



WAGD PRESIDENT'S MESSAGE



Dr. Dat P. Giap, DMD
WAGD President

AGD is here for YOU.

You may wonder what the AGD has done lately for you. AGD has worked hard to be the General Dentists' Eyes, Ears and Voices. You had the AGD fighting for you right there a few years ago with the Oral Sedation issues, and when other specialists tried to change the guidelines on the gum treatments for the general practitioners, you bet, your AGD was there as well.

AGD also worked with the Dental State Boards (in our case, "Dent QAC")

for AGD Continuing Education Transcript acceptance for our members.

Right now, the hot topics are Access to care with "Mid-level Practitioners". While there is sure a shortage of dentists in those rural areas, the proposed "mid-level practitioners" solution is not a good one if you really want to protect the patients.... To put it mildly, if you want to practice dentistry like a dentist, you should have the education of a dentist...nothing more, nothing less. Anything short of this qualification is a grave disservice to the general public, whom we are privileged to serve. Do you want to have a mid-level practitioner to treat you, your spouse or your children? Do you want him or her to treat your medically compromised parents?

No way - - - No how - - - No mid-level practitioners!

At the state level, we had dental assistant registration, annual license fees doubled, and again, more changes are coming our ways.

Changes always happen and they should be for the better not worse. We had Washington State lead the nation on Health Care Reform with our counterparts in Medicine working as the gatekeepers. Their liability insurance premium was doubled in a few years, they had to work harder, and worse, they lost their autonomy. Do you really want that to happen to our Dentistry?

Our AGD can't do more without your participation. JOIN US, BE A MEMBER, AND GIVE OUR AGD THE RIGHT TO BE AN ADVOCATE FOR THE GENERAL DENTISTS. RECRUIT YOUR FRIENDS TO BE AGD MEMBERS. THE MORE, THE MERRIER.

Last but not least, UNITED WE STAND, DIVIDED WE FALL. WE'RE ALL IN THIS TOGETHER!

Dat P. Giap, DMD
WAGD President 2008-2009

The Washington Academy of General Dentistry presents its 6th Annual William Howard Lecture featuring:



Dr. Marc Cooper-Mastering the Business of Practice
Staff Communication & Management Program

The Staff Communication & Management Program will

Educate, train and develop you and your staff to effectively communicate.

The Staff Communication & Management Program will educate and train you and your staff to handle staff conflicts, upsets, and problems.

The Staff Communication & Management Program will provide proven management models that enhance individual and team performance, decrease mistakes, and enhance staff loyalty and commitment.

FACT The highest overhead expense in your dental practice is your staff.

FACT Staff management is the area of practice with which you have the least skill and the most difficulty.

FACT The most frequent source of recurring complaints, problems, and breakdowns in your office frequently involves the staff.

FACT Without effective communication with and between your staff, your practice is hindered in its performance.

FACT Few dentists have any training in effectively communicating with their staff.

FACT Few dentists understand how to successfully manage their staff.

FACT Losing and replacing a staff member can easily cost three times their salary.

FACT Good staff members are difficult to find - and not easy to keep.

FACT Having even one staff member who is dissatisfied in your practice negatively impacts morale, diminishes retention, and affects production, collection and the acquisition of new patients.

Want to see more!! Please see attached Flyer & Registration Form. We hope you and your staff can join us on April 17th, 2009. Meydenbauer Center, Bellevue, WA

Valerie Bartoli, WAGD Executive Director
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New Proposed Legislation Concerning A Decrease from 12 to 6 dentists on the Dental Quality Assurance Commission (h-0297.1 House Bill 1061)

By Linda Edgar DDS, MEd National AGD Secretary

National AGD has alerted the WAGD President of the legislation that changes the number of dentists on the Dental Quality Assurance Commission (DQAC) from 12 to 6. It also calls for a decrease in dental auxiliaries from 2 to 1 and increases the number of public members from 2 to 9.

National AGD pays for a service that allows us to monitor legislation in all states

"Legislation" continued on page 13

National and Region XI Officers 2009

AGD Secretary



Linda Edgar, DDS, MEd, MAGD, LLSR
WAGD PACE Sponsor Approval

Region XI Trustee



Gary Heyamoto, DDS, MAGD

Regional Director



Guy Hanson, DDS, MAGD

WAGD President



Dr. Dat P. Giap, DMD

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Some articles were not able to be included in this issue. We hope that it will be convenient for you to view the WAGD Website WWW.WAGD.ORG to keep current with the events, CONTINUING EDUCATION topics and dates. Contact information for each of the officers is shown in this newsletter and also on the website.

If you have articles to include in our newsletter or which can be included in the website presentations, please feel welcome to contact us. We value your contributions and suggestions.

Thank you very much.

Kathryn Poleson, DMD, MAGD
WAGD Editor
WAGDEditor@juno.com

James Prew, DMD
Website Coordinator
wagd-webmaster@comcast.net

Executive Director's Invite

Changing Faces of Academy of General Dentistry

By Valerie Bartoli, WAGD Executive Director



Valerie Bartoli, WAGD
Executive Director

The face of general dentistry is changing and so is the Academy of General Dentistry. An increasing trend of younger dentists, female dentists, and others are changing the makeup

of this profession. If you consider yourself to be among these new faces of general dentistry, you may be pleased to find an organization that shares your goals and serves your needs.

As 2009 progresses, more and more members who represent the changing faces of dentistry will share their favorite benefits of AGD membership. Reading about what they like, you may find that the face of the AGD is changing to look a lot more like you!

Advocacy Services

The Academy of General Dentistry serves as the eyes, ears, and voice for the general dentists on several key issues affecting general practice through legislative and dental care advocacy, and through professional relations with other organizations.

We advocate for you on legislation and regulation (including state dental boards) in both Washington, D.C. and here in Washington state. We also stand up for you with insurance companies and third-party payers.

The AGD's advocacy team provides the following services which are complimentary with AGD membership.

- CAPWIZ-Voice your opinion today!
- Insurance Contract Analysis
- Third Party Complaints

Get Involved

Through action alerts, public awareness initiatives, and an annual trip to Capitol Hill where AGD legislative leaders meet with congressional representatives, we strive to represent and protect the interests of general dentists.

Get Residency Credits

Acquire up to 250 hours of continuing education (CE) credit towards the Fellowship Award upon completion of an AEGD or GPR program. That's half the total required hours!

Get More Patients

As a member you are automatically entered into our Find-a-Dentist patient referral service. Visit the AGD Member Benefits page for a full list of benefits for general members, dental residents and dental students.

Refer a Colleague

There is no better time to recruit for Academy of General Dentistry (AGD) membership. The AGD's Refer a Colleague program recognizes and rewards members for their recruitment efforts throughout the year. Recruit the most new members and you could win prizes from gift baskets to concert tickets. The Top Recruiter will receive great prizes to be used at AGD 2009 Baltimore such as free registration, participation course voucher, and an additional ticket to the Premier Celebration. In addition, the Top Constituent Recruiter of Students will also be rewarded.

For more information about the AGD membership or the Refer a Colleague program, contact the Membership Services Center at 888.AGD.DENT (243.3368)

On behalf of the Washington Academy of General Dentistry Board of Directors and of me, we thank you who are already members of our organization and encourage those that are not to give us an opportunity to show you that we are the premier organization for general dentists and their staffs.

Valerie Bartoli, WAGD Executive Director
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REGIONAL DIRECTOR UPDATE Winter 2008-2009



Guy Hanson, DDS, MAGD
Regional Director

Happy Winter! I'm sitting at home, looking out the window as the snow piles up on the hillside. It makes the time in Orlando seem distant, and warm.

In anticipation of the significant changes we'll experience at the 2010 Annual Meeting in New Orleans, Gary Heyamoto and I have discussed moving much of the regional business to a meeting about 2 weeks prior to the Annual Meeting, beginning in 2009. The date discussed is June 20, 2009 as it coincides with the Washington AGD Board meeting.

The meeting will be in Seattle in 2009 and will rotate in a pattern approved at the Regional Caucus, most likely alternating between Portland and Seattle for ease of travel. All regional leaders will be invited to

attend and those serving as delegates or alternate delegates will be strongly encouraged to attend. A CDE session that morning for out of state attendees/ non WAGD BOD member attendees has been discussed. The format for 2010 and beyond will be discussed in June.

All five of our regional constituents have unique strengths and weaknesses. We also have many common goals. This meeting will allow us to discuss our solutions to issues and help one another out in an envi-

"Regional Director Update" continued on page 4

Letter to the Editor



WAGD Editor Dr. Poleson

WAGD TODAY is published by the Washington Academy of General Dentistry for WAGD members. Opinions expressed in WAGD TODAY are the authors and are not necessarily those of the WAGD or the AGD. Direct all communications regarding editorial content to WAGD TODAY.
WAGDEditor@juno.com



Dr. Dat P. Giap, DMD
Co-Editor WAGD Today



Dr. Dave Carsten

October 2008

I never thought I would live in Brooklyn, but here I am! Some of you know that I have left the Vancouver area and started an Anesthesiology residency at Lutheran Medical Center in New York.

After 24 years of practice why would I do that? We can talk about that in later correspondence. How about I tell you about New York City and Brooklyn? Of course being the finance capital of the world, it has been in the news.

We all know about Lincoln Center, Carnegie Hall, Broadway, the many museums, Central Park, and the World Trade Center. There may be some things that you don't know. I don't have a car here. Mostly, it is unnecessary. The subway and bus system is exceptional. You can go almost anywhere in the metro area for \$2. Safely and efficiently. If you aren't sure where you are going, you can ask most anyone and if they

hear that some of the residents that come to LMC never venture more than 8 or 10 blocks the whole time they are here.

speaking English, they will give you much more information than asked. If they speak English.....many people don't and it seems almost everybody has an accent but me.

There once were ethnic neighborhoods but I see little of that. Most of New York is a heterogeneous hodgepodge of every background you can imagine. There are rich and poor neighborhoods, but even with that, often the janitor lives down the street from the CEO. It is hard to appreciate what that means unless you live here for awhile. I also find it odd that even though I lived in small towns for years, I now live in a small town.

The neighborhoods of New York function much like small towns. You get to know your neighbors, you get to know the local grocer, you get to know the small business owners and they greet you by name when you stop by. All those small businesses mixed with the apartments and houses is a big reason why cars are mostly irrelevant for most people. There is very little that you might need that you can't find within 10 blocks.

If you need something farther away, the subway and bus are at your disposal. I have

heard that some of the residents that come to LMC never venture more than 8 or 10 blocks the whole time they are here.

I do venture out now and then. I just acquired a bicycle, so I may be ranging a bit more.

The weather is very pleasant right now. The summer tends to be hot and humid. The fall is warm with cool evenings. I often eat on the little terrace that faces the street.

Looking straight ahead from my terrace vantage point, I see the local park, full of big broad leaf trees that are just beginning to do their seasonal color shift. If I look left, I see the local pier crowded with at least a hundred people who are either fishing, watching the ships slowly pass by, or they are just watching.

The sushi bar across the street is opening for business. Their unagi is very good. I have a presentation I need to prepare for pediatric medicine. I have to get to it. I am on call tomorrow night. I will write again soon.

Dr. Dave Carsten,
Lutheran Medical Center,
Brooklyn, New York

"Regional Director Update" continued from page 3

ronment not interrupted by outside forces (Candidates). Save the date and more details will follow soon.

On a different note, Alaska will soon have elections. Dan Kiley, DDS, FAGD has agreed to once again take over the top leadership position. A call for volunteers will soon be going out to help them build a leadership pool. Montana is scheduling elections to be held at their annual meeting in

conjunction with the MDA meeting next spring. Idaho is hosting our President, Paula Jones, and our Secretary, Linda Edgar at a reception at my house during the Special Olympics Winter Games in February. Washington recently formalized their BOD terms, and OR has recently moved into a new headquarters.

Headquarters has established a new program that is one day long. It is designed to

educate Constituent Leaders on the resources available through Headquarters to help make the administration of constituent duties easier.

Guy Hanson, DDS, MAGD
Regional Director

A BOARD MEMBER PROFILE



Dr. Ricardo Schwedhelm

Dr. Schwedhelm is a Full Time Clinical Associate Professor, Department of Restorative Dentistry at the University of Washington. He also maintains a private prosthodontic restorative practice in Seattle.

He received his Dental degree from U.N.I.T.E.C. (Mexico City) in 1978. He obtained his M.S.D. degree and a certifi-

cate in Fixed and Removable Prosthodontics and a Diploma in Complete Prosthodontics with a minor in Dental Materials from the University of Indiana in 1983. He is a Certified Specialist in Prosthodontics in the Province of British Columbia and Alberta, Canada. In 1995 he received his Fellowship in the area of Prosthodontics from the Royal College of Dentists of Canada. He has published articles and has presented topics in the field of Prosthodontics at various dental meetings. His professional memberships include Washington State Society of Prosthodontists, the Pacific Coast Society for Prosthodontists, and the American Academy of Fixed Prosthodontics, the

Association of Prosthodontists of Canada., and the Royal College of Dentists of Canada.

Dr. Schwedhelm is a board member of the Washington Academy of General Dentistry. He is instrumental in the Howard Memorial Student Clinical Competition Program at the University of Washington School of Dentistry. Dr. Schwedhelm encourages and helps junior and senior dental students to select and present actual clinical cases they completed in school.

The winner goes on to present his or her case at the Pacific Northwest Dental Conference in July.



Webster's Dictionary defines calibration as: A set of gradations that show positions or values. Often used in the plural. And that is exactly what you do when you manage your time, you prioritize your "to do" list.

I hear people saying: "I don't have enough time" and this is a self-fulfilling prophecy. They are recalibrating themselves to NOT have enough time.

When someone tells me, "I don't have time to talk to you" I know this is a recalibration of my phone conversation with them to a lower status or value.

We always have enough time. If someone tells me they don't have enough time to meet me for lunch, I know there is something more important for them to do.

So every time you say "I don't have enough time _____" you are recalibrating your time to prioritize what is important to you and what is not.

This is not rocket science, this is the plain simple truth.

NEW ARTICLE: Have You Gotten Your New Direction for the New Year?

Click on Articles on the left side after entering the web site.

www.lindatalley.com

Please check the WAGD Website daily for new updates to stay current.

WWW.WAGD.ORG

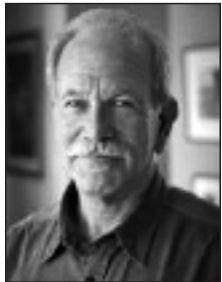
Watch the NEWS for SALIVA DIAGNOSTICS and visit

www.ada.org/prof/resources/positions/statements/fluid_diagnostics.asp

Coaching

Generating Power & High Performance

Dr. Marc B. Cooper, *The Mastery Company*



Tiger Woods can't see himself swing. Roger Federer can't see himself serve. LaBron James can't see himself shoot. Mariah Carey can't hear herself sing. How do these individuals consistently perform

at the highest pinnacle of success? Simple, what each of these stellar performers knows is that when outstanding performance is critical, coaching is crucial.

Coaching is not teaching. Coaching is not advising. Coaching has little to do with passing on knowledge, experience, expertise or wisdom. Coaching is not applied psychology. Coaching is not guiding, offering suggestions, nor is it giving hints, recipes or tips. Then, what is coaching?

Coaching is a unique way of interacting with an individual that enables that person to perform at their highest level, many times, beyond even what the player knows is possible.

The Coach Player Relationship

In order to generate maximum performance, the coach and player must have a very distinctive relationship. Unlike a teacher or adviser, a coach must be able to get "inside the head" of the player¹. A coach must be able to "see with the player's eyes." A coach must be able to read the player's thoughts. The coach must have a sixth sense, a kind of intuition, a second sight or clairvoyance about what's going on for the player. For a coach to be effective, he or she must have a profound insight into what makes the player "tick."²

Without a relationship of trust, affinity and kinship, coaching won't work. Without a relationship in which the player experiences the coach as being totally committed to his or her success, coaching won't work. Without a relationship of appreciation, honor and mutual respect, coaching won't work. Bottom Line: The coach must love the player.

In addition, the coach and the player must be committed to the player's best performance. Both must be committed to winning. Both must be committed to the team win-

ning. And both must be willing to define the player's performance by clearly defined, measurable outcomes, and tangible accomplishments. Both the player and the coach must understand that to improve performance you need to measure, whether it's par, first-service aces or position on the record charts. When performance counts, so do the numbers.

HOW COACHING WORKS

These two words are placed on the page with a gap in between them because there is always a gap between potential and performance.

Potential Performance

For many dentists in the area of running their practice as a business, it's a huge gap. There is something in the gap that thwarts a player's performance. The coach's job is to get the best performance out of the player. Having the player clearly recognize what's hindering their potential from turning into high performance is therefore "job-one" for the coach. Because once the player can recognize what's inhibiting their potential, it enables the player to shift into high performance³.

Now, that "something" that exists in the gap cannot be revealed by either teaching or advising. That "something" in the gap can neither be explained nor illustrated. What's in the gap must be self-discovered by the player so that the player has a direct knowledge of what that is. And, once revealed the player is no longer obstructed by it.

Tim Gallwey (Inner Game of Tennis, Inner Game of Golf, Inner Game of Business) and Myles Downey (Effective Coaching) call the blockage in the gap "Interferences." Other well known coaches, Werner Erhard (est, Landmark Educational Corporation), Tracy Goss (The Last Word on Power), Jim Selman (Techniko) and Dr. Charles Smith (The Merlin Factor), define these Interferences as unrecognized and unexamined thoughts and emotions that the player is blind to and which are typically based in fear and doubt.

Potential <minus> Interferences = Performance

The way to increase performance is to reduce or eliminate the Interference. As the Interference lessens or disappears altogether, more potential is available. According to

Downey, Interferences crop up in many forms. Here is a list he uses at his School of Coaching in London³.

- Fear (of losing, of winning, of making a fool of yourself)
- Lack of self confidence
- Trying too hard
- Trying for perfection
- Trying to impress
- Anger and frustration
- Boredom
- An overactive mind (flurry of thoughts)

There are other Interferences that I commonly observe in my work with dentists.

- Fear of looking bad
- Fear of conflict
- Fear of failure
- Fear of making it worse
- Fear of being found out

The way I have been trained as a coach, and what I have learned works best in my hands, is to reduce Interference by "focused attention^{1,3}." In order to get the player to focus attention, you first need to have the player generate a clear intention, i.e. getting the hygienists to work as a team, getting the front desk to be more personable with patients; increasing new patients. Once the intention is declared and clearly defined, you can now focus the player's attention⁴.

When the attention is focused, the player becomes a much better performer. You'll hear players talk about it as "in the zone" or "in the flow" or as Tim Gallwey calls it, "relaxed concentration." Dentists are very familiar with this state because they reach it constantly - it's the state they're in when they're doing their dentistry. But it's not a state that's ordinarily achieved when they are managing, leading or owning their practice as a business.

HAVING THE PLAYER SEE THEIR INTERFERENCE

You can't teach the player to see his or her Interferences. You can't give instruction, advice, information, suggestions or guid-

"Coaching" continued on page 7

“Coaching” continued from page 6

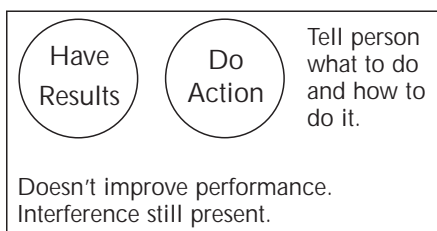
ance to reveal their Interferences. As a coach, you need to work with the player in a domain where they can self-examine, self-discover and self-reflect⁴.

A coach begins by asking the player to declare their intention.

- What results do they want to produce?
- What outcome do they want to have?



Now a teacher or adviser would instruct the player on what to do, i.e. “Here are the required actions to take.” The teacher would tell the player the right things to do and illustrate how to best achieve the result. But all this advice won’t improve the player’s performance because it doesn’t get to the place where the Interference lives.

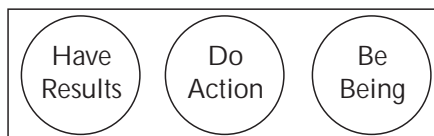


The Interference still remains, even though the player now knows what to do. In most cases, knowing what to do is old news. He or she knows what to do and they’re not doing it. So even though the player understands what to do, nothing changes.

A coach must access a different domain than the domain of “doing,” what to do or how to do it. Remember, coaching is not teaching, which informs, instructs and suggests. Coaching is altering how the player sees him or herself so they can recognize their Interferences.

To help the player recognize their

Interference, a good coach works in the domain of being⁴ - enabling the player to uncover who he or she is being about the situation, the circumstance or the goal. And then, through the techniques of coaching, the coach alters who the player is being, so he or she can be more able, be more courageous and be more powerful. Following this coaching, the actions the player takes will be much more effective, and with more effective actions the intended results can be delivered^{5,6}.



CONCLUSION

Any professional fully committed to being an outstanding performer understands that coaching is integral to their success. Coaching is not teaching, mentoring, advising or helping. Coaching occurs within a relationship of trust, affinity, compassion and unconditional commitment to the player’s success. The coach and the player possess a mutual intention about getting the best performance out of the player.

A coach is able to have the player self-discover how he or she is being about a situation, circumstance or breakdown. Then, the player discovers through a coaching interaction who they have been being in the face of the breakdown or goal, an insight occurs. Discovering for him or herself who they have been being uncovers the Interference to successful performance. Once the Interference is recognized, the player converts much of their potential into high performance so that the intended results are produced.

Marc B. Cooper, DDS, MSD
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The Mastery Company
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References:

1. *Coaching: Evoking Excellence in Others*, James Flaherty, 1999, Publisher - Butterworth & Heinemann
2. *Personal Being*, Ron Harre, 1984, Publisher - Harvard University Press
3. *Effective Coaching: Lessons from the Coach’s Coach*, Robert Downey, 2003, Publisher - Thomson-Textere
4. *The Experience of Insight*, Joseph Goldstein and Jack Kornfield, 1976, Publisher - Shambala Publications
5. *Coaching for Commitment*, Dennis Kinlaw, 1989, Publisher - University Associates Inc.

6. *Phenomenology of Existentialism*, Reinhardt Grossman, 1984, Publisher - Routledge and Kegan

Dr. Marc Cooper’s professional career includes periodontist, private practice, academician, researcher, teacher, consultant, coach, trainer, seminar director, futurist, board director, author, entrepreneur and inventor. His consulting company has been in existence since 1984. Dr. Cooper’s client experience includes numbers of health care entities from numerous solo private practices to large hospital system, from Silicon Valley start-ups to Fortune 500’s. His weekly newsletter has subscribers in 31 countries. He works with clients throughout North America with a few select clients in Europe and Dubai. Dr. Cooper has studied with masters in numbers of disciplines, participated in formal business educational programs, worked as an independent contractor with several top flight consulting companies, and developed a suite of online business assessment tools.

Dr. Cooper splits his time between Ashland, Oregon and Bainbridge Island, Washington.

Please check the WAGD Website daily for new updates to stay current.

WWW.WAGD.ORG

Watch the NEWS for SALIVA DIAGNOSTICS and visit

www.ada.org/prof/resources/positions/statements/fluid_diagnostics.asp

1ST Annual Washington Academy Member Appreciation Event!
Hosted by Hufford Financial Advisors & the WAGD
Saturday, September 19th, 2009
The event is *FREE* for our members!

Mark Your Calendars!

The Board of Directors of the Washington Academy of General Dentistry will host our 1st Annual Member Appreciation Event on Saturday, September 19th, 2009 (9:00am-1:00pm) at the Marriott Seattle Waterfront 2100 Alaskan Way, Seattle, WA 98121
The event is *FREE* for our members!

Event Agenda

- Welcome
- WAGD President's Message & Introduction of the Hufford's Advisors
- Presentation of Hufford's Sneak Peak at Mastering you Financial Future
- Commencement of Celebration & Member Networking
 - Enjoy great food and drink
 - Network with fellow members
 - Meet your WAGD board of directors
 - Free gifts for attendees
 - Drawings for great door prizes
 - Receive Free CE for attending the Hufford Lecture

Don't miss this opportunity to celebrate and recognize your membership in the WAGD.

Interested in bringing a friend who is not yet a member of the AGD. Just pre-register your friend and they can attend for *Free* when accompanied by an AGD member.

Registration and Payment: *Free* to WAGD Members & their guests-But you must register before September 1st, 2009
Registration at the door for non-registered guests will be \$40.00 per participants.

Registration for Washington Academy Members Appreciation Event

Send to:

Valerie A. Bartoli, Executive Director

Name _____ AGD Number _____

Address _____ City _____ State _____ Zip _____

Phone ____-____-____ Fax ____-____-____

Email _____



The event is *FREE* for our members!

Invited Non-AGD Dentist-_____

Invited Non-AGD Dentist-_____

Three Easy Ways to Register

Mail: 32114 1st Ave S., Suite 200 Phone: 253-306-0730 Fax: 253-891-4053
Federal Way, WA 98003

Cancellation Policy: Due to the nature of this course, no refunds will be given. Organizers will not be liable for any expenses incurred by participants due to missed session.

The WAGD Reserve the right to cancel a course if the minimum registration expectations are not met. Registrants will be notified and full tuition refunds will be issued.

Detailed Online Course Information: WWW.WAGD.ORG

Registration and Payment: *Free* to WAGD Members & their guests-But you must register before September 1st, 2009

Registration at the door for non-registered guests will be \$40.00 per participants.

ATTENTION DENTISTS IN THE SEATTLE AREA

Are you looking to make an equipment purchase or just want to window-shop equipment brands and learn from manufacture representatives?

WAGD and these sponsors want to help you!

The Washington Academy of General Dentistry had the great fortune of co-hosting with Burkhart Dental Supply Company the fourth annual “High Tech” evening at the University of Washington South Campus Center, Room 316, on:

Thursday, January 29th 2009; 4:30 PM to 6:30 PM.

Thank you to all the people who made this program possible!

Representatives from: **Air Techniques, Adec, Daisy, Hoya, Instrumentarium Imaging, GE Health, Ivoclar, KaVo, Pact One, Pelton & Crane, Planmeca, Digi-Doc, Ivoclar/Vivadent, 3M, Accutron, Amtel, Brewer, Dentapure, ESMA, Hager Worldwide, PDT, Progeny, Velopex** and others helped attendees view their products, answered questions and still are willing to make a sale if you're so inclined!

The goal of this event was to get dental students, dental school faculty and the general dentistry community together with the latest dental equipment and technology in a relaxed evening setting. Representatives from companies providing the latest equipment, hardware and software for your front and back office provided hands on demonstrations of their wares. Dental students were given the opportunity to see technologies they may have only heard about, and practicing dentists were able to see and compare equipment that may one day end up in their practice. It was also our hope to get dental practitioners together with future dental professionals in a fun environment to enhance understanding and relationships with each other. To top it off, light hors d' oeuvres and beverages were provided!

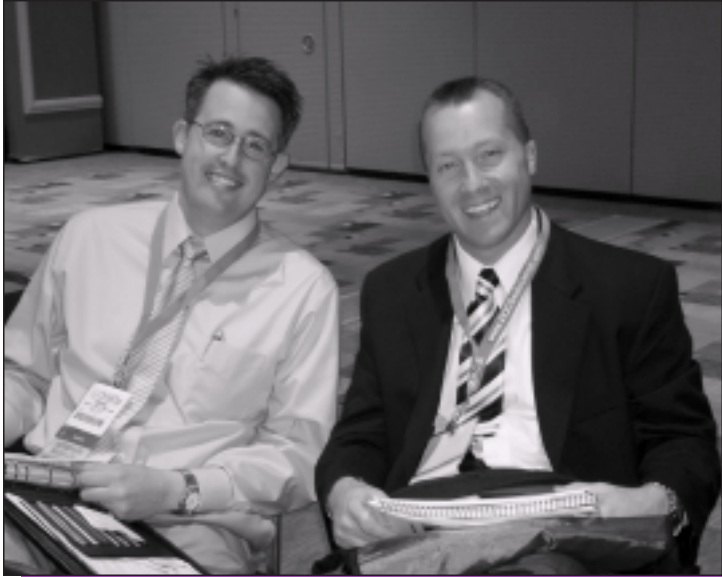
THANK YOU once again to Burkhart Dental Supply and the University of Washington for joining with us in putting on this event. If you have any questions, please contact WAGD Executive Director Valerie Bartoli by phone at 253.306.0730 or me at 360.457.5152.

Todd Haworth DDS MAGD,
WAGD Board Member
January 2009

Please check the WAGD Website daily for new updates to stay current.

WWW.WAGD.ORG

Watch the NEWS for SALIVA DIAGNOSTICS and visit
www.ada.org/prof/resources/positions/statements/fluid_diagnostics.asp



2008 Annual Meeting Alternates
Dr. Steve Thomas & Dr. Dave Keller



2008 Pacific Northwest Dental Conference WAGD Booth
Dr. Gary Heyamoto & Dr. Todd Haworth



WAGD Dental Student Representatives
Phil Cronin & Tim Richardson



WAGD Mastertrack Course
Microscopic Endodontics



Mastertrack Endodontic Course
Front: Dr. Brad Sainsbury & Back: Dr. Carl Youngquist



This course is Fun!
Dr. Tammy Eckart



Endo Hands-on-participant
Dr. John Ludu



Mastertrack Participants Working with the Microscopes



2008 Dentist of the Year
Dr. Haworth with Past
President Jeanine McDonald



WAGD Mastertrack Participants
Dr. Randy McLeary & Dr. Ted Baer



WAGD Mastertrack Course - Practice Management
Dr. Marc Cooper



Practice Management
Dr. Marc Cooper & Dr. Steve Russell



WAGD Group Photo
Past Presidents Drs. Heyamoto, Edgar, Haworth, and Poleson

“Legislation” continued from page 1

around the country. As I have indicated in many articles before; your practice freedoms are not static and can be changed with a vote or a new bill.

Currently WSDA and WAGD are seeking the reasons for such a dramatic suggestion by some legislators. One of the concerns of some who have served on this Commission

is that if the number of dentists were decreased from 12 to 6 and number of public members increased that the expertise needed to evaluate cases that were turned in to DQAC would be grossly inadequate.

WSDA is organizing Legislative Day on Friday Feb. 13, 2009 in Olympia. It is important that grassroots dentists are aware of all legislation that can affect your

patients.

Your involvement in Legislative Day is encouraged every year. You can contact WSDA at 206-448-1914 or 1-800-448-3368 if you have an interest in becoming involved.

Thank you.

1-800-448-3368

DENTAL QUALITY ASSURANCE COMMISSION

To receive information regarding topics and agenda for Dental Quality Assurance Commission business meetings, please contact Jennifer Santiago.

Jennifer Santiago, Program Manager
Department of Health
Dental Quality Assurance Commission
Athletic Trainer Program
360-236-4893 phone
360-236-2901 fax
jennifer.santiago@doh.wa.gov

Public Health - Always Working for a Safer and Healthier Washington

AGD and AAPD Sponsor Pediatric Course

The AGD has partnered with the American Academy of Pediatric Dentistry (AAPD) to offer AGD members a discount on the upcoming pediatric course, “Comprehensive Pediatric Dentistry for the General Practitioner.” General and pediatric dentists understand that early efforts at prevention and education are key to excellent oral health. The AAPD’s course, structured specifically for the general dentist, strives to provide attendees with a comprehensive understanding of issues specific to treating children and adolescents, including those with special needs, behavioral challenges, and other complexities.

The course will be held April 3-5, 2009, in Las Vegas. Find out more about the AAPD at www.aapd.org.

AGD CREDIT FOR EXISTING STUDY CLUBS

Are you currently involved in a study club? Is that study club approved for AGD Fellowship and Mastership credit? Dr. Linda Edgar would like to hear from all study clubs so that we know what CE is happening around the state. If the club is not presently approved for credit, she would like to help with the approval process so that your participants can receive credit. Please contact:

Dr. Linda Edgar (O) 253-838-9333 or (H) 253-838-1230

STARTING A STUDY CLUB and Receiving PACE Approval (AGD Credits)

If you are interested in starting your own study club to earn AGD credit, but need some help finding speakers and getting organized, we would like to help you!

Call Linda Edgar (O) 253-838-9333 or (H) 253-838-1230

We have over 300 "PACE Approved Study Clubs" registered in our state. If you are interested in starting one, please follow these steps:

1. You must have been in existence for 1 year and have already provided programs that have been evaluated by the dentists present.
2. You must supply a list of goals, a list of speakers and the names of the programs you have provided, an example of an evaluation sheet for the courses that you have provided and a summary of the evaluations.
3. You **MUST NOT** be representing a company.
4. You cannot provide these courses out of the state of Washington.
5. Contact me at drledgar@earthlink.net, or 253-838-9333 (O) and request an application.
6. Send the completed application back to me at :

1911 SW Campus Drive, Federal Way, Wa. 98023

with a 175 dollar check made out to WAGD that is good for 4 years of sponsor (PACE) approval. (may be subject to change) if you are an AGD member, \$375 if you are a non-member

7. Your approval will be sent to AGD Headquarters or you will be contacted with any reasons that you weren't approved.
8. You will receive a **NUMBER from national that you must provide your study club members to use to get credit. You must provide a verification form with the AGD logo to participants. You must have a sign up sheet for participants with their Name, AGD number, Course Name and Instructor, Number of credits and whether the course is Participation or Lecture. This list must be sent to AGD national for course verification. (211 East Chicago Ave. Suite 900, Chicago, Ill. 60611-1999)**
*******If you are a specialist it is not required but it is appreciated if you support the AGD by joining as an Associate Member*****a membership application will be sent with your PACE Approval Application**
9. If you want to Provide Courses and give credit in more states than Washington you must contact Glori Bond at AGD headquarters 1-888-243-3368 glori.bond@agd.org for another type of application that is reviewed by the National PACE council .



NEW AND FREE AGD MEMBER BENEFIT

“New AGD Member Benefit”

www.knowyourteeth.com

Excellent educational website FOR YOUR PATIENTS! Check it out today:

www.knowyourteeth.com

Contact Ray Martin, DDS, MAGD at 508.337.8555 if you have any questions. Ray Martin is AGD PIO. He is the correct contact for this resource.

CPR from A to Z



James Moquin, Owner/CEO

If you have been in the dental field for any length of time, you have probably had your share of CPR classes. We can all agree that this is one very important skill that we all hope to never have the

need to apply on a real patient. Emergency medicine is as old as time. It is probably very likely that some of the skills in emergency medicine have not changed much over hundreds of years. I can imagine the application of pressure to stop bleeding was a simple and natural response before it was ever put into a formal, step by step procedure. While CPR as we know it, has really only been around for 40 or 50 years. It has gone through many minor to major modifications in this time.

Modern CPR was developed in the late 1950s and 1960s. The discoverers of mouth-to-mouth ventilation were Drs. James Elam and Peter Safar. There are even references of mouth-to-mouth resuscitation described in the Bible (mostly performed by midwives to resuscitate newborns) though it fell out of practice until it was rediscovered in the 1950s. In early 1960 Drs. Kouwenhoven, Knickerbocker, and Jude discovered the benefit of chest compression to achieve a small amount of artificial circulation. Later in 1960, mouth-to-mouth and chest compression were combined to form CPR similar to the way it is practiced today.

CPR is important, both before, and after shock delivery. When performed immediately after collapse, CPR can double or triple the victim's chance of survival. CPR should be provided until an automated external defibrillator (AED) is available. After about 5 minutes of VF with no treatment, outcome may be better if shock delivery (attempted defibrillation) is preceded by a period of

CPR with effective chest compressions that deliver some blood to the coronary arteries and brain. CPR is also important immediately after shock delivery; most victims demonstrate asystole or pulseless electrical activity for several minutes after defibrillation. CPR can convert these rhythms to a perfusing rhythm. Sudden cardiac arrest (SCA) is a leading cause of death in the United States and Canada. Although estimates of the annual number of deaths due to out-of-hospital SCA vary widely, data from the Centers for Disease Control and Prevention estimates that in the United States approximately 330,000 people die annually in the out-of-hospital and emergency department settings from coronary heart disease. <http://www.citizen CPR.org>



The major purpose of the 2005 AHA Guidelines for CPR is to improve survival from cardiac arrest by increasing the number of victims of cardiac arrest who receive early, high-quality CPR. Survival for out-of-hospital cardiac arrest is as low as 6.4% or less in most reports from the United States and Canada. While there are multiple factors contributing to this low rate of survival, each of these factors can be difficult to control in clinical studies in the out-of-hospital setting. As a result, many studies use short-term outcomes such as return of spontaneous circulation or survival to hospital admission, rather than long-term outcomes such as neurologically intact survival to hospital discharge. These mixed outcomes make it difficult to judge if the results

of a study are applicable to all patients or victims in all emergency response systems. Despite these challenges, resuscitation research must strive to identify treatments that increase the number of SCA victims who leave the hospital alive with normal brain function.

The 5 major changes in the 2005 guidelines are these:

- Emphasis on, and recommendations to improve delivery of effective chest compressions. To give effective chest compressions, all rescuers should “push hard and push fast.” Compress the chest at a rate of about 100 compressions per minute for all victims

- A single compression-to-ventilation ratio for all single rescuers for all victims. The AHA recommends a compression-to-ventilation ratio of 30:2 to all healthcare providers who perform 1 or 2 rescuer CPR. As a healthcare Provider the 2 person pediatric guidelines for children and infants are 15:2.

- Recommendation that each breath be given over a 1 second duration and produce a visible chest rise.

- A new recommendation that single shocks, followed by immediate CPR, be used to attempt defibrillation for VF cardiac arrest. Rhythm checks should be performed every 2 minutes.

- Endorsement of the 2003 ILCOR recommendation for use of AEDs in children 1 to 8 years old (and older); use a child dose-reduction system if available.

While these changes don't appear to be major changes, they represent the most extensive scientific data driven changes ever by the AHA. The AHA which is the leader in a worldwide consortium of medical foundations with an interest in seeing better resuscitation outcomes. Remember in emergency stay calm and lead with controlled urgency. HeartStart Medical is always available to assist in your emergency office preparedness and offers a \$200 dollar discount on introductory BLS CPR courses.

HeartStartmedical.com
360-201-4105

The American Academy of Pediatric Dentistry Head Start Dental Home Initiative

Oral Health is integral to the healthy physical, social-emotional and intellectual development of every child. Unfortunately, many children in America suffer from poor oral health and a lack of access to oral health care. The 2000 Surgeon General's Report, "Oral Health in America," noted that not only is dental caries the most common chronic disease of childhood, but that low-income children suffer from twice as much tooth decay as more affluent children. Current statistics indicate that 28% of all preschoolers between the ages of 2 and 5 suffer from tooth decay, but in Head Start programs, decay rates often range from 30%-40% in 3-year-olds and 50%-60% in 4-year-olds. Head Start leadership, staff and parents have identified poor oral health as the single most important health issue facing Head Start programs nationwide. The emphasis placed on oral health reflects an understanding that oral health education, prevention, and early diagnosis and treatment are key to healthy development for HS children.

The federal Office of Head Start (OHS) has awarded a five-year contract to the American Academy of Pediatric Dentistry (AAPD) to help create dental homes for Head Start children throughout the U.S. A dental home is a source of comprehensive, continuously accessible, coordinated and

family-centered oral health care provided by dentists.

Although the initiative will not directly fund dental services, AAPD's efforts will help Head Start (HS) and Early Head Start (EHS) children access oral health care through the development of a national network of pediatric and general dentists who will provide quality dental homes for HS and EHS children. AAPD President Beverly Largent reflects on the potential impact of this initiative in her statement, "I am convinced that the AAPD Head Start Dental Home Project will be the foundation that will ensure future dental homes for Head Start children, and children's oral health care will become a priority for the nation."

The AAPD-OHS collaboration will help provide parents, caregivers and Head Start staff with the latest evidence-based information on how they can help prevent tooth decay and establish a foundation for a lifetime of oral health. Dentists also will be offered information to enhance their understanding of the needs of the HS/EHS population.

Head Start is unique in that it provides comprehensive services to enrolled children and families enrolled in HS and EHS. These services, which focus on parents, include case management, support services, parent

education and opportunities for parent involvement. Head Start Performance Standards require that HS children receive an initial dental exam and have a dental home. Comprehensive services reinforce performance standards and can assist parents in overcoming some of the barriers to good oral health. As one California pediatric dentist stated, "My experiences with the two programs in my area now and one in a previous practice location have shown me that Head Start changes these families dental health future, and it is a pleasure to support that."

Recognizing that establishing dental homes for almost one million children enrolled in Head Start programs annually is no small task, AAPD has turned to other professional dental organizations to develop collaborative partnerships to accomplish this goal. The AAPD looks forward to working with members of the Academy of General Dentistry in Washington to provide dental homes for all Head Start children in our state.

For more information about how you can become involved in this important initiative, please visit the AAPD web site at www.aapd.org/headstart/.

MARK YOUR CALENDARS:



2009 Annual Meeting and Exhibits

July 8 - 12, 2009

Baltimore, Maryland

This letter can be used as guide when explaining the benefits and value of being a member of AGD

Date

Dear ,

We need your help. I would like you to consider joining AGD to help support your interests as a general dentist.

Do you do periodontal treatment for patients with 5 or 6 mm pockets , who are pregnant, who smoke or who have diabetes? Do you do Invisalign? Do you use oral sedation? Are you aware of legislative moves to create midlevel providers for dentistry in some states? If you do any of these procedures the AGD has helped you retain this freedom as a General Dentist this year. The AGD has also recently written a White Paper on Solutions to Access to Care which emphasizes the need to have a dentist supervise auxiliaries where their scope of practice has been increased to help more patients be seen more efficiently.

In 2002 Invisalign was restricted to orthodontists. AGD supported your rights by encouraging this company to train general dentists as well. In 2006, the American Academy of Periodontology came out with new guidelines suggesting restricting periodontal procedures and strongly recommending Type 3 patients be referred to a specialist. The AGD responded by communicating with over 145,000 dentists that this restriction would create an access to care problem and supporting ADA's policy on referrals. In December, 2006, the ADA's Committee H drafted new guidelines for oral sedation that would increase monitoring and restrict the ways to get the education to provide this service. The AGD developed a task force and wrote a response letter to the ADA that has created guidelines that are more reasonable, safe and will not limit the access to care for many fearful patients. These new revised proposals were voted on at the ADA House of Delegates in the fall of 2007 and passed.

This year ,2008, the AGD has been involved with the discussion of the development of Midlevels like DHAT's (Dental Health Aide Therapists), and ADHP (Advanced Dental Hygiene Practitioners). A White Paper has been written that we will present to legislators with suggested solutions that will better serve our patients.

Most of us think that the freedoms we enjoy to practice General Dentistry will always be there. This may not be the case. If we are trained to do endodontics, oral surgery or crown lengthening we may not always enjoy that right. Without the efforts of the AGD, General Dentists may not be doing Invisalign today, the regulations and guidelines would be more restrictive for oral sedation and we would be strongly urged by the new Periodontal guidelines to always refer any patient with 5 or 6 mm pockets.

The AGD represents General Dentists exclusively. As new guidelines and possible suggested restrictions from other specialty organizations come forward we must be able to continue to stand up for your rights to practice and provide the best care for your patients with appropriate referrals.

The AGD is very supportive of being a member of both AGD and ADA but because many issues involve communications between specialties that are also part of ADA it is difficult for ADA to represent you exclusively as a general dentist.

This effort to advocate for you and also continue to provide excellence in education programs is expensive and we need your help by joining the AGD.

The Academy of General Dentistry (AGD) is focused on meeting the needs of general dentists every day,

The AGD Mastership (MAGD) and Fellowship (FAGD) Awards programs encourage general dentists to continue to strive to improve and provide the best and safest care for their patients. You do not have to work toward the FAGD or MAGD to be a member.

To join AGD please send the enclosed application directly to AGD . 211 East Chicago Avenue, Suite 900, Chicago, IL 60611
Thanks for your help.

Sincerely,

WEBSITE WEBSITE WEBSITE WEBSITE WEBSITE

Some articles were not able to be included in this issue. We hope that it will be convenient for you to view the WAGD Website WWW.WAGD.ORG to keep current with the events, CONTINUING EDUCATION topics and dates. Contact information for each of the officers is shown in this newsletter and also on the website.

If you have articles to include in our newsletter or which can be included in the website presentations, please feel welcome to contact us. We value your contributions and suggestions.

Thank you very much.

Kathryn Poleson, DMD, MAGD
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AGD and the Dental Team



Valerie Bartoli, WAGD
Executive Director

The Academy of General Dentistry (AGD) is not just for general dentists! Dental team members are an essential and valued part of the general dentistry community, and we invite them to be a part of the AGD team!

What does the dental team receive with AGD membership? As an affiliate member, they would be granted access to the following AGD benefits:

- Free online courses, cutting edge patient information, and valuable online services at www.agd.org.
- Case studies, best practices, success from your colleagues, information from AGD publications like AGD Impact and General Dentistry.
- Networking within the AGD Career Center.
- Opportunities to interact with peers through AGD Web forums.
- A dedicated dental team track at the AGD Annual Meeting & Exhibits.
- Money-saving opportunities on office products and services, education finance solutions, car rentals, and insurance through AGD Benefits Plus programs.

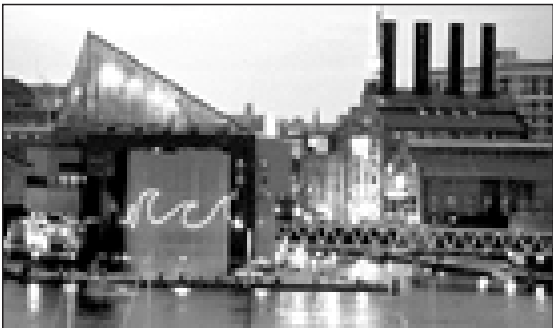
Why become a member of the AGD? You should become a member because:

- The AGD is the only organization dedicated to advancing the value and excellence of general dentistry.
- Issues of general dentistry and patient care are important to you! The AGD not only advocates on behalf of the general dentist, we work with other professional organizations for the good of the overall general dentistry community.
- The AGD is an accessible, member-focused organization that exists to help members answer questions and find solutions.

Need More Information Contact our WAGD Executive Director

Valerie Bartoli
32114 1st Ave S. #200
Federal Way, WA 98003
253-306-0730
Fax-253-891-4053
Website-www.wagd.org

MARK YOUR CALENDARS:



2009 Annual Meeting and Exhibits

July 8 - 12, 2009

Baltimore, Maryland



2009 GENERAL MEMBERSHIP APPLICATION

For more information:
 Call us toll-free: 888.AGD.DENT (888.243.3368)
 Or join online: www.agd.org

Code: _____

Referral Information

If you were referred to the AGD by a current member, please note information below:

Members Name _____

City, State/Province, or Federal Services Branch _____

Member Information

First Name _____ MI _____ Last Name _____ Designation (i.e. DDS, DMD, BDS) _____ Informal Name (If applicable) _____

Type of Membership: (Check one) Active General Dentist Active General Dentist (Recent graduate in last four years)
 Associate Resident Dental Student Affiliate

_____/_____/_____
Date of Birth (mm/dd/yyyy)
 Required for access to the AGD Web site

Do you currently hold a valid U.S./Canadian dental license? Yes No
 License Number _____ State/Province _____ Date Received (mm/yyyy) _____

If you are not in general practice, please indicate your specialty: _____

Current practice environment: (Check one) Solo Associateship Group Practice Hospital Resident

Faculty _____ Institution _____ Federal Services _____ Branch _____

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent: U.S. Military Counterpart Local Canadian Constituent

Contact Information

Your AGD constituent is determined by your business address, unless one is not available.

PREFERRED METHOD OF CONTACT: E-mail Mail Phone
 PREFERRED BILLING/MAILING ADDRESS: Business Home

Business Address _____ City _____ State/Province _____ ZIP/Postal Code _____

Name of Business (If applicable) _____ Phone _____ Fax _____

Home Address _____ City _____ State/Province _____ ZIP/Postal Code _____

Phone _____ Primary E-mail _____ Web site Address _____

Educational Information

ARE YOU A GRADUATE OF AN ACCREDITED* U.S./CANADIAN DENTAL SCHOOL? Yes No Currently Enrolled

Dental School _____ Graduation Date (mm/yyyy) ____/____/____

Are you a graduate of an accredited* U.S. or Canadian post-doctoral program? Yes No Currently Enrolled

Post-doctoral Institution _____ Begin Date (mm/dd/yyyy) _____ to _____ End Date (mm/dd/yyyy) _____
For information on qualifying for the residency dues discount, please refer to the description on the back.

Optional Information

GENDER Male Female

ETHNICITY American Indian Asian African-American Hispanic Caucasian Other _____

HOW DID YOU HEAR ABOUT US? AGD Member (please indicate information in the referral box) AGD Web site AGD Constituent
 Newsletter Advertisement Mailing Dental Meeting Other _____

Dues Information

Refer to back side for membership and constituent dues rates.

1 AGD Membership Dues _____
 2 AGD Constituent Dues _____
 3 Promotional Code (If applicable) _____

TOTAL AMOUNT ENCLOSED (Required) _____

Return this application with your payment to:
 Academy of General Dentistry
 211 East Chicago Avenue, Suite 900
 Chicago, IL 60611-1999
 For credit card payments, fax to: 312.335.3443
 Dues rates effective until 10/01/09. Contact the AGD or visit www.agd.org for updated rates.

Payment Information

Check (Enclosed) VISA MasterCard American Express Diners Club Discover

NOTE: Payments for Canadian members can only be accepted via VISA, MasterCard, or check.

_____/_____/_____

Exp. _____ Please print the name as it appears on the card.

I hereby certify that all the information I have provided on this application is correct, and by remitting dues to the AGD, agree to all terms of membership.

Signature _____

Date _____

The 2009 application form can be accessed in the Quick Facts section of your constituent Web site at <http://agd.org/constituent/?CHAP ID=WA>

Stephanie Blankenship, Coordinator, Membership Marketing, Academy of General Dentistry, 211.440.4968 Direct, 888.AGD.DENT Main, 312.335.3443 Fax, stephanie.blankenship@agd.org

Determining Your National Dues

If you've been out of dental school for one year or are in a postdoctoral program (RG) your national dues are \$67.00.
 If you've been out of dental school for 2 years \$134.00 • 3 years \$200.00 • 4 years \$267.00 • 5 years or more \$334.00
 Members who join October 1st through December 31st pay full dues, but will not be invoiced for dues for the following calendar year.
 Retired Members please contact AGD 1-888-243-3368

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<Open Position>

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Phillip Cronin (2011)

AGD Secretary

Linda Edgar, DDS, MAGD

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drledgar@earthlink.net

If you are interested in being on a committee or being part of the WAGD Board, please contact Val Bartoli or one of the Officers.

Washington Academy of General Dentistry

Constituent of the Academy of General Dentistry

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