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Welcome

Welcome from the Dean

Welcome to the University of the Pacific, Arthur A. Dugoni School of Dentistry. It is a pleasure for me to welcome the DDS Class of 2017 and IDS Class of 2016 as you embark on a promising and invigorating career as an oral healthcare provider.

This is an exciting time to be an oral health care professional. Educators, researchers, practitioners, and our legislators are confronting significant issues that impact the oral health and health care of the U.S. population. Access to care, disparities in oral health and health care, changing demographics, racial and ethnic diversity in the profession, the needs of disadvantaged populations, and keeping up with new technologies are major challenges we face. As students at Pacific you will gain awareness of these critical issues. In your senior year you will rotate through extramural clinics that will supplement your clinical training and enhance your ability to develop sound doctor-patient relationships. You will provide care to the chronically ill at Laguna Honda Hospital, to the geriatric population at San Mateo Medical Center, to the homeless through Project Homeless Connect, in addition to providing general dentistry at La Clinica, On Lok, and Sonrisas clinics. You will learn that as an oral health care provider you can have a positive impact on the oral health of patients and that you can help shape the communities in which you live and practice.

You will be mentored and guided along the way by an experienced, dedicated faculty. Course directors, row instructors, advisors, clinical faculty, Group Practice Leaders and mentors are all committed to assisting you to become the best and most up-to-date professional you can be. They will treat you as a colleague but will challenge you to engage fully in the educational program and to manage your learning. The Pacific faculty embodies the student-centered, humanistic approach to education that makes Pacific unique among U.S. dental schools.

You are entering the profession at an exciting and unique time. I wish you the best as you begin your career in this dynamic profession.

Patrick J. Ferrillo, Jr., DDS
Dean, Arthur A. Dugoni School of Dentistry
Reservation of Powers

The School of Dentistry reserves the right to modify or change the curriculum, admission standards, course content, degree requirements, regulations, policies, procedures, tuition, and fees at any time without prior notice and effective immediately. Such changes or modifications will be posted in the online catalog, the source of the most current catalog information.

The information in this catalog is not to be regarded as creating an express or implied agreement between the student (or applicant) and the school, nor does its content limit the academic and administrative discretion of the school’s administration.
History and Educational Goals

One of the world’s most distinctive metropolitan centers, San Francisco has been the home of the School of Dentistry since its incorporation in 1896 as the College of Physicians and Surgeons. The school has been recognized since its inception as a major resource for dental education in the Western states.

- In 1962 the College of Physicians and Surgeons joined the University of the Pacific.
- In 1967 an eight-story building was completed for the teaching of clinical dentistry and for conducting dental research.
- In 1996 the school opened a state-of-the-art preclinical simulation laboratory combining the latest in educational technology with a simulated patient experience.
- In 2002 three new state-of-the-art classrooms were completed.
- In 2003 a new Health Science Center was opened on the Stockton campus combining facilities for dentistry, dental hygiene, physical therapy, and speech pathology.
- In 2004 the university named the dental school in honor of its long-standing dean, Dr. Arthur A. Dugoni.
- In 2006 President DeRosa appointed Dr. Patrick J. Ferrillo, Jr., dean of the school.
- In 2011 the school was awarded the prestigious Gies Award for Vision by the American Dental Education Association.
- In 2014 the dental school moved to a completely renovated and updated facility in downtown San Francisco, setting the pace for new and better methods of educating students and providing care to patients.

The Alumni Association provided a twelve operatory dental clinic which has served as the school’s major extended campus in southern Alameda County since 1973. The clinic was completely remodeled in 2002 and currently serves as the clinic site for the school’s Advanced Education in General Dentistry residency program.
Vision, Mission and Values Statements

Vision
Leading the improvement of health by advancing oral health.

Mission
• Prepare oral healthcare providers for scientifically based practice  
• Define new standards for education  
• Provide patient-centered care  
• Discover and disseminate knowledge  
• Actualize individual potential  
• Develop and promote policies addressing the needs of society

Core Values
These core values characterize the School of Dentistry and define its distinctive identity:
• Humanism: dignity, integrity, and responsibility  
• Innovation: willingness to take calculated risks  
• Leadership: modeling, inspiring, and mobilizing  
• Reflection: using facts and outcomes for continuous improvement  
• Stewardship: responsible use and management of resources  
• Collaboration: partnering for the common good  
• Philanthropy: investing time, talent and assets

Clinic Mission Statement
The mission of the school's clinics is to provide patient-centered, evidence-based, quality oral healthcare in a humanistic educational environment.

The goal of the clinic mission statement is to focus faculty, staff, and students on the delivery of excellent patient care. In all clinical interactions we will strive to provide excellent care to our patients and excellent educational experiences for our students. At those times when we must make a choice between patient care and teaching effectiveness, patient care will take precedence.

There are four parts to the mission statement. Patient-centered care means being prompt, efficient, responsible, engaging, focused, and adaptable, among other things. The private practice model is the patient care model to which we aspire. Evidence-based decision making involves the use of scientific evidence to help make treatment decisions. It is used in conjunction with individual patient values to determine the best course of action for each patient. Quality oral healthcare involves providing treatment to our patients that meets community standards of care in all disciplines. It means providing that care to patients of varying needs and expectations. Humanistic education is based on honest communication of clear expectations along with positive support for diligent effort.

Faculty and staff must be models of the profession's highest standards. Students are expected to set equally high standards for their behavior. The educational environment will be intellectually stimulating, progressive in scope, outcomes-focused, and competency-based.
Accreditation

The University of the Pacific is fully accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC). The dental educational programs are fully accredited by the Commission on Dental Accreditation (CODA). The School of Dentistry is a member of the American Dental Education Association (ADEA).

CODA will review complaints that relate to a program’s compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission’s policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.
Curriculum

DDS

As suggested by the Helix logo, biomedical, preclinical, and clinical science subjects are integrated and combined with applied behavioral sciences in a program to prepare graduates to provide excellent quality dental care to the public and to enter a changing world that will require them to be critical thinkers and lifelong learners. The 36-month curriculum leading to the degree of Doctor of Dental Surgery begins in July and is divided into twelve quarters, each consisting of ten weeks of instruction, one week of examinations, and a vacation period of varying length (between one and four weeks).

Integrated biomedical science instruction in human anatomy, biochemistry, physiology, pharmacology, and microbiology is offered over the first eight quarters, followed by multidisciplinary presentations of basic science foundations for clinical topics such as the importance of saliva, tissue aging, nutrition, and infection control. Throughout the curriculum, students learn to apply basic science knowledge to clinical problems using the scientific method of inquiry. Integrated preclinical instruction is concentrated in the first four quarters with students learning to work from a seated position in a modern preclinical simulation laboratory and with a chair-side assistant in conjunction with pediatric dental practice. Clinical work with patients is initiated in the fourth quarter.

The school is a pioneer in competency-based education, an approach that replaces the traditional system of clinical requirements with experiences that ensure graduates possess the skills, understanding, and professional values needed for the independent practice of general dentistry. Pacific is also known for its humanistic approach to dental education, stressing the dignity of each individual and his or her value as a person.

The Clinical Practice Strand of the Helix curriculum supports comprehensive patient care which is based on the concept of private dental practice where the student assumes responsibility for assigned patients' overall treatment, consultation, and referral for specialty care. In this strand, second-year students practice clinical dentistry approximately 15 hours per week and third year students practice approximately 33 hours per week. They learn to provide comprehensive dental care under the direction of a team of clinical faculty led by the Group Practice Leader (GPL).

The GPL teams with group practice mentors (GPMs) to supervise the following disciplines in each group practice: oral diagnosis and treatment planning, emergency dental care, simple periodontics, operative, fixed prosthodontics, removable prosthodontics, and simple implant cases. In addition, test cases in most of these disciplines are supervised by at least two members of the faculty team. There are three GPMs in each group practice during a clinic session and students may work with all three mentors during the course of an appointment. The group practice model maintains a student to faculty ratio of approximately 5:1. The GPM/GPL monitors the progress of care and completes periodic case reviews with the patient and the student.

Each student provides care to all patients in his or her patient population. Occasionally, other caregivers, a second- or third-year student, resident, or faculty member, complete certain procedures in any given treatment plan. The GPL coordinates this process which also requires approval of the patient. The student dentist originally assigned to provide care to the patient maintains responsibility for care during all treatment provided by other practitioners.

The second- and third-year class is divided alphabetically into eight group practices. There are about twenty second-year and twenty third-year students in each group practice, which is managed by the GPL, who has overall responsibility for the care of patients by all students and faculty in the group practice. Other clinical disciplines are managed by faculty who do not have specific responsibility for a certain group of students. Specialists in endodontics manage all of those cases in a specified area of the clinic, including test cases. Periodontists manage most periodontal procedures. The Complex Care Clinic allows students to treat more technically difficult restorative cases under the supervision of trained faculty members with a low student-to-faculty ratio.

There are four discipline exceptions to the comprehensive care model: oral and maxillofacial surgery, pediatric dentistry, oral medicine/facial pain, and radiology. Students are assigned for two to three weeks in each of these disciplines, except for the oral medicine/facial pain rotations which are one day each. In orthodontics, students participate with faculty and orthodontic residents in adjunctive orthodontic care and in oral development clinics. Third-year students also rotate through the Special Care Clinic where they treat perinatal patients, dental-phobic patients, and patients with developmental disabilities. In addition, each student provides care in the hospital operating room on patients with specific health issues, including liver transplant patients.

Advanced clinical dentistry and evaluation of new developments and topics that involve several disciplines are learned in the third year in conjunction with patient care. Second- and third-year students participate in patient care at a number of extramural sites. These clinics are located in numerous treatment facilities around the Bay Area, and include acute care hospitals, community clinics, and skilled nursing facilities. At extramural clinical sites, students are taught by Pacific faculty in conditions that more closely resemble private practice. For example, students typically treat 4-6 patients during the course of a day. Rotations at these sites occur at a number of different times, including weekdays during the academic year, weekends, and vacation periods. Students typically find these experiences to be highly educational, teaching them how to provide excellent patient care in a more condensed time frame. Certain students also participate in externships to specialty programs during academic break periods, most often the four-week summer break.

Behavioral science aspects of ethics, communication, human resource and practice management, and dental jurisprudence are integrated throughout the curriculum. Epidemiology and demography of the older population, basic processes of aging, and dental management of hospitalized patients, geriatric patients, and those with the most common disabling conditions are studied during the third year.

Students are counseled individually with regard to establishing a practice and applying for postgraduate education. A weekend conference devoted to new developments in dentistry serves to acquaint students with opportunities for postgraduate education and with alumni views of the realities of dental practice.

IDS

As suggested by the Helix logo, biomedical, preclinical, and clinical science subjects are integrated and combined with applied behavioral sciences in a program to prepare graduates to provide excellent quality dental care to the public and to enter a changing world that will require them to be critical thinkers and lifelong learners. The 24-month curriculum leading to the degree of Doctor of Dental Surgery begins in July and is divided into eight quarters, each consisting of ten weeks of instruction, one week of examinations, and a vacation period of varying length (between one and four weeks).
Preclinical instruction is concentrated in the first two quarters with students learning to work from a seated position in a modern preclinical simulation laboratory and with a chair-side assistant in conjunction with pediatric dental practice. Clinical work with patients is initiated in the third quarter.

The school is a pioneer in competency-based education, an approach that replaces the traditional system of clinical requirements with experiences that ensure graduates possess the skills, understanding, and professional values needed for the independent practice of general dentistry. Pacific is also known for its humanistic approach to dental education, stressing the dignity of each individual and his or her value as a person.

The Clinical Practice Strand of the Helix curriculum supports comprehensive patient care which is based on the concept of private dental practice where the student assumes responsibility for assigned patients' overall treatment, consultation, and referral for specialty care. In this strand, first-year students practice clinical dentistry approximately fifteen hours per week and second-year students practice approximately thirty-three hours per week. They learn to provide comprehensive dental care under the direction of a team of clinical faculty led by the Group Practice Leader (GPL).

The GPL teams with group practice mentors (GPMs) to supervise the following disciplines in each group practice: oral diagnosis and treatment planning, emergency dental care, simple periodontics, operative, fixed prosthodontics, removable prosthodontics, and simple implant cases. In addition, test cases in most of these disciplines are supervised by at least two members of the faculty team. There are three GPMs in each group practice during a clinic session and students may work with all three mentors during the course of an appointment. The group practice model maintains a student to faculty ratio of approximately 5:1. The GPL/GPM monitors the progress of care and completes periodic case reviews with the patient and the student.

Each student provides care to all patients in his or her patient population. Occasionally, other caregivers, a second- or third-year student, resident, or faculty member, complete certain procedures in any given treatment plan. The GPL coordinates this process which also requires approval of the patient. The student dentist originally assigned to provide care to the patient maintains responsibility for care during all treatment provided by other practitioners.

The first- and second-year IDS class is divided alphabetically into eight group practices. There are about 40 students in each group practice, including IDS students. Each group practice is managed by the GPL, who has overall responsibility for the care of patients by all students and faculty in the group practice. Other clinical disciplines are managed by faculty who do not have specific responsibility for a certain group of students. Specialists in endodontics manage all of those cases in a specified area of the clinic, including test cases. Periodontists manage most periodontal procedures. The Complex Care Clinic allows students to treat more technically difficult restorative cases under the supervision of trained faculty members with a low student-to-faculty ratio.

There are four discipline exceptions to the comprehensive care model: oral and maxillofacial surgery, pediatric dentistry, oral medicine/facial pain, and radiology. Students are assigned for two to three weeks in each of these disciplines, except for the oral medicine/facial pain rotations which are one day each. In orthodontics, students participate with faculty and orthodontic residents in adjunctive orthodontic care and in oral development clinics. Second-year students also rotate through the Special Care Clinic where they treat perinatal patients, dental-phobic patients, and patients with developmental disabilities. In addition, each student provides care in the hospital operating room on patients with specific health issues, including liver transplant patients.

Advanced clinical dentistry and evaluation of new developments and topics that involve several disciplines are learned in the second year in conjunction with patient care. Second-year students participate in patient care at a number of extramural sites. These clinics are located in numerous treatment facilities around the Bay Area, and include acute care hospitals, community clinics, and skilled nursing facilities. At extramural clinic sites, students are taught by Pacific faculty in conditions that more closely resemble private practice. For example, students typically treat 4-6 patients during the course of a day. Rotations at these sites occur at a number of different times, including weekdays during the academic year, weekends, and vacation periods. Students typically find these experiences to be highly educational, teaching them how to provide excellent patient care in a more condensed time frame. Certain students also participate in externships to specialty programs during academic break periods, most often the four-week summer break.

Behavioral science aspects of ethics, communication, human resource and practice management, and dental jurisprudence are integrated throughout the curriculum. Epidemiology and demography of the older population, basic processes of aging, and dental management of hospitalized patients, geriatric patients, and those with the most common disabling conditions are studied during the final year.

Students are counseled individually with regard to establishing a practice and applying for postgraduate education. A weekend conference devoted to new developments in dentistry serves to acquaint students with opportunities for postgraduate education and with alumni views of the realities of dental practice.

Endodontics
Endodontic residents participate in a comprehensive 27-month program designed to provide in-depth clinical training in endodontics, supported by a solid foundation of coursework in the biologic principles that uphold the specialty. In addition to a curriculum that nurtures the clinician-scientist, the program offers clinical experiences with an extensive patient demographic supported by the School of Dentistry and a community dental clinic that is part of an expansive health care network in the East San Francisco Bay Area. Each resident will also engage in an investigative project and complete an acceptable thesis to qualify for the Master of Science in Dentistry degree. The thesis is typically submitted for publication in scientific journals. Classes begin each July. Residents are scheduled for classroom and clinical instruction five full days (and some evenings) per week and full participation is required.

More information on the program, including admissions requirements, curriculum and schedule, graduation and certification requirements are available here (http://dental.pacific.edu/Academic_Programs/Advanced_Education_Program_in_Endodontontology.html).

Orthodontics
Pacific's orthodontics residency program, instituted in 1971, is fully accredited by the Commission on Dental Accreditation, and is recognized for educational eligibility by the American Board of Orthodontics. The program's courses prepare the resident to provide excellent treatment based on contemporary biologic orthodontic principles.

Faculty members foster the humanistic atmosphere with informal professional relationships and mutual respect with the residents. Clinical instruction and practice are conducted in the orthodontic clinic.

Residents treat an entire range of orthodontic problems during seven half-day clinics per week including instructions in general orthodontics, mixed dentition treatment, surgical orthodontics, mini-implants, and Invisalign. Adult patients constitute about one-fourth of a resident's case load. Each
residents are provided with educational opportunities through two-year graduate programs leading to a Master's in Education with the potential of a Doctorate degree in Professional Education and Leadership from the University's Benorl School of Education.

Clinical education is provided under a two-year residency program leading to a clinical certificate upon completion of both years one and two. Didactic track is mainly intended to prepare candidates for a career in patient care and clinical education. The didactic track and teaching practicum are mainly intended to prepare candidates for a full-time career in dental academia. However, each track may have overlapping features in terms of purpose.

More information on the program, including admissions requirements, curriculum and schedule, graduation and certification requirements, and the Research Fellowship Program are available here (http://dental.pacific.edu/Academic_Programs/Graduate_Orthodontics_Program.html).

**Oral and Maxillofacial Surgery Residency Program**

Residents receive a thorough foundation in the basic biomedical sciences, including anatomy, pathology, pharmacology, and physiology. Clinical practice includes dentoalveolar surgery, comprehensive management of the implant patient, comprehensive management of dentoalveolar and craniofacial deformities, surgical management of pathologic lesions, temporomandibular joint surgery, aesthetic surgery, reconstructive surgery and management of cleft lip and palate, and trauma management.

The residency is 48 months in length, and is divided into 34 months of oral and maxillofacial surgery, five months of anesthesia (of which one month is pediatric anesthesia), two months of medicine, four months of general surgery (including trauma), two months of plastic surgery, and one month of oral pathology. There are several hospitals and clinics to which the resident is assigned including Highland Hospital, Kaiser Hospital in Oakland, Children's Hospital of Oakland, and the University of the Pacific School of Dentistry clinics.

As a senior resident, four months are spent as chief at Highland Hospital where trauma, pathology, reconstructive surgery and aesthetic surgery are prevalent. Four months are spent at Kaiser Hospital where orthognathic cases are seen in great numbers. Four months are spent at Children's Hospital, as part of a craniofacial anomalies team. Cleft lip and palate, congenital and acquired craniofacial deformities and orthognathic surgery are prevalent.

**Stipend**

Residents receive salaries from PGY1 to PGY4.

**Admission Requirements and Application**

To apply to the program, a candidate requires an undergraduate degree, transcripts showing a DDS or DMD degree, a completed PASS application, National Board of Medical Examiners (NBME) Comprehensive Basic Science Examination (CBSE) score, and three letters of recommendation.

University of the Pacific/Highland participates in the National Matching Service.

For complete information please contact:

Division of Oral and Maxillofacial Surgery
Alameda Health System - Highland Hospital Campus
Oral Surgery Clinic E2
1411 East 31st Street
Oakland, CA 94602
(510) 437-4101
Rachelle Surdilla
rsurdilla@acmedctr.org

**Advanced Education in General Dentistry**

The University of the Pacific, Arthur A. Dugoni School of Dentistry houses its Advanced Education in General Dentistry residency program in Union City, located approximately 35 miles southeast of San Francisco.

The AEGD program is a one-year accredited postgraduate residency in general dentistry with an optional second year. The core of the program involves advanced clinical treatment of patients requiring comprehensive general dental care. There is a comprehensive seminar series that covers all dental specialties. The residents provide dental care to people with complex medical, physical, and psychological conditions. While enrolled in the program, residents provide comprehensive dental care, attend supplemental seminars and rotations, and supervise dental students. Senior pre-doctoral students regularly rotate from the dental school in San Francisco. Union City residents are directly involved in the clinical education of these students, giving residents unique teaching experience.

The start date for the program is July 1. Residents have time off during the school's winter break and 10 days leave that can be scheduled with the approval of the site director.

Applicants must show record they have graduated from North American dental school. There is no tuition required to participate in the program. Residents receive an educational stipend plus an incentive bonus based on clinical production. The program uses the American Dental Education Association's PASS application to receive application materials. For online information about the Pacific AEGD program application process, please click here (http://www.dental.pacific.edu/Academic_Programs/Advanced_Education_in_General_Dentistry/Application_Process.html).

**International General Dentist Educator Program**

In this five-year program, the first two years consist of participating in the AEGD program, and the remaining three years consist of attaining a masters or doctorate in professional education and leadership from the university’s Benorl School of Education.

The clinical residency and graduate program for international dentists is a dual-track program consisting of clinical and didactic education. The clinical track is mainly intended to prepare the candidate for a career in patient care and clinical education. The didactic track and teaching practicum are mainly intended to prepare the candidate for a full-time career in dental academia. However, each track may have overlapping features in terms of purpose.

Clinical education is provided under a two-year residency program leading to a clinical certificate upon completion of both years one and two. Didactic education is provided under the two-year graduate program leading to a Master's in Education with the potential of a Doctorate Degree in Professional
Education and Leadership. The final year of the program will consist of completing the dissertation project if not completed in the previous year, and teaching practicum in didactic, pre-clinical, and clinical education of doctoral students.

Please click here (http://www.dental.pacific.edu/Academic_Programs/International_General_Dentist_Educator_Program.html) for more information about this program.

Dental Hygiene Program

The Arthur A. Dugoni School of Dentistry and the University have combined to offer a unique 36-month accelerated Bachelor of Science degree in dental hygiene, one of only two such programs in the nation. Pacific has created this distinctive three-year baccalaureate program (eight semesters including summer sessions) to attract highly-qualified students. In addition to clinical practice, the baccalaureate hygiene degree allows entry into many positions in teaching, research, administration, public health, private industry, and other areas of dental hygiene practice, as well as eligibility for entry into advanced degree programs. Detailed information on the dental hygiene program is available here (http://catalog.pacific.edu/general/arthuradugonischoolofdentistry/dentalhygiene) or from the office of Admissions on the Stockton main campus at 209-946-2211.

Mission

The mission of the University of the Pacific Baccalaureate Dental Hygiene program is consistent with the mission and educational goals of the dental school.

The dental hygiene program will:
- Educate individuals who, upon completion of the program, will be professionally competent to provide quality dental hygiene care in an evolving profession
- Provide patient-centered, quality care in an efficient clinical model that demonstrates the highest standards of service achievable
- Provide opportunities for community-based, experiential learning

The program and its graduates will be distinguished by the following attributes:
- Continuous enhancement through professional development
- Humanistic values that respect the dignity of each individual and foster the potential for growth in all of us
- Application of theory and data for continuous improvement
- Leadership in addressing the challenges facing the profession of dental hygiene, education, and our communities

The Study of Dental Hygiene

The dental hygiene course of study is a professional program where students learn to provide preventive clinical care for patients with emphasis on recognition, treatment, and prevention of oral diseases. In addition to performing a variety of preventive and therapeutic functions, the dental hygienist also has a major role in counseling and educating patients, community groups, and other health professionals. The curriculum helps students build the educational, communication, and clinical skills necessary to work in co-therapy with the dental team.

Facilities

The program is located on the University’s Stockton campus in a state-of-the-art facility shared with pharmacy, physical therapy and speech-language pathology programs. The clinic provides the opportunity for hygiene students to provide co-therapy with dental students on extramural rotation from the San Francisco campus. The University of the Pacific’s Health Sciences Learning Center and Clinics offers students an exceptional learning environment and the community an excellent resource for dental services.

Admission Requirements

Admission to the Dental Hygiene Program is competitive and based on merit. Students may apply either as a freshman student, doing prerequisite coursework at Pacific, or as a transfer student, completing prerequisites at another institution. After review of the completed application, the Office of Admissions will invite qualified candidates to participate in interviews on campus. In addition to a personal interview, applicants are invited to take part in orientation and financial aid seminars, meet informally with current students, and tour the campus. Admission will be based on the combination of application information and interview.

Please click here (http://www.pacific.edu/Admission/Undergraduate/Applying/Dental-Hygiene.html) to see detailed admissions information.

Program Description

The bachelor of science degree in dental hygiene is a professional program presented in an accelerated year-round format of eight semesters, including summer sessions. Students accepted into the program as freshmen complete all sessions with the University. Transfer-level program entrants, with prerequisites fulfilled, complete the final four semesters of professional coursework only.

In the first half of the program, prerequisite general education courses are presented to provide a strong science background and a broad base in the humanities designed to strengthen dental hygiene science and clinical practice. Students undertake this portion of their course work, which is provided by the College of the Pacific, with the general undergraduate student population on the main campus. The student must maintain a 2.7 GPA or better in lower-division coursework to proceed into the professional portion of the program.

The professional portion of the program is a highly-structured four semesters of upper division coursework that includes both didactic and clinical experience. This portion of the program is presented by the Arthur A. Dugoni School of Dentistry Dental Hygiene Program on the Stockton campus.

Dental Hygiene Licensure

Completion of the program enables graduates to take national and regional or state licensure examinations. For California examination information contact:

Dental Hygiene Committee of California
General Education Curriculum

Presented in the first half of this 36-month year-round program are general education courses providing a strong science background and a broad base in the humanities.

Please click here (http://catalog.pacific.edu/general/arthuradugonischoolofdentistry/dentalhygiene) to see more about the general education requirements in this program.

Dental Hygiene Curriculum

Professional training is undertaken in the second half of the program. The curriculum provides students with the knowledge of oral health and disease as a basis for assuming responsibility to assess, plan, implement and evaluate dental hygiene services for both the individual patient and community oral health programs.

Please click here (http://catalog.pacific.edu/general/arthuradugonischoolofdentistry/dentalhygiene) to see more about the professional training requirements in this program.
Humanistic Education

It is the goal of the School of Dentistry to educate the highest quality practitioners who can practice independently and successfully in their patients’ best interests. It is our belief that a humanistic approach to education best accomplishes this goal. Our view of humanism is based upon honest communication of clear expectations along with positive support for diligent effort. Although kindness is valued, humanism is not interpreted to mean softness, weakness, or superficial niceness. In fact, humanism places great responsibility on each member of the dental school community.

In order for this approach to work, faculty members must be models of the profession's highest standards, and they must teach in a way that encourages and energizes students. Students, in turn, are expected to set very high standards, to work hard, and to take personal responsibility for their own learning process.

Humanistic student-faculty Interaction

**Includes**
- Good work ethic
- Constructive feedback
- Maintaining confidentiality
- Addressing the issue
- Celebrating achievement
- Excellence
- High ethical standards
- Professional responsibility
- Increasing independence
- Attainment of competency

**Excludes**
- Minimum effort
- Authoritarian behavior
- Public criticism
- Ignoring the problem
- Dwelling on the negative
- Expedience
- Ethical compromise
- Avoiding responsibility
- Continued dependence
- Tolerance of inability
Competency Statements

Competencies are written statements describing the levels of knowledge, skill, and values expected of graduates. Students are introduced to competency-based education and the competency statements at matriculation; second- and third-year students are reminded of the competency focus of the educational program during mandatory clinic orientations at the start of each academic year. In addition to these competencies expected of students in the DDS and IDS programs at graduation, there are other components of the curriculum - foundation knowledge and skills - that are also required of students as part of their educational program. These are normally defined as learning objectives in individual courses.

In regard to oral disease detection, diagnosis, and prevention

1. Establish and maintain patient rapport
2. Perform a complete patient work-up, to include history and physical, laboratory, and radiographic examinations
3. Interpret findings from the complete patient work-up and present them in a standardized format
4. Determine differential, provisional, and definitive diagnoses
5. Determine and consider patient’s dental, medical, and personal situations in evaluating the range of dental therapies appropriate for that individual
6. Combine diagnostic and prognostic data with a science base and patient’s values to form an individualized, comprehensive, sequenced treatment plan
7. Discuss treatment plans with patients and caregivers, including presentation of findings, alternatives, risks and benefits, and obtain informed consent from them
8. Modify ongoing treatment plans based on changed circumstances
9. Make referrals to dental and medical colleagues and, in conjunction with them, manage patients’ care
10. Use preventive strategies to help patients maintain and improve their oral health

In regard to treatment of dental diseases and abnormalities

11. Restore single teeth for therapeutic reasons
12. Treat patients who have missing teeth with simple fixed, removable, and implant-supported prostheses
13. Oversee long-term care for patients with dental prostheses
14. Work with commercial laboratory support associated with restorative treatment
15. Fabricate nightguard appliances to protect the dentition
16. Address simple cosmetic concerns
17. Prevent and treat pulpal inflammations using direct and indirect procedures
18. Perform uncomplicated endodontic therapy on permanent teeth
19. Treat plaque-induced gingivitis, mild chronic periodontitis, and other conditions requiring uncomplicated periodontal therapy
20. Recognize and treat or refer moderate to severe chronic periodontitis, aggressive periodontitis, and other conditions requiring complicated periodontal therapy
21. Assess results of periodontal treatment
22. Recognize and refer dental malocclusions and disturbances in the development of dentition
23. Perform simple and surgical tooth and root extractions
24. Treat simple and recognize and refer complex complications related to intraoral surgical procedures
25. Treat simple and refer complex oral bony abnormalities
26. Treat simple and refer complex oral mucosal abnormalities
27. Administer and prescribe medications commonly used in dentistry, including local anesthesia, and manage their complications
28. Recognize and respond to intraoral emergencies
29. Recognize and respond to medical emergencies occurring in the dental office
30. Perform CPR

In regard to customized treatment of dental diseases and abnormalities

31. Treat patients with special needs who do not require hospital adjunctive care as part of treatment
32. Recognize oral healthcare needs, refer, and ensure follow-up treatment for patients with complex disabilities and medical conditions
33. Involve caregivers, guardians, and other health and social service professionals in managing the oral health of patients
34. Perform treatment for children in a manner that incorporates consideration of their expected growth and development
35. Counsel patients on lifestyle habits that affect oral health

In regard to health care delivery and practice management

36. Function as a patient’s primary and comprehensive oral health care provider
37. Prepare and use complete and accurate records
38. Use current infection and hazard control measures in dental practice
39. Practice four-handed dentistry
40. Direct services of dental auxiliaries
41. Develop a philosophy of practice
42. Develop a plan incorporating dental practice management principles
43. Participate in quality assurance systems
44. Practice consistent with sound business principles and legal requirements and regulations
45. Evaluate oral health care delivery and payment systems in terms of their impact on patients, dental practices, and the profession
In regard to personal development and professionalism

46. Diagnose and treat only within one’s competence
47. Recognize moral weakness, uncertainty, and dilemmas in dental practice and practice in accordance with normative ethical principles
48. Recognize signs of abuse and neglect and take appropriate action
49. Communicate with patients, staff, and others in an empathetic and culturally competent manner
50. Participate in activities designed to improve the health of communities
51. Participate in organized dentistry
52. Assume active responsibility for one’s lifelong learning
53. Use information technology for dental practice
54. Evaluate scientific, lay, and trade information and claims about new products and procedures
55. Think critically, solve problems, and base dental decisions on evidence and theory
Faculty and Course Descriptions

Course descriptions are grouped by department. Courses are numbered by year: first-year predoctoral courses in the 100s, second-year predoctoral courses in the 200s, and third-year predoctoral courses in the 300s. Graduate courses are similarly numbered by year: first-year graduate courses in the 400s, second-year graduate courses in the 500s, and third-year graduate courses in the 600s. Quarters during which a course is offered in the DDS and graduate orthodontics and endodontics programs are indicated in parentheses following the course descriptions. (For the sequence of courses in the IDS program, please see Distribution of Instruction). Units of credit are listed separately for clinical courses offered during second and third years, e.g. EN 259 Clinical Endodontics I (2 or 4 units). Otherwise the unit value is listed after the course title. More than a single unit value is reported when there is a difference in contact hours between DDS and IDS courses.

Beginning in the fourth quarter, DDS and IDS students must enroll in selective instruction each year which serves to extend basic knowledge and skills in a discipline. A listing of selective course offerings is distributed during the winter and spring quarters. Advanced topics and experiences in selected basic, clinical, and behavioral science disciplines are offered (10 to 40 hours per year, 0.1-1.0 units per course). If additional work is needed to reach competency in previously completed courses, supplemental instruction offering additional customized and intensive instruction in targeted didactic, laboratory, and clinical competencies will be offered by the faculty.

Units of Credit

One unit of credit is awarded for ten hours of lecture or seminar, twenty hours of laboratory or clinic, or thirty hours of independent study per term. In the predoctoral programs (DDS and IDS), students are assigned to comprehensive care clinics for approximately 500 hours during the second year and 1,000 hours during the third, in addition to specialty clinic rotations. Units of credit are assigned in the comprehensive care clinical disciplines in proportion to the amount of time students spend providing specific types of care for assigned patterns.

Full-time enrollment in the predoctoral programs at the School of Dentistry (DDS and IDS) is defined as 16 or more units per term. Full-time enrollment in the graduate residency programs in orthodontics and endodontics is defined as 20 or more units per term. For the graduate certificate programs in Advanced Education in General Dentistry and Oral and Maxillofacial Surgery, full-time enrollment is defined as 16 or more units per term.
Biomedical Sciences (BMS)

Department Chairperson
Leigh Charles Anderson
Professor of Biomedical Sciences

Faculty

A

Leigh Charles Anderson
Professor of Biomedical Sciences
BS, University of Minnesota, 1971
DDS, University of Minnesota, 1977
PhD, University of Minnesota, Oral Biology, 1979

Homayon Asadi
Associate Professor of Biomedical Sciences
San Jose City College, 1982
B.A., San Jose State University, Biology, 1984
D.D.S., University of the Pacific, 1988

B

Alan Wythe Budenz
Professor of Biomedical Sciences
University of Redlands, 1970
BS, Oregon State University, Zoology, 1972
MS, University of California, Los Angeles, Anatomy, 1977
DDS, University of California, San Francisco, Dentistry, 1982
MBA, University of the Pacific, Business, 1999

Dorothy T. Burk
Associate Professor of Biomedical Sciences
BA, University of New Hampshire, Biology, 1972
PhD, University of Michigan, Anatomy, 1976
University of Virginia, Craniofacial Development, 1979
MA, University of the Pacific, Educational Counseling Psychology, 1994

C

Takahiro Chino
Assistant Professor of Biomedical Sciences
DDS, Matsumoto Dental University, Dentistry, 1991
Matsumoto Dental University, Japan, Oral Maxillofacial Surgery, 1993
Indiana University School of Dentistry, Oral Surgery, Medicine Pathology,

Joel A. Cohen
Professor of Biomedical Sciences
BA, Harvard University, Physics, 1962
MS, University of Illinois, Physics, 1964
PhD, University of Illinois, Physics, 1968
Postdoc, University of Pennsylvania, Solid-state Physics, 1972
Postdoc, University of the Pacific, Biophysics, 1975

D

Nejat A. Duzgunes
Professor of Biomedical Sciences
Diploma, Noble and Grenough School, Deham, Mass., 1968
BS, Middle East Technical University, Ankara, Turkey, Physics, 1972
PhD, State University of New York at Buffalo, Biophysical Sciences, 1978
Other, University of California, San Francisco, Membrane Bi

H

Stefan Highsmith
Professor of Biomedical Sciences
BA, University of California, Berkeley, Chemistry, 1966
PhD, Massachusetts Institute of Technology, Organic Chemistry, 1972
Brandeis University, Physical Chemistry, 1974
Giuseppe Inesi

Professor of Biomedical Sciences

LA, Classic Lyceum, 1948
MD, Modena University, Italy, 1954
PhD, University of Bologna, Italy, 1960
University of Pennsylvania, Pharmacology, 1962
University of Pennsylvania, Presbyterian Hospital, 1963
University of California Cardiovascular Research Ins

Matthew Milnes

Instructor of Biomedical Sciences

BS, California Lutheran University, Biology, 1997
MS, University of the Pacific, Biology, 2000
DDS, University of the Pacific School of Dentistry, General Dentistry, 2003

Alexander J. Murphy

Professor of Biomedical Sciences

BS, Brooklyn College, Chemistry, 1962
PhD, Yale University, Biochemistry, 1967
University of California, San Francisco, Biophysical Chemistry, 1970

Gary D. Richards

Associate Professor of Biomedical Sciences

A.A., Chabot College, 1977
B.A., University of California at Berkeley, Anthropology, 1980
M.A., University of California at Berkeley, Anthropology, 1984
PhD, University of California at Berkeley, Anthropology, 2007

Der Thor

Assistant Professor of Biomedical Sciences

BS, University of the Pacific, Biological Sciences, 2002
MS, University of the Pacific, Biological Sciences, 2002
PhD, University of the Pacific, Physiology and Pharmacology, 2009

Nan Xiao

Assistant Professor of Biomedical Sciences

Mekai University and Asahi University, Visiting Student, 2002
BS, Peking University, Stomatology, 2003
MS, Peking University - School of Stomatology, Orthodontics, 2005
PhD, Hong Kong University of Science and Technology, Biochemistry, 2009

Benjamin D. Zeitlin

Assistant Professor of Biomedical Sciences

BSc, University of Strathclyde, Immunology and Pharmacology, 1992
PhD, Sheffield Hallam University, Immunopharmacology, 2000

Adjunct Faculty

Dorothy E. Dechant

Adjunct Assistant Professor of Biomedical Sciences

BA, University of California, Berkeley, Anthropology, 1973
MA, University of California, Berkeley, Anthropology, 1978
PhD, University of California, Berkeley, Anthropology, 1982

Krystyna Konopka

Adjunct Professor of Biomedical Sciences
Course Descriptions

Predoctoral Courses

AN 110. Human Anatomy I: Cells to Systems. 6 Units.
The student will gain an understanding of cell biology, functional histology, and gross anatomy of the human body as appropriate for professional health care providers. Emphasis will be on the integration of anatomical knowledge at all levels and its correlation with basic clinical medicine relevant to dentistry. (45 hours lecture, 40 hours laboratory, including 15 hours clinical correlations/case discussion. Quarters 1-2.).

AN 111. Human Anatomy II: The Orofacial Complex. 6 Units.
The student will gain an understanding of the neuro- and gross anatomy of the head and neck as appropriate for a dental professional. Emphasis will be on the integration of anatomical knowledge and its correlation with oral medicine and clinical dentistry. (30 hours lecture, 40 hours laboratory, including 10 hours clinical correlations/case discussion. Quarter 3.).

AN 112. Topics in Oral Biology. 2 Units.
The student will gain knowledge of the embryology, histology, physiology, and cell biology related to the development, organization and function of oral tissues. The objectives are for the student (1) to understand the normal development and structure of oral and paroral tissues in preparation for courses in oral pathology and oral medicine and, as a consequence, (2) to comprehend the biological basis for rational diagnosis and treatment of clinical problems. This course will be topically aligned with lectures and laboratories in Human Anatomy II. (20 hours lecture. Quarter 3.).

BC 114. Biochemistry. 6 Units.
Study of major molecular structures and processes of the human organism including structure, function, and biosynthesis of the informational macromolecules, proteins and nucleic acids; generation and storage of metabolic energy; structure, genesis, and transformations of mineralized tissues; and digestion, absorption, and utilization of required nutrients. (60 hours lecture, including 10 hours case-based discussion. Quarters 1-2.).

BMS 100. Integrated Medical Sciences. 0 Units.

MC 224. Microbiology. 6 Units.
The biology of microorganisms that cause disease, including caries, and periodontal and endodontic infections. Microbial structure, metabolism, genetics, and virulence factors; molecular diagnostics and recombinant DNA technology. Pathogenesis, epidemiology, clinical syndromes, laboratory diagnosis, treatment, and prevention of infectious diseases. Innate, humoral and cell-mediated immunity, hypersensitivity and vaccines. Antibacterial, antiviral and antifungal agents. Bacterial infections, including oral manifestations; oral microbiology. Virology, with emphasis on HIV, herpesviruses, and hepatitis viruses; oral manifestations of viral infections. Mycology, with emphasis on oral infections. Parasitology, with emphasis on global public health. Oral microbiology laboratory, including disinfectant and antibiotic susceptibility; the caries risk test and identification of oral bacteria. (57 lecture hours, including independent study hours; 15 laboratory hours. Quarters 4-5.).

PG 120. Physiology. 7 Units.
Study of the functioning of the human body, basic methods used to evaluate physiological parameters and introduction to recognition of functional abnormalities in humans. Cell membrane transport; electrical potentials; peripheral nerves; skeletal and smooth muscles; spinal cord and autonomic nervous system; circulatory system and respiratory system; homeostatic function of the kidneys; energy metabolism, temperature regulation, assimilation of food by the gastrointestinal tract; regulatory function of the endocrine system; perception of the external world through the sense organs, and integrative activity of the brain. (70 hours lecture and demonstrations including 10 hours case-based discussion. Quarters 1-3.).

PG 220. Pharmacology and Therapeutics. 6 Units.
Rationale of drug use in dental practice, and mechanisms of action of drugs used for the medical management of dental patients; pharmacodynamics and drug kinetics; quantitative pharmacology; drug laws and regulations; prescription writing; emergency drugs, autonomic, respiratory, cardiovascular, psychotropic, hormonal, gastrointestinal, anti-inflammatory, antiparkinson, antidiabetic, antineoplastic drugs; neuromuscular blockers, histamine antagonists, inflammatory mediators, sedative-hypnotics, anticonvulsants, general and local anesthetics, analgesics, antibiotics, antifungal and antiviral agents, substance abuse, toxicology, drug interactions, and therapeutic decision making. (60 hours lecture. Quarters 6-8.).

Graduate Courses

AN 410. Advanced Head and Neck Anatomy I. 1 Unit.
This course presents head and neck anatomy in depth to provide residents essential foundation for dental procedures. The development of normal and pathological craniofacial shapes, as well as anatomical structures relevant for implant placement, are discussed in detail. (Quarter 1.).
AN 510. Advanced Head & Neck Anatomy II. 1 Unit.
This course covers head and neck anatomy in depth to provide residents with essential foundation knowledge for dental procedures. The development of normal and pathological craniofacial shapes, as well as anatomical structures relevant for implant placement, are covered in detail. (Quarter 5.).

BC 414. Biochemistry and Bioengineering I. 1 Unit.
Residents learn how to assess biocompatibility and longevity of various materials in contact with body fluid and tissues. This course also covers biofilm formation and removal from oral biomaterials. (Quarter 2.).

BC 514. Biochemistry & Bioengineering II. 1 Unit.
Residents learn how to assess biocompatibility and longevity of various materials in contact with body fluid and tissues. This course also covers biofilm formation and removal from oral biomaterials. (Quarter 6.).

BMS 401. Research Philosophy and Design I. 1 Unit.
In this two-quarter foundational course, students learn about hypothesis-driven research, including hypothesis development and significance testing. (Quarter 1.).

BMS 411. Stem Cell Biology I. 1 Unit.
In this two-quarter course, residents discuss in detail current research on cell populations, their properties, and possible application routes—the foundation of modern biology-driven endodontic therapy. Treatment possibilities for immature teeth and other applications in regenerative endodontics are presented. (Quarter 2.).

BMS 412. Topics in Oral Biology I. 1 Unit.
This course covers the interaction of pulp and periapical tissues with medicaments such as bisphosphonates or TNF-alpha blocking antibodies, the effects of systemic diseases such as HIV, diabetes or sclerodermia on oral tissues, and other common issues in endodontics. (Quarter 4.).

BMS 414. Oral Biology Journal Club I. 1 Unit.
This course features discussion of papers on a variety of topics in oral biology. (Quarter 2.).

BMS 440. Thesis Protocol. 1 Unit.
In this independent-study research course, residents work with mentor(s) to develop research questions, formulate hypotheses, and write a formal research proposal that includes a full literature review, statement of material and methods, execution of the research, and appropriate analysis and interpretation of data. (Quarters 2-3.).

BMS 449. Thesis Protocol. 1 Unit.
BMS 450. Research Project I. 4 Units.
In this independent-study research course, residents work with research mentors to perform the research project, including data gathering, compilation, and interpretation of the results. The course will culminate in a publishable manuscript. (Quarters 1-4.).

BMS 501. Research Philosophy and Design II. 1 Unit.
In this two-quarter foundational course, residents learn about hypothesis-driven research, including hypothesis development and significance testing. (Quarter 5.).

BMS 511. Stem Cell Biology II. 1 Unit.
In this two-quarter course, residents discuss in detail current research on cell populations, their properties, and possible application routes—the foundation of modern biology-driven endodontic therapy. Treatment possibilities for immature teeth and other applications in regenerative endodontics are presented. (Quarter 6.).

BMS 512. Topics in Oral Biology II. 4 Units.
This course covers the interaction of pulp and periapical tissues with medicaments such as bisphosphonates or TNF-alpha blocking antibodies, the effects of systemic diseases such as HIV, diabetes or sclerodermia on oral tissues, and other common issues in endodontics. (Quarters 5-8.).

BMS 514. Oral Biology Journal Club II. 1 Unit.
Residents read and discuss current literature on a range of oral biology topics. (Quarter 6.).

BMS 550. Research Project II. 4 Units.
In this independent-study research course, residents work with research mentors to perform the research project, including data gathering, compilation, and interpretation of the results. The course will culminate in a publishable manuscript. (Quarters 5-8.).

BMS 651. Manuscript Preparation. 1 Unit.
Residents prepare the final version of a publishable manuscript. (Quarter 9.).

MC 404. Host Response I. 1 Unit.
This course extends basic immunology to the etiology of pulpal and periapical disease focusing on the host response. The role of inflammatory mediators and the cells that elaborate them is discussed. (Quarter 1.).

MC 424. Oral Microbiology I. 1 Unit.
Residents learn about microbial structure, metabolism, genetics, and virulence factors; molecular diagnostics and recombinant DNA technology; pathogenesis, epidemiology, clinical syndromes, laboratory diagnosis, treatment, and prevention of infectious diseases. (Quarter 2.).

MC 504. Host Response II. 1 Unit.
This course extends from basic immunology to the etiology of pulpal and periapical disease focusing on the host response. The role of inflammatory mediators and the cells that elaborate them will be discussed. (Quarter 5.).

MC 524. Oral Microbiology II. 1 Unit.
In this course, residents learn about microbial structure, metabolism, genetics, and virulence factors; molecular diagnostics and recombinant DNA technology; pathogenesis, epidemiology, clinical syndromes, laboratory diagnosis, treatment, and prevention of infectious diseases. (Quarter 6.).
PG 420. Advanced Pharmacology I. 1 Unit.
Local anesthesia and pain management of acute and chronic pain are main components of this lecture series, with specific emphasis on endodontics. Infection control, including biochemistry and side effects, is also presented. (Quarter 1.).

PG 520. Advanced Pharmacology II. 1 Unit.
Local anesthesia and pain management of acute and chronic pain are two main components of this lecture series, with specific emphasis on endodontics. Infection control, including biochemistry and side effects, is also presented. (Quarter 5.).
Dental Practice (DP)

Department Chairperson
Lucinda J. Lyon
Associate Professor of Dental Practice

Vice Chair, Diagnostic Sciences and Services
Alan Wythe Budenz
Professor of Dental Practice

Vice Chair, Integrated Clinical Sciences Strand
Terry Edwin Hoover
Associate Professor of Dental Practice

Vice Chair, Clinical Practice Strand
William C. Sands
Assistant Professor of Dental Practice

Faculty

A

Sigmund H Abelson
Associate Professor of Dental Practice
Other, Los Angeles City College, Arts, 1959
Los Angeles State College, 1962
DDS, University of the Pacific School of Dentistry, Dentistry, 1966
MA, Keck School of Medicine, University of Southern California, Academic Medicine, 2010

Mark McGregor Abzug
Assistant Professor of Dental Practice
BA, University of California Santa Barbara, Geography, 1975
DDS, University of the Pacific School of Dentistry, General Dentistry, 1980

Janet E. Andrews
Assistant Professor of Dental Practice
BS, University of the Pacific/Marquette University, Dental Hygiene, 1975
MA, University of the Pacific, Education, 1979
DDS, University of the Pacific, Dentistry, 1983

Kalid Aziz
Assistant Professor of Dental Practice
DDS, University of Los Andes, Venezuela, Dentistry, 1993
MS, University of Iowa, Operative Dentistry, 2002

B

Paymon Bahrami
Assistant Professor of Dental Practice
BS, University of California, Davis, Mechanical Engineering, 2003
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2009
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Advanced Education in General Dentist...
Michelle Brady
Instructor of Dental Practice
BDS, Cardiff Dental School, Dentistry, 1994
Other, Dublin Dental School, Clinic Dentistry, 2004
Other, Dublin Dental School, Conscious Sedation, 2011

Alan Wythe Budenz
Professor of Dental Practice
University of Redlands, 1970
BS, Oregon State University, Zoology, 1972
MS, University of California, Los Angeles, Anatomy, 1977
BS, University of California, San Francisco, Dental Science, 1982
DDS, University of California, San Francisco, 1982
MBA, Univ

C

William M. Carpenter
Professor of Dental Practice
Armed Forces Institute of Pathology, Oral Pathology
Washington and Jefferson College, 1960
DDS, University of Pittsburgh, 1964
Brook Army Medical Center, 1965
Advanced Officers Course, 1970
MS, George Washington University, 1973
Armed Forces Institute of Pa

David William Chambers
Professor of Dental Practice
AB, Harvard University, Experimental psychology, 1965
EdM, Harvard University, School of Education, Educational evaluation, 1966
PhD, Stanford University, School of Education, Educational psychology, 1969
MBA, San Francisco State University, Management an

Armando Chang
Instructor of Dental Practice
BA, University of California, Berkeley, Biology, 1979
DDS, Northwestern University, Dentistry, 1983

Gina S. Chann
Assistant Professor of Dental Practice
BS, University of California, Davis, 1986
DDS, University of the Pacific School of Dentistry, 1989

Elisa Marie Chavez-Luna
Associate Professor of Dental Practice
BS, Saint Mary’s College of California, 1990
DDS, University of California, San Francisco, 1994
CERT, University of Michigan, Geriatric Dentistry Fellowship (Certificate), 2000

Janice Chou
Instructor of Dental Practice
BS, University of San Diego, Biochemistry/Cell Biology, 2006
DDS, University of the Pacific School of Dentistry, General Dentistry, 2010
University of the Pacific School of Dentistry, Advanced Education in General Dentistry, 2011

Darren P Cox
Associate Professor of Dental Practice
BS, Louisiana State University, Zoology, 1985
DDS, LSU School of Dentistry, Dentistry, 1990
Loyola University Hospital, Chicago, IL, General Practice Residency, 1991
Emory University Hospital, Atlanta GA, Oral, Head and Neck Pathology Residency, 2000
MBA,

Eve Cuny
Associate Professor of Dental Practice
University of California, Berkeley Extension, Environmental Hazardous Management, 1995
BA, St. Mary’s College, Management, 1998
MS, St. Mary’s College, Health Service Administration, 2001

D

Arthur A. Dugoni
Professor of Dental Practice
University of San Francisco, 1943
BS, Gonzaga University, 1944
University Missouri, School of Dentistry, Dental, 1946
DDS, College of Physicians Surgeons (UOP), Dental, 1948
Bureau of Medicine and Surgery Internship, Dental, 1949
MSD, University of Wash

E

Lynn Edwards
Assistant Professor of Dental Practice
BA, University of the Pacific, Biology, 1978
DDS, UOP School of Dentistry, Dentistry, 1981

Robert English
Assistant Professor of Dental Practice
BS, University of Alaska, Chemistry/Biochemistry, 1984
DDS, University of the Pacific, Dentistry, 1989

F

Richard Farrell
Instructor of Dental Practice
BS, University of San Francisco, 1967
University of California, Berkeley, Graduate courses, Department of Zoology, 1968
San Diego State University, Secondary Education courses, 1970
DDS, University of Pacific Arthur A. Dugoni School of Dentistry, Dentistry

Fred J. Fendler
Associate Professor of Dental Practice
BS, University of San Francisco, 1970
DDS, University of the Pacific, 1974

Leticia Ferreira
Assistant Professor of Dental Practice
DDS, Universidade Federal da Bahia College of Dentistry, General Dentistry, 2007
MS, Baylor College of Dentistry, Texas AM University, Biomedical Sciences, 2011
Other, Baylor College of Dentistry, Texas AM University, Certificate in Oral and Maxillofaci

Maria Flores
Instructor of Dental Practice
BS, Mount St. Mary’s College, 1982
DDS, University of California, San Francisco, 1987

Barbara J. Fong-Hori
Assistant Professor of Dental Practice
City College of San Francisco
BA, University of California, Berkeley, Physiology, 1974
DDS, UCSF School of Dentistry, 1978

Virginia L. Freckelton
Assistant Professor of Dental Practice
BS, Southern Illinois University, Carbondale, Education, 1973
MS, Southern Illinois University, Carbondale, Education, 1974
DDS, University of the Pacific, 1983

Richard E. Fredekind
Professor of Administration
B.S., University of Idaho, 1976
D.M.D., Tufts University School of Dental Medicine, 1979
Cert., Highland General Hospital, General Practice, 1980
M.A., University of the Pacific, Educational and Counseling Psychology, 1994

G

Des Gallagher
Assistant Professor of Dental Practice
DDS, University of Wales, College of Medicine, Dental Surgery, 1994
Trinity College Dublin Dental School, Postgraduate diploma
Clinical Dentistry, 2004

Andrea Garcia
Instructor of Dental Practice
BS, University of the Pacific, Dental Hygiene, 2008
Lola Giusti  
*Associate Professor of Dental Practice*  
University of California, Davis, Italian/Human Biology, 1976  
Stanford University, Italian/Human Biology, 1977  
DDS, University of Southern California, Dentistry, 1981  
CERT, Wadsworth V.A. Hospital, GPR, 1982

Paul Glassman  
*Professor of Dental Practice*  
BA, University of California, Los Angeles, Zoology, 1968  
DDS, University of California, San Francisco, Dentistry, 1972  
CERT, University of California, San Francisco, General Practice Residency, 1975  
MA, University of the Pacific, Educational and Counseling

Kerry D. Hanson  
*Associate Professor of Dental Practice*  
BS, Oregon, General Science, 1963  
DDS, University of the Pacific, 1967

Rex W Hoover  
*Instructor of Dental Practice*  
BA, UOP, Biology, 1970  
DDS, UCLA, 1974

Terry Edwin Hoover  
*Associate Professor of Dental Practice*  
AB, Stanford University, Biology, 1968  
DDS, University of California, San Francisco, Dentistry, 1972  
Rotating Hospital Dental Internship, VA Hospital, Portland, OR, 1973

Randall N. Inouye  
*Associate Professor of Dental Practice*  
BS, University of Southern California, Biological Science, 1973  
DDS, University of the Pacific, 1976  
MSD, University of Washington, Orthodontics, 1983  
University of California, Berkeley, Medical Anthropology, 1999  
University of California, San Francisco,

Lisa E Itaya  
*Associate Professor of Dental Practice*  
BS, Cal Poly State University, Computer Science, 1987  
DDS, University of the Pacific, 1998  
CERT, University of the Pacific, AEGD, 2000

Harry S. Jew  
*Assistant Professor of Dental Practice*  
BA, Golden Gate University, 1981  
DDS, Northwestern University, 1982  
MS, University of New Haven, Human Nutrition, 2002

Bonnie Lynn Jue  
*Assistant Professor of Dental Practice*  
University of the Pacific, pre-dental, 1990  
DDS, University of the Pacific, dentistry, 1993

Brian J. Kenyon  
*Associate Professor of Dental Practice*  
BA, Brown University, Human Biology, 1979  
DMD, Tufts University, Dentistry, 1982

Patricia King  
*Assistant Professor of Dental Practice*  
AA, College of the Sequoias, Liberal Arts, 1967  
San Francisco State University, French, 1969  
CA Cred., St. Mary’s College, Secondary Education, 1971  
BA, UC Berkeley, French/ CA Elementary Education, 1973
Michael B. Lambert
Assistant Professor of Dental Practice
BA, University of California, 1971
DMD, Washington University School of Dentistry, Dentistry, 1984
VA Hospital, Palo Alto, Certificate, 1985

Margaret Landy
Assistant Professor of Dental Practice
BA, University of California, Berkeley, Philosophy, 2002
MA, University of North Carolina at Chapel Hill, Philosophy, 2006
PhD, University of North Carolina at Chapel Hill, Philosophy, 2011

Natasha Lee
Assistant Professor of Dental Practice
BA, University of California, Santa Cruz, Anthropology, 1994
DDS, University of the Pacific, Dentistry, 2000

William W. Lee
Assistant Professor of Dental Practice
BS, University of Pittsburgh, Neuroscience, 1993
DDS, State University of New York, Buffalo, Dentistry, 1998
Cert, San Francisco VA Hospital, GPR Dentistry, 1999
Fellowship, San Francisco VA Hospital, Prosthodontics, 2000

Krystle Lim
Instructor of Dental Practice
University of the Pacific, Pre-Dental (Biological Sciences), 2006
DDS, University of the Pacific School of Dentistry, Dentistry, 2009

Stephen C. Lindblom
Assistant Professor of Dental Practice
BS, University of California, San Diego, Molecular Biology, 1996
DDS, University of the Pacific, 2001

Josh Liu
Instructor of Dental Practice
BS, University of California, Santa Barbara, Aquatic Biology, 2007
DDS, University of Pacific, Arthur A. Dugoni School of Dentistry, Dentistry, 2012

Lucinda J. Lyon
Associate Professor of Dental Practice
BS, University of Southern California, Dental Hygiene, 1978
DDS, University of the Pacific, General Dentistry, 1986
EdD, University of the Pacific, Education, 2009

Roberto S. Masangkay
Assistant Professor of Dental Practice
BA, Letran College, Manilla Philippines, 1961
DMD, University of the East, School of Dentistry, 1985
Dental Intern, Veterans Memorial Hospital, Manilla Philippines, Oral Surgery, 1986
DDS, University of the Pacific, 1989

Maritza Mendez
Assistant Professor of Dental Practice
BA, Temple University, Philadelphia, PA, Psychology, Cum Laude, 1987
DMD, University of Pennsylvania, School of Dental Medicine, Philadelphia, PA, Dentistry, 1991
UCSF, AEGD, Resident (Certificate), 1994
UCSF, AEGD, Chief Resident, 1995

Stephen A. Mikulic
Assistant Professor of Dental Practice
BA, University of Arizona, Psychology, 1971
DDS, University of Southern California, 1975

Christine E Miller
Associate Professor of Dental Practice
BS, RDH, University of Oregon Health Sciences Center, 1975
MHS, University of San Francisco, 1987
MA, University of the Pacific, Education, 1994
Helen Patricia Mockler  
Instructor of Dental Practice  
BS, University of California, Santa Barbara, Mathematical Sciences, 2006  
DDS, University of the Pacific School of Dentistry, General Dentistry, 2010

N

Nader A. Nadershahi  
Professor of Administration  
University of California, Berkeley, Biology/Art, 1991  
DDS, University of the Pacific, Dentistry, 1994  
CERT, Palo Alto Veterans Administration Hospital, Hospital Dentistry, 1995  
MBA, University of the Pacific, Business, 1999  
EdD, University of the Pacific,

Nilou Nadershahi  
Instructor of Dental Practice  
BS, University of California Berkeley, Architecture, 1988  
DDS, University of the Pacific Authur A. Dugoni School of Dentistry, Dentistry, 1991

Daniel Nam  
Instructor of Dental Practice  
BA, University of California, Los Angeles, Music-Piano, 1996  
DDS, University of the Pacific School of Dentistry, General Dentistry, 2002

David Bruce Nielsen  
Associate Professor of Dental Practice  
AA, Glendale Community College, 1960  
BA, Los Angeles State College, 1962  
DDS, University of the Pacific, 1967  
American Dental Association, 1980  
MA, University of the Pacific, 1994

P

Upendra Patel  
Instructor of Dental Practice  
????

BS, University of the Pacific - Arthur A. Dugoni School of Dentistry, Chem - Bio, 2002  
DDS, University of the Pacific - Arthur A. Dugoni School of Dentistry, Dentist, 2005  
DDS, University of the Pacific - Arthur A. Dugoni School of Dentistry, AEGD -

Bruce Peltier  
Professor of Dental Practice  
BS, USMA, West Point, Engineering, 1970  
Med, Wayne State University, West Berlin, Psychology, 1974  
PhD, Wayne State University, Detroit, Counseling, 1979  
Post- Doc, University of Southern California, Clinical Psychology, 1980  
MBA, University of the Pacific

Beverly Presley-Nelson  
Instructor of Dental Practice  
University of Arizona, Philosophy, Creative Writing, Chemistry, 1971  
RDH, Phoenix College, 1973  
BS, Northern Arizona University, Vocational and Professional Education, 1978  
REFDH, Northern University of Arizona, Education/Expanded Function Dental Hygiene

R

Lauren Yasuda Rainey  
Instructor of Dental Practice  
DDS, University of Pacific Dugoni Dental School, Dentistry, 2011  
Other, Tufts University School of Dental Medicine, General Practice Residency, 2012

Miriam K. Robins  
Assistant Professor of Dental Practice  
Ohio State University, PreDent, 1965  
DDS, Ohio State University, 1969

S

Eric S. Salmon  
Assistant Professor of Dental Practice
BS, Harvey Mudd College, Biology, 1993
DDS, University of the Pacific, 1999

**William C. Sands**  
*Assistant Professor of Dental Practice*
BA, University of the Pacific, Stockton, CA, BA Chemistry, 1967
DDS, University of the Pacific, School of Dentistry, San Francisco, CA, Doctor of Dental Surgery, 1971

**Monica Sasaki**  
*Instructor of Dental Practice*
BS, California State University, Fresno, Physical Therapy, 1994
MA, California State University, Fresno, Physical Therapy, 1996

**Timothy Sheu**  
*Assistant Professor of Dental Practice*
BS, University of British Columbia, Biochemistry, 1986
DDS, University of the Pacific, Arthur A. School of Dentistry, General Dentistry, 1990

**George Shiao**  
*Assistant Professor of Dental Practice*
BA, Washington University St. Louis, Biology and History, 1995
DMD, Temple University School of Dentistry, Dentistry, 1999

**Ann Marie Silvestri**  
*Assistant Professor of Dental Practice*
Other, Notre Dame des Victoires High School, College Preparatory, 1968
BS, University of San Francisco, Biology/Psychology, 1972
DDS, University of the Pacific, General Dentistry, 1975
Cert, University Hospital School, The University of Iowa, Dental Course

**Paul Subar**  
*Assistant Professor of Dental Practice*
BA, UC Santa Cruz, Biochemistry and Molecular Biology, 1989
DDS, University of California, Los Angeles School of Dentistry, 1993
UCLA Center for Health Sciences, General Practice Residency, Department of Hospital, 1994
Veterans Administration Medical Center

**Tiffany Tang**  
*Instructor of Dental Practice*
Hong Kong Polytechnic University, Occupational Therapy, 1988
MA, University of the Pacific, Business Administration, 2002
Rocky Mountain University of Health Professions, Occupational Therapy, 2011

**David T. Thornton**  
*Assistant Professor of Dental Practice*
BS, University of the California, Berkeley, Nutrition/Dietetics, 1980
DDS, University of the Pacific School of Dentistry, 1986
V. A. Hospital Martinez, CA, 1988

**Michael T. Tiller**  
*Assistant Professor of Dental Practice*
BS, University of Oregon, 1995
DDS, University of the Pacific, Dentistry, 1999

**W**

**Allen Wong**  
*Professor of Dental Practice*
BA, University of the Pacific, Stockton, Bachelor of Arts, Biology, 1983
DDS, University of the Pacific School of Dentistry, 1986

**Lynne M. Wong**  
*Assistant Professor of Dental Practice*
BS, San Francisco State University, Biochemistry Asian American Studies, 1998
DDS, UOP School of Dentistry, 2002
UOP School of Dentistry, AEGD Program, AEGD, 2004

**Russell G. Woodson**  
*Assistant Professor of Dental Practice*
BS, Arizona State University, Chemistry, 1976
DDS, University of the Pacific, Dentistry, 1979
MA, University of the Pacific, Educational Psychology-Counseling, 1994
Y

Magnus Yang
Instructor of Dental Practice
BA, BS, University of California Berkeley, Molecular Cell Biology/Nutritional Sciences/Toxic, 2005
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Dentistry, 2009

Douglas A. Young
Professor of Dental Practice
BA, University of California, Berkeley, Bacteriology, 1977
BS, University of California, San Francisco, Dental Science, 1981
DDS, University of California, San Francisco, Dentistry, 1981
UCSF Hospital, SF General Hospital, VA Longbeach Hospital, Hospital

Z

Meixun Sinky Zheng
Assistant Professor of Dental Practice
BA, East China Normal University, English Education, 2004
MA, East China Normal University, Educational Administration, 2007
PhD, North Carolina State University, Curriculum and Instruction, 2012

Keivan Zoufan
Assistant Professor of Dental Practice
DDS, Tehran Azad University, Doctorate Dental Surgery, 1999
DDS, University of Southern California, Doctorate Dental Surgery, 2004
University of Southern California, Advanced Education in General Dentistry, 2005
MDS, University of Connecticut, Master Den

Adjunct Faculty

A

Brian Adams
Adjunct Instructor of Dental Practice
Andersen Consulting, Management Consultant, 1998
MA, Cal Poly, San Luis Obispo, Business Administration, Management Systems, 1998
DDS, University of the Pacific, School of Dentistry, Dentistry, 2002

Hanadi Alenezi
Adjunct Instructor of Dental Practice
BA, Kuwait University, Health Sciences, 2005
BDM, Kuwait University, Dentistry, 2008
Other, University of the Pacific School of Dentistry, AEGD, 2013

Fawaz Alzoubi
Adjunct Instructor of Dental Practice
BDS, Kuwait University, Medical Sciences, 2004
DDS, Kuwait University, Dentistry, 2007
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, AEGD, 2012
MA, University of the Pacific, Education, 2013

Nelofer Ansari
Adjunct Instructor of Dental Practice
Elphinston College, Bombay, Pre-dental Science Classes, 1973
BDS, University of Bombay, Government Dental College and Hospital, Dentistry, 1977

B

Daniel J. Bender
Adjunct Assistant Professor of Dental Practice
BA, Humboldt State University, German, 1982
George-August Universität, German Language Literature, 1985
MA, University of North Dakota, Foreign Lang Literature, 1986
EdD, University of San Francisco, Learning and Instruction, 2005

Carsen Bentley
Adjunct Instructor of Dental Practice
BA, University of New Mexico, Chemistry and Political Science, 2008
DDS, University of the Pacific School of Dentistry, Dentistry, 2011
Other, Lutheran Medical Center Brooklyn New York, AEGD, 2012

Andrea S. Braun
Adjunct Assistant Professor of Dental Practice
BS, Emory University Atlanta Georgia, Biology, 1978
DDS, New York University, College of Dentistry, 1982

Carolyn Brown
Adjunct Instructor of Dental Practice
BS, University of Maryland, Finance, Transportation, 1991
Columbia University, 1997
Loyola University, 1997
DDS, University of Maryland, Dental, 2001

Jeff J. Brucia
Adjunct Assistant Professor of Dental Practice
BA, UC Santa Cruz, Biology, 1985
DDS, University of Pacific, Dental, 1988
FDSD, Delta Sigma Delta, Delta Sigma Delta Degree, 1995
MDSD, Delta Sigma Delta, Delta Sigma Delta Degree, 1997
DDSD, Delta Sigma Delta, Delta Sigma Delta Degree, 1998

Justin Chapman
Adjunct Instructor of Dental Practice
BS, University of the Pacific, Biology, 1998
DDS, University of the Pacific School of Dentistry, Dentistry, 2001

Edmond K. Chow
Adjunct Instructor of Dental Practice
University of East-West Medicine, Chinese Medicine
University of California Davis, Biology, 1982
San Francisco State University, Biology, 1984
DDS, University of the Pacific, Dentistry, 1987
Temple University, Certification Endodontics, 1992

Osleydis Diaz
Adjunct Instructor of Dental Practice
BA, IPVCE/Cuba, Sciences/Literature, 1995
DS, Advanced Institute of Medical Sciences of Santiago de Cuba, Doctor of Stomatology, 2000
Faculty of Medicine, Granma, Cuba, Management and Health Care, 2001
Kaplan Institute and Truman College, English as a Sec

Eunice Dizon
Adjunct Instructor of Dental Practice
DDS, New York University College of Dentistry, General Dentistry, 2006
University of the Pacific Arthur A. Dugoni School of Dentistry, General Dentistry - AEGD, 2007

Jennifer Domagalski
Adjunct Instructor of Dental Practice
BA, Dartmouth College, Anthropology, 2006
DDS, Arizona School of Dentistry, Dentistry, 2010

Richard Doyle
Adjunct Instructor of Dental Practice
BA, San Jose State University, Biological Sciences, 1970
DDS, University of the Pacific School of Dentistry, Dentistry, 1974
U.S. Army, Dental, 1975

Joe Errante
Adjunct Instructor of Dental Practice
BS, University of Arizona, Nutritional Biochemistry, 1977
DDS, Pacific Dugoni School of Dentistry, 1980

Ernest W. Fessler
Adjunct Assistant Professor of Dental Practice
AB, University of California, Berkeley, Anthropology, 1963
University of California, Davis, Junior standing in mechanical engineering, 1964
DDS, University of the Pacific School of Dentistry, Dentistry, 1968

Caterina L. Fiorentino
Julian Marcus Fisher
Adjunct Instructor of Dental Practice
BA, Sonoma State University, Rohnert Park., Biological Sciences, 1994
DDS, University of the Pacific, School of Dentistry, Dentistry, 1998

Mark Frost
Adjunct Instructor of Dental Practice
University of Texas at Austin, Accounting, 1987
DDS, University of Texas Health Science, Dentistry, 1991

Sabine Girod
Adjunct of Dental Practice
DDS, University of Bonn Dental School, Dentistry, 1983
Medical School of Hannover, Oral Surgery, 1987
German Academic Exchange Medical Student, 1989
MD, Hannover Medical School, 1989
Harvard Medical School, Head Neck Oncology, 1990
University of Cologne

Lindsey Green
Adjunct Instructor of Dental Practice
BA, Oakland University, Psychology, 2003
JD, DePaul College of Law, Law, 2007

Maureen Harrington
Adjunct Instructor of Dental Practice
BA, St. Mary's College of California, Integral Studies, 1992
MPH, California State University, Long Beach, Community Health Education, 1996

Glen F Hebert
Adjunct Assistant Professor of Dental Practice
California State University, Fresno, 1983
BA, California State University, Northridge, Biology, 1985
DDS, University of California, San Francisco, Dentistry, 1990

Savita Hemrajani
Adjunct Instructor of Dental Practice
Bishop Cotton College, Science, 1992
BDS, R.V. Dental College, India, Dentistry, 1997
California State University Northridge, Health Education, 2000

Kelly Hicklin
Adjunct Instructor of Dental Practice
BS, UCLA, Microbiology, Immunology and Molecular Genetics, 2006
DDS, University of the Pacific School of Dentistry, Dentistry, 2009
UCLA, General Practice Residency, 2011

Garrick Hong
Adjunct Instructor of Dental Practice
BA, University of California, Berkeley, Integrative Biology, Bioresource Science, Forestry, 1998
DDS, University of California, San Francisco, Dentistry, 2005

Toby Imler
Adjunct Instructor of Dental Practice
BA, Southern Adventist University, Biology, 2006
DDS, University of Nebraska College of Dentistry, General Dentistry, 2010

Peter Jacobsen
Adjunct Professor of Dental Practice
BS, Florida State University, Biology, 1967
PhD, University of California, San Francisco, Comparative Pharmacology and Toxicology, 1972
K

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Adjunct Instructor of Dental Practice  
BS, University of Puget Sound, Natural Biology, 2000  
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, General Dentistry, 2008

L

Paul-Ryan Lake  
Adjunct Instructor of Dental Practice  
BA, UC Berkeley, Neurobiology, 1998  
DDS, Columbia University, 2008  
St Barnabas Hospital, General Practice Residency, 2009

Callin Lee  
Adjunct Instructor of Dental Practice  
BA, University of the Pacific, Stockton, CA, 1983  
DDS, University of California, San Francisco, Dentistry, 1987

Tiffany C. Leung  
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BS, University of California, Davis, Biological Sciences, 1994  
DDS, University of the Pacific School of Dentistry, General Dentistry, 1999

Susan Liem  
Adjunct Instructor of Dental Practice  
BA, University of California, San Diego, Visual Arts, 2003  
DMD, Tufts University Boston, MA, Dentistry, 2008  
New York Hospital, Queens (G.P.R. Certificate), General Dentistry, 2009  
SUNY Stony Brook (Certificate), Special Care Dentistry, 2011

Albert S. Lin  
Adjunct Assistant Professor of Dental Practice  
BS, University of Portland, Life Science, 1976  
DDS, University of Pacific, Dentistry, 1994

Lyndon Low  
Adjunct Assistant Professor of Dental Practice  
BS, University of California, Davis, Biological Sciences, 1985  
DDS, University of Pacific School of Dentistry, Dentistry, 1988  
MS, University of California, Los Angeles, Oral Biology, 1990

M

Monica MacVane-Pearson  
Adjunct Instructor of Dental Practice  
Universite de Moncton, One-month long summer French immersion camp, 1995  
Universidad de Zaragoza, Rotary Club International exchange student, 1997  
BS, Mount Allison University, Biology, 2001  
DMD, McGill University, 2005  
University of the Pacific, Arthur A

Gregory Mar  
Adjunct Assistant Professor of Dental Practice  
BS, University of California, Davis, Biological Sciences, 1985  
DDS, University of the Pacific School of Dentistry, General Dentistry, 1988  
MA, University of the Pacific, Educational Psychology, 1993

Anthony Mock  
Adjunct Instructor of Dental Practice  
AB, U.C. Berkeley, Bacteriology, 1975  
DDS, Case Western Reserve University Dental School, Denistry, 1980  
Highland General Hospital, GPR, 1981

Alicia Montell  
Adjunct Instructor of Dental Practice  
BS, Stanford University, Biological Sciences, 2000  
DDS, University of California, San Francisco, Dentistry, 2005

Jasmin Moschref  
Adjunct Instructor of Dental Practice
Maysa Namakian  
Adjunct Instructor of Dental Practice  
BS, California Polytechnic State, Mathematics, 2006  
MS, California State University Northridge, Health Education, 2008

David Neal  
Adjunct Instructor of Dental Practice  
A.T. Still University, Workforce Education and Development, 2006  
DMD, A.T. Still University, Dentistry, 2010

Chris Nelson  
Adjunct Instructor of Dental Practice  
Shasta State High School, 2002  
BS, University of California, Davis, Biological Sciences (Neurobiology, Psychology, Behav.), 2006  
DDS, University of the Pacific, General Dentistry, 2009

Josephine Ng  
Adjunct Instructor of Dental Practice  
BS, University of the Pacific, Biological Sciences, 2006  
DDS, University of the Pacific School of Dentistry, Dentistry, 2010

Tin Nguyen  
Adjunct Instructor of Dental Practice  
N/A, Cal State University of Long Beach, Biology, 1991  
N/A, El Camino College, Biology, 1995  
BA, University of Colorado, Biology, 1997  
DDS, Howard University, Dentistry, 2003

Trang My Thi Nguyen  
Adjunct Instructor of Dental Practice  
BA, University of California, Davis, Biological Science, 1991  
DDS, University of the Pacific, Dentistry, 1994

Noha H. Oushy  
Adjunct Instructor of Dental Practice  
DDS, Ain Shams University, Dental Medicine and Surgery, 2005  
MS, New Mexico State University, Public Health, 2010

Jon Pascarella  
Adjunct Instructor of Dental Practice  
BS, University of the Pacific, Biology, 2004  
DDS, University of the Pacific, Dentistry, 2008

Allan Pineda  
Adjunct Instructor of Dental Practice  
DMD, Centro Escolar University, General Dentistry, 1985  
DDS, University of Pacific, School of Dentistry, DDS, 2002

Jonathan Po  
Adjunct Instructor of Dental Practice  
BA, University of California, Davis, Biology, 2008  
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2011  
Other, Montefiore Medical Center, General Practice, 2012

Srudevi Ponnala  
Adjunct Instructor of Dental Practice  
DDS, M.R. Ambedkar Dental College, Dental Surgery, 1997  
DDS, University of California San Francisco, Dentistry, 2004

Emily Renk  
Adjunct Instructor of Dental Practice  
BA, University of California, Los Angeles, Classical Civilizations, 2005  
DDS, Ostrow School of Dentistry, USC, Dentistry, 2011  
University of California, Los Angeles, General Practice Residency, Hospital Dentistry, 2012
Melinda M. Reynard  
Adjunct Instructor of Dental Practice  
BA, University of Texas Austin, Psychology / Pre-Dental, 1979  
MS, University of Arizona, Food Science and Nutrition, 1981  
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 1989  

Charles Rim  
Adjunct Assistant Professor of Dental Practice  
BS, University of California Riverside, Biology, 1993  
BS, University of California San Francisco, Dental Science, 1999  
DDS, University of California San Francisco, Dentistry, 1999  

Torrey Rothstein  
Adjunct Instructor of Dental Practice  
BS, University of California, San Diego, Animal Physiology and Neuroscience, 2002  
DDS, University of the Pacific, Dental Surgery, 2005  

S  

Rami Saah  
Adjunct Instructor of Dental Practice  
BS, University of California, Irvine, Biological Sciences, 1996  
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Dentistry, 2000  

Faezeh Sadeghi  
Adjunct Instructor of Dental Practice  
BS, Isfahan University, Iran, Zoology, 1992  
College of San Mateo, Biology, 1997  
BA, University of California San Francisco, Biology, 1999  
DDS, University of California San Francisco, Dentistry, 2005  

Andrea Salazar  
Adjunct Instructor of Dental Practice  
BS, University of San Francisco, Biology, 2004  
DDS, University of the Pacific Dental School, Dentistry, 2008  

Mahdi Salek  
Adjunct Instructor of Dental Practice  
BS, UCLA, Biological Sciences, 2005  
DDS, University of Illinois at Chicago, General Dentistry, 2011  

Jack Saroyan  
Adjunct Assistant Professor of Dental Practice  
BA, University of California Berkeley, General Curriculum, 1958  
DDS, University of the Pacific, Dental School, Dentist, 1962  

Brian Sheppard  
Adjunct Instructor of Dental Practice  
BS, San Jose State University, Mechanical Engineering, 2004  
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Dentistry, 2010  
University of the Pacific, Arthur A. Dugoni School of Dentistry, Advanced Education in General Dentistry, 201  

C. Ray Sheppard  
Adjunct Instructor of Dental Practice  
University of CA Berkeley, Chemistry, 1962  
BS, CA State University Hayward, Biology, 1972  
DMD, University of Pittsburgh, Dental, 1977  

Mark J. Singer  
Adjunct Instructor of Dental Practice  
BA, University of Michigan, 1966  
MD, College of Physicians and Surgeons of Columbia University, Medicine, 1970  
Rush-Presbyterian St. Luke’s Medical Center, Internship-Surgery, 1971  
Northwestern University McGraw Medical Center, Residency: Pathology, 1972  

Norma Solarz  
Adjunct Instructor of Dental Practice  
BA, University of California Berkeley, Botany, 1976  
DDS, University of California San Francisco, Dentistry, 1980  
University of California Berkeley, MPH Epidemiology, 1990  

T  

Russell Haywood Taylor  
Adjunct Instructor of Dental Practice
Faculty and Course Descriptions

BSc, University of Ottawa, Biology, 2004
MS, University of Ottawa, Biochemistry, 2005
DMD, McGill University, Dentistry, 2009
University of the Pacific School of Dentistry, Dentistry-AEGD, 2010

Ariane Terlet
Adjunct Instructor of Dental Practice
BA, UC Berkeley, 1980
DDS, University of the Pacific, 1986

Garrett Tien
Adjunct Instructor of Dental Practice
BA, UC Berkeley, Biology, 2002
DDS, University of Pacific, School of Dentistry, Dentistry, 2010

Andy Van Sicklen
Adjunct Instructor of Dental Practice
California Polytechnic State University, Biology/Physiology, 2008
DDS, University of the Pacific School of Dentistry, Dentistry, 2011
VA Hospital, General Dentistry, 2012

Jim Van Sicklen
Adjunct Instructor of Dental Practice
BA, University of the Pacific, Biology, 1975
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 1980

Willam Albert vanDyk
Adjunct Assistant Professor of Dental Practice
BA, University of California, Davis, Sociology, 1969
DDS, University of the Pacific School of Dentistry, General Dentistry, 1973
Madigan Army Medical Center, Tacoma, Washington, Dental Internship, 1974

Robert Timothy Verceles
Adjunct Instructor of Dental Practice
BS, UC Davis, Genetics, 1989
DDS, UCSF, Dentistry, 1993

Colin Wong
Adjunct Professor of Dental Practice
BA, University of California, Berkeley, Microbiology, 1961
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, General Dentistry, 1965

Andrew Young
Adjunct Associate Professor of Dental Practice
BA, University of California Berkeley, Molecular and Cell Biology, 2001
DDS, University of California San Francisco, Dentistry, 2005
Cert, Department of Veterans Affairs (Northern California Health Care System), General Practice Dentistry, 2006
Cert, UCSF

Course Descriptions

Predoctoral Courses

DP 100. Ethics and Exploration of Basic Cultural Issues. 3 Units.
Through a combination of classroom discussion and activities, this course introduces students to cultural and ethical issues relevant to dental school clinics and private practice. In a small group environment, students have the opportunity to discuss school culture and intercultural relationships, preparing them for experiences with a diverse school culture and patient pool. Ethics, along with state and federal regulations, are introduced as they apply to dentistry practiced in dental school clinics and private practice. (27 hours. IDS Quarter 1.)

DP 101. Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry. 5 Units.
This course is the didactic component of a multi-disciplinary, year-long course designed to prepare students to treat patients in Pacific’s Main Dental Clinic and engage in community oral health events and programs. Together, DP 101 and DP 106 focus on Diagnostic Sciences, Behavior Sciences, Periodontology, Prevention and Community Health Care Services and Systems. Case-based simulations are supported by clinical exercises and practical exams. (Quarters 1-3.).
DP 106. Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry Practicum. 7 Units.
This clinically-focused, multi-disciplinary course is designed to prepare students to treat patients in Pacific’s Main Dental Clinic and in community-based settings. This lab/clinic course is comprised of supervised case-based simulations, workshops, clinical exercises and community sites. The focus is on the development of a comprehensive medical and dental database risk assessment; disease prevention strategies; diagnostic tests; oral pathology; electronic chart management; ergonomics; infection control; basic periodontal instrumentation; professional deportment; cultural sensitivity and communication with patients in the clinic and in community settings. (Quarters 1-4.).

DP 107. Integrated Clinical Sciences I: Orientation to the Clinical Practice of General Dentistry Practicum. 2 Units.
This one-quarter course is offered in the first year of the International Dental Studies curriculum. This clinically-focused, multi-disciplinary course is designed to prepare students to treat patients in Pacific’s Main Dental Clinic. In a variety of settings such as seminars, case-based simulations and clinical exercises, students focus on diagnosis, treatment planning, communication, efficient patient care, clinical systems, basic periodontal instrumentation, electronic patient records and infection control. (IDS Quarter 2.).

DP 160. Dental Radiology. 2 Units.
Study of radiation physics and biology, image quality, intensifying devices, radiation safety, tomography, radiation and the law, radiographic techniques, film processing, anatomic landmarks, and principles of radiographic interpretations. (Quarters 2-3.).

DP 166. Dental Radiographic Technique. 1 or 2 Unit.
Instruction and practice using the extension cone paralleling radiographic technique including patient management, radiation safety, use of equipment, film placement, exposure, identification and mounting, and correction of technical error. (20 hours lab/clinic. Quarter 4.).

DP 200. Practice Management I. 1 Unit.
Introduces students to the study of fundamental concepts and terminology of the art and science of practice management as a basis for leadership and decisions in dental practice. Students will learn to track and evaluate key practice indicators, read financial reports, understand the importance of leading a team for efficient delivery of patient care, track and control overhead expenses, and set goals. (10 hours. Quarters 5-6.).

DP 201. Integrated Clinical Sciences II: Application of Foundational Knowledge. 10 Units.
This three-quarter course provides students with enriched multidisciplinary diagnostic and technical content beyond the fundamentals of first-year studies. Material is presented in a variety of formats including lecture, small group seminars, hands-on simulation exercises, and case-based discussion. Topics include biomedical sciences, ethics, materials, techniques, basic radiographic interpretation, and information specific to each discipline of dental practice. Emphasis is placed on critical thinking and application of foundational skills to the clinical treatment and management of patients. (Quarters 5-7.).

DP 202. Integrated Clinical Sciences II: Application of Foundational Knowledge. 3-7 Units.
This one-quarter course builds on foundational clinical and biomedical material presented in first-year studies and in DP201. Topics include advanced material in oral surgery, endodontics, restorative, implants, orofacial pain, and managing complex cases. Emphasis is placed on the integration of all dental disciplines, small group clinical lab exercises, and critical thinking projects to deliver accurate diagnoses and prepare comprehensive treatment plans for students' patients. (Quarter 8.).

DP 216. Patient Management and Productivity I. 2 or 4 Units.
Development of competency in patient management skills to maximize patient satisfaction. Students learn to use proper verbal and non-verbal communication and listening skills; to respond appropriately to patient and non-patient concerns; to be organized and prepared for tasks and contingencies related to patient care; to complete tasks and treatment in a timely manner; to provide patients with relevant information about prevention of dental disease and treatment options; and to obtain proper informed consent for procedures. (Quarters 5-8.).

DP 218. Clinical Oral Diagnosis and Treatment Planning. 1-4 Units.
The diagnosis and communication to the patient of the need for dental treatment; recognizing medical, oral, physical, emotional, and economic factors that modify or complicate dental treatment; and development of comprehensive dental treatment plans suitable for patients' needs in accordance with identified modifying and complicating factors. (Quarters 5-8.).

DP 219. Clinical Management and Judgment I. 2 or 4 Units.
Students will learn comprehensive diagnostic care for assigned patients in the disciplines of endodontics, fixed prosthodontics, operative dentistry, oral diagnosis and treatment planning, periodontics, removable prosthetics and orthodontics. For each assigned patient, the student will examine and evaluate the patient, identify and list dental problems, complete an appropriate treatment plan and schedule, provide all dentistry required in the disciplines, and recognize need for and refer the patient to specialty areas when such treatment is required. (Quarters 5-8.).

DP 266. Clinical Radiology. 2 Units.
Study of preparation, evaluation, and interpretation of diagnostically acceptable intraoral radiographic and panoramic surveys for comprehensive care and emergency clinic patients. (Quarters 5-8.).

DP 300. Practice Management. 3 Units.
Challenges students to apply knowledge of practice management concepts through utilization of a computerized business simulation. Includes preparation for career decisions in dentistry with a focus on practice transitions, associate- ships, dental benefit plan participation, marketing, debt management, retirement planning, patient billing and collections, scheduling for efficiency, basic accounting, tax planning, and development of business plans. (30 hours lecture. Quarter 11.).

DP 301. Jurisprudence. 1 Unit.
Prepares students for an understanding of the foundations of the law, its primary groupings and modes, and its application to the dentist and dental practice environment. Particular attention will be given to California dental law and risk management. (10 hours lecture. Quarter 10.).

DP 302. Clinical Care of Complex Needs Patients. 4 Units.
Study of basic disease processes, epidemiology, demographics, treatment planning, principles of providing dental treatment for individuals with a wide variety of conditions including medical and developmental disabilities, problems associated with aging, psychological problems including dental phobia, hospital organization, joining a hospital staff, providing dental treatment and consultation in a hospital, and principles of general anesthesia. (20 hours lecture, 20 hours self-study and seminar. Quarters 9-11.).
DP 303. Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars. 6 Units.
Multidisciplinary case based presentations of integrated material related to the practice of clinical dentistry. This three-quarter course builds on the foundational and clinical knowledge base of each student to evaluate and plan more complex treatment needs. (60 hours lecture/seminar. Quarters 9-11.).

DP 307. Extramural Patient Care. 4 Units.
Through a combination of didactic and clinical experiences, this course seeks to prepare the student for practice in community clinical settings where diverse patient populations may be encountered. Upon completion of the course, students will have developed the skills to: perform dental procedures in community-based practice settings, work with diverse patient populations, describe the social context of disease processes, develop social awareness and skills for treating underserved groups, describe dental delivery in a community clinic environment, and develop treatment alternative in clinics with limited resources. (90 hours clinical rotations and 4 hours lecture/seminar. Quarters 9-12.).

DP 316. Patient Management and Productivity II. 4 Units.
Development of competency in patient management skills to maximize patient satisfaction. Students learn to use proper verbal and non-verbal communication and listening skills; to respond appropriately to patient and non-patient concerns; to be organized and prepared for tasks and contingencies related to patient care; to complete tasks and treatment in a timely manner; to provide patients with relevant information about prevention of dental disease and treatment options; and to obtain proper informed consent for procedures. (Quarters 9-10.).

DP 317. Patient Management and Productivity III. 4 Units.
Development of competency in patient management skills to maximize patient satisfaction. Students learn to use proper verbal and non-verbal communication and listening skills; to respond appropriately to patient and non-patient concerns; to be organized and prepared for tasks and contingencies related to patient care; to complete tasks and treatment in a timely manner; to provide patients with relevant information about prevention of dental disease and treatment options; and to obtain proper informed consent for procedures. (Quarters 11-12.).

DP 318. Clinical Management and Judgment II. 4 Units.
Students will learn comprehensive diagnostic care for assigned patients in the disciplines of endodontics, fixed prosthodontics, operative dentistry, oral diagnosis and treatment planning, periodontics, removable prosthodontics and orthodontics. For each assigned patient, the student will examine and evaluate the patient, identify and list dental problems, complete an appropriate treatment plan and schedule, provide all dentistry required in the disciplines, and recognize need for and refer the patient to specialty areas when such treatment is required. (Approximately 700 hours in clinical disciplines listed. Quarters 9-10.).

DP 319. Clinical Management and Judgment III. 4 Units.
Students will learn comprehensive diagnostic care for assigned patients in the disciplines of endodontics, fixed prosthodontics, operative dentistry, oral diagnosis and treatment planning, periodontics, removable prosthodontics and orthodontics. For each assigned patient, the student will examine and evaluate the patient, identify and list dental problems, complete an appropriate treatment plan and schedule, provide all dentistry required in the disciplines, and recognize need for and refer the patient to specialty areas when such treatment is required. (Approximately 700 hours in clinical disciplines listed. Quarters 11-12.).

DP 320. Preparation for State Licensure. 0 Units.
This course, available to students on an as-needed basis, includes a review of requirements and protocol as well as practical exercises in preparation for the Western Regional Examining Board and other licensing examinations.

DP 368. Emergency Clinic. 3 Units.
The diagnosis and treatment of patients who require immediate attention. (90 hours clinical rotation. Quarters 9-12.).

DP 399. Enriched Clinical Experience. 16 Units.
This course provides students with an additional opportunity to enhance or enrich their skills in some or all clinical disciplines subsequent to the scheduled graduation date. These experiences are directed by the student’s Group Practice Leader, who also recommends certification for graduation. (1-4 quarters).

PA 230. General Pathology. 6 Units.
Basic concepts of disease are studied, especially with regard to mechanisms, gross tissue changes, microscopic changes in selected instances, and implications and applications of these concepts to dental practice. (52 hours lecture/seminar and 34 hours independent study. Quarters 5-6.).

PA 330. Oral Pathology. 5 Units.
Study of the etiology, pathogenesis, clinical and histopathogenic features, and the treatment and prognosis of oral diseases. Recognition of basic tissue reaction and lesions that occur in the mouth, jaws, and neck; formulation of tentative diagnoses; methods used to secure definitive diagnoses and provide appropriate therapy and management or obtaining consultation for the same. (24 hours lecture, programmed instruction equivalent to 30 hours lecture, and six hours clinical rotation. Quarters 7-9.).

PA 331. Differential Diagnosis of Oral and Maxillofacial Lesions. 2 Units.
Clinical evaluation, development of a differential diagnosis, and management protocols for oral and paraoral soft tissue and jaw lesions, based on knowledge of the appearance, behavior, and treatment of oral diseases. (20 hours lecture. Quarter 10.).

Graduate Courses
DP 402. Statistical Methods I. 1 Unit.
Residents learn the importance of data organization and evaluation, and statistical methods used in research. They apply this knowledge to their own research and enhance skills in the interpretation of quality research data. (Quarter 2.).

DP 430. Advanced Oral Pathology I. 1 Unit.
Organized into lectures and clinical-pathologic conferences, this course provides residents a firm foundation in endodontic pathology and clinical entities that may occur in patients but are unrelated to root canal treatment. (Quarter 1.).

DP 460. Advanced Radiology I. 1 Unit.
This course covers key elements of endodontics such as proper radiographic technique and three-dimensional data acquisition and interpretation. Residents obtain and read images from small FOV cone beam scans. (Quarter 1.).
DP 502. Statistical Methods II. 1 Unit.
Residents learn the importance of data organization and evaluation, and statistical methods for meaningful research. They will learn to apply this knowledge both to their own research but also (as is perhaps even more relevant for a practicing clinician) to the interpretation of the quality of published data. (Quarter 6.).

DP 530. Advanced Oral Pathology II. 1 Unit.
Organized into lectures and clinical-pathologic conferences, this course provides residents a firm foundation in endodontic pathology and clinical entities that may occur in patients but are unrelated to root canal treatment. (Quarter 5.).

DP 560. Advanced Radiology II. 1 Unit.
This course covers key elements of endodontics such as proper radiographic technique and three-dimensional data acquisition and interpretation. Residents obtain and read images from small FOV cone beam scans. (Quarter 5.).
Endodontics (EN)

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MMSc, Harvard University, Oral Biology, 2005

Course Descriptions

Pre-doctoral Courses

EN 154. Basic Endodontics. 1 Unit.
Development of the dental pulp, classification and nature of endodontic disease, clinical diagnosis, and fundamentals of root canal therapy and radiographic interpretation. (10 hours lecture. Quarter 3).

EN 159. Preclinical Endodontics. 2 Units.
Study of pulp morphology, anatomy, cleaning and shaping of root canals; access openings; use of irrigating solutions; obturating the canal and judging the complete treatment with radiographs. (40 hours laboratory. Quarter 4).

EN 254. Endodontics. 1 Unit.
Review of endodontic retreatment and surgical therapies; dental trauma and sequelae; complex problem solving; endodontic emergencies; endodontic mishaps; and alternate treatments. (10 hours lecture. Quarter 7).
EN 259. Clinical Endodontics I. 2 or 4 Units.
Study of endodontic diagnosis, treatment planning, and therapy, including management of endodontic emergencies and surgical endodontics in a comprehensive clinical dental practice setting. (Quarters 5-8.).

EN 359. Clinical Endodontics II. 8 Units.
Study of endodontic diagnosis, treatment planning, and therapy, including management of endodontic emergencies and surgical endodontics in a comprehensive clinical dental practice setting. (Quarters 9-12.).

Graduate Courses
EN 401. Endodontic Technology I. 1 Unit.
This course introduces residents to endodontic technology. (Quarter 1.).

EN 402. Endodontic Therapy Seminar I. 3 Units.
Residents discuss contemporary endodontic strategies and the application of current scientific evidence to endodontic treatment. (Quarters 1-3.).

EN 403. Endodontic Biology and Pathology I. 2 Units.
This course presents the biology and etiology of pulpal and periapical disease. (Quarters 1-4.).

EN 405. Advanced Endodontic Technique. 5 Units.
This preclinical course uses simulated root canal treatment on extracted teeth with a variety of instruments and devices to prepare residents for clinical care. (Quarter 1.).

EN 411. Case Seminar I. 4 Units.
Residents review their own cases prepared according to ABE board documentation rules. (Quarters 1-4.).

EN 412. Classic Literature I. 4 Units.
Residents review the body of classic literature pertinent to endodontics, including material relevant for board preparation. (Quarters 1-4.).

EN 413. Current Literature I. 4 Units.
In this course, residents review current endodontic literature using the EndoLit iPad app. (Quarters 1-4.).

EN 422. Clinical Transition: Evidence-based Endodontics. 4 Units.
This course introduces residents to the evidence-based modalities and local rules for treating patients endodontically in the school’s clinic. (Quarter 2.).

EN 423. Anesthesia and Pain Management I. 1 Unit.
This course is an introduction to theoretical and practical anesthetic techniques and pain management. (Quarter 2.).

EN 424. Pain/Neuro Seminar I. 1 Unit.
Residents study the physiology and pathophysiology of pain. (Quarter 1.).

EN 430. Clinic Connections I. 1 Unit.
The collaboration between endodontists and other members of the dental team is essential for good clinical outcomes. A series of presentations by clinicians with different training and expertise reinforces an inclusive view of typical and atypical treatment modalities. (Quarter 4.).

EN 440. Special Topics in Endodontology I. 4 Units.
Residents attend seminars by invited speakers with expertise and training in contemporary endodontic therapies. (Quarters 1-4.).

EN 457. Endodontic Clinic: Assisting. 4 Units.
In this clinical course, residents assist during endodontic treatment by endodontic faculty in the graduate endodontic clinic. (Quarter 1.).

EN 458. Clinical Endodontics I. 25 Units.
Residents practice non-surgical endodontics appropriate in scope and case difficulty for the first year. (Quarters 2-4.).

EN 459. Clinical Endodontics: Surgery I. 6 Units.
Residents practice surgical endodontics appropriate in scope and case difficulty for the first year. (Quarters 2-4.).

EN 466. Special Care Clinic Rotation. 2 Units.
In this rotation, residents practice non-surgical endodontics under sedation and general anesthesia for patients with special needs. (Quarter 3.).

EN 501. Endodontic Technology II. 1 Unit.
This course introduces residents to endodontic technology. (Quarter 5.).

EN 502. Endodontic Therapy Seminar II. 3 Units.
Residents discuss contemporary endodontic strategies and the application of current scientific evidence to endodontic treatment. (Quarters 5-7.).

EN 503. Endodontic Biology and Pathology II. 2 Units.
This course presents the biology and etiology of pulpal and periapical disease. (Quarters 5-8.).

EN 511. Case Seminar II. 4 Units.
Residents review their own cases prepared according to ABE board documentation rules. (Quarters 5-8.).

EN 512. Classic Literature II. 4 Units.
Residents review the body of classic literature pertinent to endodontics, including material relevant for board preparation. (Quarters 5-8.).

EN 513. Current Literature II. 4 Units.
In this course, residents review current endodontic literature using the EndoLit iPad app. (Quarters 5-8.).

EN 523. Anesthesia and Pain Management II. 1 Unit.
This course is an introduction to theoretical and practical anesthetic techniques and pain management. (Quarter 6.).

EN 524. Pain/Neuro Seminar II. 1 Unit.
Residents study the physiology and pathophysiology of pain. (Quarter 5.).
EN 530. Clinic Connections II. 1 Unit.
The collaboration between endodontists and other members of the dental team is essential for good clinical outcomes. A series of presentations by clinicians with different training and expertise reinforces an inclusive view of typical and atypical treatment modalities. (Quarter 8.).

EN 540. Special Topics in Endodontology II. 4 Units.
Residents attend seminars by invited speakers with expertise and training in contemporary endodontic therapies. (Quarters 5-8.).

EN 558. Clinical Endodontics II. 7 Units.
Residents practice non-surgical endodontics appropriate in scope and case difficulty for the first year. (Quarters 5-8.).

EN 559. Clinical Endodontics: Surgery II. 1 Unit.
Residents practice surgical endodontics appropriate in scope and case difficulty for the second year. (Quarters 5-8.).

EN 567. Endodontics at La Clinica II. 22 Units.
Residents practice non-surgical endodontics appropriate in scope and case difficulty for the second year at an affiliated extramural site. (Quarters 5-8.).

EN 571. Predoctoral Instruction. 22 Units.
Residents instruct predoctoral dental students in non-surgical endodontics. (Quarters 5-8.).

EN 603. Endodontic Biology and Pathology III. 2 Units.
Residents prepare for the ABE exam by studying relevant areas of biology. (Quarter 9.).

EN 611. Case Seminar III. 1 Unit.
Residents review their own cases prepared according to ABE board documentation rules. (Quarter 9.).

EN 612. Classic Literature III. 1 Unit.
Residents review the body of classic literature pertinent to endodontics, including material relevant for board preparation. (Quarter 9.).

EN 613. Current Literature III. 1 Unit.
In this course, residents review current endodontic literature using the EndoLit iPad app. (Quarter 9.).

EN 640. Special Topics in Endodontontology III. 1 Unit.
Residents attend seminars by invited speakers with expertise and training in contemporary endodontic therapies. (Quarter 9.).

EN 658. Clinical Endodontics III. 7 Units.
Residents practice non-surgical endodontics appropriate in scope and case difficulty for the third year. (Quarter 9.).

EN 659. Clinical Endodontics: Surgery III. 1 Unit.
Residents practice surgical endodontics appropriate in scope and case difficulty for the third year. (Quarter 9.).

EN 671. Residency Instruction. 1 Unit.
Senior residents instruct first-year residents in endodontic technique. (Quarter 9.).

EN 684. ABE Seminar. 3 Units.
Residents participate in mock board exams and assemble their portfolios. (Quarter 9.).
Integrated Reconstructive Dental Sciences (RDS)

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Marc J. Geissberger  
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Faculty

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BS, De' MontMorency College of Dentistry, University, Bachelor of Dental Surgery, 2000  
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BS, Santa Clara University, 1997  
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Northwestern University, Graduate Medical Education- Dentistry, 1985

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DDS, University of Michigan, 1975

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BS, Azad University of Tehran, B.S. in General Biology, 2002
MS, Concordia University, M.Sc, In Biology, 2006
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2012

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BA, CSU, Chico, Communications, 1999
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DDS, University of Southern California, Dentistry, 1968

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V.A. Medical Center, San Francisco, General Practice Residency, 1986

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Stockton, CA, Biology, 1978
DDS, University of the Pacific , Dentistry, 1981*

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P

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San Jose State University, Pre-Dental, 1989
DDS, University of the Pacific, School of Dentistry, Doctoral of Dental Surgery, 1992
EdD, University of the Pacific, Gladys L Benerd School of Education, Education administration and leadership EDD, 2009

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Flinders University, Australia, Education Abroad Program, 1989
BS, University of California, Davis, Psychology, 1991
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Veterans Administration Medical Center, General Practice Resident, 1975

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BS, University of Florida, Nutritional Sciences, 2007  
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Foundation for Advanced Continuing Education, Certificate of Completion, 1977  
MA, University of the Pacific, 1994

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University of the Pacific, Advanced Education in General Dentistry Cert., 1992  
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University of South Pacific, Preliminary Medical Science, 1981  
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Bureau of Medicine and Surgery, US Navy, AEGD certification, 2005  
Other, Academy of Academic Leadership, Center f

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Case Western Reserve University, Fellowship, 1997

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DDS, University of the Pacific, 1989

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DDS, Medical College of Virginia, 1979  
University of California, San Francisco, Certificate in Prosthodontics, 1984

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DDS, UCLA, Dentistry, 1971

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BA, Albion College, Biology, 1971  
DDS, University of Michigan School of Dentistry, Dentistry, 1975  
US Public Health Service, General Practice Dental Residency, 1976  
University of Washington, Summer Institute in Clinical Dental Research Methodology, 2010  
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DDS, University of Washington, 1966

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Jung Nam  
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As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course will provide students with the factual knowledge needed to build a strong foundation for critical assessment, evidence-based practice and lifelong learning in the dental profession. Formative and summative assessment will be used to frequently appraise students’ grasp of dental anatomy, dental materials science, occlusion, cariology, operative dentistry, fixed and removable prosthodontics, radiology, local anesthesia, implant dentistry, diagnosis and treatment planning. The assessments used will measure the students’ ability not only to master concepts within a discipline, but to integrate concepts across disciplines. This didactic component enables the students to treat a family of patients with a strong foundation of dental fundamentals. (Quarter 2.).

RDS 132. Integrated Preclinical Concepts III. 4 Units.
As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course will provide students with the factual knowledge needed to build a strong foundation for critical assessment, evidence-based practice and lifelong learning in the dental profession. Formative and summative assessment will be used to frequently appraise students’ grasp of dental anatomy, dental materials science, occlusion, cariology, operative dentistry, fixed and removable prosthodontics, radiology, local anesthesia, implant dentistry, diagnosis and treatment planning. The assessments used will measure the students’ ability not only to master concepts within a discipline, but to integrate concepts across disciplines. This didactic component enables the students to treat a family of patients with a strong foundation of dental fundamentals. (Quarter 3.).
RDS 174. Complex Issues in Restorative Dentistry Lecture. 3 Units.
This second course in the series introduces the disciplines of fixed prosthodontics, dental anatomy, and occlusion. Various indirect restorative materials are presented. Sequencing treatment is incorporated through the use of simulated clinical patient cases. Students learn the rationale and criteria for full cast gold crowns and ceramic restorations, including the preparation designs for individual teeth and fixed partial dentures. Traditional impression techniques and provisional fabrications are also taught. Emphasis is placed on the development of hand skills and self-evaluation of the student's own work. Development of critical thinking skills by students is achieved through two literature review projects. (30 hours lecture, 150 hours lab. Quarter 2.).
RDS 183. Advanced Techniques in Restorative Dentistry Lecture. 3 Units.
The third course of the series continues with the disciplines of fixed prosthodontics, removable prosthodontics, and implant dentistry. Advanced restorative procedures, direct and indirect esthetic posterior restorations, and anterior esthetic reconstruction by creating a smile design and fabricating indirect porcelain veneers are covered. Treatment-planning fundamentals are introduced and concepts are integrated through the use of multiple simulated clinical patient cases. Emphasis is placed on the student's ability to apply principles taught in the first two quarters to simulated clinical situations. Clinical photography and digital impressions with hands-on training sessions are also taught. Additionally, students are given an introduction to implant dentistry that includes a hands-on session on implant impression techniques. A group research project is completed to further develop critical thinking on the part of the student. (30 hours lecture, 110 hours lab. Quarter 3.).

RDS 184. Clinical Applications in Restorative Dentistry Lecture. 2 Units.
This capstone course integrates the foundations of restorative dentistry from Quarters 1, 2, and 3 with the principles of occlusion. The concept of "idealized occlusion" is taught as a model to use when designing new restorations and larger restorative cases. Lectures on Temporo-Mandibular Joint (TMJ) and muscle anatomy, occlusal exam, inter-occlusal records, marking media, bruxism, sleep disorders, and Temporo-Mandibular Dysfunction (TMD) are provided. Students gain clinical experience in occlusal exam, centric relation records, impressions, and the Kois Dento-Facial Analyzer. Students also demonstrate their hand skills with functional and esthetic waxed restorations on the post-treatment mounted models. (20 hours lecture, 30 hours lab. Quarter 4.).

RDS 185. Advanced Techniques in Restorative Dentistry Lab. 6 Units.
The third course of the series continues with the disciplines of fixed prosthodontics, removable prosthodontics, and implant dentistry. Advanced restorative procedures, direct and indirect esthetic posterior restorations, and anterior esthetic reconstruction by creating a smile design and fabricating indirect porcelain veneers are covered. Treatment-planning fundamentals are introduced and concepts are integrated through the use of multiple simulated clinical patient cases. Emphasis is placed on the student's ability to apply principles taught in the first two quarters to simulated clinical situations. Clinical photography and digital impressions with hands-on training sessions are also taught. Additionally, students are given an introduction to implant dentistry that includes a hands-on session on implant impression techniques. A group research project is completed to further develop critical thinking on the part of the student. (30 hours lecture, 110 hours lab. Quarter 3.).

RDS 189. Clinical Applications in Restorative Dentistry Lab. 2 Units.
This capstone course integrates the foundations of restorative dentistry from Quarters 1, 2, and 3 with the principles of occlusion. The concept of "idealized occlusion" is taught as a model to use when designing new restorations and larger restorative cases. Lectures on Temporo-Mandibular Joint (TMJ) and muscle anatomy, occlusal exam, inter-occlusal records, marking media, bruxism, sleep disorders, and Temporo-Mandibular Dysfunction (TMD) are provided. Students gain clinical experience in occlusal exam, centric relation records, impressions, and the Kois Dento-Facial Analyzer. Students also demonstrate their hand skills with functional and esthetic waxed restorations on the post-treatment mounted models. (20 hours lecture, 30 hours lab. Quarter 4.).

RDS 225. IPT Prof Competencies III. 10 Units.
In this course, students develop many skills that are important for success as a dental professional. These skills include professional behavior, preparedness and organization, communication, self-assessment, critical thinking, time-management, teamwork and rapport, response to feedback, and engagement in learning. Students' strengths and weaknesses are evaluated and reported to them in the form of a rubric by faculty who work closely with them in the laboratory and clinical environment. Students are expected to grow and show improvement in areas in which they are weak. Critical-thinking abilities and growth are measured using assessments in both the laboratory and didactic sessions that allow students to showcase these integrated skills and thought processes such as OSCE's, oral examinations, portfolios, seminars and case presentations. (Quarters 5-7.).

RDS 230. IPT Concepts V. 2 Units.
This didactic course provides students with the foundational knowledge in dentistry needed to build a strong foundation for critical assessment, evidence-based practice, and lifelong learning in the dental profession. Formative and summative assessment will be used frequently to appraise students' grasp of occlusal principles related to the dentate, partially edentulous and fully edentulous patient. The concept of "idealized occlusion" is taught as a model to utilize when designing new restorations and larger restorative cases. Lectures on temporo-mandibular joint (TMJ) and muscle anatomy, occlusal exam, inter-occlusal records, marking media, bruxism, sleep disorders, and temporo-mandibular dysfunction (TMD) are provided. Course material also includes the full scope of removable prosthodontic treatment for partially edentulous patients, including patho-physiology of tooth loss; diagnosis and treatment planning for transitional and definitive removable partial dentures; fabrication of partial dentures; follow-up, recall, and problem-solving for patients with partial dentures. (Quarter 5.).

RDS 231. IPT Concepts VI. 2 Units.
This didactic course provides students with the foundational knowledge in dentistry needed to build a strong foundation for critical assessment, evidence-based practice, and lifelong learning in the dental profession. Formative and summative assessment will be used frequently to appraise students’ grasp of occlusal principles related to the dentate, partially edentulous and fully edentulous patient. The concept of "idealized occlusion" is taught as a model to utilize when designing new restorations and larger restorative cases. Lectures on temporo-mandibular joint (TMJ) and muscle anatomy, occlusal exam, inter-occlusal records, marking media, bruxism, sleep disorders, and temporo-mandibular dysfunction (TMD) are provided. Course material also includes the full scope of removable prosthodontic treatment for partially edentulous patients, including patho-physiology of tooth loss; diagnosis and treatment planning for transitional and definitive removable partial dentures; fabrication of partial dentures; follow-up, recall, and problem-solving for patients with partial dentures. (Quarter 6.).

RDS 232. IPT Concepts VII. 1 Unit.
This didactic course provides students with the foundational knowledge in dentistry needed to build a strong foundation for critical assessment, evidence-based practice, and lifelong learning in the dental profession. Formative and summative assessment will be used frequently to appraise students’ grasp of occlusal principles related to the dentate, partially edentulous and fully edentulous patient. The concept of "idealized occlusion" is taught as a model to utilize when designing new restorations and larger restorative cases. Lectures on temporo-mandibular joint (TMJ) and muscle anatomy, occlusal exam, inter-occlusal records, marking media, bruxism, sleep disorders, and temporo-mandibular dysfunction (TMD) are provided. Course material also includes the full scope of removable prosthodontic treatment for partially edentulous patients, including patho-physiology of tooth loss; diagnosis and treatment planning for transitional and definitive removable partial dentures; fabrication of partial dentures; follow-up, recall, and problem-solving for patients with partial dentures. (Quarter 7.).
RDS 235. IPT Technique III. 3 Units.
In this course, students develop laboratory and clinical skills as related to occlusion and removable prosthodontics. In the dentate patient, the students gain clinical experience in occlusal exam, centric relation records, impressions and the Kois Dento-Facial Analyzer. In the partially edentulous patient, students will gain technical experience with tooth replacement with a removable prosthesis. Students will apply biomechanical principles and fundamentals of survey and prosthetics design, including base, clasp, rest, minor connector, and major connector designs. Students will perform diagnostic survey and design, tooth modification in a partially edentulous typodont, impression and cast fabrication procedures, design of acrylic base and metal framework removable partial dentures, mounting of partially edentulous casts, tooth arrangement for partially edentulous cases, and laboratory communication. Students will prescribe optimal clinical materials to be used in prosthesis fabrication and diagnose biomechanical problems from simulated case scenarios. (Quarter 5.)

RDS 236. IPT Technique IV. 3 Units.
In this course, students develop laboratory and clinical skills as related to occlusion and removable prosthodontics. In the fully edentulous patient, students will be competent in the basic clinical and laboratory phases of complete denture fabrication including diagnosis, prosthodontic surgery, tissue conditioning, impression, cast fabrication, record base/rim, occlusal records, chair-side esthetic arrangement, articulator mounting, artificial tooth arrangement, trial denture try-in, denture processing and finishing, denture insertion, prosthetic home care patient education, and prosthetic follow-up and recall, including relining/repair and laboratory communication. (Quarter 6.)

RDS 237. Denture Block. 2 Units.
Second-year students will be paired with an experienced faculty mentor and a patient to participate in the fabrication of complete dentures in a clinical environment. With the guidance of the faculty mentor, each student is responsible for each clinical and laboratory procedure in order to complete the dentures satisfactorily. The faculty-student experience requires five sessions for completion of the dentures. (Quarter 7.)

RDS 277. Local Anesthesia. 1 Unit.
Students review basic anesthesia delivery techniques and apply them to a clinical situation. Students will learn new injection technique and how to overcome difficulties in mandibular anesthesia. In the self-study component, students will conduct independent research and summarize their findings in writing. (2 hours lecture, 6 hours clinical rotation, 10 hours self-study. Quarters 5-7.)

RDS 279. Clinical Restorative Dentistry I. 3 or 6 Units.
Study of diagnosis, treatment planning, and intracoronary dental therapy, including preparation for and restoration of teeth with cast gold and porcelain inlays and onlays, composite resins, laminates, and amalgam in comprehensive clinical dental practice. Requirements include practice of operative dentistry procedures under simulated state board examination conditions. These courses also cover the diagnosis, treatment planning, and delivery of fixed prosthodontic treatment that addresses the patient’s esthetic dental needs; stabilizes, improves, and protects the patients’ gnathostomatic system in a comprehensive clinical dental practice. Students participate in quality assessment at clinical impression stage and at prosthetics delivery. Lab Services coordinates student dental laboratory prescriptions with private outsource laboratories. Test cases determine student competency by evaluating their ability to independently prepare a single tooth crown preparation in a specified time period. (Quarters 5-8.)

RDS 281. Dental Implants. 1 Unit.
The study of modern implant dentistry with emphasis on history, the physiology of osseous integration, treatment planning, implant surgery, fabrication of single and multiple tooth fixed implant restorations and implant-supported removable overdentures, laboratory steps, maintenance and implant problems. Hard and soft tissue augmentation procedures will be studied along with esthetic concerns. (10 hours lecture and laboratory. Quarter 8.)

RDS 290. Preclinical Removable Prosthodontics: Complete Dentures Lecture. 3 Units.
The study of the scope and philosophy of removable prosthodontics; biomechanics of the edentulous state; biologic considerations for impressions; vertical and horizontal jaw relations and the temporomandibular joint; Hanau’s quint; facebow registration; osteology; record bases and occlusion rims; facial landmarks; muscles of head, neck and oral cavity; use of articulator; arrangement and articulation of artificial teeth; try-in of trial dentures; processing, finishing, and polishing of dentures; fabricating comfortable dentures for the patient; and clinical remount to perfect the occlusion and restore tooth anatomy. Laboratory includes arrangement and articulation of 28 artificial teeth. Also studied are conventional, transitional, and diagnostic immediate dentures; tooth selection and repairing complete dentures; introduction to implant dentures; use of the articulator, dental materials, and technique for construction of over immediate complete dentures; and the posterior palatal seal and its biologic considerations. (40 hours lecture. Quarters 5-6.)

RDS 291. Preclinical Removable Prosthodontics: Removable Partial Dentures Lecture. 2 Units.
The study of base design, survey and design, clasp design, rest preparation, tooth selection, major connectors, impression procedures, and delivery of a removable partial denture. Laboratory includes preparation and placement of a mesio-alloy rest, survey, and design of casts for distal extension bases and with anterior teeth missing, arrangement and articulation of artificial teeth for complete dentures, and work authorization forms and procedures. (30 hours lecture. Quarter 7.)

RDS 296. Preclinical Removable Prosthodontics: Complete Dentures Lab. 5 Units.
The study of the scope and philosophy of removable prosthodontics; biomechanics of the edentulous state; biologic considerations for impressions; vertical and horizontal jaw relations and the temporomandibular joint; Hanau’s quint; facebow registration; osteology; record bases and occlusion rims; facial landmarks; muscles of head, neck and oral cavity; use of articulator; arrangement and articulation of artificial teeth; try-in of trial dentures; processing, finishing, and polishing of dentures; fabricating comfortable dentures for the patient; and clinical remount to perfect the occlusion and restore tooth anatomy. Laboratory includes arrangement and articulation of 28 artificial teeth. Also studied are conventional, transitional, and diagnostic immediate dentures; tooth selection and repairing complete dentures; introduction to implant dentures; use of the articulator, dental materials, and technique for construction of over immediate complete dentures; and the posterior palatal seal and its biologic considerations. (120 hours laboratory. Quarters 5-6.)

RDS 297. Preclinical Removable Prosthodontics: Removable Partial Dentures Lab. 2 Units.
The study of base design, survey and design, clasp design, rest preparation, tooth selection, major connectors, impression procedures, and delivery of a removable partial denture. Laboratory includes preparation and placement of a mesio-alloy rest, survey, and design of casts for distal extension bases and with anterior teeth missing, arrangement and articulation of artificial teeth for complete dentures, and work authorization forms and procedures. (30 hours laboratory. Quarter 7.)
RDS 378. Clinical Restorative Dentistry II. 11 Units.
Study of diagnosis, treatment planning, and intracoronal dental therapy, including preparation for and restoration of teeth with cast gold and porcelain inlays and onlays, composite resins, laminates, and amalgam in comprehensive clinical dental practice. Requirements include practice of operative dentistry procedures under simulated state board examination conditions. These courses also cover the diagnosis, treatment planning, and delivery of fixed prosthodontic treatment that addresses the patient’s esthetic dental needs; stabilizes, improves, and protects the patients’ gnathostomatic system in a comprehensive clinical dental practice. Students participate in quality assessment at clinical impression stage and at prosthesis delivery. Lab Services coordinates student dental laboratory prescriptions with private outsource laboratories. Test cases determine student competency by evaluating their ability to independently prepare a single tooth crown preparation in a specified time period. (Quarters 9-10.).

RDS 379. Clinical Restorative Dentistry III. 12 Units.
Study of diagnosis, treatment planning, and intracoronal dental therapy, including preparation for and restoration of teeth with cast gold and porcelain inlays and onlays, composite resins, laminates, and amalgam in comprehensive clinical dental practice. Requirements include practice of operative dentistry procedures under simulated state board examination conditions. These courses also cover the diagnosis, treatment planning, and delivery of fixed prosthodontic treatment that addresses the patient’s esthetic dental needs; stabilizes, improves, and protects the patients’ gnathostomatic system in a comprehensive clinical dental practice. Students participate in quality assessment at clinical impression stage and at prosthesis delivery. Lab Services coordinates student dental laboratory prescriptions with private outsource laboratories. Test cases determine student competency by evaluating their ability to independently prepare a single tooth crown preparation in a specified time period. (Quarters 11-12.).

RDS 396. Clinical Removable Prosthodontics. 12 Units.
The study of diagnosis, treatment planning, and removable prosthodontic treatment that restores masticatory function and phonetics, preserves underlying structures, results in patient comfort, and is esthetically pleasing. Course includes practice for state board removable prosthodontic procedures and simulated examination conditions. (Quarters 9-12.).

Graduate Courses
RDS 484. Biomaterials I. 1 Unit.
This class focuses on restorative materials such as bonding systems, buildup composites and materials for crown and bridge fabrication. It also introduces new developments in biomaterial sciences. Basic material testing principles are discussed and the material properties for NiTi alloy used in endodontics are included. (Quarter 2.).

RDS 584. Biomaterials II. 1 Unit.
This class focuses on restorative materials such as bonding systems, buildup composites and materials for crown and bridge fabrication. It also introduces new developments in biomaterial sciences. Basic material testing principles are discussed and the material properties for NiTi alloy used in endodontics are included. (Quarter 6.).
Oral and Maxillofacial Surgery (OS)

Department Chairperson
A. Thomas Indresano
Professor of Oral and Maxillofacial Surgery

Faculty

A

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BDS, University of Lagos College of Medicine and Dentistry, 1975
BSc, University of Toronto, Toronto, Canada, 1981
University of Toronto, Oral and Maxillofacial Surgery, Resident, 1981
Henry Ford Hospital, Oral Maxillofacial Surgery, Detroit, Michigan,

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BS, Brigham Young University, Clusters in Biology and Chemistry, 2008
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B

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USC/LA County Hospital, Los Angeles, CA, Dentistry, 2008
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Masters, Københavns Universitet, Health Sciences, 1986
PhD, Dental School, University of Copenhagen, Dentistry, 1991
PhD, Royal Dental College, Dentistry, 1992
American Dental Association (ADEA), ADEA Lidersh
P

Chan M. Park
Assistant Professor of Oral and Maxillofacial Surgery
BS, University of California, San Diego, La Jolla, CA, General Biology, 2000
DDS, University of California School of Dentistry, Los Angeles, CA, Doctor of Dental Surgery, 2005
MD, Loma Linda University School of Medicine, Doctor of Medicine, 2008

Lona Lin

S

Erica Lynn Shook
Assistant Professor of Oral and Maxillofacial Surgery
BS, University of Michigan, Biology, 2004
University of Michigan, University Hospital Dentistry Clinic, Oral and Maxillofacial Surgery, 2007
Ohio State University, Oral and Maxillofacial Surgery, 2008
University of Tennessee, Memphis, Oral and Maxillofacial Surgery, 2009

T

Len Tolstunov
Assistant Professor of Oral and Maxillofacial Surgery
DDS, Moscow Dental Institute, 1985
Moscow Trauma Hospital, Resident in the department of oral and maxillofacial surgery, 1989
DDS, University of the Pacific, Graduated with honors (TAU KAPPA OMEGA), 1992
University of California, San Francisco, Oral and Maxillofacial Surgery, 2002

Adjunct Faculty

A

Aaron Urban Adamson
Adjunct Instructor of Oral and Maxillofacial Surgery
Prophetstown High School, Diploma, 1999
BS, Brigham Young University, Exercise Science, 2006
Temple University, Oral and Maxillofacial Surgery Residency Program, 2009
DMD, Southern Illinois University School of Dental Medicine, Dentistry, 2010

B

Michael Lawrence Beckley
Adjunct Assistant Professor of Oral and Maxillofacial Surgery
BS, Texas Christian University, Biology, 1992
DDS, Baylor College of Dentistry Texas A and M University, 1997
University of the Pacific School of Dentistry, Oral and Maxillofacial Surgery, 2002

Craig Yale Bloom
Adjunct Associate Professor of Oral and Maxillofacial Surgery
BA, Boston University, Biology, 1967
DMD, University of Pennsylvania Dental School, Dentistry, 1971
University of Pennsylvania, Anesthesiology, 1973
University of Pennsylvania, OMFS Surgery, 1976

C

Michael E. Cadra
Adjunct Assistant Professor of Oral and Maxillofacial Surgery
BS, University of California, Irvine, Biological Sciences, 1975
Other, California State University, Fullerton, Graduate Research in Biochemistry, 1978
DMD, Washington University School of Dental Medicine, Dentistry, 1982
Los Angeles County/USC Medical Center

D

Donald Hayes Devlin
Adjunct Professor of Oral and Maxillofacial Surgery
University of California Berkeley, 1945
DDS, University of California San Francisco, 1949

Michael Dumas
Adjunct Associate Professor of Oral and Maxillofacial Surgery
DMD, Tufts University, 1956
PhD, University of California, 1964
E

Austin Eckard
Adjunct Instructor of Oral and Maxillofacial Surgery
BA, University of California, Berkeley, Molecular and Cell Biology, 2009

F

Alicia Follmar
Adjunct Instructor of Oral and Maxillofacial Surgery
BA, Stanford University, Human Biology, Molecular Physiology Disease Mech, 2009
Other, University of Southern California, Los Angeles County, Oral Maxillofacial Surgery (one week externship, 2012
Other, University of the Pacific, Highland Hospital, De

G

Paul C. George
Adjunct Assistant Professor of Oral and Maxillofacial Surgery
University of California, Santa Cruz, General - Biology, 1983
BA, University of California, Berkeley, Cell Biology, 1985
BSc, University of California, San Francisco, Dental Science, 1989
DDS, University of California, San Francisco, Dentistry, 1989
Unive

K

Touraj Khalilzadeh
Adjunct Instructor of Oral and Maxillofacial Surgery
BS, University of California, Irvine, Biological Sciences, 2002
DMD, University of Pennsylvania, Doctor of Dental Medicine, 2006
MD, University of Maryland School of Medicine, Doctor of Medicine, 2009
Other, University of Maryland Medical Center, R. Adams

Joseph S Kim
Adjunct Assistant Professor of Oral and Maxillofacial Surgery
BA, Oxford College at Emery University, Chemistry, 1985
DMD, Tufts University School of Dental Medicine, 1991
Montefiore Medical Center, Specialty Certificate, 1997

Michael Rudolph Knoll
Adjunct Instructor of Oral and Maxillofacial Surgery
BS, University of California Riverside, Biology, 1993
MS, Loma Linda University School of Dentistry, Doctorate Dental Surgery, 2001
University of Alabama Birmingham, OMS Certificate Internship, 2002
University of Alabama Birmingham, Medical Doctorate, 200

L

Gregory Scott Lee
Adjunct Assistant Professor of Oral and Maxillofacial Surgery
BA, UOP Stockton, Stockon California, 1984
DDS, UOP School of Dentistry, 1987
Certificat, UOP Highland General Hospital, 1997

Wendy Peiwen Liao
Adjunct Instructor of Oral and Maxillofacial Surgery
BA, University of California, Berkeley, Molecular Cell Biology Emphasis in Neurobiology, 1999
BA, University of California, Berkeley, Music, 1999
DDS, University of California, Los Angeles, Degree Expected, 2004

M

Nima Massoomi
Adjunct Instructor of Oral and Maxillofacial Surgery
BS, St. Lawrence University, Cum Laude, Canton, New York, Bio/Chemistry, 1994
DMD, University of Pennslyvania School of Dental Medicine, Dental Medicine, 2001
Internsh

David L McAninch
Adjunct Instructor of Oral and Maxillofacial Surgery
BS, California Polytechnic State University: San Luis Obispo, CA, Business Administration Management, 2008
DDS, University of Southern California, Dentistry, 2012
Craig D McDow  
Adjunct Assistant Professor of Oral and Maxillofacial Surgery  
BS, Oregon State University, Zoology, 1977  
Portland State University, Adaptive Physiology, 1978  
DMD, Oregon Health Sciences University, Dentistry, 1982  
GPR, USAF Keesler AFB, General Dentistry, 1983  
MS, University of Michigan Hospitals, Oral Maxillofacial Surgery, 1984

N

Yuko Christine Nakamura  
Adjunct Assistant Professor of Oral and Maxillofacial Surgery  
BS, Duke University Trinity College, Durham, NC, Major: Cell Molecular Biology, Minor: Chemistry, 1999  
DMD, Case Western Reserve University School of Dental Medicine, Cleveland, OH, Doctor of Medical Dentistry, 2004  
MD, Columbia University College of Physicians and Surgeons, 2008

Ned Leonard Nix  
Adjunct Associate Professor of Oral and Maxillofacial Surgery  
BS, University of California, Davis, Economics, 1986  
San Jose State University, 1992  
Other, General Hospital, Oakland CA, Oral and Maxillofacial Surgery, 1994  
DDS, University of the Pacific, 1995  
Other, Metro Health Medical Center, Oral and Maxillofacial Surgery, 1996

P

David B. Poor  
Adjunct Associate Professor of Oral and Maxillofacial Surgery  
BA, Windham College, English/Economics, 1974  
University of Massachusetts, Graduate Non-Degree Program, Zoology, 1979  
DMD, Tufts University, 1982  
United States Air Force, Keesler AFB, Mississippi, 1983

R

Raju Yeddula Reddy  
Adjunct Assistant Professor of Oral and Maxillofacial Surgery  
BS, Birmingham-Southern College, Chemistry, 1991  
DDS, Columbia School of Dental Surgery, Dentistry, 1996  
MPH, Columbia School of Public Health, 1996  
MD, University of Pittsburgh, Oral and Maxillofacial Surgery, 2000  
University of Pittsburgh Medical Center, 2001

Terry Rust  
Adjunct Instructor of Oral and Maxillofacial Surgery  
BS, University of Oregon, 1962  
DDS, St. Louis University Dental School, Dentistry, 1967  
County Hospital NY Intern, 1968  
North Wellling Hospital, 1969  
NYU Post Grad Oral Surgery, Oral Surgery, 1970

S

Roger W. Sachs  
Adjunct Assistant Professor of Oral and Maxillofacial Surgery  
BS, Parsons College, Biology, 1964  
MS, Northeastern University, Physiology, 1966  
DMD, Temple University, Dentistry, 1970  
Beth Israel Hospital, OMFS, 1971  
Lincoln Hospital, Albert Einstein College of Medicine, Oral Maxillofacial Surgery, 1974

Benjamin R. Shimel  
Adjunct Instructor of Oral and Maxillofacial Surgery  
BA, Saint Mary’s College of California, Integral Program of Liberal Arts, 2002  
Other, California San Francisco State University, Biology, 2009  
Other, Cal Berkeley Extension, Biology, 2010  
University of California, San Francisco, Externship, 2012  
DDS, Univ

Alireza Michael Sodeifi  
Adjunct Assistant Professor of Oral and Maxillofacial Surgery  
DMD, Harvard School of Dental Medicine, Dentistry, 1997  
Vanderbilt University Medical Center, Intern, Oral Surgery, 1998
W

Stephen Takashi Gong Wat
Adjunct Instructor of Oral and Maxillofacial Surgery

BS, University of California, Los Angeles, California, Microbiology, Immunology, and Molecular Genetics, 2003
Highland General Hospital, Oakland, California, Attended grand rounds, 2004
University of Washington, Harborview Hospital - observer, Observer, 2

Course Descriptions

Predoctoral Courses

OS 139. Preclinical Multidisciplinary Surgery. 1 Unit.
Study of the principles of mucoperiosteal flap design, biopsy techniques, suturing, use of flaps, bone removal, and tooth sectioning for exodontia; apicoectomy in endodontic surgery and osseous surgery. Soft tissue grafting in periodontics will also be demonstrated. (7.5 hours lecture, 4 hours laboratory. Quarter 4.).

OS 239. Clinical Oral and Maxillofacial Surgery I. 1 Unit.
Oral and maxillofacial surgical treatment planning and treatment including routine exodontia, incision and drainage, biopsy, mucoperiosteal flap design, sectioning of teeth, and bone removal; utilizing accepted procedures for asepsis; and patient preparation, positioning, and management including obtaining patients' informed consent and proper consideration for medically compromised patients. The student learns to assume responsibility for recognizing limitations of their competence and to refer patients who need more complex surgical treatment to a specialist. (Quarters 5-8.).

OS 339. Clinical Oral and Maxillofacial Surgery II. 2 Units.
Oral and maxillofacial surgical treatment planning and treatment including routine exodontia, incision and drainage, biopsy, mucoperiosteal flap design, sectioning of teeth, and bone removal; utilizing accepted procedures for asepsis; and patient preparation, positioning, and management including obtaining patients' informed consent and proper consideration for medically compromised patients. The student learns to assume responsibility for recognizing limitations of their competence and to refer patients who need more complex surgical treatment to a specialist. (Quarters 9-12.).

Graduate Courses

OS 434. Implant Seminar I. 4 Units.
In this implant treatment-planning seminar, residents discuss case presentations and treatment planning options. The focus will be on evidence-based treatment options. (Quarters 1-4.).

OS 439. Advanced Oral Surgery and Implantology I. 2 Units.
This hands-on course provides residents the foundational and practical knowledge of treatment planning and placement. (Quarters 3-4.).

OS 534. Implant Seminar II. 4 Units.
In this implant treatment-planning seminar, residents discuss case presentations and treatment planning options. The focus will be on evidence-based treatment options. (Quarters 5-8.).

OS 539. Advanced Oral Surgery and Implantology II. 2 Units.
This hands-on course provides residents the foundational and practical knowledge of treatment planning and placement. (Quarters 7-8.).

OS 634. Implant Seminar III. 1 Unit.
In this Implant treatment-planning seminar, residents discuss case presentations and treatment planning options. The focus will be on evidence-based treatment options. (Quarter 9.).
Orthodontics (OR)

Department Chairperson
Robert L. Boyd
Professor of Orthodontics

Program Director
HeeSoo Oh
Associate Professor of Orthodontics

Clinical Director
Maureen Ann Valley
Associate Professor of Orthodontics

Director of the Pre-doctoral Program
Mohamed S. Fallah
Associate Professor of Orthodontics

Director of the Craniofacial Research Instrumentation Laboratory (CRIL)
Sheldon Baumrind
Professor of Orthodontics

Associate Director of the Craniofacial Research Instrumentation Laboratory (CRIL)
HeeSoo Oh
Associate Professor of Orthodontics

Director of the Cleft Lip and Palate Prevention Program
Marie Milena Tolarova
Professor of Orthodontics

Faculty

B
Sheldon Baumrind
Professor of Orthodontics
BS, New York University, Chemistry, 1943
DDS, New York University, College of Dentistry, Dentistry, 1947
U. Oregon Dental School, Certificate in Orthodontics, 1966
MS, Oregon Health Sciences University, Cell Biology, 1968

Roger P. Boero
Associate Professor of Orthodontics
Pomona College, 1960
DDS, College of Physicians Surgeony (UOP), Dentistry, 1964
University of the Pacific, Orthodontics, 1975
MSD, University of the Pacific, Orthodontics, 1995

Robert L. Boyd
Professor of Orthodontics
Indiana University, Biology, 1966
DDS, Temple University, Dentistry, 1970
CERT, University of Pennsylvania, Periodontics, 1972
CERT, University of Pennsylvania, Orthodontics, 1974
Med, University of Florida, Dental Education, 1981

C
Sean K. Carlson
Associate Professor of Orthodontics
BA, University of California, Santa Barbara, Biology, 1989
DMD, Harvard School of Dental Medicine, Dentistry, 1994
MS, University of California, San Francisco, Oral Biology, 1998
University of California, San Francisco, Orthodontics Certificate, 1998

F
Mohamed S. Fallah
Associate Professor of Orthodontics
BSD, University of London, UK, Dental Surgery, 1969
University of Pittsburgh, Certificate - Clinical Internship, 1974
MSD, University of Pittsburgh, Dental Science, 1976
University of Pittsburgh, Certificate - Orthodontics, 1976

K

Katherine Kieu
Instructor of Orthodontics
BS, University of California, Los Angeles, Biology, 2005
DDS, University of California, San Francisco, Dentistry, 2009
MSD, University of the Pacific, Orthodontics, 2012

M

Kimberly A Mahood
Assistant Professor of Orthodontics
BS, University of Louisville, Biology, 2000
DMD, University of Kentucky College of Dentistry, Dentistry, 2004
University of Kentucky College of Dentistry, Oral and Maxillofacial Surgery, 2005
University of the Pacific Arthur A. Dugoni School of Dentistry,

O

HeeSoo Oh
Associate Professor of Orthodontics
DDS, Chonnam National University School of Dentistry, Korea, Dentistry, 1989
Chonnam National University Hospital, Korea, Pediatric Dentistry, 1992
MS, Chonnam National University, School of Dentistry, Korea, Pediatric Dentistry, 1992
PhD, Chonnam National

P

Joorok Park
Assistant Professor of Orthodontics
BA, University of California, Berkeley, Molecular and Cell Biology, 2001
DMD, University of Pennsylvania, School of Dental Medicine, Dental Medicine, 2006
MSD, University of the Pacific, Arthur A. Dugoni School of Dentistry, Certificate, Orthodontics, 200

T

Miroslav Tolar
Associate Professor of Orthodontics
MD, Charles University School of Medicine, 1965
PhD, Czechoslovak Academy of Sciences Charles University School of Medicine, Postgraduate Program in Physiology, 1970
University of California in San Francisco, Postgraduate course in biostatistics biomo

Marie Milena Tolarova
Professor of Orthodontics
Gymnasium, Tabor, Czechoslovakia, College education, 1959
MD, Charles University Schhol of Medicine, Medicine, 1965
PhD, Czechoslovak Academy of Sciences Charles University School of Medicine, Prague, Czechoslovakia, Human Genetics, 1979
Board Cert, Pos

V

Maureen Ann Valley
Associate Professor of Orthodontics
BA, University of California, Biology (High Honors), 1987
DMD, Harvard School of Dental Medicine, Dentistry (Cum Laude, 1992
MPH, Harvard School of Public Health, Public Management and Community Health, 1992
MS, Northwestern University Dental School, Orth

Adjunct Faculty

A

Arash Abolfazlian
Adjunct Instructor of Orthodontics
BS, California Polytechnic State University, San Luis Obispo, Industrial Technology and Biology, 2007
DDS, University of the Pacific, Dentistry, 2011
MSD, University of the Pacific, Orthodontics, 2013

Ji Hyun Ahn
Adjunct Assistant Professor of Orthodontics
Christopher Anderson
Adjunct Assistant Professor of Orthodontics
BS, Santa Clara University, Biology, 2001
DDS, University of the Pacific, Dentistry, 2004
MSD, University of the Pacific, Orthodontics, 2006

Maryse M. Aubert
Adjunct Assistant Professor of Orthodontics
DDS, University Paris V, Dentistry, 1976
University Paris VII, Embriology, 1976
University of the Pacific, Orthodontics, 1980
MA, University of the Pacific, Education, 1994
MA, University of the Pacific, Psychology and Counseling, 1994
University of Calif

Kathleen M. Bales
Adjunct Assistant Professor of Orthodontics
BA, University of the Pacific, Applied Science, 2000
DDS, University of the Pacific, Dentistry, 2003
MS, UCLA School of Orthodontics, M.S. in Oral Biology, 2006

Thomas Reed Bales
Adjunct Assistant Professor of Orthodontics
University of California Davis, 1971
DDS, University of the Pacific, School of Dentistry, Dental, 1974
certificat, UCLA, Orthodontics, 1976

Carol T. Bongiovanni
Adjunct Assistant Professor of Orthodontics
BS, Rensselaer Polytechnic Institute, Biology, 1989
DMD, Tufts University School of Dental Medicine, Magna Cum Laude, 1993
Cert, Tufts University School of Dental Medicine, Orthodontics, 1995

Matthew K Bruner
Adjunct Assistant Professor of Orthodontics
Interlake High School, 1990
BS, Pacific Lutheran University, Biology, 1994
DDS, Loma Linda University School of Dentistry, Dentistry, 1998
Army, Flight Surgeon Primary Course, 2000
MS, University of Louisville, Orthodontics, 2004

Thad Champlin
Adjunct Associate Professor of Orthodontics
AA, Santa Monica College, Pre-Dent, 1963
BS, Cal State University Long Beach, Zoology (Pre-Dent), 1965
DDS, USC, Dentistry, 1969
MSD, University of the Pacific, Orthodontics, 1984

Lani Chun
Adjunct Assistant Professor of Orthodontics
BS, University of Utah, Major: Sociology Minor: Chemistry, 1994
DDS, New York University College of Dentistry, Doctor of Dental Surgery, 1999
Bronx Lebanon Hospital Center, Hospital Based General Practice, 2000
MSD, University of the Pacific, Orthodont

Sam W. Daher
Adjunct Assistant Professor of Orthodontics
DCS, Vanier College, Health Sciences, 1988
McGill University, Pre-Dentistry, 1990
DDS, McGill University, Dentistry, 1994
MS, Universite de Montreal, Orthodontics, 2006

Bill Dischinger
Adjunct Assistant Professor of Orthodontics
Lake Oswego High School, 1990
BS, Oregon State University, Pre Dental, 1994
DMD, Oregon Health Sciences University, Dentistry, 1997
Tufts University, Certificate in Orthodontics, 1999

Terry Dischinger
Adjunct Associate Professor of Orthodontics
DDS, Univ. Of Tennessee, 1973
Univ. Of Oregon, Orthodontics, 1977

Steven A. Dugoni
Adjunct Professor of Orthodontics
DMD, Tufts University, 1979
MSD, University of the Pacific, 1981

F

Stuart Lund Frost
Adjunct Assistant Professor of Orthodontics
Eastman School of Dentistry, Certificate in TMJD, 1988
Arizona State University, 1989
Mesa Community College, 1989
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 1992
University of Rochester, Eastman Dental Center, Certifi

Robert W Fry
Adjunct Associate Professor of Orthodontics
DDS, U of Missouri Kansas City, 1973
MS, Univ of North Carolina, Orthodontics, 1977

G

Garry G Gast
Adjunct Assistant Professor of Orthodontics
BS, Oregon State Univ., 1967
San Francisco State, 1968
DDS, University Of Detroit, 1972
Cert., Univ. of Calif. San Francisco, Orthodontics, 1977

John Warren Graham
Adjunct Assistant Professor of Orthodontics
BS, Brigham Young University, Microbiology, minor in Philosophy/Analytical Think, 1992
DDS, Baylor College of Dentistry, 1996
MD, Univ of Texas Southwest Medical School, 1999
Parkland Memorial Hospital, General Surgery Intenship, 2000
Parkland Memorial Ho

Robert E Griffin
Adjunct Assistant Professor of Orthodontics
Univ. of Colorado, 1959
DDS, Northwestern Univ, 1963
Columbia University, Orthodontics, 1968

Nadim Guirguis
Adjunct Instructor of Orthodontics
University of Nevada Las Vegas, Biology, 2007
DMD, University of Nevada Las Vegas School of Dental Medicine, dentistry, 2011

H

Robert S. Haeger
Adjunct Instructor of Orthodontics
University of Michigan, 1983
MS, University of Illinois At Chicago, Orthodontics, 1989
DDS, University of Michigan, Dental, 2011

Stephen J. Hannon
Adjunct Assistant Professor of Orthodontics
BS, Washington Lee University, Chemistry, 1971
DDS, Georgetown University, Dentistry, 1975
MS, West Virginia University, Orthodontics, 1978

Harry H. Hataskaka
Adjunct Associate Professor of Orthodontics
University of Colorado, 1947
DDS, Northwestern University, 1954
U.S. Public Health Service Hospital, 1955
MSD, University of Washington, 1960

David C. Hatcher
Adjunct Associate Professor of Orthodontics
BA, Central Washington State College (1969), Biology
DDS, University of Washington, Seattle (1973), Dentistry
M.R.C.D., University of Toronto, Ontario Canada (1983), Oral Radiology
M.Sc., Uni

Kiri Herchold Yee
Adjunct Instructor of Orthodontics
University of Arizona, Molecular and Cellular Biology, 2005
BS, Arizona State University, Molecular Biosciences/Biotechnology, 2007
DDS, University of the Pacific, Dentistry, 2010
MSD, University of the Pacific, Orthodontics, 2012

I

Timothy D Irish
Adjunct Assistant Professor of Orthodontics
BA, Univ. Of CA San Diego, 06/1987, 1987
DDS, Univ. of the Pacific, 06/1990, 1990
Univ. of the Pacific, Orthodontics, 1992

K

Herbert W. Kaplan
Adjunct Associate Professor of Orthodontics
Temple University, Broadcasting, 1953
Ohio State University, Pre-Dental, 1958
DDS, Ohio State University College of Dent, Dentistry, 1962
MS, University of Detroit School of Dentistry, Orthodontics, 1977
University of Detroit School of Dentistry, Certific

L

Jordan Lamberton
Adjunct Assistant Professor of Orthodontics
BS, University of California Irvine, sociology, 2005
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, dentistry, 2009
MSD, University of Colorado: Denver School of Dental Medicine, orthodontics, 2012

David H. Lee
Adjunct Assistant Professor of Orthodontics
BS, University of California San Diego, BS in Animal Physiology and Neuroscience, 2000
DDS, University of Southern California School of Dentistry, Dental, 2006
Naval Medical Center San Diego, CA, Advance Education in General Dentistry, 2007
MSD, Universit

Jetson Scott Lee
Adjunct Assistant Professor of Orthodontics
AB, University of California, Berkeley, CA, Biological Sciences
DDS, University of the Pacific, School of Dentistry, Dentistry
MSD, University of the Pacific, School of Dentistry, Orthodontics

Victor S. Lee
Adjunct Instructor of Orthodontics
Beijing University, completed two courses of Chinese (Mandarin) Langua, 2002
BS, University of California, Davis, Neurology, Physiology and Behavior: Exercise Biol, 2007
Kyoto Seika University, completed three courses of Japanese Language, 2007
DDS, Univ

Donald W. Linck II
Adjunct Assistant Professor of Orthodontics
DDS, University of California School, San Francisco, 1963
Columbia University, Orthodontics, 1965

Kenny Liu
Adjunct Instructor of Orthodontics
BS, University of California Irvine, biology, 2002
Cameron K. Mashouf
Adjunct Associate Professor of Orthodontics
DDS, University of Tehran, Dentistry, 1967
University of California, Berkeley, Physiology, 1970
Loyola University, Chicago, Certificate in Orthodontics, 1972

Setareh Mozafari
Adjunct Assistant Professor of Orthodontics
DDS, Azad University, School of Dentistry, Dental, 2001
DDS, University of Southern California, School of Dentistry, Dental, 2005
University of Rochester, Eastman Dental Center, Orthodontics and Dentofacial Orthopedics, 2007

Shahram Nabipour
Adjunct Assistant Professor of Orthodontics
BS, San Francisco State University, Molec. Biology, 1992
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dental, 2003
MSD, University of the Pacific Arthur A. Dugoni School of Dentistry, Orthodontics, 2005

Vinh Nguyen
Adjunct Assistant Professor of Orthodontics
BS, UC Berkeley, Molecular Cell Biology, 1996
DDS, University of the Pacific, Dentistry, 2001
MSD, University of the Pacific, Orthodontics, 2007

Cheol-Ho Paik
Adjunct Associate Professor of Orthodontics
DDS, Seoul National University, Dental College, Dentistry, 1983
PhD, Tsurumi University, Dental School, Orthodontics, 1990

Sheetal Patil
Adjunct Assistant Professor of Orthodontics
College of Engineering, Electrical Engineering, 1990
BDS, Govt. of Dental College Hospital, Dentistry, 1996

Thomas R. Pitts
Adjunct Associate Professor of Orthodontics
DDS, University of the Pacific, 1965
MSD, University of Washington, 1970
University of Washington, Certificate, 1970

John M. Pobanz
Adjunct Assistant Professor of Orthodontics
Utah State University, Predental Studies
Weber State University, Predental Studies
DDS, University of Nebraska College of Dentistry, dental, 1996
MS, University of Nebraska College of Dentistry, orthodontics, 1998

Sarah Rashid
Adjunct Assistant Professor of Orthodontics
BDS, Kings College London, Dentistry, 1993
Royal College of Surgeons of England, Orthodontics Pediatric Dentistry, 1996
MSc, University of London, Orthodontics, 2001
Royal College of Surgeons of England, Orthodontics, 2002

Courtney Ray
Adjunct Instructor of Orthodontics
BS, University of California, Davis, Biology, 2006
DMD, Harvard School of Dental Medicine, Dentistry, 2010
MSD, University of the Pacific, Orthodontics, 2012

W. Ron Redmond
Adjunct Associate Professor of Orthodontics
BA, U C Riverside, Zoology, 1962
DDS, University of the Pacific, Dentistry, 1966
Michael R. Ricupito  
Adjunct Associate Professor of Orthodontics  
BA, San Jose State University, Biological Science, Psychology minor, 1980  
DDS, University of the Pacific School of Dentistry, Dentistry, 1983  
MS, University of California at Los Angeles School of Dentistry, Oral Biology, 1987  
University of California at L

Straty S. Righellis  
Adjunct Associate Professor of Orthodontics  
DDS, University of California, Los Angeles, 1971  
MSD, University of California, Los Angeles, 1973

Bert D. Rouleau  
Adjunct Assistant Professor of Orthodontics  
BS, University of Vermont, Zoology, Botany, 1975  
DMD, Tufts University, Dentistry, 1978  
MS, Northwestern University, Pediatric Dentistry, 1980  
MSD, University of the Pacific, Orthodontics, 1982

Bertrand Aaron Rouleau  
Adjunct Instructor of Orthodontics  
Tufts University, 2003  
BA, University of San Diego, Psychology, 2007  
Other, University of San Francisco, Biological Sciences, 2007  
DDS, University of the Pacific, Dentistry, 2011

S

L. William Schmohl  
Adjunct Assistant Professor of Orthodontics  
BS, University of California Berkeley, Business Admin, 1966  
U.S. Naval Hospital, Oakland, CA, Externship, 1969  
DDS, University of California San Francisco, Dentistry, 1970  
MS, Case Western Reserve University, Orthodontics, 1974

Asha Sethu-Madhavan  
Adjunct Instructor of Orthodontics  
BDS, Rajiv Gandhi University of Health Sciences, India, Dental Surgery, 2003  
DDS, University of California Los Angeles, Dental Surgery, 2008

Kenneth Shimizu  
Adjunct Assistant Professor of Orthodontics  
BS, University of California, Berkeley, Biology, 1980  
DDS, University of the Pacific, Dentistry, 1985  
MSD, University of the Pacific, Orthodontics, 1987

T

M. Gabrelle Thodas  
Adjunct Assistant Professor of Orthodontics  
BS, Oregon State University, Biology, 1972  
DDS, University of the Pacific, General Dentistry, 1977  
MSD, University of the Pacific, Orthodontics, 1995

V

Adrian M. Vogt  
Adjunct Assistant Professor of Orthodontics  
BS, University of Western Ontario, Pharmacology Toxicology, 1988  
DDS, University of the Pacific School of Dentistry, General Dentistry, 1992  
MSD, University of the Pacific School of Dentistry, Orthodontics, 1994  
University of the Pacific School of Dent

W

Eric C. Wu  
Adjunct Assistant Professor of Orthodontics  
BS, Revelle College, University of California San Diego, Biochemistry/Cell Biology, 1995  
DMD, University of Pennsylvania, School of Dental Medicine, 2000  
University of California Los Angeles, Advanced Education in General Dentistry, 2001  
Katz Graduate Sc
Course Descriptions

Predoctoral Courses

OR 144. Human Growth and Development. 1 Unit.
Study of the basic mechanisms of human growth and development with emphasis on craniofacial development. Study of the development of the dentition and occlusion and introduction to malocclusion and its classification. (10 hours lecture. Quarter 3.).

OR 244. Orthodontics. 2 Units.
An introduction to orthodontic diagnostic procedures, comprehensive treatment planning, and various treatment modalities as applied to a full range of malocclusions in a general dental practice. A strong emphasis is placed on the use of the Invisalign appliance and its application in general practice. Other orthodontic appliances covered will be the functional appliance as it relates to early orthodontic treatment and the edgewise appliance in full comprehensive cases. Orthognathic surgical cases and use of microimplants for anchorage will also be reviewed. (20 hours lecture. Quarters 4-5.).

OR 249. Preclinical Orthodontics. 1 Unit.
This preclinical course introduces students to various removable and fixed appliances with primary focus on their application for minor orthodontic movement. Laboratory instruction addresses such areas as fabrication of removable and fixed appliances, cementation of bands, bonding of brackets and placement of arch wires. Lateral head films are traced, measured, analyzed, and discussed with regard to norms and growth patterns. The course also introduces students to 3-D computer technology for the manufacturing of the Invisalign system appliance and the use of this appliance in general practice. Emphasis is placed on critical self-evaluation skills. (12 hours seminar. Quarter 8.).

Graduate Courses

OR 401. Cephalometrics. 4 Units.
This course introduces students to the use of cephalometric radiographs in clinical orthodontics. Students will learn basic principles of cephalometry, the historical significance of cephalometry, and how to interpret various cephalometric analyses that are most commonly used in diagnosis and treatment planning. At the end of this course, students should be able to perform various methods of superimposition in order to identify and understand changes that occurred during growth and treatment between different lateral cephalometric radiographs. (Quarters 1-2.).

OR 402. Facial Growth. 4 Units.
This course reviews scientific literature covering basic biological principles on craniofacial growth and development. This course focuses on the basic mechanisms of postnatal growth of the cranium, nasomaxillary complex and mandible, and the clinical application of facial growth principles. (Quarters 3-4.).

OR 403. Critical Thinking. 3 Units.
In this course, students will learn foundational knowledge on scientific methods, design a sound research project and critically evaluate literature in their area. (Quarters 2-4.).

OR 404. Research Practicum and Thesis I. 4 Units.
In this independent research course, students work with research mentors to develop research questions, formulate hypotheses and write a formal research proposal that includes a full literature review, statement of material and methods, execution of the research, and appropriate analysis and interpretation of data. This course is designed to enable successful completion of the MS thesis. (Quarters 1-4.).

OR 410. Biomechanics. 7 Units.
This seminar-based course introduces fundamental concepts for understanding the laws of mechanics and biological responses to force systems used in orthodontic force systems and appliances. (Quarters 1-4.).

OR 411. Craniofacial Biology & Genetics. 6 Units.
In order to build a solid foundation for clinical orthodontic treatment, this course specifically focuses on human craniofacial growth and development and on craniofacial genetics, helping students to understand concepts related to the nature and control of normal and abnormal craniofacial growth. The course is divided into three consecutive quarters: Normal Human Growth and Development (1Q), Advanced Basic Science (2Q), Abnormal Growth and Development (3Q). (Quarters 1-3.).

OR 412. Cleft Lip & Palate/Craniofacial Anomalies. 2 Units.
The course focuses on introducing a multidisciplinary approach to treating patients with cleft lip and palate and other craniofacial anomalies (CFA). A state-of-the art approach in the management of CFA patients is based on current literature and seminars covering etiology and epidemiology, recurrence risk, and primary prevention. While this course emphasizes orthodontics (which includes naso-alveolar molding), surgical treatment, speech problems and psychological issues are also covered. (Quarter 4.).

OR 413. Cleft Medical Missions Seminar. 2 Units.
This course consists of seminars and practical exercises in making appliances to prepare residents to be actively involved in the treatment of patients with cleft lip and palate and other craniofacial anomalies by participating in medical and dental missions in developing and undeveloped countries. (Quarters 1-2.).

OR 414. Introduction to Contemporary Orthodontics. 5 Units.
This course introduces basic artistic skills in contemporary orthodontics. Students will review the basic concepts of photography, direct bonding of fixed appliances, 3D imaging, 3D cephalometric analysis, and digital imaging software (2D and 3D). (Quarters 1-4.).
OR 420. Bone Biology. 1 Unit.
This seminar course is designed for first year residents to review basic concepts and theories of bone biology, orthodontic tooth movement, and osseointegration of orthodontic microimplants. (Quarter 4.).

OR 421. Current Literature Seminar I. 4 Units.
In this seminar series, students review articles appearing in orthodontic and related journals. (Quarters 1-4.).

OR 422. Anatomy. 1 Unit.
This course provides a detailed review of anatomic structures of the craniofacial region. Lecture topics include osteology of the skull, innervation and blood supply of the face, muscles of facial expression and mastication, and anatomy of the oral cavity. (Quarter 1.).

OR 423. Comprehensive Case Analysis Seminar I. 4 Units.
Topics in this seminar series include the clinical application of various diagnostic procedures and treatment philosophies, the presentation of practical procedures in the management of unusual problems that can arise during the course of treatment, basic and applied principles of photography, and advances in computer technology. (Quarters 1-4.).

OR 424. Treatment Planning Seminar I. 4 Units.
In this seminar series, first-year residents prepare a case presentation to share initial diagnostic records to diagnose and treatment plan orthodontic cases. All students then participate in free-format discussion. (Quarters 1-4.).

OR 426. Principles of Orthodontic Technique. 5 Units.
This course is designed to provide basic principles on orthodontic tooth movement and fixed appliances by working on typodonts. (Quarters 1-2.).

OR 430. Surgical-Orthodontic Treatment. 6 Units.
This seminar-based course covers basic concepts involved in surgical orthodontics, which include diagnosis and treatment planning, pre-surgical orthodontics, surgical procedures utilized by oral surgeons, and post-surgical orthodontics. Topics such as TMJ disorders, Distraction Osteogenesis, and Obstructive Sleep Apnea are also discussed. (Quarters 1-4.).

OR 431. Orthognathic Surgery Seminar I. 4 Units.
This seminar series for the orthodontic and oral surgery residents emphasizes diagnosis, treatment planning, management of pre- and post-surgical orthodontic treatment, and understanding of treatment outcome and stability. This course consists of case presentations by the Orthodontic and Oral and Maxillofacial Surgery faculty and residents. (Quarters 1-4.).

OR 432. Multidisciplinary Seminar I. 4 Units.
This seminar series covers treatment of patients with complex dental and skeletal orthodontic, periodontal, and restorative problems that require input from a variety of dental specialties. The teaching format includes case presentations by the residents and open discussions of interdisciplinary topics. (Quarters 1-4.).

OR 433. Retention Seminar I. 1 Unit.
This seminar series, each second-year resident presents on a long-term post-retention patient whose active orthodontic treatment was completed at least ten years prior to the resident’s year of graduation from the program. All students and faculty then participate in discussion. (Quarter 4.).

OR 434. Introduction to Invisalign. 1 Unit.
This course is designed to introduce basic knowledge on clinical applications of Invisalign treatment, while also incorporating the latest treatment protocols. (Quarter 1.).

OR 435. Clinical Orthodontics I. 30 Units.
This seminar series provides clinical experience in treating orthodontic patients with a variety of problems. Various orthopedic appliances, including the headgear, face mask, rapid maxillary expander and other fixed auxiliary appliances (LLA, TPA, Wilson distalizer) may be incorporated into specific treatment protocols. Topics also include other appliance systems such as edgewise appliance (.018 & .022" slot), TAD, self-ligating brackets, fixed-functional appliance (Herbst, Forsus), and Invisalign for adolescent and adult patients. (Quarters 1-4.).

OR 436. Mixed Dentition Orthodontics I. 8 Units.
This seminar series provides clinical experience in treating various malocclusions in the mixed dentition stage. This course covers facial growth and occlusal development in the mixed dentition, diagnosis and treatment planning for mixed dentition cases, and evaluating growth changes and treatment outcomes. (Quarters 1-4.).

OR 438. Surgical Orthodontics I. 2 Units.
This seminar series provides clinical experience in analyzing diagnostic records, formulating surgical orthodontic treatment plans for patients with major skeletal and dental disharmonies, integration of surgical and orthodontic treatment, communication with surgeons, pre-and post-surgical orthodontic treatment, and evaluation of treatment outcomes. (Quarters 1-4.).

OR 439. Clinical Orthodontics in Craniofacial Anomalies I. 2 Units.
In this series, students will provide orthodontic treatment to patients with craniofacial anomalies in the graduate clinic and attend panels provided by comprehensive KAISER and Oakland Children’s Hospital Craniofacial Anomalies Teams. (Quarters 1-4.).

OR 451. Principles of Orthodontics. 8 Units.
This course provides comprehensive review of the factors related to safety and stability of orthodontic microimplants and their clinical application in orthodontic treatment. Students will present their own clinical cases that utilized microimplants. (Quarters 5-7.).
OR 503. Research Design I. 4 Units.
This advanced course covers the nature of hypothesis testing, the process of clinical decision making, and the statistical methodology to be employed in each student’s thesis project. (Quarters 5-8.).

OR 504. Research Practicum and Thesis II. 4 Units.
In this independent research course, students work with research mentors to develop research questions, formulate hypotheses and write a formal research proposal that includes a full literature review, statement of material and methods, execution of the research, and appropriate analysis and interpretation of data. This course is designed to enable successful completion of the MS thesis. (Quarters 5-8.).

OR 510. Periodontic-Orthodontic Relations. 8 Units.
The first part of this course covers the Orthodontic-Restorative-Periodontal Interface, including esthetic and functional considerations, periodontal and other benefits of two-phase orthodontic treatment, clinical considerations of orthodontic root resorption, periodontal considerations in the orthodontic treatment of impacted teeth, and Invisalign treatment. The second part of this course covers the latest innovations from Invisalign and their application to Complex class, I, II, and III Malocclusions. (Quarters 5-8.).

OR 511. Practice Management I. 3 Units.
This course covers basic concepts of practice management, including human resource management, management systems, marketing, legal aspects of orthodontics, associations/practice ownership, and customer service. The format of this course includes guest lectures by orthodontists, orthodontic consultants, and other professionals connected to the specialty of orthodontics, as well as private practice office visits. (Quarters 6-8.).

OR 512. Preparation for Specialty Examination. 1 Unit.
This course will prepare students for the American Board of Orthodontics written exam by reviewing basic sciences and clinical concepts in orthodontics. (Quarter 7.).

OR 513. TMD & Orthodontics. 1 Unit.
This course covers the ramifications of orthodontic treatment on the stomatognathic system, the intricacies of the interrelationship between the occlusion and the TMJ, and basic management of TMD symptoms. (Quarter 5.).

OR 521. Current Literature Seminar II. 4 Units.
In this seminar series, students review articles appearing in orthodontic and related journals. (Quarters 5-8.).

OR 523. Comprehensive Case Analysis Seminar II. 4 Units.
Topics in this seminar series include the clinical application of various diagnostic procedures and treatment philosophies, the presentation of practical procedures in the management of unusual problems that can arise during the course of treatment, basic and applied principles of photography, and advances in computer technology. (Quarters 5-8.).

OR 524. Treatment Planning Seminar II. 4 Units.
In this seminar series, first-year residents prepare a case presentation to share initial diagnostic records to diagnose and treatment plan orthodontic cases. All students then participate in free-format discussion. (Quarters 5-8.).

OR 531. Orthognathic Surgery Seminar II. 4 Units.
This seminar series for the orthodontic and oral surgery residents emphasizes diagnosis, treatment planning, management of pre- and post-surgical orthodontic treatment, and understanding of treatment outcome and stability. This course consists of case presentations by the Orthodontic and Oral and Maxillofacial Surgery faculty and residents. (Quarters 5-8.).

OR 532. Multidisciplinary Seminar II. 4 Units.
This seminar series covers treatment of patients with complex dental and skeletal orthodontic, periodontal, and restorative problems that require input from a variety of dental specialties. The teaching format includes case presentations by the residents and open discussions of interdisciplinary topics. (Quarters 5-8.).

OR 533. Retention Seminar II. 1 Unit.
In this seminar series, each second-year resident presents on a long-term post-retention patient whose active orthodontic treatment was completed at least ten years prior to the resident’s year of graduation from the program. All students and faculty then participate in discussion. (Quarter 8.).

OR 556. Clinical Orthodontics II. 40 Units.
This series provides clinical experience in treating orthodontic patients with a variety of problems. Various orthopedic appliances, including the headgear, face mask, rapid maxillary expander and other fixed auxiliary appliances (LLA, TPA, Wilson distalizer) may be incorporated into specific treatment protocols. Topics also include other appliance systems such as edgewise appliance (.018 & .022" slot), TAD, self-ligating brackets, fixed-functional appliance (Herbst, Forsus), and Invisalign for adolescent and adult patients. (Quarters 5-8.).

OR 557. Mixed Dentition Orthodontics II. 8 Units.
This series provides clinical experience in treating various malocclusions in the mixed dentition stage. This course covers facial growth and occlusal development in the mixed dentition, diagnosis and treatment planning for mixed dentition cases, and evaluating growth changes and treatment outcomes. (Quarters 5-8.).

OR 558. Surgical Orthodontics II. 2 Units.
This series provides clinical experience in analyzing diagnostic records, formulating surgical orthodontic treatment plans for patients with major skeletal and dental disharmonies, integration of surgical and orthodontic treatment, communication with surgeons, pre-and post-surgical orthodontic treatment, and evaluation of treatment outcomes. (Quarters 5-8.).

OR 559. Clinical Orthodontics in Craniofacial Anomalies II. 2 Units.
In this series, students will provide orthodontic treatment to patients with craniofacial anomalies in the graduate clinic and attend panels provided by comprehensive KAISER and Oakland Children’s Hospital Craniofacial Anomalies Teams. (Quarters 5-8.).

OR 601. Temporomandibular Joint Disorders. 1 Unit.
This course provides an overview of clinical anatomy and mechanics of the TMJ, pathogenesis of degenerative TMD disorders, and various approaches on the management of TMD. (Quarter 9.).
OR 602. Microimplant & Bone Biology II. 1 Unit.
This course provides comprehensive review of the factors related to safety and stability of orthodontic microimplants and their clinical application in orthodontic treatment. Students will present their own clinical cases that utilized microimplants. (Quarter 9.).

OR 603. Research Design II. 1 Unit.
This advanced course covers the nature of hypothesis testing, the process of clinical decision making, and the statistical methodology to be employed in each student’s thesis project. (Quarter 9.).

OR 604. Research Practicum and Thesis III. 6 Units.
In this independent research course, students work with research mentors to develop research questions, formulate hypotheses and write a formal research proposal that includes a full literature review, statement of material and methods, execution of the research, and appropriate analysis and interpretation of data. This course is designed to enable successful completion of the MS thesis. (Quarter 9.).

OR 611. Practice Management II. 1 Unit.
This course covers basic concepts of practice management, including human resource management, management systems, marketing, legal aspects of orthodontics, associateships/practice ownership, and customer service. The format of this course includes guest lectures by orthodontists, orthodontic consultants, and other professionals connected to the specialty of orthodontics, as well as private practice office visits. (Quarter 9.).

OR 612. Ethics. 1 Unit.
This is an intermediate-advanced course that builds on undergraduate ethics instruction and focuses on issues unique to orthodontic practice. Students will reflect on and discuss real-life cases that exemplify typical ethical problems in orthodontics. (Quarter 9.).

OR 613. Orthodontics Speaker Series. 2 Units.
In this course, guest speakers deliver lectures on a variety of orthodontic topics. (Quarter 9.).

OR 621. Current Literature Seminar III. 1 Unit.
In this seminar series, students review articles appearing in orthodontic and related journals. (Quarter 9.).

OR 623. Comprehensive Case Analysis Seminar III. 1 Unit.
Topics in this seminar series include the clinical application of various diagnostic procedures and treatment philosophies, the presentation of practical procedures in the management of unusual problems that can arise during the course of treatment, basic and applied principles of photography, and advances in computer technology. (Quarter 9.).

OR 624. Treatment Planning Seminar III. 1 Unit.
In this seminar series, first-year residents prepare a case presentation to share initial diagnostic records to diagnose and treatment plan orthodontic cases. All students then participate in free-format discussion. (Quarter 9.).

OR 631. Orthognathic Surgery Seminar III. 1 Unit.
This seminar series for the orthodontic and oral surgery residents emphasizes diagnosis, treatment planning, management of pre- and post-surgical orthodontic treatment, and understanding of treatment outcome and stability. This course consists of case presentations by the Orthodontic and Oral and Maxillofacial Surgery faculty and residents. (Quarter 9.).

OR 632. Multidisciplinary Seminar III. 1 Unit.
This seminar series covers treatment of patients with complex dental and skeletal orthodontic, periodontal, and restorative problems that require input from a variety of dental specialties. The teaching format includes case presentations by the residents and open discussions of interdisciplinary topics. (Quarter 9.).

OR 656. Clinical Orthodontics III. 10 Units.
This series provides clinical experience in treating orthodontic patients with a variety of problems. Various orthopedic appliances, including the headgear, face mask, rapid maxillary expander and other fixed auxiliary appliances (LLA, TPA, Wilson distalizer) may be incorporated into specific treatment protocols. Topics also include other appliance systems such as edgewise appliance (.018 & .022” slot), TAD, self-ligating brackets, fixed-functional appliance (Herbst, Forsus), and Invisalign for adolescent and adult patients. (Quarter 9.).

OR 657. Mixed Dentition Orthodontics III. 2 Units.
This series provides clinical experience in treating various malocclusions in the mixed dentition stage. This course covers facial growth and occlusal development in the mixed dentition, diagnosis and treatment planning for mixed dentition cases, and evaluating growth changes and treatment outcomes. (Quarter 9.).

OR 658. Surgical Orthodontics III. 1 Unit.
This series provides clinical experience in analyzing diagnostic records, formulating surgical orthodontic treatment plans for patients with major skeletal and dental disharmonies, integration of surgical and orthodontic treatment, communication with surgeons, pre-and post- surgical orthodontic treatment, and evaluation of treatment outcomes. (Quarter 9.).

OR 659. Clinical Orthodontics in Craniofacial Anomalies III. 1 Unit.
In this series, students will provide orthodontic treatment to patients with craniofacial anomalies in the graduate clinic and attend panels provided by comprehensive KAISER and Oakland Children’s Hospital Craniofacial Anomalies Teams. (Quarter 9.).
Pediatric Dentistry (PD)

Department Chairperson
Alfred Jeffrey Wood
Professor of Pediatric Dentistry

Faculty

B
Nicolas Bronzini
Assistant Professor of Pediatric Dentistry
BS, University of California, Davis, Biological Sciences, 2002
DDS, University of the Pacific - School of Dentistry, Dentistry, 2005
University of Southern California, Pediatric Dentistry, 2007

C
Virginia S. Conner
Assistant Professor of Pediatric Dentistry
BS, Duke University, Biology, 1994
DDS, University of the Pacific, Dental Surgery, 1999
UoCsf, AEGD, 2000
MS, University of Michigan, Pediatric Dentistry, 2002

G
Geraldine Gerges Gaid
Assistant Professor of Pediatric Dentistry
Other, College Sainte-Marcelline, Science, 2001
Other, College Jean-de-Brebeuf, Health Sciences, 2003
DMD, Universite de Montreal, Dental Medicine, 2008
Other, McGill University-Montreal Children’s Hospital, Multi-disciplinary training program in dentistr

H
Stephanie Hardwick
Assistant Professor of Pediatric Dentistry
DDS, UCLA, Dentistry, 2010
Other, NYU, Certificate - Pediatric Dentistry, 2012

Frank Robert Hodges
Assistant Professor of Pediatric Dentistry
University of California, Santa Barbara, 1966
DDS, University of the Pacific, Dentistry, 1971
MSD, Seattle Children’s Orthopedic Hospital, Dentistry, 1975
MSD, University of Washington School of Dentistry, Dentistry, 1975

L
David W. Lee
Assistant Professor of Pediatric Dentistry
D.D.S., University of the Pacific School of Dentistry, Dentistry, 1988
A.B., University of California at Berkeley, Integrative Biology, 1991

M
Leticia Mendoza-Sobel
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DDS, Escuela Nacional de Estudios Profesionales, Dental Degree, 1981
Universidad Latinoamericana, School of Dentistry, Mexico City, Pediatric Dentistry, 1990
Universidad Latinoamericana, School of Dentistry, Mexico City, Orthodontics, 1992

Simon P. Morris
Assistant Professor of Pediatric Dentistry
BS, Harvey Mudd College, 1993
DDS, University of the Pacific, 1996
University of Southern California, Certificate of Specialization, 1998

P
Robert C. K. Peng
Assistant Professor of Pediatric Dentistry
Santo Domingo, Dominican Republic, 1983
BA, Duke University, 1986
DDS, University of California, Los Angeles, School of Dentistry, 1995
University of California, Los Angeles, School of Dentistry, Pediatric Dental Residency, 1998

**Nikki Pung-Yamato**  
*Assistant Professor of Pediatric Dentistry*  
DDS, University of the Pacific, Dentistry, 2009  
Interfaith Medical Center, Pediatric Dentistry / Board Certified, 2011

**S**

**Robert Stuart**  
*Associate Professor of Pediatric Dentistry*  
AB, Columbia College, 1951  
DDS, New York University, 1955  
Columbia University College of Physicians, Surgeons, Pediatrics, 1959

**W**

**Alfred Jeffrey Wood**  
*Professor of Pediatric Dentistry*  
BS, Virginia Commonwealth University, Biology, 1980  
DDS, Medical College of Virginia, Dentistry, 1984  
Medical College of Virginia, Pediatric Dentistry, 1987

**Y**

**Christian Yee**  
*Assistant Professor of Pediatric Dentistry*  
BS, University of the Pacific, Biology, 2006  
Shasta Community Health Center, 2009  
DDS, UCSF Dental School, Dentistry, 2010  
Certi., University of Southern California, Pediatric Dentistry, 2012  
USC/Children’s Hospital Orange County, Pediatrics, 2012

**Adjunct Faculty**

**B**

**Namrata Bhullar**  
*Adjunct Assistant Professor of Pediatric Dentistry*  
BS, University of California, San Diego, Biology, 2002  
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Pediatric Dentistry, 2005  
Other, Saint Barnabas Hospital, Pediatric Dentistry, 2010

**Noor Bilbeisi**  
*Adjunct Assistant Professor of Pediatric Dentistry*  
University of Michigan, Predental, 1999  
DDS, University of Detroit Mercy, Dentistry, 2003  
New York University, Pediatric Dentistry, 2007

**C**

**Daniel Charland**  
*Adjunct Assistant Professor of Pediatric Dentistry*  
BMS, University of Western Ontario, 2004  
DDS, University of Toronto, 2008  
MS, University of California, San Francisco, Oral and Craniofacial Sciences, 2011  
University of California, San Francisco, Certificate in Pediatric Dentistry, 2011  
Other, Southern A

**David J. Crippen**  
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BS, University of Washington, Zoology, 2001  
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, 2004  
Children’s Hospital of Wisconsin, Certificate in Pediatric Dentistry, 2006

**D**

**Maria Do**  
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BS, UCLA, Molecullar, Cellular, Development Bio, 2004  
DDS, USC, Dentistry, 2008
Jay T Golinveaux
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AB, California State University, Sacramento, General Science, 1997
DDS, University of the Pacific - School of Dentistry, General Dentistry, 2008
MS, University of California,

Michelle M Haghpanah
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BS, Fairfield University, Biology and Computer Science, 2002
MPH, Yale University, Epidemiology of Microbial Diseases, 2004
DDS, New York University, Dentistry, 2009
Mount Sinai Hospital, GPR and Pediatric Dentistry, 2012

Charles W Halterman
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Eastman Dental, Pedo Certificate, 1973
BS, Chico State College, 1976
DDS, University of California, San Francisco, Dentistry, 1980
MA, University of the Pacific, School of Dentistry, 1993

Joyce K. Huang
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BS, University of California, San Diego, Biochemistry and Cell Biology, 2006
DDS, University of California, Los Angeles, 2011
Other, University of Southern California/Children’s Hospital Los Angeles, Pediatric Dentistry, 2013

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BA, Indiana University, Biology, 1977
DDS, Indiana University School of Dentistry, 1979
MS, Indiana University School of Medicine, Master of Science in Medical Genetics, 1979
University of Southern California - School of Dentistry, Certificate in Pediatric Dentistry, 1980

Aneil Kamboj
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BS, University of Pacific, Biology, 2006
DDS, Arthur A. Dugoni School of Dentistry, DDS, 2009
Other, St. Barnabas Hospital, GPR, 2010
Other, St. Barnabas Hospital, Pediatric Dentistry, 2012

Grace Park Kwon
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BS, University of Colorado, BS Biology, 2005
DDS, University of San Francisco School of Dentistry, DDS, 2009
Harvard School of Dental Medicine/Children's Hospital Boston, Pediatric Dentistry, 2011

Stacey Lam
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BS, University of California, Davis, Chemical Engineering, 1998
DDS, University of the Pacific School of Dentistry, Doctor of Dental Surgery, 2007
University of California, Los Angeles, Pediatric Dentistry, 2007

Mary C. Le
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BA, DDS, University of Missouri - Kansas City, Six year combined program, 2000
MS, University of California San Francisco, Oral Biology, 2003
University of California San Francisco, Certificate in Pediatric Dentistry, 2003

Jocelyn Y. Lee
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BS, UC Davis, Biochemistry and Psychology, 2001
DDS, UCSF, Dentistry, 2006
MSD, Loma Linda School of Dentistry, Pediatric Dentistry, 2013
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Adjunct Assistant Professor of Pediatric Dentistry
New York University
Kings County Hospital Center, General Dentistry, 2011
Maimonides Medical Center, Pediatric Dentistry, 2013

Lerida F. Lipumano-Picazo
Adjunct Assistant Professor of Pediatric Dentistry
University of the Philippines, Pre-Doctoral, 1982
DMD, University of the Philippines, 1986
Boston University School of Graduate Dentistry, Pediatric Dentistry, 1992

Eric Charles McMahon
Adjunct Assistant Professor of Pediatric Dentistry
BS, UC Davis, Genetics, 2001
DDS, University of the Pacific, Dentistry, 2005
DDS, Harvard Dental, Specialty Certificate, 2007

Stephanie D. Moniz
Adjunct Assistant Professor of Pediatric Dentistry
BS, University of Santa Barbara, Pharmacology, 2006
DDS, University of the Pacific, Dentistry, 2009
Children’s Hospital of Wisconsin, Pediatric Dentistry, 2011

John A Neves
Adjunct Assistant Professor of Pediatric Dentistry
Georg-August Universitaet, Education Abroad Program, 1997
BS, University of California, Major: Biology Minors: German Music, 1998
DMD, Nova Southeastern University, Doctor of Dental Medicine, 2004
Nova Southeastern University/Miami Children’s Hospital

Scott Ngai
Adjunct Assistant Professor of Pediatric Dentistry
BS, University of California, Berkeley, Molecular Cell Biology/Public Health, 2007
DDS, UoP School of Dentistry, Dentistry, 2010
Other, University of California, Los Angeles, Pediatric Specialty, 2012

Charles E. Sackett
Adjunct Assistant Professor of Pediatric Dentistry
BS, University of San Francisco, Biology, 2000
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, General Dentistry, 2003

Jamie J Sahouria
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BS, University of the Pacific, Biological Sciences, 2001
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, 2004
University of the Pacific, Advanced Education - General Dentistry, 2005
MS, University of Texas Health Sciences Center - Hou

Donald C. Schmitt
Adjunct Assistant Professor of Pediatric Dentistry
BA, University of California, Berkeley, Human Biodynamics, 1993
DDS, University of the Pacific, 1999
Miller Childrens Hospital, Long Beach, 2001
University of Southern California, Pediatric Dentistry, 2001

Richard Stephen Sobel
Adjunct Associate Professor of Pediatric Dentistry
BA, Queens College, New York City, 1963
U.S. Public Health Service COSTEP Externship, Federal Medical Center, 1966
DDS, State University of New York at Buffalo, School of Dentistry, Dentistry, 1967
Harvard University, Pediatric Dentistry, 1979

Joshua J. Solomon
Adjunct Assistant Professor of Pediatric Dentistry
BS, University of the Pacific, BS Biology, 1998
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, 2001
MS, University of Texas, Dental Branch at Houston, Dept. of Oral Bio-Materials, Master of Science, 2003
University of Texas, Dental

T

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BDS, VYWS College Hospital, General Dentistry, 1996
MSA, University of Iowa, Dental Public Health, 2002
MS, UCSF, Certificate Pediatric Dentistry, 2010

Brigid W Trent
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BA, Marquette University, Physiology, Spanish, 2002
DDS, University of Illinois, Dentistry, 2006
DDS, VA Medical Center, SF, General Practice Residency, 2009
Childrens Memorial Hospital, Pediatric Dentistry, 2011

V

Vincent Van
Adjunct Assistant Professor of Pediatric Dentistry
BS, University of California, Irvine, Biological Science, 2006
DDS, University of California, Los Angeles, School of Dentistry, 2011
Other, New York University College of Dentistry, Advanced Education in Pediatric Dentistry, 2013

W

Michael Wahl
Adjunct Assistant Professor of Pediatric Dentistry
BS, University of California Los Angeles, Engineering, 2006
DDS, New York University College of Dentistry, DDS, 2010
New York University College of Dentistry, Pediatric Dentistry, 2012

Y

Bobby Yang
Adjunct Assistant Professor of Pediatric Dentistry
BS, University of Arizona, Health Sciences, 1998
DDS, University of the Pacific School of Dentistry, 2003
Children's Hospital of Wisconsin, Pediatric Dentistry, 2005

Z

Naomi Zaul
Adjunct Assistant Professor of Pediatric Dentistry
BS, UC Davis, Microbiology, 2007
DDS, UCLA, Dentistry, 2011
Other, USC, Certificate in Pediatrics, 2013

Course Descriptions

Pre doctoral Courses

PD 146. Preclinical Pediatric Dentistry. 1 Unit.
This simulation lab-based course introduces first-year IDS students to the technical aspects of preparing and restoring primary teeth. (2 hours lecture, approximately 6 hours lab/clinic. Quarter 3.).

PD 240. Pediatric Dentistry. 2 Units.
The study of the physical and psychological development of the child; understanding and prevention of dental disease in children; differential diagnosis and treatment of dental and periodontal diseases and abnormalities in children; and modern concepts of behavioral guidance in children. (20 hours lecture. Quarters 5-6.).

PD 346. Dental Auxiliary Utilization. 2 Units.
Rationale and system of procedures for sit-down, four-handed dental practice, including ergonomically correct practice and work-related injury prevention. (84 hours clinic in conjunction with Clinical Pediatric Dentistry. Quarters 7-10.).

PD 347. Clinical Pediatric Dentistry. 2 or 4 Units.
Study of the diagnosis, treatment planning, and comprehensive preventive and restorative dental treatment for children. (84 hours clinic in conjunction with Dental Auxiliary Utilization. Quarters 7-10.).
Periodontics (PR)

Department Chairperson
William P. Lundergan
Professor of Periodontics

Faculty

A

Tamer Alpagot
Professor of Periodontics
Hacettepe University, Ankara, Turkey, Dentistry, 1981
DDS, Ege University, Izmir, Turkey, Dentistry, 1983
PhD, Hacettepe University, Ankara, Turkey, Periodontics, 1986
PhD, University of Minnesota, Oral Biology, 1995

Shelly Azevedo
Assistant Professor of Periodontics
California State University, Chico, Pre-Dental Hygiene, 1982
BS, Loma Linda University, Dental Hygiene, 1984
Masters, Touro University International, Health Science with an emphasis in Health Educatio, 2007

B

Gretchen J. Bruce
Associate Professor of Periodontics
University of Minnesota, 1973
BA, Northwestern University, Biology, 1976
BS, University of Illinois, Bachelor of Science Dentistry 12/81, 1983
DDS, University of Illinois, Doctor of Dental Surgery 6/83, 1983
Cert, Boston University, Certificate, Periodont

C

Huei-Ling Chang
Assistant Professor of Periodontics
DDS, University of California, San Francisco, Dentistry, 2005
MS, The Ohio State Univesity, Periodontology, 2008

Abida Tariq Cheema
Assistant Professor of Periodontics
BSc, Lahore College for Women, Lahore, Pakistan, PreMed/Dental, 1970
BDS, de’ Montmorency College of Dentistry, Punjab Dental Hospital, Lahore, Pakistan, Dentistry, 1974
MSc, Institute of Dental Surgery, London University, London, UK, Periodontology, 1986

Preeti M Chopra
Assistant Professor of Periodontics
BDS, H.P Govt Dental School, Bachelor of Dental Surgery, 2004
MS, University of Alabama, Masters of Science in Dental Biomaterials, 2007
MS, Baylor College of Dentistry, Texas AM University, Master of Science - Periodontics, 2010

D

Cathleen Dornbush
Instructor of Periodontics
Illinois Central College, Prehygiene, 1975
BS, University of Southern California, Dental Hygiene, 1979
University of the Pacific, RDHAP, 2004

E

Elena Maria Francisco
Assistant Professor of Periodontics
BS, Loma Linda University, Dental Hygiene, 1976
San Joaquin Delta College, Spanish, Sciences, 1985
University of the Pacific, Speech Language Pathology, 2008
MS, Idaho State University, Pocatello, ID, Dental Hygiene Education, 2012

G

Gary Grill
Assistant Professor of Periodontics
BS, University of Maryland, BS Zoology, 1974
DDS, University of Southern California, Dentistry, 1978
Boston University, Certificate in Periodontics, 1980

H

Lisa A. Harpenau
Professor of Periodontics
BS, Loyola Marymount University, Biology, 1986
BS, University of California San Francisco, Dental Sciences, 1990
DDS, University of California San Francisco, 1990
Baylor College of Dentistry, Periodontics, 1992
MS, Baylor University Graduate School, Oral

Deborah J. Horlak
Associate Professor of Periodontics
Wittenberg University, Biology/Chemistry, 1971
BA, Ohio State University, Psychology/Dental Hygiene, 1973
MA, California State University, Fresno, Higher Education Administration, 2003

Josef A Huang
Assistant Professor of Periodontics
BS, University of San Diego, Biology, 1993
DDS, Columbia University Dental, Dental, 1998
New York University, Periodontics, 2001

J

Tanya V. Jones
Instructor of Periodontics
Brigham Young University
Brigham Young University, German, 1982
AA, Chabot College, Dental Hygiene, 1985
AA, University of the Pacific, Dental Hygiene, 2004

K

Kimi Kan
Instructor of Periodontics
Santa Rosa Junior College, A.S and A.A Degree, 2002
BS, San Francisco State University, Biology/Physiology, 2004
BS, University of the Pacific, Dental Hygiene, 2006

Richard Tsu-hsun Kao
Professor of Periodontics
AB, University of California, Berkeley, Bacteriology, 1976
MA, San Francisco State University, Cell Biology, 1980
DDS, University of California, San Francisco, Dentistry, 1982
PhD, University of California, San Francisco, Experimental, 1984
University of

Michael H. Korman
Assistant Professor of Periodontics
BA, University of Southern California, History, 1966
DDS, University of Southern California, DDS, 1970
MS, Loyola University, Oral Biology, 1972

L

Dan R. Lauber
Assistant Professor of Periodontics
BA, San Fernando Valley State College, Biology, 1970
DDS, University of Southern California, 1975
Boston University, Periodontics Certificate, 1979

William P. Lundergan
Professor of Periodontics
AA, College of the Sequoias, Mathematics, 1970
BS, University of California, Irvine, Biology, 1973
University of California, San Francisco, Pharmacy, 1978
DDS, University of the Pacific, Dentistry, 1981
CERT, University of Connecticut, Certificate of Prof
M

Frank Martinez
Assistant Professor of Periodontics
University of New Mexico, Chemical Engineering, 1967
U. S. Navy, Technician’s Prosthetics School, 1972
BS, University of New Mexico, 1974
DDS, University of Southern California, 1978
National Naval Dental Center, Periodontics Certificate, 1983
SCU, School

N

Richard Alan Nathan
Associate Professor of Periodontics
BS, Tufts College, Biology / Psychology, 1971
DMD, Tufts Dental, Dentistry, 1975
Denver Hospital, Denver, CO, General Practice, 1976
UCSF Dental School, Periodontology Certificate, 1978
MS, UCSF Dental School, Oral Biology, 1979

S

Marlene Storz
Assistant Professor of Periodontics
BS, University of the Pacific, Dental Hygiene, 2006

T

William J. Tognotti
Assistant Professor of Periodontics
University of San Francisco, 1955
DDS, College of Physicians Surgeons (UOP), 1959

Yi-Pin Tsao
Assistant Professor of Periodontics
DDS, Kaohsiung Medical University, Dentistry, 2000
MS, University of Michigan, Periodontics, 2004

W

Paula Watson
Associate Professor of Periodontics
AS, Foothill College, Dental Hygiene, 1990
BS, Chapman University, Health Systems, Certificate in Gerontology, 2001
MS, University of New Haven Connecticut, Human Nutrition, 2004

Jonathan S. Wong
Assistant Professor of Periodontics
BA, University of California, Davis, Biological Sciences, 1996
BA, University of California, Davis, Organizational Studies, 1996
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 2003
Oregon Health and Sciences

Z

Joseph A. Zingale
Professor of Periodontics
Adelbert College of Case Western Reserve University, 1953
BS, Case Western Reserve University, 1955
DDS, Case Western Reserve University, 1957
St. Luke’s Hospital Cleveland, Ohio, Rotating Internship, 1958
Walter Reed Institute of Research, Advanced Theo

Adjunct Faculty

B

Rahmat Barkhordar
Adjunct Associate Professor of Periodontics
Shiraz University, Iran, College of Arts Sciences, 1972
DMD, Shiraz University, Iran, School of Dental Medicine, Dentistry, 1976
University of Pennsylvania, General Practice Residency, 1977
Lynna BK Bui
*Adjunct Assistant Professor of Periodontics*
DDS, Northwestern University, General Dentistry, 1999
MA, University of Pittsburgh, Periodontics, 2004
MPH, University of Pittsburgh, Dental Public Health, 2004

Navid N. Knight
*Adjunct Assistant Professor of Periodontics*
B.A., University of California at Berkeley, 1986
D.D.S., University of the Pacific
School of Dentistry, 1989
University of the Pacific Arthur A. Dugoni School of Dentistry, 1990
Oregon Health Sciences University, Certificate in Periodontics, 1992
Oregon

Etienne Lacrampe
*Adjunct Assistant Professor of Periodontics*
Diablo Valley Community College, 1997
BA, University of California Davis, BA in History, 1999
DMD, Tufts University School of Medicine, 2003
Oregon Health and Science University, Certificate of Periodontics, 2006

Scott W. Milliken
*Adjunct Assistant Professor of Periodontics*
BA, San Jose State University, Biology, 1984
DDS, University of Pacific, Surgery, 1987
MS, Northwestern University, Certificate in Periodontics, 1989

John Muller
*Adjunct Assistant Professor of Periodontics*
BS, University of San Francisco, Biology, 1978
DDS, University of the Pacific, Dentistry, 1985

Lita Rodriguez
*Adjunct Instructor of Periodontics*
DDS, Cayetano Heredia Peruvian University, Dental, 1988

Mauricio Ronderos
*Adjunct Assistant Professor of Periodontics*
DDS, Pontificia Universidad Javeriana, Dentistry, 1992
MPH, University of Minnesota, Epidemiology, 1999
MS, University of Minnesota, Periodontics-Dentistry, 1999
University of Minnesota, Periodontics, 1999

Jeffrey Takai
*Adjunct Assistant Professor of Periodontics*
University of California, Irvine, Biological Sciences Major, 2004
BS, University of California, Berkeley, Nutritional Science and Molecular Toxicology, 2006
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 20

Shanda Wallace
*Adjunct Instructor of Periodontics*
AS, Cabrillo College, Certificate in Dental Hygiene
BS, Loma Linda University, Dental Hygiene
San Joaquin Delta College, General Education, 1980
Louisiana State University, Cultural Anthropology and Womens Literature, 2011
University of Phoenix, College A
Course Descriptions

Predoctoral Courses

PR 150. Periodontal Diseases. 1 Unit.
Introduction to periodontology, clinical and histopathological features, epidemiology, classification of periodontal diseases, pathogenesis, etiologies of periodontal disease, and risk assessment. (10 hours lecture. Quarter 4.).

PR 151. Periodontics & Periodontal Diseases. 3 Units.
Introduction to periodontology, clinical and histopathological features, classification of periodontal diseases, etiologies of periodontal disease, periodontal examination and diagnosis, occlusal analysis, temporary splinting, initial periodontal therapy, re-evaluation, surgical asepsis, and supportive periodontal therapy. (27 hours lecture, 3 hours simulation, 5 hours clinic. IDS Quarter 1.).

PR 156. Preclinical Periodontics. 1 Unit.
Study of techniques for instrument sharpening, root planing, and use of ultrasonic devices. Introduction to temporary splinting, microbiologic sampling, local drug delivery, and occlusal analysis. (5 hours lecture, 5 hours lab. Quarter 4.).

PR 250. Periodontics. 3 Units.
Introduction to the methodology of collecting data, utilizing data to make a diagnosis, preparing a treatment plan, and providing initial therapy including microbial sampling and chemotherapeutics; rationale for initial therapy including elimination of local factors, occlusal correction, provisional splinting, and initial therapy evaluation; basic rationale for periodontal surgery; techniques employed in surgical periodontics including the scientific basis for surgical technique, specific indications/contraindications, and sequence in healing following gingival surgery, osseous resection, gingival augmentation, regenerative therapy, and dental implants. (30 hours lecture. Quarters 5-7.).

PR 251. Periodontics. 2 Units.
Introduction to basic rationale for periodontal surgery; techniques employed in surgical periodontics including scientific basis for surgical technique, specific indications/contraindications, and sequence in healing following gingival surgery, osseous resection, gingival augmentation, regenerative therapy, and dental implants. (20 hours lecture. IDS Quarters 2-3.).

PR 256. Clinical Periodontics I. 3 or 6 Units.
Study of periodontal examination, diagnosis, treatment planning, nonsurgical therapy, periodontal re-evaluation, periodontal surgery, and supportive periodontal therapy in comprehensive clinical dental practice. (Quarters 5-8.).

PR 356. Clinical Periodontics II. 4 Units.
Study of periodontal examination, diagnosis, treatment planning, nonsurgical therapy, periodontal re-evaluation, periodontal surgery, and supportive periodontal therapy in comprehensive clinical dental practice. (Quarters 9-12.).
### First Year

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### Notes

- **Integrative Clinical Sessions:** Applications of foundational knowledge for a total of 12 hours per quarter.
## IDS TWENTY-FOUR MONTH DOCTORAL PROGRAM OVERVIEW

### First Year

#### Quarter 1

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## Distribution of Instruction

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**Year 3**

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# Endodontics Graduate Program

## Year 1

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### Year 2

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DDS Admissions Requirements

Doctor of Dental Surgery Requirements
Details on admissions requirements for the DDS degree are found here (http://dental.pacific.edu/Academic_Programs/Doctor_of_Dental_Surgery/DDS_Admissions_Requirements.html). From here (http://dental.pacific.edu/Academic_Programs.html) you can navigate to admissions requirements for all degrees offered at the School of Dentistry.

Bachelor of Arts in Applied Sciences
In conjunction with the School of Pharmacy and Health Sciences on the main university campus, students who matriculate at the School of Dentistry without a baccalaureate degree can apply to be reviewed for the degree of Bachelor of Arts in Applied Sciences. Transcripts of interested students will be forwarded to Stockton for evaluation by the dental school. Students who meet the requirements for the BAAS will be notified and are eligible to receive the diploma upon successful completion of dental school.

Admission with Advanced Standing
Only under unusual and compelling circumstances does the School of Dentistry accept transfer students. Incompatibility of dental education programs generally inhibits transition from another dental school to the University of the Pacific’s program. Students requesting such classification usually join the first-year class. No student will be admitted to advanced standing beyond the second year. Special action regarding transfer is required.

Financial Aid
All applicants are considered for admission regardless of their financial circumstances. Financial aid is awarded on the basis of financial need as long as the student is a U.S. citizen or an eligible non-citizen. The financial aid office mails application materials beginning in late January to those who apply for admission.

Financial aid staff assists students in managing their financial resources and their indebtedness in school and after graduation. Staff members conduct a needs analysis and provide comprehensive financial guidance for every student applying for financial aid. Students may be awarded aid from federal, state, and institutional sources.
Tuition and Fees

Please click here (http://dental.pacific.edu/Academic_Programs/Doctor_of_Dental_Surgery/Tuition_and_Fees.html) for information about tuition and fees.
General Policies

Students who enroll in the School of Dentistry agree to adhere to the school’s policies and procedures and to conform their conduct to the standards of the school and of the law. Students who fail to do so are subject to all sanctions or other appropriate action by the school, up to and including interim or indefinite suspension or final dismissal.

In cases where the school determines in its judgment that a student’s continued enrollment at the School of Dentistry would not be prudent, for reasons including but not limited to the student’s violation of standards of conduct, inadequate academic performance, and/or a judgment that the student has failed to demonstrate attributes of character which the school believes are necessary to qualify students to practice dentistry, the school may terminate the student’s enrollment and/or refuse to award a degree.

Equal Educational Opportunity

The school is an equal opportunity institution of higher learning and is firmly committed to nondiscrimination in its delivery of educational services and employment practices. In compliance with all applicable federal and state laws, such decisions will be made irrespective of the individual’s race, color, religion, religious creed, ancestry, national origin, age (except for minors), sex, marital status, citizenship status, military service status, sexual orientation, medical condition (cancer-related or genetic condition), disability and/or any other status protected by law. When necessary, the School will reasonably accommodate an individual (including students) with disabilities if the educational program of the school and/or safely perform all essential functions, without undue hardship to the school and/or without altering fundamental aspects of its educational program.

See also:

For all other school policies, please refer to the Policies and Procedures page (http://dental.pacific.edu/Human_Resources/Employee_Resources/Policies_and_Policies_Procedures.html).

Disclaimer

All claims against the school or university for loss or damage arising from acts, omissions, or contingencies beyond the control of the university and its employees are hereby expressly waived. The waiver includes loss by fire, theft, or natural catastrophe of any materials belonging to a member of the student body, whether such loss occurs on or off the school premises. Students agree to these conditions when they register.

Policy on Accommodations for Students with Disabilities

The School grants otherwise qualified students, residents, and applicants all the rights, privileges, programs, and activities generally accorded or made available to students at the School and does not discriminate on the grounds listed in the Policy Prohibiting Unlawful Discrimination in the administration of its educational programs, admissions, scholarships and loans, or other School activities.

The School will reasonably accommodate individuals with disabilities when the individual so presents a request in accordance with this policy and the individual is qualified to safely and effectively perform all essential functions of the position unless there is undue hardship in doing so. Reasonable accommodations do not include a modification of the fundamental requirements and elements of the program (e.g. behavior and conduct standards, attendance and grading policies, academic and patient-care standards, etc.)

If the individual student, resident, or applicant is otherwise qualified, in response to a request for accommodation the School will offer to make an accommodation if the accommodation is reasonable, effective, does not alter a fundamental aspect of the program, will not otherwise impose an undue hardship on the School, and/or there are no equivalent alternatives. If appropriate, the School may choose to consult with such individuals, internal or external to the School, to provide further assistance needed to evaluate the request for accommodation.

For purposes of reasonable accommodation, a student, resident, or applicant with a disability is a person who: (a) has a physical or mental impairment which limits one or more major life activities (such as walking, seeing, speaking, learning, or working); or (b) has a record with the School by which the School has officially recognized such impairment. To be eligible to continue at the School, the student, resident, or applicant must meet the qualifications and requirements expected generally of its students, and must also be able to perform the requirements of the individual major or program in which s/he is enrolled, with or without reasonable accommodation.

Note: In the event that a request for reasonable accommodation is denied, the School may occasionally choose to afford the student some temporary measure or flexibility, which is not based on the asserted disability issue, but which otherwise is considered appropriate, if it does not alter a fundamental element of the program and is not viewed by the School as inequitable toward other students. In such few cases, such temporary measure or flexibility will not be a precedent, nor will it be a reasonable accommodation, and the student thereby will not be regarded as an individual with a disability.

Procedure for Seeking Accommodations

A student, resident, or applicant who requires an accommodation aid or assistance (“accommodations”), whether for academic or other uses, and who believes s/he is qualified under the School’s policy, should contact the Assistant Dean of Academic Affairs, who serves as coordinator of disability accommodations and services. Individuals who may apply for admission are also encouraged to contact this office to request general information.

Faculty and staff members who receive student-initiated inquiries or requests regarding accommodations should promptly refer those students to the Assistant Dean of Academic Affairs. Accommodation determinations should not be made without consultation and written determination of the assistant dean.

Students and residents who seek academic accommodations are expected to contact the Assistant Dean of Academic Affairs well in advance of the commencement of the activity course(s), and to provide all requested supporting information at least three weeks in advance of the requested implementation date.

Determination of Accommodation Requests and Right to Obtain Further Review:

Provided that all forms and other documentation, if necessary, are completed accurately and furnished by the student, resident, or applicant in a timely fashion, the Assistant Dean of Academic Affairs will respond in writing to the request for accommodation and will do so in a manner consistent with
the policy. If the student, resident, or applicant agrees with the response, faculty and staff members who will be involved in providing or facilitating the accommodation will be informed of the accommodation, but the Assistant Dean of Academic Affairs will not provide medical or health-related information, unless such information is appropriate in order to allow them to assist in implementing the accommodation.

Responsibility of Student, Resident, or Applicant

Each student, resident, or applicant requesting accommodation bears the responsibility for initiating, documenting and communicating promptly with the School regarding a disability-related request for accommodation, in the manner requested in this policy. Timely communication between the student and the Assistant Dean of Academic Affairs and/or individual faculty members is critical. Requests for information and details on accommodations will generally be communicated via confidential email, and student, resident, or applicant replies to such communications, be they from the assistant dean or a faculty member, should be in writing within 72 hours. Students must contact course directors at least one week in advance of an assessment for which accommodation is requested. Once an accommodation has been agreed upon by the student or resident and a faculty member, the student or resident must adhere to the accommodation, barring a significant and unforeseen event (e.g., sudden serious illness). Last-minute requests for or cancellations of previously agreed upon accommodations are prohibited by this policy. Furthermore, a student or resident who appears late for an assessment for which accommodations have been arranged forfeits the time lost due to tardiness.

The student, resident, or applicant will provide to the Assistant Dean of Academic Affairs the documentation to support the request. Documentation from the appropriate health professional(s) should reflect the nature of and present level of disability, how the disability affects the student’s, resident’s or applicant’s needs in a collegiate setting, and how the requested accommodation will resolve the needs. Because the provision of all reasonable accommodations and services is based upon assessment of the current impact of the disability on current academic performance, it is in an individual’s best interest to provide recent and appropriate documentation, generally no more than 3 years old. Earlier documentation regarding learning disabilities will be reviewed, if it is supplemented by more recent materials.

The Assistant Dean of Academic Affairs has discretion to determine what type of professional documentation is necessary, and this may vary depending on the nature of the disability and/or accommodation. The assistant dean has discretion to seek independent medical assessment if in his/her judgment it is appropriate in some circumstances.

Family Educational Rights and Privacy Act (FERPA)

Please click here (http://www.pacific.edu/About-Pacific/AdministrationOffices/Office-of-the-Registrar/Student-Privacy--FERPA.html) for the University’s FERPA policy.

Code of Ethics and Adjudication of Ethics Violations

All allegations of unethical student behavior are investigated by a senior faculty member (appointed by the Dean) acting as an Initial Reviewer. If there is sufficient evidence to support the allegations and the student agrees to the proposed sanction, the Initial Reviewer recommends the appropriate disciplinary action to the Dean. If the student disagrees with the findings of the Initial Reviewer or the proposed sanction, the allegation will then be forwarded to the Ethics Committee.

The ethics committee conducts hearings on matters related to student behavior and violations of the Code of Ethics. The committee is a joint faculty-administrative committee comprised of a chair selected by the Dental Faculty Council, three elected faculty members, and five elected students, one from each DDS and IDS class. In addition, four elected faculty members and three elected students, one from each class, act as alternates, and may be called to serve during committee review of a complaint that may involve an elected member or when an elected member is unable to be present. Recommendations of the ethics committee are submitted to the dean for action. The decision of the dean can only be appealed through University channels (Office of the Provost). Privileged information related to petitions, petitioners, and all deliberations and recommendations of the committee are treated as confidential and will remain “in committee” except as reported through appropriate channels.

Please click here (http://sfdental.pacific.edu/docs/Code_of_Ethics.pdf) to see the Code of Ethics.

Policy Statement on Alcohol Consumption and Drug Use

For the Dental School’s Policy Statement on Alcohol Consumption and Drug Use, please refer to the Policies and Procedures page (http://dental.pacific.edu/Human_Resources/Employee_Resources/Policies_and_Procedures.html).

Workplace Security and Anti-Violence Policy

For the Dental School’s Workplace Security and Anti-Violence policy (which includes weapons and firearms), please refer to the Policies and Procedures page (http://dental.pacific.edu/Human_Resources/Employee_Resources/Policies_and_Procedures.html).

Prohibited Sexual and Other Unlawful Harassment Policy

For the Dental School’s Prohibited Sexual and Other Unlawful Harassment policy, please refer to the Policies and Procedures page (http://dental.pacific.edu/Human_Resources/Employee_Resources/Policies_and_Procedures.html).
Academic and Administrative Policies

Academic and administrative policies set forth in this section are in force for all students enrolled at the School of Dentistry during the academic year 2014-2015. The right to change academic programs, policies, and standards at any time without prior notice is reserved by the university. It is the student’s responsibility to regularly consult this site for changes or modifications.

Registration

Registration at the School of Dentistry includes payment of tuition and fees, enrollment in courses, submission of all required application materials (including one official transcript of academic record from each college or university attended through the last completed quarter, semester, or summer session), and submission of required medical examination and clearance forms.

In order to receive credit for coursework taken during a particular term, every student must be properly registered during that term. Barring a written notice of withdrawal or a dismissal from the school, registration is assumed for all students. Entering students register on matriculation day.

Records & Transcripts

An academic record (transcript) for each student is maintained in the Office of Academic Affairs. This official record is used in the conduct of the student’s personal and academic affairs and is considered both private and confidential. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the School of Dentistry has established procedures to ensure that students have access to their records, that those records are accurate, and that the privacy rights of students are protected. Students are notified annually of their rights under FERPA by publication of this catalog. The full policy is available here (http://www.pacific.edu/About-Pacific/AdministrationOffices/Office-of-the-Registrar/Student-Privacy--FERPA.html).

Upon written request by the student, an official transcript is issued to whomever is designated, provided all financial obligations to the university have been met. The official transcript shows all work completed to date, and is divided into four program years (three program years for the IDS program). Official transcripts of credit earned at other institutions which have been presented for admission or evaluation of credit become the property of the university and are not reissued or copied for distribution to other institutions. Students can access their unofficial transcript any time through InsidePacific, the university portal.

Exemption from Courses

If a student has extensive educational preparation in a discipline, the student may petition the appropriate course director for exemption from required coursework. Such exemption may be granted at the discretion of the course director who will award an appropriate final letter grade (A, B, C, D), or credit (CR) signifying completion of the required course.

Attendance Policy

Students at the School of Dentistry assume professional obligations which include regular and consistent attendance at all formal learning activities. This includes classroom, laboratory, and remedial instruction; written and oral examinations, quizzes, and practicals; and patient care experiences. Regular and consistent attendance is an essential qualification of all students. A student who in the judgment of the school fails to meet this qualification may be dismissed from school.

Course directors can determine a reasonable attendance policy specific to their course, and must provide students a written statement of such policy in the course syllabus. In the absence of such a written statement from the course director, the school’s policy is in effect.

The student is responsible for making up all work missed due to an absence. Faculty have sole discretion in determining whether and under what conditions missed work is to be made up. Faculty also decide if, when, and under what conditions a make-up exam or practical will be provided. It is expected that make ups will replicate the original assessment in difficulty and content coverage, although an alternative format may be used.

Discretionary Days

The school allot a set number of discretionary days to each student for use during an academic year. Students are expected to use discretionary days judiciously for such events as medical appointments or illness, legal obligations, national board examinations, postgraduate or employment interviews, or other school-sponsored trips or events.

Discretionary days in effect for each class are as follows:
- First-year DDS, IDS: 5 full days (DDS no carryover to Year 2)
- Second-year DDS: 8 full days
- Third-year DDS and second-year IDS: 8 full days plus 50% of unused days from Year 2 (Year 1 for IDS students).

Guidelines for use of discretionary days:

1. Half-days can be used for events lasting less than a full day (e.g., medical appointments). However, students who report an illness for a morning session will be excused for the entire day. Faculty will be notified of a day-long absence and, for clinic students, clinic staff will reschedule patients.
2. For any absence of more than two (2) consecutive days, documentation supporting the absence must be submitted promptly to the Office of Academic Affairs. ‘Bunching’ of unused days at the end of an academic year is prohibited by this policy.
3. Discretionary days may not be used when an examination, quiz, or practical is scheduled. In the event of an absence on a day when an examination, quiz, or practical is scheduled, a discretionary day will be forfeited. Illness or other emergency must be documented. Make ups are allowed at the sole discretion of the course director(s), who will set the day and time of the make up.
4. Discretionary days may not be used retroactively.
5. A discretionary day is forfeited whenever an unreported absence is discovered or otherwise reported to the Office of Academic Affairs.
6. A student who exceeds the number of available discretionary days in an academic year may be referred to the ethics committee. In cases of excessive absence, the assistant or associate dean of academic affairs will meet with the student, and other impacted parties as needed, to determine whether an internal solution is possible (e.g., medical or other leave of absence), and if so, implement the solution. Only if an internal solution fails or is not possible is the student referred to the ethics committee.

Notification Process
A student who wishes to use a discretionary day or part thereof must notify the Office of Academic Affairs in advance or by 9:00 a.m. on the day of the absence. In the event of an emergency, the student must notify Academic Affairs as soon as reasonably possible. The Office of Academic Affairs will notify faculty promptly of the student’s absence and will maintain a log of each student’s use of discretionary days. Absences must be communicated daily.

A student who exceeds the number of available discretionary days in an academic year may be referred to the ethics committee (see above).

Attendance at Examinations and Other Assessment Activities
Barring a documented emergency, attendance at scheduled examinations, quizzes, practicals, or other assessment activities is mandatory. Students are expected to report to the assigned location early and to begin the examination at the designated start time. No student will be allowed to begin an examination 15 minutes after the designated start time (5 minutes for a quiz), and no student will be allowed to leave an examination room until 15 minutes have elapsed (5 minutes for a quiz). A student who appears for an examination within the 15 minute window forfeits the missed time.

Course directors have sole discretion to determine if and under what conditions a make up examination will be provided.

Approved: DFC, November 21, 2012; Dean’s Cabinet, December 3, 2012

Grades
Grades represent passing or failing performance. Grades of A, B, C, and D represent passing performance, and the grade of F represents failure. Grades of A, excellent; B, good; and C, acceptable, represent unconditional passing performance; the grade D indicates conditional passing performance and must be remediated. Conditions on such grades must be specified when grades are submitted and may include additional instruction or evaluation before advancement to clinical practice or eligibility for board examinations. Course directors are required to provide a grade for every enrolled student at the end of each quarter of instruction. They must also notify the Office of Academic Affairs in writing of conditions that apply to D grades; conditions and assignments for removing incompletes; and suggested alternatives for overcoming failing performance, if any exist.

Credit (CR)
Credit (CR) may be awarded in clinical courses to indicate that the student has not been assigned sufficient patients for clinical ability to be assessed in a particular area. In nonclinical courses, CR signifies satisfactory completion of an ungraded course where reliable differentiation among passing grades is not possible.

INC (Incomplete)
An incomplete grade (INC) may be given temporarily when a student is progressing satisfactorily but the course director has insufficient information to award a letter grade because the student has not completed all assigned coursework. The course director will determine conditions under which and the date by which the deficiency that caused the INC must be removed by the student. Failure to comply with stated conditions by the predetermined date will result in the INC reverting to the grade F, failure. When an INC is given for the terminal quarter of a course, the student must remove the deficiency that caused the INC within the quarter immediately following or the INC will revert to a permanent grade of F, failure.

Grade Point Average
In computing a grade point average (GPA) numerical values are: A, 4 points; B, 3 points; C, 2 points; D or INC, one point; and F, zero points. Credit (CR) notations do not affect the grade point average. The dental school does not award “+” or “−” modification of grades.

Change of Grades
Final passing grades (A, B, C, D, CR) are not subject to change on the basis of second examination or additional work completed after grades are submitted. Passing grades may be changed during the quarter following award of the final grade to correct an error in computation or in transcribing a report or where some part of a student’s work has been overlooked. A failing grade of F may be changed only on the basis of reexamination or repeat of the course. Reexamination or repeat of the course is not obligatory but rather at the discretion of the course director or the Student Academic Performance and Promotion Committee. Upon reexamination, D is the highest grade that can be reported; on repeat of the course, the new final grade will be reported. When a final grade is awarded to substitute for INC or for the failing grade of F, this will be indicated on the student transcript by an appropriate symbol denoting the change.

Academic Performance
Academic Progress
The Office of Academic Affairs reviews student overall academic performance each quarter prior to the release of report cards. In a course that continues through two or more quarters, a grade is awarded each quarter to indicate interim progress, and the final grade for the entire course is awarded at completion of the terminal quarter of the course. However, the Student Academic Performance and Promotions Committee will regard an interim grade in the same manner as a final grade with respect to promotion.

Academic Good Standing
Academic good standing requires a grade point average (GPA) of at least 2.0 for all didactic courses attempted and for all laboratory and clinic courses attempted, and no permanent D or F grades.
Academic Probation

Academic probation is accorded to a student upon receipt of a GPA below 2.0 for all didactic courses attempted OR a GPA below 2.0 for all laboratory and clinic courses attempted OR both; OR to a student with a permanent D or F grade. Normally, the standard for academic good standing must be met within three months of being placed on academic probation. In circumstances where this time constraint cannot be met, e.g. for laboratory and clinic grades at the beginning of the second year, or when a course is being repeated to remove an F grade, a reasonable time period will be specified.

I. Phase One Academic Probation: Intervention

1. Didactic and/or lab/clinic GPA below 2.0 if the student was in good academic standing the previous quarter. (New students are assumed to be in good standing upon matriculation unless otherwise stipulated by the Office of Student Services.)

2. Repeating students are placed on intervention at the beginning of their repeat year.

3. Examples of interventions include:
   • meetings with advisor
   • assignment of tutors
   • inventory of outside activities, living conditions
   • diagnostic testing for suspected health, psychological, language or learning problems
   • in-course remediation
   • evaluation by health care professional to determine fitness for student activities
   • alternative career counseling

II. Phase Two Academic Probation: Contract

1. Didactic and/or lab/clinic GPA below 2.0 if the student was on Phase I probation the previous quarter, or

2. Any permanent D or F grade.

3. Examples of contract conditions include:
   • required weekly meetings with faculty member, Group Practice Administrator, or advisor
   • restrictions on outside activities, living conditions
   • required professional assistance with diagnosed health, psychological, or learning problems
   • tutors
   • assignment to scheduled supplemental courses
   • regular meetings with therapist

4. No student on contract is eligible to take National Dental Board Examinations without approval from the promotions committee.

Academic Disqualification

Academic disqualification may be recommended to the dean by the Student Academic Performance and Promotions Committee for a student who has failed to meet any of the conditions of phase two probation (contract). When a student’s academic record meets published criteria for academic disqualification, the committee will provide an opportunity for the student to appear before it to ensure that all pertinent information is available before the committee makes its recommendation to the dean. This is the only opportunity for the student to present relevant information to the committee; if a student fails to provide all pertinent information at this opportunity, the student risks exclusion of information from the committee’s deliberations. A student appearing before the committee has the option to: (i) select a faculty advisor; (ii) request and receive assistance from faculty advisor with preparation of a statement to the committee; and (iii) request the faculty advisor attend the committee meeting with the student as a silent observer. A student may, at their discretion, take advantage of all or none of these opportunities. During the committee meeting, the student is advised to read aloud their prepared statement, but is discouraged from circulating copies or presenting evidence of academic performance.

If, in the judgment of the committee and after consideration of the relevant information available to it, the student has the capacity and commitment to overcome his or her documented deficiencies and reach an acceptable level of patient care, the committee may recommend (i) continuation on academic contract; (ii) extension of the program; or (iii) reenrollment in a subsequent class. The committee may also recommend reenrollment only through the normal admissions process, after a careful review of the relevant information and as appropriate to the student’s potential.

Promotion

Students who are in academic good standing automatically are recommended for promotion by the Student Academic Performance and Promotions Committee. The committee may recommend that a student who is not in academic good standing be promoted on academic probation with conditions of the probation clearly outlined.

Academic Standards for Holding Student Office

In order to run for and/or hold an elected or appointed office in the Associated Student Body or to assume a major leadership position in an organization affiliated with and approved by the school, a student must be registered for a full-time course of study, be in good academic and disciplinary standing, and maintain a cumulative Grade Point Average of 2.5 or higher during the entire period of time in which he or she holds office. Failure to meet the academic standards outlined by this policy will result in a one quarter probationary period, during which the student is expected to meet the minimum cumulative GPA standard. Failure to do so by the end of the probationary period will lead to automatic resignation from office.
Repeat
When a single course is repeated by a student who remains with his/her original matriculating class, the repeated course remains on the transcript permanently. Repeated courses are identified on the transcript with a “Y” in the repeat column and the grade earned is included in the Grade Point Average calculation. Upon successful completion of the repeated course, the new grade is also calculated into the GPA (“grade averaging”).
When more than one course is repeated (normally by a student who is repeating an entire academic year), the repeated courses remain on the transcript permanently. Repeated courses are identified on the transcript with a “Y” in the repeat column but the grade earned is NOT included in the GPA calculation (“grade replacement”).
In the absence of a written agreement of exemption filed in the Office of Academic Affairs, students are responsible for meeting all academic and other requirements in effect at the time of repeat. All school policies in effect at the time of repeat are in effect.
Withdrawal
A student who wishes to withdraw from school must file a written request in the Office of Academic Affairs. A student’s request for withdrawal is accepted only upon completion of the customary check-out process. The student’s academic standing at the completion of the check-out process will be recorded on the permanent record (transcript). The record of a student who withdraws without first requesting permission will record a dismissal. A student who has met the published criteria for disqualification may not elect to voluntarily withdraw until the dean has rendered a final decision regarding promotion or academic standing.
Leave of Absence
Student or resident requests for a leave of absence are filed with the dean, who will designate the appropriate administrator to respond to the request. To request a leave of absence, the student or resident must be in good academic standing and must submit a written request, which identifies persuasive reasons warranting the leave, together with documentation supporting the request. The dean will notify the student or resident in writing of the decision and, if approved, will stipulate the length of the leave and conditions for re-enrollment. The student or resident assumes the responsibility of keeping the dean informed of the intent to re-enroll by the specified date. Students or residents with federally-guaranteed student loans whose leave of absence exceeds 180 days will be reported as withdrawn on the 181st day and federal loans will enter repayment. A student or resident who does not re-enroll by the specified date will be considered to have withdrawn from the school. The decision whether to deny, grant, or set conditions for a request for leave of absence shall be in the sole discretion of the dean. Leaves of absence from the dental school’s three-year curriculum are rarely granted.
Graduation
In addition to all other requirements to earn graduation, the candidate for graduation must demonstrate competence to discharge the duties required of a practitioner of dentistry. In addition to the skills, understanding, and values expected of a beginning general dentist, this is interpreted to mean evidence of moral character compatible with the public interest and with the practice of the healing arts, discharge of all financial obligations to the community and the school, completion of all technical and clinical requirements prescribed in the curriculum, academic good standing, passage of Part II of the National Board Dental Examination, and conformance with policies of the School of Dentistry. If, in the opinion of the Student Academic Performance and Promotion Committee, the candidate for the Doctor of Dental Surgery degree has met all requirements, it is authorized to recommend to the dean the graduation and conferral of the degree. It may also recommend delay in the individual’s graduation date with conditions necessary to bring the student to a competent level.
Committees
Student Academic Performance and Promotions Committee
Functions: The Student Academic Performance and Promotions Committee evaluates records of student academic performance and progress; recommends to the dean appropriate candidates for promotion, dismissal, repeat or other action, and students who should receive awards for academic excellence and consideration for honors; and works with the curriculum committee in planning, developing, and recommending methods by which students’ performance may best be evaluated. These committees ensure enforcement of academic standards as described in this catalog.
Membership includes: the associate dean for clinical services, the assistant dean for academic affairs, all Group Practice Leaders, and all clinical department chairpersons. Should a clinical department chair be unable to attend the meeting, a single co- or vice-chair is invited.
Academic Advisory Committee
Functions: The Academic Advisory Committee reviews records of students who are on phase one academic probation to recommend intervention, and reviews records of students on phase two academic probation to draw up contracts. It also reviews the records of students who have failed their contracts and makes recommendations to the Student Academic Performance and Promotion Committee.
Membership includes: the associate and assistant deans for academic affairs, two Group Practice Leaders, one representative each of the biomedical science courses and preclinical technique courses, and a student.
Student Appeals Committee
Functions: The Student Appeals Committee reviews and makes recommendations on student-initiated appeals for reconsideration of faculty action with regard to grading or evaluation. In academic matters related to promotion and dismissal, the Student Appeals Committee’s inquiry will be limited to review of compliance with the due process components of this policy and will not constitute an attempt to substitute its judgment for the academic judgment of faculty or of the administration.
Membership includes: four elected faculty members and three elected students, one each from the two senior classes and the junior class.
Standing Committees

In keeping with university philosophy and sound shared governance principles, the School of Dentistry incorporates the expertise and perspective of students, faculty, and administrators in the decision-making process through use of the committee system. Committees are designated according to areas of concern and authority as “faculty,” “administrative,” or “joint faculty-administrative” committees. Standing committees are listed below.

Faculty Committees
The faculty has primary responsibility for recommending policy in the following areas: curriculum, subject matter and methods of instruction, research, faculty status, and those aspects of student life which are related to the educational process. Final review and decision rest with the dean, president, and Board of Regents.
- Academic Advisory Committee
- Admissions Committee, DDS
- Admissions Committee, IDS
- Curriculum Committee
- Dental Faculty Council
- Faculty Appointment, Promotion, and Tenure Committee
- Research Committee
- Student Academic Performance and Promotions Committee
- Advisors Committee

Joint Faculty-Administration Committees
Joint committees consider areas of major importance to faculty and administration. Administrative officials hold ultimate authority, but faculty members’ and students’ consultation and advice are of great importance.
- Education and Information Technology Advisory Committee
- Ethics Committee
- Clinical Quality Assurance Committee
- Student Appeals Committee

Administrative Committees
The administration has primary responsibility for maintenance of existing institutional resources and the creation of new resources. The dean plans, organizes, directs, and represents the School of Dentistry with general support from the faculty, the president, and the Board of Regents. The dean initiates, innovates, and assures that School of Dentistry standards and procedures conform to policy established by the Board of Regents and to standards of sound academic practice. Administrative committees are those in which administrative responsibility is primary and members appointed by the dean serve in an advisory capacity.
- A. W. Ward Museum Committee
- Institutional Animal Care and Use in Research Committee
- Infection Control Committee
- Joint Pacific/CPMC Library Committee
- Managers and Directors Committee
- Outcomes Review Committee
- Committee on Continuing Dental Education
- Store Committee
- Student Clinic Advisory Committee
- Student Financial Aid Committee
Services

Numerous resources are available to assist students and residents in areas related to the academic program.

Business Office

The business office manages student accounts, posting all charges, collecting payments, and issuing reimbursements.

Student Services

Under direction of the associate dean of student services, this office is responsible for recruiting and advising potential students, coordinating admissions and pre-dental programs, managing admissions committee activities and directives, and providing consultation and assistance in nonacademic areas including student financial aid, health and health insurance, and housing.

Housing

The school maintains a listing of off-campus, privately-owned apartments for interested students. The school does not endorse, investigate, or guarantee the tenability of listings or suitability of those responding to any off-campus listing.

Financial Aid

Financial aid is available only to U.S. citizens, permanent residents, and eligible non-citizens. Loans and grant funds are available from private, state, and federal sources. The financial aid office assists students in managing their financial resources and their indebtedness. It also provides comprehensive financial guidance for every student applying for financial aid to help them find the best funding option. Eligibility for most available financial aid is based on demonstrated financial need. An applicant must be approved for admissions before financial aid can be awarded.

Complete information about the types of financial aid available and the application process can be obtained from our website at www.dental.pacific.edu or from the financial aid staff in the Office of Student Services.

Student Store

The student store stocks equipment, books, and supplies for the educational program. It is available for students, faculty, and staff. Merchandise is also available from the store’s website, www.dentalstudents.com (http://www.dentalstudents.com).

Health Sciences Library

The Health Sciences Library of the University of the Pacific, Arthur A. Dugoni School of Dentistry and the California Pacific Medical Center is located in Pacific Heights, diagonally across from the school’s former location. The library’s collection includes over 10,500 book titles, over 135 electronic books, about 210 clinical videos, and access to over 3,000 online journal titles. The library has a comprehensive collection of print journals and books in all areas of dentistry, the basic and clinical sciences, and medicine. There is access to important online resources including Ovid, PubMed, Cochrane, and Dental & Oral Science Source via the library website at www.cpmc.org/hslibrary (http://www.cpmc.org/hslibrary). The library provides computers, photocopiers, scanner, audiovisual equipment, group study rooms, and individual study carrels. Wireless access is available throughout the building. The reading room houses current journals, reference books, and casual reading materials.

The library is supported by the dental school’s Ernest G. Sloman Memorial Library Fund.

First-Year Retreat and Counseling

First-year students participate in a mandatory two-day retreat in San Francisco shortly after matriculation. Through presentations, small group activities, and interactions with faculty and administrators, new students are acquainted with the various aspects and demands of the educational program. A half-day service learning experience at several locations in the Bay Area is an important part of first-year retreat.

Many faculty members who teach first-year courses serve as advisors to new students to provide friendly ears and sounding boards for their concerns and to assist them in the transition from undergraduate to professional education. Students are assigned an advisor at the beginning of their first year. Second- and third-year students have access to their assigned group practice leader as well as course directors and other faculty members.

Academic counseling is provided by advisors as well as course directors, faculty members, and the associate and assistant deans for academic affairs. Referral to professional health care counseling is available; however the school cannot warrant the services of external health care providers. (Students should become familiar with the procedures of such counselors before engaging the services.) Services of a psychologist trained in student stress and study skills problems are available to students on an on-call and drop-in basis.

Pacific Health Services

Pacific Health Services (PHS), part of the university’s Division of Student Life, maintains a clinic at the School of Dentistry. Dental students who are enrolled full-time and have submitted the required health history form and immunization records are eligible for care at any PHS clinic. The on-site nurse practitioner is supported by an extended professional staff that includes a supervising physician, other nurse practitioners, and a registered dietitian.

Services available to students include health education, wellness information, and direct care during illness.

All dental students are charged a health service fee of $60 each quarter. The fee covers nurse practitioner services, nutritionist services (mostly by phone), and health and wellness management. The health services fee does not cover student health insurance, the cost of some procedures, the cost of medications, or costs incurred as a result of outside referrals.

Dental and Orthodontic Treatment Benefits

Dental and orthodontic treatment benefits are available at the School of Dentistry during regular clinic hours for students in good standing and their spouses and children living at home. Students and their spouses/children who request and are accepted for dental care pay at a reduced rate established by clinic administration.
Development
The school recognizes the strong philanthropic support enjoyed by the school with walls of honor, plaques, and badges. Thousands of the school’s generous alumni and students, faculty, staff, friends, foundations, corporations, and organization donors have helped to build clinics and classrooms, provide scholarships, fund faculty positions, provide dental care to patients, and support numerous projects that keep the dental school strong.

Marketing & Communication
The Office of Marketing & Communication directs communications and marketing programs to increase the visibility of the dental school and to enhance its identity to various constituents. The marketing & communication team promotes not only the dental school, but also the school’s students, faculty, staff, alumni, and clinics, through effective media relations, Web communications, event planning, publication development, and marketing strategies.

Continuing Dental Education
The Division of Continuing Dental Education provides dynamic and multidisciplinary continuing education programs for members of the dental profession. Program formats include didactic, laboratory workshops and hands-on clinical sessions with live-patient treatment, or any combination thereof. Programs range from half-day to multiple sessions. CDE offers more than 60 courses each year that are presented by many of the profession’s outstanding leaders and educators. Annual attendance at clinical and lecture presentations exceeds 3,000 dentists and dental auxiliaries. Courses are offered at the dental school as well as at select locations throughout California and the United States.

Pacific dental students, faculty and staff receive discounted rates to attend continuing dental education courses offered by the division. Tuition charges are minimal for students, faculty and staff, depending on the program. Recent Pacific graduates are entitled to enroll in two complimentary, open enrollment lecture courses. Pacific dues-paying alumni members receive a 10% discount on most CDE programs offered by the division.

For more information, visit our website at www.dental.pacific.edu/ce1 or contact Continuing Dental Education at (415) 929-6486 or cedental@pacific.edu.
Professional and Fraternal Organizations

Social, fraternal, and professional organization memberships are open to all students in the doctoral program. Opportunities to establish associations that will endure throughout graduates’ lifetimes are described in the groups. Navigate using the tabs above.

Associated Student Body

The Associated Student Body of the University of the Pacific, Arthur A. Dugoni School of Dentistry is composed of all students enrolled in the doctoral program. Business affairs of the organization are conducted by the Student Executive Council which consists of the elected student body officers, the president and vice president of each class, and elected representatives to selected agencies of organized dentistry. Any student may meet with the Student Executive Council, but only duly elected officers may vote on issues under consideration. Students are represented on the following school committees: Curriculum; Library; Faculty Appointment, Promotion, and Tenure; Student Appeals; Ethics; Museum; Postgraduate Studies; Safety; Store; Student Clinic Advisory; Infection Control; Clinical Quality Assurance; Educational and Information Technology Advisory; and Academic Advisory.

Student Research Group

The Student Research Group (SRG) works to enhance the research culture at the Dental School by supporting collaboration between students and faculty members in current research projects. The goal of SRG is to promote the advancement of dental research and evidence-based practice.

The SRG is a chapter of the National Student Research Group (NSRG)/American Association for Dental Research (AADR) and the International Association for Dental Research (IADR). Group members are encouraged to participate in various school events, attend the NSRG meeting and the annual AADR/IADR meeting. A member of the student group also represents Pacific each year at the ADA-sponsored Annual Dental Student Conference on Research in the Washington DC area.

SCOPE (Student Community Outreach for Public Education)

The Student Community Outreach for Public Education program (SCOPE) is a student-directed, peer-mentoring organization at the School of Dentistry with programs focused on the promotion of community oral health. Created in 1994 by students and a faculty mentor, SCOPE’s mission is to engage and involve students and faculty in volunteer oral health projects directed toward community needs. Today SCOPE exemplifies one of the school’s six strategic directives: to develop professionals committed to improving the health of all people. SCOPE programs are a major component of Pacific’s Community-Campus Partnership Initiative (CCPI) which collaborates with community agencies in the development of Pacific’s oral health programs.

Leadership development and evidence-based best practices are the foundation of SCOPE programs. Student officers take an active role in sponsoring, selecting and/or participating in health projects such as screenings, presentations and educational sessions for children, families and senior citizens in the Bay Area. SCOPE also helps foster a sense of community health awareness and civic pride in Pacific dental students, a characteristic that will follow them through graduation into private practice. Throughout the year, students, faculty, and staff volunteer their time and talent at numerous health fairs, senior centers, elementary and non-profit agencies and sponsor the annual Senior Smile Health Fair at the school.

National Dental Fraternities

Two chapters of national dental fraternities are active at the School of Dentistry: Alpha Omega and Delta Sigma Delta.

School of Dentistry Alumni Association

The Alumni Association of the University of the Pacific, Arthur A. Dugoni School of Dentistry, has three membership categories:

1. Alumni members — all graduates of the dental school;
2. Associate members — dentists who graduated from other schools and who join the Association; and
3. Honorary members — non-dentists who are valued members of our community.

The Alumni Association is highly effective in its efforts to improve dental education, and expand the horizons of the profession of dentistry. Its mission is to foster lifelong relationships among its members and with the School. The institution, its excellent reputation, and its unequalled physical facilities are the direct result of the loyalty and active support of its alumni and the Alumni Association. The Association’s interest in the total University program is further demonstrated by dental school representation on the Board of Directors of the Alumni Association.

Through a student-alumni committee, the Association sponsors social and educational events throughout the year and assists student participation in organized intra- and extramural events such as the city softball league, Bay to Breakers race, and various golf, basketball, and softball tournaments.

Officers

Artemiz Adkins ‘04
President
William A. van Dyk ’73
President-Elect
Kimberly A. Fanelli ’06 DH
Vice President
Daniel M. Castagna ’81
Secretary
Nader A. Nadershahi ’94
Treasurer
Bruce G. Toy ’81
Treasurer-Elect
The Pacific Dugoni Foundation is a group of volunteers working closely with the Dean and the development team to promote philanthropy at the School of Dentistry. The mission of the Foundation is to ensure that the University of the Pacific, Arthur A. Dugoni School of Dentistry has the resources it needs to realize its visions and goals.

The Foundation shares the school’s commitment to excellence and measures success by the joy it brings to donors, by the funds it raises, by the fundraising programs it initiates, and by the continuing recruitment and retention of new, effective board members.

Pacific Dugoni Foundation Board

Executive Committee
Dr. Edmond Bedrossian ’86, President
Dr. Patrick J. Ferrillo, Jr., Dean
Dr. Michael Fox ’82
Mr. Gary Mitchell
Dr. W. Ronald Redmond ’66
Mr. Jeff Rhode
Dr. Daniel Tanita ’73
Dr. M. Gabrielle Thodas ’77, ’95
American Student Dental Association (ASDA)

All University of the Pacific dental students are members of ASDA and, concurrently, student members of the American Dental Association with all the rights and privileges of such membership. Benefits are detailed in publications distributed by these organizations.

California Dental Association (CDA)

University of the Pacific dental students were the first in California to avail themselves of the student membership category offered by the California Dental Association. Modest annual dues provide each student member with CDA publications, access to CDA meetings without charge, and other benefits.

American Dental Education Association (A DEA)

All enrolled predoctoral students are members of ADEA.

The Council of Students is one of several councils of ADEA. The school’s elected representatives to the council participate in the ADEA annual session and regional meetings. The Council of Students has an administrative board consisting of a vice president who serves on the ADEA executive committee, and a chair, vice chair, secretary, and member-at-large. The council elects several student delegates who have full voting privileges in the ADEA House of Delegates.
Awards

Awards and prizes are presented annually at the Graduate Alumni Association banquet honoring the graduating classes. A detailed description of each award, including selection criteria, is available in the Office of Academic Affairs.

Scholarship

Alpha Omega International Dental Fraternity award
Dean’s Valedictorian awards (DDS, IDS)
Dean’s Salutatorian awards (DDS, IDS)
Dean’s Award
Excellence in Anatomy award
Excellence in Biochemistry award
Excellence in General Pathology award
Excellence in Implants award
Excellence in Microbiology award
Excellence in Oral Diagnosis award
Excellence in Oral Surgery award
Inesi Award in Physiology
OKU Clinical Excellence awards

Leadership, Professionalism, Scholarship, and Service

Abelson Endowment award
Academy of General Dentistry award
Alpha Omega Dental Fraternity, Bay Area Alumni award
American College of Dentists, Northern California Section award
American Student Dental Association Award of Excellence
Thomas R. Bales Family Endowment Good Samaritan Award
Community Service award
California Dental Association award
Delta Dental Plan of California Student Leadership award
Deric Desmartheau Endowment award
Kevin Campbell Alumni Association Service award
F. Gene and Rosemary Dixon IDS Endowment award
CHIPS Editor award
Pierre Fauchard Academy award
William W.Y. Goon/OKU award
International College of Dentists Student Leadership award
Phi Kappa Phi Honor Society
San Francisco Dental Society Ethics award
Charles, Charles Jr. and Joe Sweet Scholarship awards (for pediatric dentistry)
Frederick T. West Leadership award
Herbert K. Yee Scholarship award

Outstanding Performance

Academy of Osseointegration award
Advanced Education in General Dentistry Outstanding Resident award
Eric B. Bystrom Memorial award
Academy of Operative Dentistry award
American Academy of Implant Dentistry award
American Academy of Oral and Maxillofacial Radiology award
American Academy of Oral Medicine award
American Academy of Oral and Maxillofacial Pathology award
American Academy of Orofacial Pain award
American Academy of Esthetic Dentistry award
American Academy of Pediatric Dentistry award
American Academy of Periodontology award
American Association of Endodontics award
American Association of Oral and Maxillofacial Surgeons Dental Student awards
American Association of Oral Biologists award
American Association of Orthodontics award
American Association of Public Health Dentistry award
American College of Prosthodontists award
American Dental Society of Anesthesiology award
Eleanor Bushee Senior Dental Student award
California Association of Oral and Maxillofacial Surgeons award
Dentsply/American Dental Association Student Research Program award
Charles A. Ertola award (for removable prosthodontics)
Thomas B. Hartzell award (for periodontics)
Hinman Symposium award
International Congress of Oral Implantologist award
Lasky Family Endowment Pediatric awards
Northern California Academy of Endodontics award
Oral and Maxillofacial Pathology award
Oral Surgery Outstanding Resident award
Quintessence Publishing Co. awards (one each for research achievement, periodontics, and restorative dentistry)
Warren Family Endowment award (for pediatric dentistry)
Western Society of Periodontology
Who’s Who award

Graduation Honors

Upon recommendation of the Student Academic Performance and Promotion Committee, students who complete the didactic, clinical, and national board requirements for graduation and whose academic record qualifies them for election to Tau Kappa Omega are graduated with honors. Those who complete graduation requirements and whose record qualifies them for election to Omicron Kappa Upsilon are graduated with high honors. The valedictorian is graduated with highest honors.

Honor Societies

Phi Kappa Phi
Each year DDS and IDS students who demonstrate the highest academic achievement are inducted into Phi Kappa Phi, a national multi-disciplinary honor society.

Omicron Kappa Upsilon
The Delta Delta chapter of the national dental honor fraternity, Omicron Kappa Upsilon, was organized at the dental school in 1934. Its purpose is to encourage scholarship and to advance ethical standards of the dental profession. Membership is limited to twelve percent of the graduating DDS and IDS classes, selected by a faculty vote on the basis of scholarship and character.

Tau Kappa Omega
In 1927, the Alpha Chapter of an undergraduate honor society, Tau Kappa Omega, was organized for promotion of honor and service to the school. Students are elected to the fraternity on the basis of ideals and scholarship.
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