

## American Academy of Dental Sleep Medicine Continuing Education Offering

### Instructions for Earning Credit

A dentist with a current and valid license to practice dentistry in the US or abroad may read any or all of the selected continuing education (CE) articles in this issue of *Journal of Dental Sleep Medicine*, complete the CE evaluation form, and fax or mail the form to the AADSM to receive CE credit. There is no charge to members of the AADSM for this service. Nonmembers must pay a \$20 administrative fee. To earn credit, carefully read any or all of the articles designated for CE credit (see below) and complete the CE evaluation form. A verification of participation letter for CE credit will be faxed or mailed within 3 to 5 weeks. The individual dentist is responsible for maintaining a record of credit received.

### Accreditation Statements

The AADSM is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at [www.ADA.org/cerp](http://www.ADA.org/cerp). The AADSM designates this activity for a maximum of .5 CE credits per article for a total of 2 CE credits. Each participant should claim only those credits that he/she actually spent in the educational activity.



### Statement of Educational Purpose / Overall Education Objectives

The *Journal of Dental Sleep Medicine* (JDSM) aims to reflect the state of the art in the science and clinical practice of dental sleep medicine. The focus of JDSM is on the interaction between sleep-disordered breathing and dental medicine. Additionally, as sleep disorders are complex and their management multi-disciplinary, JDSM brings readers cutting-edge information about all common sleep disorders and disruptions. JDSM includes patient studies as well as basic science studies of the physiology and pathophysiology of sleep disorders. JDSM also includes studies that illustrate clinical approaches to diagnosis and treatment.

### About the AADSM

The American Academy of Dental Sleep Medicine (AADSM) is a professional membership organization promoting the use and research of oral appliances and oral surgery for the treatment of sleep disordered breathing and provides training and resources for those who work directly with patients. AADSM members collaborate with colleagues to learn about oral appliances and the role they play in the diagnosis and treatment of sleep-related breathing disorders. The AADSM helps educate practitioner dentists through clinical meetings that keep leading-edge ideas accessible and establishes and maintains appropriate treatment protocol.

The following articles may be read and evaluated for .5 CE credits each:

#### Issue 1:

##### **1. Sleep Medicine Education at Dental Schools in Australia and New Zealand**

*Objective:* To understand how the curriculum in dental sleep medicine in their own school compares in scope and hours with other Au-Nz schools and the USA schools, and how much this may need to be expanded to achieve competency in at least screening, and with more training participate as a member of the Sleep Medicine Team.

##### **2. Oral Appliance Network on Global Effectiveness (ORANGE): Start-Up and Design Description**

*Objective:* To understand the goals of the Oral Appliance Network on Global Effectiveness (ORANGE), an institution based longitudinal cohort study on the effectiveness and cardiovascular outcomes of oral appliance therapy in obstructive sleep apnea patients.

#### Issue 2:

##### **3. Adenoid Hypertrophy in Pediatric Sleep Disordered Breathing and Craniofacial Growth: The Emerging Role of Dentistry**

*Objective:* To summarize and synthesize the most recent evidence about adenoid hypertrophy, impact on craniofacial growth, role in sleep disordered breathing, and effects of treatment.

#### Issue 3:

##### **4. A Novel Use of Complete Denture Prosthesis as Mandibular Advancement Device in the Treatment of Obstructive Sleep Apnea in Edentulous Subjects**

*Objective:* To determine efficacy of complete denture prosthesis as mandibular advancement device in the treatment of OSA.

## CE Evaluation Form

Please use the following scale: 5 = Strongly Agree, 4 = Agree, 3 = Unsure, 2 = Disagree, 1 = Strongly Disagree

Educational Assessment	Article 1	Article 2	Article 3	Article 4
I learned something new that was important	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I verified some important information	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I plan to discuss this information with colleagues	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I plan to seek more information on this topic	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
My attitude about this topic changed in some way	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
This information is likely to impact my practice	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I understood what the authors were trying to say	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I was able to interpret the tables/figures (if applicable)	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
The presentation of the article enhanced my ability to read and understand it	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

**Additional comments and/or feedback:** \_\_\_\_\_

**What changes, if any, do you plan to make in your practice as a result of these articles?** \_\_\_\_\_

**I attest to having completed the CE activity (CE will not be verified without signature)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a member of the AADSM? (circle one): YES / NO (If no, complete the following payment information:

- Check made payable to AADSM for \$20 (US) is enclosed.
- Charge \$20 (US) to (circle one): VISA / MasterCard / American Express

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_ V-Code \_\_\_\_\_

**Please return this completed form to the American Academy of Dental Sleep Medicine national office:  
 AADSM  
 1001 Warrenville Road, Suite 175, Lisle, IL 60532  
 Fax: (630) 686-9876**