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# MISSOURI DENTAL ASSISTANTS ASSOCIATION

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November 2008

[www.modaa.org](http://www.modaa.org)

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## *Greeting Dental Professionals,*

What an Historic year!

I hope that we can move into the future with optimism and enthusiasm.

Our goal as members of the Missouri Dental Assistants Board is to insure that educational recourses are available to our members, and scholarships to our students. We strive to bring you any information that may pertain to updates in Dental Assisting, and answers question and concerns you may have.

Enclosed in this newsletter.

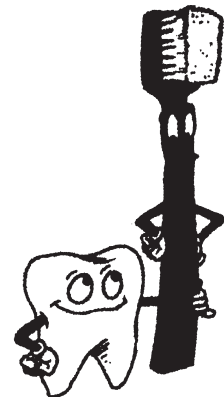
- Information about the winter session January 16, 2009 in Columbia Missouri.
- A Basic Skills class at the lodge of the Four Seasons will be given June 12, 2009.

Also a list of classes given by Janet Sell are included and will also be posted on our web site. We look forward to seeing you in Columbia.

Enjoy the Holidays!

Sincerely,

**Patsy Klein CDA**  
MDAA President





# 2009 Winter Session Registration >>>

## DEADLINES, REFUNDS CANCELLATIONS

**Early Registration Deadline: January 5**  
After this date, all registration categories increase by \$25 per registrant.

**EFDA Restorative Course Deadline: December 15, 2008**

EFDA Course registrants must include a copy of CDA, COA or Basic Skills Certificate. For questions, contact Mandy at the MDA.

### Refunds & Cancellations

All refund and cancellation requests *MUST* be made in writing. A \$50 handling fee, *PER REGISTRANT*, will be charged for all refunds prior to January 9. Refunds will not be granted, *FOR ANY REASON*, after 11:59 p.m. on January 9. Registrations may be transferred at any time without penalty.

If you have questions about completing this registration form, please call the MDA at 573-634-3436. Go to [modental.org](http://modental.org) for complete information, including schedule, speakers, courses and online meeting registration.

## 1 PRIMARY REGISTRANT

Please print clearly for accurate processing.  
Please make a copy of registration for your records.

Name \_\_\_\_\_  
 Degree/Title \_\_\_\_\_  
 ADA # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Office Phone \_\_\_\_\_  
 Office Fax \_\_\_\_\_

Your confirmation will be faxed to the above fax number. If fax left blank, it will be mailed.

## 2 REGISTRATION CATEGORY & FEE

CODE	TYPE	BY JAN 5	AFTER JAN 5
A	MDA Member	\$25	\$50
B	MDA Retired Member	\$25	\$50
C	Recent Grad	\$0	\$25
D	ADA Member (Non MDA)	\$50	\$75
E	Non-Member	\$175	\$200
F	Dental Hygienist	\$25	\$50
G	Dental Assistant	\$25	\$50
H	Business/Office Manager	\$25	\$50
I	Dentist/Spouse/Guest	\$25	\$50
J	Dental Lab Technician	\$25	\$50
K	Dental Students	\$0	\$25

If a registrant requires more columns for course and event registration, continue on to the next line below. If you have more registrants per office than space on the form, continue on another form and send in together.

## 3 NAME BADGE INFO & FEE CALCULATION

1) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_  
 2) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_  
 3) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_  
 4) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_  
 5) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_

REGISTRATION LETTER & FEE	COURSE/EVENT CODE & FEE	COURSE/EVENT CODE & FEE	COURSE/EVENT CODE & FEE	COURSE/EVENT CODE & FEE	COURSE/EVENT CODE & FEE	COURSE/EVENT CODE & FEE	FEE TOTAL FOR REGISTRANT
Letter	Fee	Code	Fee	Code	Fee	Code	Fee
Letter	Fee	Code	Fee	Code	Fee	Code	Fee
Letter	Fee	Code	Fee	Code	Fee	Code	Fee
Letter	Fee	Code	Fee	Code	Fee	Code	Fee
Letter	Fee	Code	Fee	Code	Fee	Code	Fee

## 4 PAYMENT DETAILS

Grand Total of Fees from All Registrants \$ \_\_\_\_\_  
 Check  Money Order (payable to MDA)  VISA  MasterCard  
 Name on Card \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Exp Date \_\_\_\_\_  
 Check # \_\_\_\_\_

## 5 RETURN FORM

Return completed form with check or credit card payment to:  
 Missouri Dental Association  
 3340 American Ave. Jefferson City MO 65109  
 Credit Card Payments Only  
 Fax to 573-635-0764  
 You also may register online at [www.MODENTAL.org](http://www.MODENTAL.org).

**Dental Assistants Expanded Functions  
Continuing Education Courses**

**Spring 2009**

**CEH 585-01 Restorative Expanded Functions**

Saturday, January 10, 2009, 8:00am-5:00pm

**\$350.00 per person**

**CEH 584-01 Prosthetics Expanded Functions**

Saturday, February 7, 2009 8:00am-5:00pm

Sunday, February 8, 2009 8:00am-4:00pm

**\$350.00 per person**

**Missouri Basic Skills Review and Test**

Friday, February 27, 2009

8:00 – 2:30

**\$125.00 per person**

**DANB Review**

March 3, 2009 – April 28, 2008

**\$200.00 per person**

**CEH 607-01 Monitoring Nitrous Oxide**

Saturday, April 18, 2009, 8:00am

**\$75.00 per person**

**CEH 586-01 Orthodontic Expanded Functions**

Saturday, May 2, 2009 8:00am-5:00pm

**\$350.00 per person**

**CEH 587-01 Periodontic Expanded Functions**

Sunday, May 3, 2009 8:00am-12:00pm

**\$200.00 per person**

***All classes will meet at Ozarks Technical Community College  
Springfield MO 65802, in Lincoln Hall, Room 215 (815 N Sherman)  
for more information please call 417-447-8890***

***Instructors: Janet Sell, Greta Detherage, Dr. Gary Dollens and Dr. Steve Harrison***

# ATTENTION DENTAL ASSISTANTS

The Missouri Dental Assistant Educators are sponsoring the Placement of Restorative Materials at Ozarks Technical Community College.

The Expanded Functions Courses are designed to enhance the quality of your skills as you assist the dentist in delivering optimal dental care.

Upon receiving application, informational packets will be mailed to applicants.  
Class size will be limited to the first 20 applicants.

<p><b>APPLICATION FOR ENROLLMENT</b> <i>Complete all items on this application</i></p>
--------------------------------------------------------------------------------------------

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Home Address \_\_\_\_\_ Birth date \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Office Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Home (    ) \_\_\_\_\_ Office (    ) \_\_\_\_\_

**CEH 585-01 Restorative Expanded Functions**  
Saturday, January 10, 2009, 8:00am-5:00pm  
Location: Ozarks Technical Community College  
Lincoln Hall, Room 215  
**\$350.00 per person**

1. Enclose check made out to: "OTC" and mail to Ozarks Technical Community College, Continuing Education, 1001 East Chestnut Expressway, Springfield, MO 65802 or...
2. Complete the credit card information below, mail to the above address, or fax to 417-447-8893

Method of payment: \_\_\_ *Check enclosed payable to "OTC"* \_\_\_ Discover \_\_\_ Mastercard \_\_\_ Visa  
Card Holder's Name \_\_\_\_\_  
Card Holder's Address \_\_\_\_\_  
Card Holder's City, State, Zip \_\_\_\_\_  
Card # \_\_\_\_\_ Verification code \_\_\_\_\_ Exp date \_\_\_\_\_

or for more information please call 447-8890

***Payment must be sent with this application or the student will not be registered.***

# ATTENTION DENTAL ASSISTANTS

The Missouri Dental Assistant Educators are sponsoring the Fixed and Removable Prosthodontic Expanded Functions at Ozarks Technical Community College.

The Expanded Functions Courses are designed to enhance the quality of your skills as you assist the dentist in delivering optimal dental care.

Upon receiving application, informational packets will be mailed to applicants.  
Class size will be limited to the first 20 applicants.

<p><b>APPLICATION FOR ENROLLMENT</b> <i>Complete all items on this application</i></p>
--------------------------------------------------------------------------------------------

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Home Address \_\_\_\_\_ Birth date \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Office Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_

**CEH 584-01**  
**Prosthetics Expanded Functions**  
Saturday February 7, 2009 ~ 8:00am-5:00pm  
Sunday February 8, 2009 ~ 8:00am-4:00pm  
Location: Ozarks Technical Community College  
Lincoln Hall, Room 215  
**\$350.00 per person**

Method of payment: \_\_\_ *Check enclosed payable to "OTC"* \_\_\_ Discover \_\_\_ Mastercard \_\_\_ Visa

Card Holder's Name \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

Card Holder's City, State, Zip \_\_\_\_\_

Card # \_\_\_\_\_ Verification code \_\_\_\_\_ Exp date \_\_\_\_\_

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# OZARKS TECHNICAL COMMUNITY COLLEGE

## Oxygen Safety and Monitoring Nitrous Oxide FOR DENTAL ASSISTANTS

CEH 607-01

The didactic portion of this course will discuss:

- Basic introduction
- Evolution of gas anesthesia
- Pharmacology
- Indications for use
- Contraindications for use
- Equipment
- Administration
- Recovery
- Biological effects
- Safety issues when working with oxygen

Location:

- The course will be held on the Ozarks Technical Community College campus in Lincoln Hall Room 211. Parking lot is across the street.

Course Faculty:

- Gary L. Dollens, DDS
- Doug Pursley, M. Ed, RRT
- Janet Sell, MA, CDA

Registration:

**Fee: \$90.00 per person    Date: Saturday, April 18, 2009    Time: 8:00 – 12:00**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ Birth date \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Home (    ) \_\_\_\_\_ Office (    ) \_\_\_\_\_

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Method of payment: \_\_\_ Check enclosed payable to "OTC" \_\_\_ Discover \_\_\_ Mastercard \_\_\_ Visa

**Card Holder's Name** \_\_\_\_\_

**Card Holder's Address** \_\_\_\_\_

**Card Holder's City, State, Zip** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Verification code** \_\_\_\_\_ **Exp date** \_\_\_\_\_

for more information please call 447-8890

***Payment must be sent with this application or the student will not be registered.***

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Name \_\_\_\_\_ SS# \_\_\_\_\_  
Home Address \_\_\_\_\_ Birth date \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Doctor's Name \_\_\_\_\_  
Office Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_

**CEH 586-01 Orthodontic Expanded Functions**  
Saturday May 2, 2009 ~ 8:00am-5:00pm  
Location: Ozarks Technical Community College  
Lincoln Hall, Room 215  
**\$350.00 per person**

**1. Enclose check made out to: "OTC" and mail to Ozarks Technical Community College, Continuing Education, 1001 East Chestnut Expressway, Springfield, MO 65802 or...**

**2. Complete the credit card information below, mail to the above address, or fax to 417-447-8893**

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Card Holder's Name \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

Card Holder's City, State, Zip \_\_\_\_\_

Card # \_\_\_\_\_ Verification code \_\_\_\_\_ Exp date \_\_\_\_\_

or for more information please call 447-8890

***Payment must be sent with this application or the student will not be registered.***



*There will be a Basic Skills Review/Exam in conjunction with our summer meeting next year at the Lodge of Four Seasons.*

*The meeting is June 12-13, 2009 (Friday and Saturday mornings only).*

### **Round Table Topic**

Did you have a chance to read this article in the Sept./Oct. Dental Assistant? "Little Touches With A Big Impact" By Naomi Cooper

"Anything you do to make your patient feel calmer and more comfortable -- can have a significant effect -- on your practice".

*It was an interesting article. This would be a great group discussion at an office meeting, to share ideals on patient care.*

Check it out!

### **For your information**

#### **New Position**

"Oral Preventive Assistant"  
ADA Passed in San Antonio, Texas  
It will be left up to each individual state on how to proceed with education.

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#### ***Delivering Excellence in Missouri:***

CDA - 623  
COMA - 4  
CDPMA - 12  
COA - 155

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**THE MISSOURI DENTAL ASSISTANTS ASSOCIATION**

**Pat Klein**

**3109 Fern Drive**

**St. Joseph, MO 64505**



**Missouri Dental Assistants Association Website**  
*www.modaa.org*

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***MISSOURI DENTAL ASSISTANTS ASSOCIATION***  
***LIST OF OFFICERS 2008-2009***

**President - Patsy Klein CDA, COMSA, CDPMA, EFDA**

3109 Fern Drive, St. Joseph, MO 64505

HM 816-279-9564

WK 816-279-0514

kleink@stjoelive.com

**Vice-President - Kim Westhoff, LPN**

2624 Jackson, St. Joseph, MO 64507

HM 816-233-3919

WK 816-279-3338

**Treasurer - Louise Strobietto**

811 Roe Lane # B, Macon, MO 63552

HM 660-395-2247

FAX 660-395-2247

**President Elect - Janet Sell, CDA**

508 Redbud, Strafford, MO 65757

HM 417-736-2122

WK 417-447-8832

sellj@otc.edu

**Secretary - Lee Ann Turnbaugh**

2309 Magnolia Court, Columbia, MO 65202

HM 573-445-3531

WK 573-446-1775

FAX 573-446-1802

lat31@centurytel.net

**Board Members:**

**Lynn Prine, CDA**

33 Dockside, Lake Tapawingo, MO 64015

HM 816-229-2808

WK 816-229-3828

Cell 819-809-1171

priner@umkc.edu

**Mary Lou Young CDA, CDPMA**

918 Tuscany Drive #3M, Camdenton, MO 65020

HM 573-873-3695

marlum@charter.net

**8th District Trustee:**

Maureen Mosse

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