



## 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. 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.

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

#### Issue 1:

##### **1. The Prevalence of Pediatric Dentists Who Screen for Obstructive Sleep Apnea**

*Objective:* To become more aware of OSA screening methods, and the screening tools need to be improved so that they may be applied more accurately and confidently.

#### Issue 2:

##### **1. A Descriptive Report of Combination Therapy (Custom Face Mask for CPAP Integrated With a Mandibular Advancement Splint) for Long-Term Treatment of OSA With Literature Review**

*Objective:* To determine which group of failed obstructive sleep apnea (OSA) therapies would benefit from combination therapy with the CFM.

##### **2. Utilization of a Mandibular Advancement Device for Obstructive Sleep Apnea in the Veteran Population**

*Objective:* To determine which factors explain the adherence rate of custom-fit MADs within the military veteran population with OSA.

##### **3. Prevalence of Malocclusion in Children With Sleep-Disordered Breathing**

*Objective:* To examine the prevalence of dental features that indicate a need for early orthodontic treatment in a cohort of children referred to a tertiary care center for the management of sleep-disordered breathing.

##### **4. Obstructive Sleep Apnea and Tooth Wear: Association and Confounding Factors**

*Objective:* To investigate the frequency and the association of tooth wear in patients with OSA.

#### Issue 3:

##### **1. The Efficacy of a Titrated Tongue Stabilizing Device on Obstructive Sleep Apnea and the Quality of Life: A Clinical Trial Study Protocol**

*Objective:* To determine the efficacy of TSD treatment for sleep-disordered breathing, daytime sleepiness, and quality of life.

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## 2. Safety and Efficacy of a Novel Oral Appliance in the Treatment of Obstructive Sleep Apnea

*Objective:* To establish the safety and efficacy of a novel oral appliance that incorporates a built-in enclosed airway, as an alternative treatment for obstructive sleep apnea (OSA).

### Issue 4:

#### 1. A Fully Digital Workflow and Device Manufacturing for Mandibular Repositioning Devices for the Treatment of Obstructive Sleep Apnea: A Feasibility Study

*Objective:* To examine the feasibility and patient preference of mandibular repositioning devices (MRDs) made from a fully digital workflow including patient scanning, bite registration, and device manufacturing using an open platform intraoral scanner and a conventional workflow using polyvinyl siloxane (PVS) impressions as the source of patient data.

### Volume 4 CE Evaluation Form

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

Educational Assessment	Issue 1 Article 1	Issue 2 Article 1	Issue 2 Article 2	Issue 2 Article 3	Issue 2 Article 4	Issue 3 Article 1	Issue 3 Article 2	Issue 4 Article 1
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	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	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	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	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	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: \_\_\_\_\_ Email: \_\_\_\_\_

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

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 (check one): VISA MasterCard American Express

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

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Please return the completed form to:  
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