio State University.

Dr. Walter K. Farrell
June 2, 1996
Member, Milwaukee, Wisconsin
The Granger-Pruden Memorial Award Offered

The Northeastern Gnathological Society honors the memory of Ernest R. Granger and William H. Pruden II by offering the Granger-Pruden Award. This award of $2500 is given annually for research in prosthodontics or related materials science. Deadline for submission of protocol or completed research is March 1, 1997. For further information contact: Dr. R. Brian Ullmann, 312 Warren Avenue, Ho-Ho-Kus, New Jersey 07423, (201) 444-0046 or Fax (201) 612-0423.

Seventh Annual Comprehensive Review in Prosthodontics

The University of Michigan School of Dentistry is proud to announce their seventh annual “Comprehensive Review in Prosthodontics” scheduled for October 24-26, 1996. This three-day conference is for prosthodontists, prosthodontic residents, and general dentists who provide prosthetic services as a major component of their practice. This program will provide an intense review of the biologic and clinical principles that form the foundation of prosthodontics. A group of nationally renowned speakers will present their material in a seminar format and will support their presentations by the literature whenever possible. A reading list will be provided for each presentation. The conference will take place at the University of Michigan School of Dentistry in Ann Arbor, Michigan.

Boucher Conference Room Dedicated

The Carl O. Boucher Prosthodontic Conference dedicated a multifunctional room at the Ohio State University College of Dentistry during its 31st annual meeting in Columbus. About 70 people attended the ceremony including many of Dr. Boucher’s former students, colleagues, friends, and admirers.

Dr. Boucher, DDS ’28, taught dentistry for forty-seven consecutive years at Ohio State, including thirty years as chairman of the division of prosthodontics. He was and continues to be recognized world wide as the man who wrote the book on complete dentures.

The Carl O. Boucher Prosthodontic Conference, established in 1966, spent many years planning the remodeled room. The conference membership presently includes nearly 200 dentists from nine countries and twenty-seven states.

Members in the News

The New York University College of Dentistry has received a $500,000 gift from ACP member Dr. Louis Blatterfein. In honor of him, the NYU College of Dentistry will name the Dr. Louis Blatterfein Department of Prosthodontics. Dr. Blatterfein is a Professor Emeritus at the school. “NYU made it possible for me to be successful as a dentist,” said Dr. Blatterfein, “It is my great pleasure to be able now to return the gift of my profession and life’s work in a meaningful way.”

Dr. John R. Ivanhoe, a member of the East Georgia section, was recently named the Medical College of Georgia School of Dentistry’s Outstanding Faculty Member for 1996. He was nominated for this prestigious award by the Sophomore dental class. Dr. Ivanhoe was recognized for his efforts in revamping the Pre-Clinical Complete Denture Course and the amount of time he spends outside of class hours assisting the students. Dr. Ivanhoe was the Charter President of the ACP East Georgia section.

Dental Laboratory Survey Results

The dental laboratory survey published in the May 1996 Messenger evoked thirty-two responses from the ACP membership. The low (approximately 1.6%) response rate rendered results which are statistically insignificant and inconclusive. A more comprehensive survey is currently being planned by the ACP Laboratory Committee. If asked, please participate in this upcoming survey.
Meetings and Conferences Calendar

September 28 - October 2, 1996
American Dental Association
Orlando, Florida
Contact: Mr. Edward Jeske, 800-621-8099, Ext. 2658

September 29 - October 2, 1996
American Academy of Maxillofacial Prosthetics
Hyatt Regency Crown Center, Kansas City, MO
Contact: Dr. John J. Gary (501) 661-1202, ext. 2658

October 17-19, 1996
First International Meeting on Implant Rehabilitation of the Compromised Patient, Academy of Osseointegration and the European Academy for Osseointegration
Hotel Krasnapolsky, Amsterdam, the Netherlands. Contact: Academy of Osseointegration, 800-656-7736.

February 7-9, 1997
AAOMS Midwinter Conference held in conjunction with the ACP
Chicago Marriott Downtown, Chicago, IL
Contact: AAOMS

February 20-22, 1997
American Prosthodontic Society
Annual Scientific Meeting
Hyatt Regency Chicago
Contact: Dr. Alan Keyes, (312) 664-3057

February 21-22, 1997
American Academy of Fixed Prosthodontics
Annual Scientific Program
Marriott Downtown Hotel, Chicago, IL
Contact: Dr. Robert S. Staffanou (707) 875-3040

March 6-8, 1997
Academy of Osseointegration Annual Meeting
San Francisco, CA
Contact: AO, (800) 656-7736

March 15-19, 1997
American Association of Dental Schools
Orlando, FL
Contact: ADDS, (202) 667-9433

May 16-18, 1997
Annual Meeting of the American Association of Women Dentists
Scottsdale, AZ Contact: AAWD, (312) 644-6610

May 30 - June 3, 1997
The Academy of Prosthodontics

June 5-7, 1997
Seventh International Congress on Reconstructive Preprosthetic Surgery, Copenhagen
Contact: E. Hjorting-Hansen Department of Oral and Maxillofacial Surgery University of Copenhagen 20 Norre Alle DK-2200 Copenhagen N Denmark

September 18-23, 1997
ACP Research Symposium
Omni Hotel
Chicago, Illinois
Contact: ACP, (312) 573-1260

Call for Papers for Oral Presentation at 1997 Annual Session

Do you have a unique procedure or a time-saving technique that you would be willing to share with your colleagues? At the 1997 ACP Annual Session, a half day will be devoted to clinical techniques of prosthodontic practice and laboratory procedures. It is our plan to provide a series of 20-minute presentations by our members to our members wherein we “share” what works in our office. At this time, the guidelines are as follows:

- Presentations must be directed to clinical practice with an emphasis on technique rather than theory or philosophy.
- Papers will be presented at the main podium.

This is an excellent opportunity for members to present in a structured format and we anticipate a strong response.

Any ACP member may submit an abstract for a 20-minute presentation at the 1997 Annual Session. This presentation must be directed to clinical practice with an emphasis on technique rather than theory or philosophy and should address topics that will allow the audience to return to their practice with specific clinical knowledge.

Abstracts are due by December 1, 1996 and should be mailed to: Dr. Tom McGarry, 1997 Annual Session Chair, 4320 McAuley Blvd, Oklahoma City, OK 73120 or faxed to him at (405) 755-7169.

If you have other questions or need additional information, you can call either the ACP office at (312) 573-1260 or Dr. Tom McGarry’s office at (405) 755-7777.

Mark Your Calendars for Future ACP Meetings

1996 Annual Session
October 2 - 5
Hyatt Regency Crown Center
Kansas City, MO

1997 Annual Session
November 5 - 8
Renaissance Orlando Resort
Orlando, FL

1998 Annual Session
September 16 - 19
Sheraton San Diego Hotel and Marina
San Diego, CA

1999 Annual Session
October 20-23
New York, New York
ACADEMIC OPPORTUNITIES AVAILABLE

Michigan - Prosthodontics. The University of Detroit Mercy School of Dentistry invites applications for a full-time, tenure-track position at the assistant/associate professor level in the Department of Prosthodontics, available January 1997. Responsibilities include teaching in the didactic, preclinical and clinical program of fixed and removable prosthodontics, as well as scholarly activity, including original research. Extramural or intramural dental practice is a required condition of continued appointment. Applicants must possess a DDS/DMD degree from an ADA accredited school, have completed an advanced education program in prosthodontics, and be eligible for licensure in the state of Michigan. Academic rank and salary will be commensurate with qualifications and experience. The University of Detroit Mercy is an independent and Catholic with Jesuit and Mercy cosponsors. The University emphasizes academic excellence, ethics, personal attention to students and the University Mission and Core Values. We have a culturally diverse faculty and student body, and welcome persons of all races and backgrounds. EEO/AA employer. To ensure full consideration, applications should be received by October 15, 1996. Qualified applicants should send a letter of interest, curriculum vitae, and the names of three references to Dr. Arthur Nimmo, Chairperson, Department of Prosthodontics, University of Detroit Mercy School of Dentistry, 2985 E. Jefferson Avenue, Detroit, Michigan 48207-4282.

Prosthodontics. The University of Texas Health Science Center at Houston Dental Branch is accepting applications to its three-year Certificate Program. A Master of Science in Dentistry or Oral Biomaterials is available. Eligibility for and participation in extramural rotations at the VA, a local assisted living facility, and a community clinic effect stipend. UTDB participates in the PASS and Match programs. Send resume to: K. Lee Kuhlke, or Dr. Robert Engelmeier at The University of Texas - Houston Dental Branch, (713) 500-4673.

Florida - West Coast: Private, 15-year-old, solo practice in one of country’s best implant markets is available. Located in beautiful urban waterfront setting with outstanding recreational opportunities and good private schools. Diversification of practice with cleft palate team, professional sports injury rehab, etc. makes for rewarding professional experience. Expansion of physical plant possible for two doctors to split shift if desired. Practice has included extensive crown and bridge, complete/partial dentures, implant rehabilitation, and all cosmetic procedures. Excellent market for prosthodontist who could add maxillofacial abilities to the practice. Seller will stay 3-6 months for transition. Experienced, friendly skills. Please send resume and/or introductory letter to Box M1, c/o ACP, 211 E. Chicago Ave., Suite 1000, Chicago, IL 60611.

Chicago - I am searching for a board certified or board eligible prosthodontist for an association leading to a partnership and buy-out for a prominent, well-established, and well-respected prosthetic practice for over 25 years. I am interviewing applicants for this unique, once in a lifetime opportunity to work in a prosthetic office that represents the highest in excellence of restorative prosthetic care. Special emphasis in porcelain chemistry, dental materials, and periodontal/implant prosthodontics is essential. A caring, understanding, and people-oriented applicant is desired. A minimum of 3-5 years of clinical experience in private practice and/or military service is required. Prosthetic practice located near O'Hare Airport at a large medical center. Please call for an interview. References and curriculum vitae essential. 312-631-0630.

Established solo prosthodontic practice in south Denver suburb is seeking an associate leading to partnership in one year and buyout within eight years. Currently scheduling 3 months in advance. Beautiful 1860sf suite with 4 operatories and lab. Located in a medical/dental building with outstanding access, parking and views. Equipment and leasehold in 1990. Applicant must have certificate or be graduating from an accredited program. Send resume to: K. Lee Kuhlke, DDS, MS, 3601 S. Clarkson St., Suite 400, Englewood, CO 80110.

FOR SALE

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