INTRODUCTION

As a third year periodontal resident at Loma Linda Dental School and being raised in a family with a periodontal background, organized dentistry has always been an important part of my education and will continue to play an important part in the future of my career.

Being involved in organized dentistry has had many benefits other than just networking. It has allowed me to see how laws are being re-shaped all the time, sometimes to the benefit of dentists, sometimes not. It has shown me how our current laws can impact community at a larger scale such as prop 46, which as one of its ramifications could drive up our malpractice insurance and health care fees. Another example is the threat of practice model changes such as dental hygienists gaining a larger scope of practice as they gain more general supervision rights with less direct supervision from the dentist. Some of these topics are ongoing battles that established periodontists have been fighting for decades, while others are much newer issues to all of us.

I am writing this to encourage residents to get involved in the future of their profession, and also to the established professionals to reach out to the residents, and other non-involved dental professionals. This is the best way an established periodontist can ensure their legacy as periodontists and their hard work for the profession not to fall by the wayside.

Below you will find some of my research as it pertains to the perception of the future of our profession have regarding CSP. The data that I have collected and would like to share with you is pertaining to the periodontal residents’ knowledge level regarding the services that CSP provides to residents in California, and the results were disturbing.

The questionnaire that was provided to the periodontal residents in California residency programs at: Loma Linda University, University California Los Angeles, University Southern California, University California San Francisco and the VA Los Angeles.

1: Are you aware what services CSP provides to Periodontists?
2: Are you staying in California after your residency?
3: What services do you want CSP to provide to you as a resident or new periodontist?
4: What CE courses would you like CSP to have at annual meetings as a resident or new periodontist?
5: How do you want to hear about news from CSP?
CDC guidelines indicate that a person infected with Ebola is not considered contagious until symptoms appear. Symptoms of Ebola present themselves with severe illness such as: fever, muscle pain, vomiting, diarrhea, stomach pain or unexplained bleeding or bruising.

Not only these patients should not be treated for dental treatment, but office personnel including all members of staff should be taking all universal precautions. Please refer to Infection Control Practices for Dentistry for all CDC recommendations for healthcare workers guidelines to follow with regards to Ebola.

Additional resources to protect your practice and staff from risk of transmission are listed below.

http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm
http://www.cdc.gov/vhf/ebola/symptoms/index.html
http://www.dir.ca.gov/dosh/EbolaVirusInformation.htm
http://www.ada.org/en/member-center/oral-health-topics/ebola-resources

Editorial: Guidance to Dental Professionals on the Ebola Virus
Arta Farahmand, DDS, Editor

We encourage you to invite your restorative colleagues to CSP’s Perio-Restorative Conference to be held in Napa, CA, March 28-29, 2015. The life-blood of our practices is the relationship with our referrals. In order for our profession to thrive we need to have solid, lasting relationships with the main gatekeepers of our patient flow. Quality patient care also demands that there be a consistent, in-depth conversation between our restorative colleagues and us. The ability to have frank and open discussions with referrals is largely based on strong relationships. What better way to improve the ability to communicate with referrals than spending quality time with them. We need to show our restorative friends that we are as interested in their restorative patient treatment outcomes as much as we are with the treatment provided in our offices.

The best final outcomes in my office have been when there is a clear understanding of treatment sequencing. Cases can range from relatively simple crown lengthenings to same day full arch implant placement and hybrid restoration conversions. I have found that the highest rates of treatment plan acceptance are when the same information is given to them in each treating dentist’s office. If there is no ambiguity, patients readily understand the process and feel more confident in the intended outcome. We have all experienced a situation where one dentist may say one thing and another may say it slightly different which can create enough anxiety in a patient that they decide not to accept treatment. Sometimes this is nothing other than the patient “hearing” different things. If we have an opportunity to decrease ambiguity for the patient and ourselves, should we not explore the opportunity?

I invite all of CSP members, and other non-CSP member periodontists to take advantage of a unique opportunity being presented at the annual meeting of the California Society of Periodontists. This year we will be hosting a Perio-Restorative Conference, which is designed to strengthen your relationship with your restorative colleagues. The Perio-Restorative Conference is designed to give bidirectional information on successful treatment outcomes. With two days of information given in a split day format with a recognized periodontist and restorative dentist should prove to be enlightening to you and your referrals. The split day format where the speakers will discuss treatment planning and techniques for one-half day each will keep you and your referrals engaged throughout the entire conference.

Bring your best referrals or referrals whose relationship you would like to nurture. You, your referrals and families, will also enjoy the endless social activities associated with the Napa Valley setting: fine dining, wine tasting, shopping, spa treatments, etc. We look forward to seeing you and your referrals at this special meeting and the unique venue.

For more information and to register, go to www.calperio.org

Mark C Fagan, DDS, MS
President-elect, CSP
Interview with Dr. Richard Hunter

Dr. Hunter was born in San Francisco and raised in Camarillo, California. He attended California Lutheran University in Thousand Oaks to receive his biology degree with the intention to complete his pre-dental requisites to attend Dental School. He completed his Undergraduate studies in 2007.

Dr. Hunter had a fascination with dentistry since he was 5 years old. He was introduced to dentistry by visiting his father’s office at a young age. This fascination was so much that after patients left he would sit in his dad’s chair and ask him for treatment.

Following receiving his degree in biology, Dr. Hunter decided to follow his father’s foot steps and attend Creighton University Dental School in Omaha, Nebraska.

In his 2nd year in dental school Dr. Hunter realized he wanted to continue his profession to become a periodontist. An appreciation for non-surgical and surgical treatment of periodontal disease was inspired not only by his spouse who is a hygienist but by the opportunity the University offered to dental students to gain advanced experience in surgical technique due to absence of residency programs. Dr. Hunter completed his Dental Degree from Creighton Dental School in 2012.

From there, Dr. Hunter made the journey back to his home state of California by attending Periodontal residency program at Loma Linda University Dental School. He is in the second year of his residency program at this time.

1. If you had to rank the most important element of your success in organized dentistry, what would it be?

Being involved. Taking time and effort in being involved in CSP. Communicating with other colleagues. Being a contributing active member, and not just signing up to be a member.

2. What inspires you the most in the world of Periodontics?

When you see a patient is happy with the results of your work, whether it is following a surgery and the patient is better able to clean under their fixed bridge or after an anterior implant has been restored, and the papilla around the implant and crown is present.

3. What has been the single biggest learning experience for your in the area of Dentistry?

Working at One World Clinic in Omaha, Nebraska, where treatment was provided for underprivileged individuals for a nominal amount of $20.00. So this is for any amount of treatment they needed, whether it was full dentures or fillings or extractions. The reason this was a great learning experience was that I saw how many people don’t understand and know what the value of their dentition was until they were offered the care they needed. What we may think as being simple work was very rewarding for these individuals, and I could see what great impact one can have on another person’s health.

4. What are your thoughts about the future of Periodontics?

Hopeful. With advancing techniques especially in regenerative area. Also with peri-implantitis, periodontists can treat not only teeth, but failing implants.

5. Where would you like to see your future efforts in organized dentistry focused?

Getting people involved. Be an active member. Let other young members know that we will pave the way for our own future. Start by going to dental schools and talk to residents in how to get involved with everyday periodontics outside of being in the office. To interact with referring doctors and network.
RESULTS

Out of 44 residents in California, 37 responded to the survey, which yielded a response of 84.1%. Of those 37 responses, 21 residents (56.8%) will be staying in California. And only 4 out of 37 (10.8%) responses suggest that they understand which services CSP provides.

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DISCUSSION

It is clear to see that there is a discrepancy in the number of residents that will be staying in California after they graduate and understand the role of CSP. The majority of residents do not truly understand what CSP can do for them. The survey revealed that the majority of residents would like to hear about CSP from lunch and learn programs; study clubs with other residents and a CSP representative; and also more intimate emails reaching out to the residents. Likewise, residents have expressed an interest to meet outside of a school environment to share cases with each other and communicate with their colleagues. Currently, the only avenue to meet residents is at the annual Intercity Meeting, which is research based and not treatment/case based.

When asked what CE courses residents would like to see there were a wide variety of desired topics mentioned; however practice management, provisionalization of dental implants, and the latest/greatest technology were consistently mentioned. Job placement was another topic that residents would like to see addressed by CSP.

CONCLUSION

Residents need to take the future of periodontics, its image to the public, and its laws into their own hands to ensure a long and successful career in periodontics. Likewise, CSP has an obligation to residents to inform them and get them involved at an early stage in their education. CSP has an opportunity right now to bring the current and future periodontists together. As the established periodontists retire, who will be there to take their place as legislative leaders? To get informed about new OSHA and EPA requirements? Represent the interests of periodontists? Speak to the CDA, ADA, or AAP on their behalf? According to the data, it will not be the incoming periodontists. They don’t see the importance and the value of having a voice. Lunch and learns are a great way to for a CSP member to reach out to the students and to discuss the challenges facing periodontics on a more personal level without resorting to an informal email or newsletter.

Most residents continue their CSP membership upon graduation for 2 years. This may be due to CSP new periodontists discount offer. Following these initial 2 years, data shows that approximately 2/3 of these residents drop their membership. They don’t see the current value of CSP and the advocacy work that CSP provides them. Whether periodontists are members or not, they are still periodontal professionals and will reap the rewards of the advocacy work that CSP puts in.

There is an opportunity going forward by listening to the services that the residents and young, non-members desire out of their state professional society. Although CSP thrives on periodontal advocacy, it may be time to look to the future and find new services and models that will show the young periodontists the value of continued membership for the lifetime of their career and will help to continue the legacy of retiring periodontists for generations to come. As a future periodontist I am looking forward to taking an active role shaping the way young periodontists view our profession and get involved early in organized dentistry.

Dr. Hunter serves on the CSP Board of Directors as the Student Representative Loma Linda University Periodontal Post-Graduate Program
Background. Peri-implantitis generally is attributed to a bacterial challenge, with occlusion being a modifying factor. The author presents a case of peri-implant marginal bone loss that was treated successfully with only occlusal adjustment.

Case Description. A 63-year-old female patient with a history of bruxism reported for a yearly periodontal examination 38 months after restoration of an implant in the tooth no. 30 position. A radiograph indicated that this implant had significant peri-implant bone loss. The evaluation showed very heavy occlusion on the implant restoration, and the author performed an occlusal adjustment. A radiograph obtained 9ve months later showed significant repair of the lost alveolar bone.

Conclusions and Practical Implications.
Patients with dental implants require periodic examination and maintenance therapy to prevent peri-implantitis. The examination should include a periodontal, prosthetic, radiographic and occlusal evaluation.

Key Words. Peri-implantitis; peri-implant bone loss; occlusion and dental implants; bruxism and dental implants; occlusal overload and dental implants; occlusal adjustment and dental implants.

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CSP Dental Hygiene Meetings in 2014 were a great success. In our Torrance meeting we had over 100 attendees and our San Francisco event sold out at 315 attendees. Our volunteer speakers are instrumental in helping CSP to put on these great programs. Our deep appreciation to Drs. Martyn Green, Thomas Kepic, John Kwan, Brian Mealey and Erik Sahl.

Many thanks to Crest Oral B for co-sponsor support of the San Francisco event and exhibitors Colgate Oral Pharmaceuticals and TePe Oral Health Products in our Torrance event.

A special thank you to our event staff and volunteers Bobbie Halverson, Shirley Nesdahl, Beena Zachariah, Naleni “Lolly” Tribble and Karen Mason.

Our 2014 hygiene meeting had stellar reviews in our post-meeting evaluations and is very popular with the dental hygiene community.

If you would like CSP to host a hygiene meeting in your region, please send an email to the office at admin@calperio.org.
Dental Hygiene Committee Sunset Review: Established by legislation in 2008, the Dental Hygiene Committee of California (DHCC) went through its first legislative sunset review process this year and the DHCC, along with the California Dental Hygienists Association, recommended a series of substantial policy changes that CDA opposes. The changes included: reducing oversight of certain dental hygienist duties by moving local anesthesia, nitrous oxide, and soft tissue curettage from direct to general supervision duties; deleting the requirement that registered dental hygienists in alternative practice (RDHAPs) obtain a dentist's prescription in order to continue providing services to new patients after 18 months; formally removing the committee from the Dental Board's jurisdiction and changing the committee to a Board; and eliminating the requirement that any recommendations by the DHCC for scope of practice changes be submitted to the Dental Board. CDA advocated against these proposals early in the sunset review process and the legislature rejected these changes. The DHCC was extended for another four years without any expansion of the committee's authority or the hygiene profession's scope of practice as proposed by the DHCC and the California Dental Hygienists Association.

Sugar-Sweetened Beverage Labeling (SB 1000): CDA supports SB 1000 (Monning), a bill that would require all sugary drink bottles, cans, vending machines, dispensers, and restaurants to display a warning that "drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay." The acidity, carbonation, and sugars in these drinks creates a high risk of demineralization of dental enamel and makes consumption of these beverages one of the most significant contributors to dental decay in children. The bill is an attempt to promote informed purchasing decisions by highlighting the scientifically proven health risks of sugary beverage consumption. Despite the support of dozens of healthcare and education organizations, SB 1000 failed to advance in the Assembly and will not move forward this year.

Kindergarten Oral Health Assessment. CDA remains committed to the Kindergarten Oral Health Assessment program created in 2006 through AB 1433 (Emmerson). The program requires students to have an oral health assessment during their first year of school. As a part of the Governor's school funding reform efforts, jurisdiction of the program, along with all other state mandates, was shifted to the local level. CDA is working to ensure that this program is maintained and that the governing statute for the program is protected.

Dental Licensure Fees: Last fall the Dental Board of California adopted regulations that raised the initial licensure and biennial renewal fees for dentists from $365 to $450 effective July 1, 2014, which was the maximum allowable under state law. These fees have not been increased since 1998, and the increase was proposed primarily as a result of increased enforcement expenses mandated (but not funded) by the Department of Consumer Affairs for all state licensing boards. CDA provided written comments on these regulations, acknowledging the length of time that these fees had remained the same, but emphasizing CDA's expectation that the board's level of customer service and responsiveness must be demonstrably improved as a result of any increase. CDA also urged the board to provide greater clarity on its fiscal condition and to consider making smaller, more incremental changes in the future. Because the board's budget forecasts indicate a continued deficit condition even with the July 1 increase, the board sponsored SB 1416 (Block) this year, which was signed into law in June and enacts an additional increase to $525 in 2015. The board maintained that without these increases key board functions such as licensure renewals and enforcement processes would have been affected, jeopardizing adequate oversight of the profession and patient safety. Even with the increase to $525 through SB 1416, the issue remains as to what the cap should be going forward to allow the board to raise fees incrementally through the regulatory process in the future, which will be considered next year when the Board goes through the legislative sunset review process. The board has said it wants to pursue a cap of $700, based on an analysis of fees necessary to sustain board operations over the next 10 years. CDA is advocating that a comprehensive analysis of the board's structure and finances must occur prior to any additional fee or cap increases for the board. CDA will also continue to advocate that fees rise only as high as necessary, that the revenue generated is spent prudently and that customer service is considered an essential and important board function.

CDA-Sponsored Legislation (AB 1962): Dental Patient Premium Protection. CDA sponsored AB 1962 (Skinner) this year, legislation signed into law in September that will provide increased dental plan transparency and value for patients and employers. Under current state law and the federal Affordable Care Act, all medical plans are required to spend at least 80% of patient premium revenue directly on patient care, as opposed to overhead costs and profits, a standard known as a medical loss ratio (MLR). However, no such standard exists for dental plans. AB 1962 brings dental plan reporting requirements to the same level that currently exists for medical plans, requiring dental plans to uniformly and publicly disclose the financial data necessary to determine how they spend patient premium revenue each year, and declares the Legislature's intent to adopt a formal MLR standard for dental plans effective Jan. 1, 2018. The first reporting deadline for dental plans is September 30, 2015.

Medi-Cal/Denti-Cal Provider Reimbursement Rates: Last year the state began implementing the 10% Medi-Cal provider reimbursement rate cut adopted in the 2011 budget, which had been delayed due to a legal challenge mounted by CDA and other health care organizations. CDA successfully prevented the implementation of the "clawback" of provider payments that would have been retroactively applied dating back to June 2011, ensuring dentists are not forced to return funds received over the previous two years. However, providers will still face the 10% rate cut going forward and California already had among the lowest provider reimbursement rates in the country prior to the cut. With the implementation of the Affordable Care Act and its expanded coverage for millions of children and adults, California cannot afford to lose any providers willing to serve those patients as they gain much-needed dental coverage. The 2014-15 state budget signed by the
Governor in June did not include increases in reimbursement rates, but it does require the Department of Health Care Services (DHCS) to establish a list of performance measures to evaluate utilization, access, availability and effectiveness of the Denti-Cal program, which should help demonstrate the impact of low rates. CDA is also a convener of a working group that includes Senate President Darrell Steinberg, DHCS and other stakeholders to develop solutions to the growing crisis around Medi-Cal/Denti-Cal services provided under general anesthesia, which many facilities statewide have either reduced or discontinued due to inadequate reimbursement rates.

Denti-Cal Benefits: The 2013-14 state budget package included a partial restoration of Medi-Cal dental benefits (Denti-Cal) for adults and more than 3 million Californians are expected to be eligible to receive care as a result. Basic preventive and restorative services, along with full dentures, were brought back beginning May 1, 2014. Senate President Darrell Steinberg, who visited the “CDA Cares” program in Sacramento in August of 2012, made restoration of adult Denti-Cal benefits a top priority during budget negotiations with Governor Jerry Brown and legislative leaders. Steinberg stated it was the volunteer work of the CDA dentists he witnessed that inspired him to make the restoration of adult Denti-Cal benefits a top priority. However, coverage for other important services, such as partial dentures and periodontal care, still needs to be restored.

Dental Director/State Oral Health Plan: CDA’s access to care plan prioritizes above all else the need for a comprehensive state oral health program led by a state dental director. Since the development of that plan over two years ago, CDA has actively engaged the governor’s administration about the importance of hiring a licensed dentist with strong experience in state oral health programs to organize and execute essential dental public health functions; someone who has experience in leveraging state resources, securing federal funding and improving the delivery of dental disease prevention to vulnerable Californians. These advocacy efforts were successful and the governor’s 2014-15 budget revisions released in April called for ongoing funding for a state dental director and an epidemiologist in the Department of Public Health to establish a state oral health program. The dental director will be specifically charged with developing a burden of disease report, leading the collaborative process to create a state oral health plan and managing ongoing implementation of that plan. The dental director’s role will also include establishing prevention and oral health literacy projects, and working to secure funding for prevention-focused oral health and essential disease prevention services, particularly for children. The funding was incorporated into the 2014-15 state budget that took effect July 1 and the positions should be filled by the end of the year.

Health Care Reform: California has moved rapidly towards full implementation of the Affordable Care Act (ACA) and 2014 marks the first year that most Americans needed to obtain health insurance coverage or pay a penalty. Pediatric dental services are one of the Essential Health Benefits that are offered in the Exchange, and CDA worked to ensure families could purchase those benefits from stand-alone dental plans, which results in more choice for families. In 2015, stand-alone dental plans will also be offering adult benefits through family dental plans. Additionally, in 2015 health plans will be offering pediatric dental benefits as well. CDA continues to advocate with the California Health Benefit Exchange Board and the Legislature to ensure that the Exchange is a competitive marketplace for dental benefits, that consumers are provided a transparent set of options and that they can maintain a relationship with their current dentist when purchasing dental coverage for their families.

Virtual Dental Home setting (community clinics, nursing homes, preschools, etc.) using telehealth technology. Such functions have been tested over the past several years as a part of the pilot project, which will now continue as a permanent program. CDA supports AB 1174 as a cost-effective way to reduce barriers to oral health care and worked continuously with the author and other stakeholders to ensure that the bill included important provisions relating to treatment settings, supervision and education.

Proposition 65 Reform. Approved by voter initiative in 1986, Prop. 65 requires businesses with 10 or more employees to provide “clear and reasonable warning” if the product or business location may expose employees or customers to a chemical known to the state to cause cancer or reproductive toxicity. Last year, Governor Brown announced an effort to develop reforms to “strengthen and restore the intent of Proposition 65”. The Brown Administration held formal negotiating sessions with an invitation-only group of stakeholder organizations in an attempt to reach agreement on a reform package that would improve Prop. 65’s warning notice and litigation provisions. CDA was the only health care organization invited to participate in these meetings, actively negotiating with the Governor’s office, the Legislature, and a variety of business, legal, and consumer stakeholder organizations. Ultimately, the administration was unable to reach consensus and dropped the legislative effort for 2013. However, agency-level regulatory efforts are continuing this year. CDA has submitted comments to the Office of Environmental Health Hazard Assessment (OEHHA), which is overseeing the regulatory process, expressing our primary concern that any reforms to Prop. 65 do not create new threats or re-open the existing restorative materials warning notice that has protected dentists from litigation for the past 10 years. CDA is also working to ensure that any Prop. 65 reforms do not unduly restrict legitimate health care treatment discussions between providers and patients.

Updated October 17, 2014
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And when something is easy to recognize, in practice or in the body, acceptance and integration naturally follow.

• Early and complete vascularization1,2
• Optimal soft-tissue healing4,5
• Excellent tissue integration2,6
• Undisturbed bone regeneration1,7

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BIO-GIDE®

LEADING REGENERATION
“Preventing Complex Implant Complications: The Dental Team’s Recipe For Success”
Jeffery R Thomas, DDS, PA
This course will organize and simplify team planning to prevent difficulties or even complete failure in achieving structural, functional, or esthetic endpoints in implant dentistry.

“Understanding Gingiva: the Secret for Creating Successful Outcomes in Restorative, Esthetic and Surgical Therapies”
This program will allow you understanding why gingiva does what it does, in any and every clinical situation involving teeth and implants.
Dr. Thomas is a Fellow of the International College of Dentists, the American College of Dentists, the International Team for Implantology and the American Academy of Esthetic Dentistry. Dr. Thomas maintains a periodontal specialty practice in New Bern, NC focusing on anterior implants, esthetic periodontal plastic surgery and complex interdisciplinary dentistry.

“Precision, Productivity and Profitability of Implant Dentistry in Private Practice
Robert C Vogel, DDS
This scientifically based fast moving presentation designed for private practice will cover state of the art Topics, Tips, Tricks and step-by-step Techniques in Implant Dentistry. Also included will be a complete overview of the newest technologies to gain comfort and confidence in discussing the benefits of digital options, CAD CAM and advanced restorative materials.
Dr. Vogel lectures internationally on Implant Dentistry focusing on Simplification, Predictability and Profitability of Implant Prosthetics through ideal Treatment Planning and Team Interaction. He has published numerous scientific articles on Implant Dentistry and is a Fellow of the International Team for Implantology. Dr. Vogel maintains a private practice in Palm Beach Gardens, FL in Implant Prosthetics and Reconstructive Dentistry. Dr. Vogel lectures internationally on Implant Dentistry.
Set against the rolling vineyards of California’s Wine Country, The Meritage Resort and Spa illuminates with gracious hospitality, unrivaled amenities, culinary delights and a wine and spa experience that you’ll never forget. Here you can enjoy the best of Napa without leaving the hotel grounds – wine tasting, award-winning cuisine, rejuvenating spa treatments, bowling and luxurious accommodations over eight acres of stunning real estate.
Welcome New & Returning CSP Members:

Bobby Butler, DDS - Active
John Choi, DDS, PhD - Active
Homayoun Zadeh, DDS, PhD - Academic
Julia Chen, DDS - Student
James Daleo, Jr. - Student
Dmitriy Ivanov, DDS - Student
Ho-Yin Leung, DDS - Student
Erik Low, DMD - Student
Sarmad Paydar, DDS - Student
Youalakshmi Rajendran, DDS - Student
Sean Sakhai, DDS - Student
Jonathan Weng, DDS - Student

Upcoming CSP Meetings

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