# Table of Contents

Vision, Mission, and Values ................................................................. 2
Reservation of Powers ........................................................................ 3
History and Educational Goals ........................................................... 4
Accreditation ...................................................................................... 5
Curriculum ....................................................................................... 6
Humanistic Education ......................................................................... 11
Competency Statements ..................................................................... 12
Course Descriptions and Faculty ...................................................... 14
  Biomedical Sciences (BMS) .............................................................. 15
  Dental Practice and Community Service (DP) ................................. 19
  Endodontics (EN) ........................................................................... 37
  Integrated Reconstructive Dental Sciences (RDS) ......................... 43
  Oral and Maxillofacial Surgery (OS) ................................................. 58
  Orthodontics (OR) ......................................................................... 64
  Pediatric Dentistry (PD) ................................................................. 76
  Periodontics (PR) .......................................................................... 82
DDS Program Overview ..................................................................... 87
IDS Program Overview ...................................................................... 88
Distribution of Instruction .................................................................. 89
DDS Admissions Requirements ......................................................... 103
Tuition and Fees ............................................................................... 104
General Policies ................................................................................ 105
Academic and Administrative Policies .............................................. 107
Standing Committees ....................................................................... 112
Services ........................................................................................... 113
Professional and Fraternal Organizations ......................................... 115
Awards ............................................................................................. 118
Index ............................................................................................... 120
Vision, Mission, and Values

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.
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. Students who join a subsequent cohort for any reason are governed by the policies, requirements, and curriculum of the catalog in effect at the time of re-entry.

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 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.
- In 2015 the dental school became the first school in California and in the United States to have students apply for licensure through a portfolio exam process.

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.
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, uncomplicated periodontics, uncomplicated endodontics, operative, fixed prosthodontics, removable prosthodontics, uncomplicated extractions, and uncomplicated 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 allows students to experience a mix of 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 more complex 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 to rotations 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 evaluates and provides preclinical and clinical 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 extramural sites located in numerous treatment facilities around the Bay Area, including 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, and typically treat 4-6 patients per day. Rotations 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 condensed time frame. Students may elect to 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 across 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). Students in the IDS program are held to the same competency standards as their peers in the DDS program.
Integrated 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. Like their DDS peers, IDS students 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, uncomplicated periodontics, uncomplicated endodontics, operative, fixed prosthodontics, removable prosthodontics, uncomplicated extractions, and uncomplicated 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 6:1. 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 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 disciplines are managed by faculty who do not have specific responsibility for a certain group of students. Specialists in endodontics manage more complex 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 to rotations 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 IDS students participate in patient care at extramural sites in numerous treatment facilities around the Bay Area, including 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 and typically treat 4-6 patients per 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. IDS students can elect to 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_Endodontology.html](http://dental.pacific.edu/Academic_Programs/Advanced_Education_Program_in_Endodontology.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 a wide 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 resident starts approximately 50 new patients and is transferred approximately 60-80 existing patients. Fixed appliance treatment employs the edgewise technique although instruction permits a wide latitude of clinical variation based on patient needs and faculty supervision.

Each resident engages in an investigative project and must complete an acceptable thesis to qualify for the Master of Science in Dentistry degree.

Residents are scheduled for didactic and clinical instruction five full days per week and full participation is required. While there is no prohibition of weekend private dental practice, residents' commitments during the program seriously limit this opportunity.

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 (AEGD) residency program in Union City, 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 program 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. The program uses the American Dental Education Association's PASS application to receive application materials. For further information on 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 participation in the AEGD program, and the remaining three years consist of attaining a masters or doctorate degree in professional education and leadership from the university's Benedict School of Education.
The Baccalaureate Dental Hygiene program is a professional program presented in an accelerated year-round format of eight semesters, including summer sessions, culminating in the bachelor of science in dental hygiene degree. 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.

Program applicants must complete prerequisite general education courses either at Pacific or another institution to provide a strong science background and a broad base in the humanities. The prerequisites are designed to strengthen dental hygiene science and clinical practice. Students may undertake this first portion of their course work in the College of the Pacific, with the general undergraduate student population on the main campus. Each student must maintain a 2.7 GPA or better in lower-division coursework to be considered for the professional portion of the program.

The professional portion of the program is a highly-structured four consecutive 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 until January 2017, when it will then be offered on the San Francisco 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
2005 Evergreen Street., Suite 1050
Sacramento, CA 95815
http://www.dhcc.ca.gov/
(916) 263-1978 or (916) 263-1978

General Education Curriculum
Dental hygiene prerequisites consist of 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 four consecutive semesters following prerequisites. 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 level 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 as part of the 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
Course Descriptions and Faculty

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
David M. Ojcius
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, 2000

Dorothy T. Burk
Associate Professor of Biomedical Sciences
BA, University of New Hampshire, Zoology, 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, 1995
Other, Indiana University School of Dentistry, Oral Diagnosis, 1996
MSD, Indiana University School of Dentistry, Dental Diagnostic Sciences, 1999
PhD, University of Washington, Oral Biology, 2008
University of Medicine Dentistry of New Jersey, Postdoctoral Fellow, Periodontics, 2010

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 Biophysics, 1981

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
University of California, San Francisco, Biophysical Chemistry, 1978
M

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

O

David M. Ojcius
Professor of Biomedical Sciences
BS, University of California, Berkeley, Biophysics, 1982
Harvard Medical School, Postdoctoral Fellow, 1987
PhD, University of California, Berkeley, Biophysics, 1990
Rockefeller University, New York, Postdoctoral Fellow, 1991

R

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

T

Der Thor
Assistant Professor of Biomedical Sciences
BS, University of the Pacific, Biological Sciences, 2000
MS, University of the Pacific, Biological Sciences, 2003
PhD, University of the Pacific, Physiology and Pharmacology, 2009

X

Nan Xiao
Assistant Professor of Biomedical Sciences
BS, Peking University, Stomatology, 2003
MS, Peking University - School of Stomatology, Orthodontics, 2005
PhD, Hong Kong University of Science and Technology, Biochemistry, 2009

Z

Benjamin D. Zeitlin
Assistant Professor of Biomedical Sciences
BSc, University of Strathclyde, Immunology and Pharmacology, 1992
PhD, Sheffield Hallam University, Immunopharmacology, 2000

Adjunct Faculty

D

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

Alan J. Detton
Adjunct Assistant Professor of Biomedical Sciences
BS, Brigham Young University, Exercise Science, 2006
MS, Ohio State University, Biomedical Informatics, 2010
PhD, Ohio State University, Philosophy, 2012

K

Krystyna Konopka
Adjunct Professor of Biomedical Sciences
High School, Lodz, Poland, 1954
MD, School of Medicine, Lodz, Poland, Medicine, 1961
Bieganski Hospital, Lodz Poland, Clinical Pathology, 1965
Jonscher Hospital, Lodz Poland, Rotating Internship, 1965
MS, University of Lodz, Biochemistry, 1966
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. 7 Units.
The student will gain an understanding of the embryology, histology, neuroanatomy and gross anatomy of the head and neck as appropriate for a dental professional. The objectives are for the student to (1) understand the normal development and structure of tissues of the head and neck in preparation for courses in oral pathology and oral medicine and (2) comprehend the biological basis for rational diagnosis and treatment of clinical problems. Emphasis will be on the integration of anatomical knowledge and its correlation with oral medicine and clinical dentistry (40 hours lecture, 40 hours laboratory, 20 hours seminar/case discussion, Quarter 3).

BC 110. 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, antianxiety, 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 scleroderma 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 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 scleroderma 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 is 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 and Community Service (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

Kim Lucas Benton  
Instructor of Dental Practice  
University of California at Davis, 1982  
Howard University, 1984  
DDS, Meharry Medical College-School of Dentistry, 1988

John Berk  
Assistant Professor of Dental Practice  
Pierce Junior College, Undergraduate-Pre-Dental Studies, 1964  
University of California Los Angeles, Undergraduate-Pre-Dental Studies, 1966  
DDS, University of California San Francisco, General Dentistry, 1970

Mark T. Booth  
Assistant Professor of Dental Practice  
BA, Stanford University, Human Biology, 1995  
DDS, University of the Pacific School of Dentistry, Dentistry, 2001  
CERT, University of the Pacific School of Dentistry, Advanced Clinical Experience, Resident, 2002  
CERT, University of the Pacific School of Dentistry, Advanced Education in General Dentistry, 2003

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, University of the Pacific, Business, 2000

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 and operations research, 1979  
Cambridge University, Department of Philosophy, Visiting Scholar, 2008  
University of California, Berkeley, Department of Philosophy, Visiting Scholar, 2010  
Center for Philosophy of Natural and Social Sciences, London School of Economics, Visiting Scholar, 2012

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

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, University of Pittsburgh, Business, 2004

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

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 Washington, Orthodontics Certificate, 1963

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

Robert Livingston English  
Assistant Professor of Dental Practice  
BS, University of Alaska, Chemistry/Biochemistry, 1984  
DDS, University of the Pacific, Dentistry, 1989
Douglas Farrell
Assistant Professor of Dental Practice
Chapman College, Orange, CA, Undergraduate Studies, Biological Sciences, 1968
California State University Long Beach, Long Beach, CA, Undergraduate Studies, Zoology, 1970
DDS, University of Southern California, Los Angeles, CA, Doctor of Dental Surgery, 1974
Other, Veterans? Administration Medical Center, W. Los Angeles, CA, Advanced Prosthodontics Certificate, 1987

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, 1974

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, 2006
MS, Baylor College of Dentistry, Texas AM University, Biomedical Sciences, 2011
Other, Baylor College of Dentistry, Texas AM University, Certificate in Oral and Maxillofacial Pathology, 2011

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

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

Des Gallagher
Assistant Professor of Dental Practice
DDS, University of Wales, College of Medicine, Dental Surgery, 1994
Other, Army, Advance Education in General Dentistry, 1995
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
Other, Wadsworth V.A. Hospital, GPR, 1982
MS, AAL and UOP Joint Program (In progress), Master's Degree in Education, 2015

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 Psychology, 1994
MBA, University of the Pacific, Business, 1999
Glen F Hebert  
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

Robert Ho  
Professor of Dental Practice  
BS, San Francisco State University, Clinical Science, Chemistry, 1987  
BS, Univ. of California, San Francisco, Dental Science, 1991  
DDS, Univ. of California, San Francisco, Dental Science, 1991

Thi Hoang  
Instructor of Dental Practice  
San Francisco State University, San Francisco, CA, 2000  
BS, University of the Pacific, Stockton, CA, Biological Sciences, 2004  
DDS, University of the Pacific School of Dentistry, Doctor of Dental Surgery, 2007  
Other, University of the Pacific Arthur A. Dugoni, Union City, CA, Advanced Education in General Dentistry, 2008

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

Terry Edwin Hoover  
Associate Professor of Dental Practice  
BA, 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, Medical Anthropology, 1999

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

Leslie Jue  
Instructor of Dental Practice  
BS, University of California Davis, Physiology, 1984  
DDS, University of the Pacific Dental School, Dentistry, 1987

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
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
USC School of Policy, Planning and Development and Marshall School of Business, 2004
ADEA Leadership Institute- American Dental Education Assn., 2009
EdD, University of the Pacific, Education, 2009
Drexel University, Executive Leadership in Academic Medicine, 2015

Roberto S. Masangkay
Assistant Professor of Dental Practice
BA, Letran College, Manilla Philippines, 1961
DMD, University of the East, School of Dentistry, 1965
Dental Intern, Veterans Memorial Hospital, Manilla Philippines, Oral Surgery, 1968
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
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, Education and Leadership, 2011

Nilou Nadershahi  
*Instructor of Dental Practice*

BS, University of California Berkeley, Architecture, 1988  
DDS, University of the Pacific Author 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

P

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, Business, 1999

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, 1978  
DDS, University of the Pacific School of Dentistry, Dentistry, 1982  
Beijing Stomatological Hospital, Chinese Educational Exchange, Foreign Expert, 1983

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  
University of Texas, 2013

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

Erin Shah
Instructor of Dental Practice
BA, Columbia College Chicago, Business Management, 2002
Loyola University Chicago, Post-Baccalaureate Pre-Health Program, 2011
DDS, University of the Pacific School of Dentistry, Dentistry, 2014

Raymond Joseph Sheridan
Assistant Professor of Dental Practice
BS, LeMoyne College, Biology, 1966
DDS, New York University College of Dentistry, Doctor of Dental Surgery, 1970

Timothy Sheu
Instructor 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
Instructor of Dental Practice
BA, Washington University St. Louis, Biology and History, 1995
DMD, Temple University School of Dentistry, Dentistry, 1999

Paul Subar
Associate 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, Hospital Dental Service, 1995
EdD, University of the Pacific Benerd School of Education, Educational Leadership and Administration, 2009

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

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
Certificat, UOP School of Dentistry, Advanced Clinical Dentistry, 1987
Certificat, UOP School of Dentistry, Advanced Education General Dentistry, 2001
EdD, UOP Gladys Benerd School of Education, 2010

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

Andrew Young
Assistant 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 Pain Management Center (remote), Post Graduate Pain Management, 2008
Cert, University of Medicine and Dentistry, New Jersey, Orofacial Pain Fellowship, 2008
MSD, University of Medicine and Dentistry, New Jersey, Orofacial Pain Masters, 2009
Diplomate, American Board of Orofacial Pain, Board Certified, 2011

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 Dentistry, Oral Med, Oral Surg Clerkship, 1981
CERT, Veteran's Administration Hospital, San Francisco, General Practice Residency, 1982
MBA, University of the Pacific, Business Administration, 1999
MS, University of California, San Francisco, Oral Biology, 2000
EdD, University of the Pacific, Education, 2010

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

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

Zainab Ali-Rubaie
Adjunct Instructor of Dental Practice
DDS, University of Baghdad, Dentistry, 1991

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

Amal Asiri
Adjunct Instructor of Dental Practice
BDS, King Abdulaziz University, Dentistry, 2011
King Abdulaziz University, Internship, 2012

Sahar Aurangzeb
Adjunct Instructor of Dental Practice
BS, De' MontMorency College of Dentistry, University, Bachelor of Dental Surgery, 2000
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2013

B

Paymon Bahrami
Adjunct 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 Dentistry, 2010

Daniel J. Bender
Adjunct Assistant Professor of Dental Practice
BA, Humboldt State University, German, 1982
MA, University of North Dakota, Foreign Language 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

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

Steven Cavagnolo
Adjunct Instructor of Dental Practice
AA, Oakland City College, General Education, 1965
BA, San Jose State College, Environmental Health, 1967
DDS, UC San Francisco, General Dentist, 1973
St. Luke's Hospital - Malawi, Central Africa, 1974

Kara Chang
Adjunct Instructor of Dental Practice
BA, University of Texas at Austin, Human Ecology, 2006
BSc, University of Texas at Austin, Human Development Family Science, 2006
Baylor College of Dentistry, Pediatric Dentistry - Externship, 2009
Our Children's House at Baylor, Pediatric Dentistry - Externship, 2009
DDS, Baylor College of Dentistry, Dentistry, 2010
University of Texas Dental Branch at Houston, Pediatric Dentistry - Externship, 2010
Michael E. DeBakey VA Medical Center, General Practice Residency, 2011

Janice Chou
Adjunct 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

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

Pamela Covin
Adjunct Instructor of Dental Practice
Other, UCLA, Kinesiology, 1985
 DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 1988

D

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 Second Language (ESL), 2003
DDS, UCSF School of Dentistry, Dentistry, 2008

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

E

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

F

Julian Marcus Fisher
Adjunct Instructor of Dental Practice
BDS, Birmingham University, United Kingdom, Dentistry, 1985
Other, Stellenbosch University, South Africa, HIV/AIDS, 2002
MIH, Charite University, Germany, International Health, 2006
PhD, Lyon University, France, Non Communicable Diseases, 2011

Harold F. Fisk
Adjunct Instructor of Dental Practice
Pacific University, Clinical Doctorate Program
BS, Marquette University, Physical Therapy, 1978
PT, Marquette University, 1978

G

Koroush Langroudi Ghafourpour
Adjunct Instructor of Dental Practice
College of San Mateo, 1991
BS, University of California, Davis, Physiology, 1994
DDS, University of the Pacific , Dentistry, 1997

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/Germany, ENT, 1991
University of Cologne/Germany, 1995
PhD, University of Koen, Ot and Maxillofacial Surgery, 1996

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

Amruta Hendre
Adjunct Instructor of Dental Practice
BDS, University of Pune India, Dentistry, 1997
DDS, California State, Dentistry, 2008

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

Kimberley Hubenette
Adjunct Instructor of Dental Practice
BS, University of Southern California, Los Angeles, CA, Biology, 1989
DDS, University of Southern California, Los Angeles, CA, Doctor of Dental Surgery, 1993
Other, Academy of Craniofacial Pain, TMD/Sleep Apnea Mini Residency, 2008
Other, California Academy of General Dentistry, Mastertrack Program, 2008
Other, United States Dental Institute, Orthodontics, 2008

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
DDS, University of California, San Francisco, Dentistry, 1977
University of California, San Francisco, Oral Medicine Internship, 1978

John Kim
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

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

Bonnie Lederman
Adjunct Instructor of Dental Practice
BSc, Baltimore College of Dental Surgery Dental School, Dental Hygiene, 1981
DDS, Baltimore College of Dental Surgery Dental School, Dentistry, 1992
University of California, San Francisco, Geriatric Dental Fellow, 2013

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

Mina Levi
Adjunct Instructor of Dental Practice
German University, Bulgaria, 1993
DDS, Medical University, School of Dentistry, Sofia, Bulgaria, Dentistry, 1998
Dental Practice, Dr. B. Moehrig, Duesseldorf, Germany, Cosmetic Dentistry, 1999
Medical University School of Dentistry, Plovdiv, Bulgaria, Orthodontics, 2003
UCLA School of Dentistry, Dentistry, 2007

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

Brian Macall
Adjunct Instructor of Dental Practice
BS, Creighton University, 2001
DDS, Creighton University, Dentistry, 2005

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. Dugoni School of Dentistry, AEGD, 2006

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, Dentistry, 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
BA, University of California, Berkeley, Integrative Biology, 2004
DDS, Indiana University School of Dentistry, Dentistry, 2008

Ruby Multani
Adjunct Instructor of Dental Practice
BS, University of California, Davis, Nutrition Science, 1999
DDS, University of the Pacific School of Dentistry, Dentistry, 2003

Arthur Muncheryan
Adjunct Instructor of Dental Practice
BSc, U.C. Irvine, Electrical Engineering, 1972
DDS, UCSF School of Dentistry, Dentistry, 1977

N

Maya 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
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

David Bruce Nielsen
Adjunct 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

O

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

P

Jacob Pai
Adjunct Instructor of Dental Practice
BS, Pacific Union College, Physical Science, 1986
Loma Linda University, Health Education: Community Health, 1990
DDS, UCSF, Dentistry, 1994
UCSF, Dental Public Health, 2003

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

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

R

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

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

Ronald J Sani
Adjunct Associate Professor of Dental Practice
BS, Santa Clara University, Biology, 1972
DDS, University of the Pacific, 1975
Valley Medical Center, 1976

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, 2011

Ann Marie Silvestri
Adjunct Assistant Professor of Dental Practice
Other, Notre Dame des Victories 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 for patients with disabilities., 1979
MPA, Notre Dame de Namur University, Belmont, CA, Health Services Administration, 1999

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
Northwestern University McGraw Medical Center, Residency: Surgery, 1973
Northwestern University McGraw Medical Center, Fellowship: Head and Neck Surgery, 1976
Northwestern University McGraw Medical Center, Residency: Otolaryngology, 1976

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

Sara Soleimani
Russell Haywood Taylor
Adjunct Instructor of Dental Practice
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

Magnus Yang
Adjunct 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

Gilbert Yee
Adjunct Instructor of Dental Practice
BA, UC Berkeley, Psychology, 1983
San Francisco State University, Post Baccalaureate Study, 1985
DDS, Pacific-Dugoni School of Dentistry, Dentistry, 1988

Keivan Zoufan
Adjunct 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 Dental Sciences - Endodontics, 2010
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 II: 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 199. Enriched Preclinical Experience. 16 Units.
This course provides students with an additional opportunity to enhance or enrich their skills in some or all disciplines. These experiences are directed by the student's Group Practice Leader and/or department chairs, who also recommends certification for promotion. (1-4 quarters).

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. Quarter 5.).

DP 201. Integrated Clinical Sciences II: Application of Foundational Knowledge. 5 Units.
This two-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, case-based discussions, and on-line modules. Topics include biomedical sciences, materials, techniques, radiographic interpretation, professionalism, and information specific to each discipline of dental practice. Emphasis is placed on critical thinking and application of evidence to the clinical treatment and management of patients. (Quarters 5-6.).

DP 202. Integrated Clinical Sciences II: Application of Foundational Knowledge. 4 Units.
This one-quarter course builds on foundational clinical and biomedical material presented in first-year studies and in DP 201. Topics include advanced material in endodontics, restorative, implants, orofacial pain, ethics and patient management, community oral health, and appraising scientific literature. Emphasis is placed on the integration of dental concepts, evidence, and critical thinking to deliver accurate diagnoses and prepare customized comprehensive treatment plans. (Quarter 7.).

DP 203. Integrated Clinical Sciences II: Application of Foundational Knowledge. 3 or 5 Units.
This one-quarter course continues the theme of integration of material from multiple dental disciplines in DP 201 and DP 202. Topics include advanced content in oral surgery, endodontics, restorative, implants, orofacial pain, ethics, and managing complex cases. Students are introduced to resume and professional electronic portfolio development as they ready themselves for professional careers. Evidence-based decision making is coordinated with clinical patient management exercises in DP 219. (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 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. (Quarters 9-12.).

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

DP 300. Practice Management II. 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, associateships, 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 12.).

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 9-11.).

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)

Department Chairperson

Alan H. Gluskin  
Professor of Endodontics

Ove Andreas Peters  
Professor of Endodontics

Faculty

A

Ana Arias  
Instructor of Endodontics
DDS, Complutense University, Madrid, Dentistry, 1995  
PhD, Complutense University, Dentistry, 2004  
Autonoma University, Statistics - Postgraduate Diplomate, 2006

B

David Clifford Brown  
Associate Professor of Endodontics
BSD, Newcastle University Dental School, 1988  
MSD, Newcastle University Dental School, Operative, 1993  
MSD, Indiana University, Endodontics, 1994

E

Samer Magdi Ebeid  
Assistant Professor of Endodontics
BS, University of San Francisco, Biological Sciences, 1989  
DDS, University of the Pacific, Dentistry, 1992  
Boston Univeristy School of Dental Medicine, Endodontics, 1996

F

Nava Fathi  
Assistant Professor of Endodontics
Complutense University, Madrid, Spain, Certificate of completion of the UC Education Abro, 1991  
BS, University of California, Irvine, Biological Science, 1992  
DDS, University of the Pacific, Doctorate in Dental Surgery, 1995  
University of the Pacific Arthur A. Dugoni School of Dentistry, Advanced Ed in General Dentistry, Certificate, 1996  
University of the Pacific, Advanced Endodontics, 1996  
University of Southern California School of Dentistry, Postgraduate Program in Endodontics, Los Angeles, CA, Certificate of Endodontic Specialty, 1998  
University of Southern California, Postgraduate Endodontics, 1998  
American Dental Association Institute For Diversity in Leadership, Chicago, IL, Certificate of Completion, 2000  
Northwestern University Kellogg School of Management - ADA/Kellogg Mini MBA Program, Certificate of Completion, 2001

Bruce B. Fogel  
Associate Professor of Endodontics
DDS, University of California, Los Angeles, 1970  
Harvard University / Forsyth Dental Center, Certificate in Endodontics, 1972

Jennifer Melissa Fong  
Instructor of Endodontics
BS, UC Davis, Genetics, 2004  
DDS, University of the Pacific, School of Dentistry, Dentistry, 2007  
VA Palo Alto, General Practice Residency, 2008  
Other, Tufts Denal School, Endodontics, 2013

G

Johnah C Galicia  
Assistant Professor of Endodontics
DMD, Manila Central University, Philippines, Dentistry, 1996  
Other, University of Rennes 1, France, Clinical Dentistry, 2000  
PhD, Niigata University , Japan, Oral Biology, 2006  
MS, University of North Carolina, Endodontics, 2014

Alan H. Gluskin  
Professor of Endodontics
BA, University of California, Los Angeles, Anthropology, 1968
DDS, University of the Pacific, Dentistry, 1972
CERT, Temple University, Endodontics, 1976

K

Ravi S. Koka
Assistant Professor of Endodontics
BDS, London Hospital Medical College, England, 1990
DDS, Loma Linda University, 1993
MS, University of Nebraska, 1998

L

Lawrence M. LeVine
Assistant Professor of Endodontics
BS, University of Illinois, Urbana, Philosophy, 1958
DDS, University of Illinois, Chicago, Dentistry, 1962

M

Nick A Morton
Assistant Professor of Endodontics
BS, University of California San Diego, Biochemistry and Cell Biology, 2004
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 2008
MS, University of Florida, Masters of Science in Dental Science, 2010

O

Lee Edwards Osnas
Assistant Professor of Endodontics
BS, California State University, Agronomy and Irrigation, 1970
MS, California State University, Irrigation, 1984
DDS, University of Pacific, Dentistry, 1994
University of Pacific, A.E.G.D., 1995
MSD, Case Western Res University, Endodontics, 1998

P

Christine Inge Peters
Professor of Endodontics
American School in Lahore, Pakistan, 1976
Heilbronn, Germany, Primary School, 1977
Gymnasium Mockmuhl, Mockmuhl, Germany, 1986
DMD, Ruprecht-Carls - University, Heideberg, Germany, Approbation as Dentist, 1992
DMD, Ruprecht-Carls - University, Heideberg, Germany, Dissertation: Dr. med. Dent, 1992
University of Zurich, Switzerland, Postgraduate in Education Endodontology, 2001

Ove Andreas Peters
Professor of Endodontics
DDS, University of Kiel Dental School, Germany, Dentistry, 1990
PhD, University of Kiel, Physiology, Dr med dent., 1992
PhD, University of Zurich Dental School Switzerland, Oper. Dentistry/ Endodontics, 2001
University of Zurich Dental School Switzerland, Endodontics, 2001
MS, UCSF, Oral Biology, 2003
CERT, UCSF, Endodontics, 2006

Q

Phuong N. Quang
Assistant Professor of Endodontics
BA, University of California, Berkeley, Biochemistry and Molecular Biology
Minor: Spanish, 2000
DDS, University of California, San Francisco School of Dentistry, Doctor of Dental Surgery, 2005
PhD, University of California, San Francisco, School of Dentistry, Oral Craniofacial Sciences, 2010
University of Texas Health Sciences Center at San Antonio, Endodontics Certificate, 2012

R

Ali Allen Rezai
Assistant Professor of Endodontics
BA, University of California, Davis, Economics, 1987
DDS, Columbia University School of Dental Oral Surgery, Dentistry, 1999
Manhattan VA Medical Center, 2000
Manhattan VA Medical Center/New York University, Endodontics, 2002

S
Raymond S. Scott
*Associate Professor of Endodontics*
BA, U.C. Santa Barbara, Biology, 1977
DDS, University of the Pacific, Dentistry, 1980
MS, University of Pittsburgh, Endodontics, 1992

W
Ralan Dai Ming Wong
*Associate Professor of Endodontics*
College of San Mateo, 1988
Skyline College, 1988
University of the Pacific, 1989
DDS, University of the Pacific, Dentistry, 1992
University of the Pacific, AEGD, 1994
University of Vienna, Histology, 1996
MS, University of Pennsylvania, 1997
University of Pennsylvania, Endodontics, 1997

Adjunct Faculty

B
Franklin G. Ballard
*Adjunct Assistant Professor of Endodontics*
BA, Northwest Nazarene College, 1965
DDS, Loma Linda, 1969

Nicole Barkhordar
*Adjunct Assistant Professor of Endodontics*
BS, University of the Pacific, Stockton, CA, Biology, 2006
DDS, University of California, San Francisco, Dentistry, 2010
Other, Harvard University, Graduate School of Education, Certificate in Endodontics, 2013
Other, Harvard University, Graduate School of Education, Education, 2013

C
Ed Chow
*Adjunct Assistant Professor of Endodontics*
University of California Davis, Biology, 1982
San Francisco State University, Biology, 1984
DDS, University of the Pacific School of Dentistry, Dentistry, 1987
Temple University, Endodontics, 1992

D
Aaron Rocklin Doms
*Adjunct Assistant Professor of Endodontics*
BS, UC Davis, Biochemistry, 1996
DDS, UC San Francisco, Dentistry, 2001
Other, Temple University, Endodontics, 2005

H
Hamid Reza Hamid
*Adjunct Instructor of Endodontics*
BA, Reed College, Biology, 2002
Other, CSU Hayward, Biology/Chemistry, Post Bac, 2004
DDS, UOP Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 2009

Ken Hovden
*Adjunct Assistant Professor of Endodontics*
BA, Stanford University, Biology, 1978
DDS, UOP School of Dentistry, 1981

G-Hong Robert Hsu
*Adjunct Assistant Professor of Endodontics*
University of California Davis, Biochemistry Major, 1993
DDS, Columbia University School of Dental and Oral Surgery, Dentistry, 1997
Loma Linda University School of Dentistry, Certificate, Endodontics, 2002
Course Descriptions

Predoctoral 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 1-2.).

**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. 8 Units.**
Residents review their own cases prepared according to ABE board documentation rules. (Quarters 1-4.).

**EN 412. Classic Literature I. 12 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 1-2.).

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 review the body of classic literature pertinent to endodontics, including material relevant for board preparation. (Quarters 5-8.).

EN 503. Endodontic Biology and Pathology II. 2 Units.
Residents study the physiology and pathophysiology of pain. (Quarter 5.).

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

EN 512. Classic Literature II. 12 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 presents the biology and etiology of pulpal and periapical disease. (Quarters 5-8.).

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 5-6.).

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. 13 Units.
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 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. 2 Units.
Residents review their own cases prepared according to ABE board documentation rules. (Quarter 9.).

EN 612. Classic Literature III. 3 Units.
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 Endodontology 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)

Department Chairperson
Marc J. Geissberger
Professor of Integrated Reconstructive Dental Sciences

Vice Chair, Clinical Education
Foroud F. Hakim
Assistant Professor of Integrated Reconstructive Dental Sciences

Vice Chair, Preclinical Education, Technology and Research
Parag R. Kachalia
Associate Professor of Integrated Reconstructive Dental Sciences

Director of Communication and Calibration
Shika Gupta
Assistant Professor of Integrated Reconstructive Dental Sciences

Director of Implant Dentistry
Steven Judd Sadowsky
Associate Professor of Integrated Reconstructive Dental Sciences

Director of Operative Dentistry
Patrick L. Roetzer
Assistant Professor of Integrated Reconstructive Dental Sciences

Director of Removable Prosthodontics
W. Peter Hansen
Associate Professor of Integrated Reconstructive Dental Sciences

Director of Research
Karen A. Schulze
Associate Professor of Integrated Reconstructive Dental Sciences

Director of Technology
Bina Surti
Assistant Professor of Integrated Reconstructive Dental Sciences

Faculty

A

Hamzah Alkordy
Instructor of Integrated Reconstructive Dental Sciences
BS, University of the Pacific, Biological Sciences, 2011
DDS, UOP School of Dentistry, Dentistry, 2014

Bernadette A Alvear Fa
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, University of the Pacific, Biology, 2003
DDS, University of the Pacific, Dentistry, 2006

B

Rene A. Bagus
Instructor of Integrated Reconstructive Dental Sciences
DDS, University of the Pacific, 2001

Brian Baliwas
Instructor of Integrated Reconstructive Dental Sciences
BS, UC Davis, Biochemistry, 2005
DDS, University of the Pacific, School of Dentistry, Dentistry, 2014

William C. Barthold
Assistant Professor of Integrated Reconstructive Dental Sciences
BA, Indiana University, 1971
DDS, University of Michigan, 1975

Bahareh Behdad
Instructor of Integrated Reconstructive Dental Sciences
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

Josh Berd
*Instructor of Integrated Reconstructive Dental Sciences*
BA, University of California, Psychology, 2003
BS, San Francisco State University, Physiology, 2007
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2010

Zachary Ian Boger
*Instructor of Integrated Reconstructive Dental Sciences*
BA, CSU, Chico, Communications, 1999
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2008

Angela Botero
*Instructor of Integrated Reconstructive Dental Sciences*
BS, La Sierra University, Biology and Pre-Dental Program, 2009
DDS, University of the Pacific, School of Dentistry, Dentistry, 2012

Philip M. Buchanan
*Assistant Professor of Integrated Reconstructive Dental Sciences*
AA, Santa Monica City College, Pre-dental, 1963
DDS, University of Southern California, Dentistry, 1968

George E. Bunnell
*Associate Professor of Integrated Reconstructive Dental Sciences*
BS, University of San Francisco, Biology, 1962
DDS, College of Physician and Surgeons, University of the Pacific, Dentistry, 1967

Susan Caliri
*Instructor of Integrated Reconstructive Dental Sciences*
BS, University of San Francisco, Science, 1977
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Dentistry, 1985
V.A. Medical Center, San Francisco, General Practice Residency, 1986

Christopher J. Catalano
*Instructor of Integrated Reconstructive Dental Sciences*
BS, St. Mary's College, Biology, 1988
DDS, Pacific School of Dentistry, Dentistry, 1991

Pedro A. Caturay
*Assistant Professor of Integrated Reconstructive Dental Sciences*
BS, San Francisco State University, Nursing, 1985
DDS, University of the Pacific School of Dentistry, Dentistry, 1991
University of the Pacific School of Dentistry, AEGD, 1992

Eric H. Chen
*Instructor of Integrated Reconstructive Dental Sciences*
BS, University of the Pacific, Biochemistry, 2002
MS, University of the Pacific, Pharmacy and Chemistry, 2007
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Dental Surgery, 2009
Other, University of the Pacific, Arthur A. Dugoni School of Dentistry, Certificate: Adv Education in General Dentistry, 2011

Jane Choi
*Instructor of Integrated Reconstructive Dental Sciences*
Other, Long Beach VAMC, Certificate of Residency / General Practice, 1011
BA, University of NC at Chapel Hill, Anthropology, 2005
DDS, University of NC School of Dentistry, Dentistry, 2010

Russell G. Choy
*Assistant Professor of Integrated Reconstructive Dental Sciences*
BA, University of California at Berkeley, Biology, 1984
DDS, University of the Pacific, 1987

Sam Christensen
*Instructor of Integrated Reconstructive Dental Sciences*
BA, Loyola Marymount University, Los Angeles, CA, 1996
DDS, University of the Pacific School of Dentistry, San Francisco, CA, Doctor of Dental Surgery, 2005

Robert H. Christoffersen
*Professor of Integrated Reconstructive Dental Sciences*
BA, San Francisco State University, 1963
DDS, University of the Pacific, 1967
MA, University of the Pacific, 1980

**Steven Reed Curtis**

*Associate Professor of Integrated Reconstructive Dental Sciences*

Santa Rosa Junior College, 1977

University of California, Davis, 1978

DDS, University of California, Los Angeles, Doctor of Dental Science, 1982

Chanute Air Force Base, Air Force General Practice Residency, 1983

Bethesda National Naval Dental Center, Prosthodontic Specialty Certificate, 1992

Peterson Area Dental Laboratory, 1996

**D**

**Mina R. Desai**

*Assistant Professor of Integrated Reconstructive Dental Sciences*

BDS, Gov. Dental College, Ahmedabad, India, Dentistry, 1987

DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 1991

**John Deverman**

*Assistant Professor of Integrated Reconstructive Dental Sciences*

BS, UC Davis, Biological Sciences, 1969

DDS, UoP School of Dentistry, Dentistry, 1973

**Dorian Arthur Dodds**

*Instructor of Integrated Reconstructive Dental Sciences*

Other, California State University Chico, No diploma

DDS, University of the Pacific School of Dentistry, Dentistry, 2006

**Lori Doran-Garcia**

*Assistant Professor of Integrated Reconstructive Dental Sciences*

BS, University of California, Los Angeles, Psychology, 1987

DDS, University of the Pacific School of Dentistry, General Dentistry, 1991

**Stafford Justin Duhn**

*Assistant Professor of Integrated Reconstructive Dental Sciences*

BA, University of California, Berkeley, 1981

DDS, University of the Pacific, 1984

**E**

**Charles M. Ellason**

*Associate Professor of Integrated Reconstructive Dental Sciences*

BS, University of California, Berkeley, Nutrition, 1967

DDS, University of California, San Francisco, 1971

MA, University of the Pacific, Education, 1979

**Thomas C Ellerhorst**

*Assistant Professor of Integrated Reconstructive Dental Sciences*

BS, University of San Francisco, Biology, 1972

DDS, University of the Pacific, Dentistry, 1977

**Richard H. Evans**

*Assistant Professor of Integrated Reconstructive Dental Sciences*

University of Utah, Pre-dental/Biological Science, 1960

DDS, Washington University, Dentistry, 1964

**F**

**Lawrence E. Fong**

*Assistant Professor of Integrated Reconstructive Dental Sciences*

BA, University of California, Berkeley, Zoology, 1967

DDS, Northwestern University Dental School, Dentist, 1971

**Gail E. Frick**

*Assistant Professor of Integrated Reconstructive Dental Sciences*

BS, Scripps College, Biology, 1973

Georgetown, Graduate Biology, 1974

DMD, TUFTS University - School of Dental Medicine, Dentistry, 1977

UCLA, Prosthodontics Certificate, 1981

**G**

**Michael V. Gamboa**

*Instructor of Integrated Reconstructive Dental Sciences*

BA, University of the Pacific, 1985
Marc J. Geissberger  
Professor of Integrated Reconstructive Dental Sciences  
BS, St. Mary's College of California, Bachelors of Science in Biology, 1988  
DDS, Doctor of Dental Surgery, University of the Pacific, Dentistry, 1991  
MA, University of the Pacific, Master of Arts in Educational Psychology, 1994  
CPT, National Academy of Sports Medicine, Exercise Physiology, 2009

Darya Gertrudes Ghafourpour  
Instructor of Integrated Reconstructive Dental Sciences  
BA, University of California, Santa Cruz, Biology, 1992  
DDS, University of the Pacific, 1996

Ernest G. Giachetti  
Assistant Professor of Integrated Reconstructive Dental Sciences  
BS, University of Santa Clara, 1963  
DDS, University of the Pacific, 1967

Eduardo Eduardo Gonzalez  
Assistant Professor of Integrated Reconstructive Dental Sciences  
DDS, Universidad Evangelica, Dental Surgery, 1995  
New York University, Prosthodontics Certificate of Completion, 1998  
Private Zahn Klinik Schloss Schellestein with Prof. Fouad Khoury, Olsberg, Germany, Bone augmentation Procedures soft tissue mngmt, 2008  
Pikos Implant Institute, Advanced Bone Grafting Procedures I II, 2009

Shika Gupta  
Assistant Professor of Integrated Reconstructive Dental Sciences  
BDS, GOA Dental College and Hospital, Dentistry, 1997  
MDSC, University of Malaya, Faculty of Dentistry, 2001  
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2007

Foroud F. Hakim  
Assistant Professor of Integrated Reconstructive Dental Sciences  
Louisiana State University, 1985  
BS, San Jose State University, 1987  
DDS, University of the Pacific, 1991  
MBA, University of the Pacific, 1999  
ADEA Leadership Institute, 2008

W. Peter Hansen  
Associate Professor of Integrated Reconstructive Dental Sciences  
San Diego High School, 1962  
BS, UOP Bachelor of Science Biology, 1966  
Mercy Hospital School of Medicine Technology, 1967  
DDS, University of the Pacific School of Dentistry, 1971  
UCSF Medical Center, 1973  
University of Southern California School of Dentistry Advanced Prosthodontics, 1979

Heidi K. Hausauer  
Assistant Professor of Integrated Reconstructive Dental Sciences  
BA, University of the Pacific, 1982  
DDS, University of the Pacific, 1985  
VA Palo Alto, 1986

Andy Hoover  
Instructor of Integrated Reconstructive Dental Sciences  
Archbishop Mitty High School, High School, 2000  
BA, University of Colorado at Boulder, Environmental, Population, and Organic Biology, 2005  
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Doctor of Dental Sciences, 2013

Vivian Huang  
Instructor of Integrated Reconstructive Dental Sciences  
BA, Creighton University, Communication Arts, 2000  
DMD, Tufts University, Dentistry, 2005  
University of California Los Angeles, AEGD Residency, 2006

Parvati Iyer  
Assistant Professor of Integrated Reconstructive Dental Sciences  
BDS, Madras Dental College (India), Dentistry, 1989
Parag R. Kachalia  
*Associate Professor of Integrated Reconstructive Dental Sciences*
- BS, University of California, Davis, Physiology, 1998
- Minor, University of California at Davis, Managerial Economics, 1998
- DDS, University of the Pacific, Dentistry, 2001

Grey Kantor  
*Instructor of Integrated Reconstructive Dental Sciences*
- BS, Cal Poly San Luis Obispo, Mechanical Engineering, 2007
- DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, General Dentistry, 2014

Constantine J. Karsant  
*Instructor of Integrated Reconstructive Dental Sciences*
- BA, San Francisco State University, Health Sciences, 1981
- DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, 1984

Junsik Kim  
*Assistant Professor of Integrated Reconstructive Dental Sciences*
- BS, Ohio State University, Molecular Genetics: Mathematics, 2006
- DDS, Tufts University School of Dental Medicine, D.M.D., 2010
- Other, University of California, San Francisco, Prosthodontics, 2013

Nicholas K. Kitajima  
*Instructor of Integrated Reconstructive Dental Sciences*
- BS, University of California, Davis, Physiology, 2001
- DDS, University of the Pacific, School of Dentistry, General Dentistry, 2004
- University of the Pacific, School of Dentistry, AEGD Dentistry, 2005

Alexander Kogan  
*Instructor of Integrated Reconstructive Dental Sciences*
- BA, University of San Francisco, Biology, 1996
- DDS, University of the Pacific School of Dentistry, 1999

Linda Kuo  
*Instructor of Integrated Reconstructive Dental Sciences*
- BS, UC Berkeley, Molecular Cell Biology, 2007
- DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2013

Eugene Edward LaBarre  
*Associate Professor of Integrated Reconstructive Dental Sciences*
- BA, Harvard University, 1973
- DMD, Tufts University, 1977
- MS, University of North Carolina, 1981

Jamie Grinnell Leach  
*Instructor of Integrated Reconstructive Dental Sciences*
- Scripps College, 2001
- BS, University of Washington, Psychology, 2004
- MA, Stanford University, Psychology, 2006
- DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2013

Kevin C. Lin  
*Assistant Professor of Integrated Reconstructive Dental Sciences*
- B.S.A., U.C. Davis, Biological Sciences and Psychology (Double Major), 2006
- DDS, U.C.L.A., Dentistry, 2010
- U.C.S.F., Prosthodontics, 2013

Marcia A Loo  
*Assistant Professor of Integrated Reconstructive Dental Sciences*
- DDS, University of the Pacific, Dentistry, 1996

Kenneth Gregory Louie  
*Associate Professor of Integrated Reconstructive Dental Sciences*
- BA, University of California, Berkeley, Microbiology, 1985
- DDS, University of the Pacific, Dentistry, 1988
- MA, University of the Pacific, Education, 1994

Elliot Low  
*Instructor of Integrated Reconstructive Dental Sciences*
- University of California, Berkeley, 1974
Jennifer Marie Low  
**Instructor of Integrated Reconstructive Dental Sciences**  
BS, Santa Clara University, Biology, 2008  
DDS, University of the Pacific Arthur A Dugoni School of Dentistry, 2012

Nancy Ly  
**Instructor of Integrated Reconstructive Dental Sciences**  
BA, University of the Pacific, Biology, 2008  
DDS, University of the Pacific, Dentistry, 2011

Joy Magtanong-Madrid  
**Instructor of Integrated Reconstructive Dental Sciences**  
BS, University of California, Irvine, CA, Classical Civilization, 2004  
University of California, San Francisco, Post-Baccalaureate Certificate, 2007  
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 2011

Olga Matveyeva  
**Instructor of Integrated Reconstructive Dental Sciences**  
Other, Odessa Medical College #1, Dental Technician, 1977  
Cert., Odessa Training School for Health Workers, Certificate of Completion, 1986  
Cert., Health Department of Odessa Regional State Boars of Certification, Dental Technician, 2013

Charles W. McGary  
**Instructor of Integrated Reconstructive Dental Sciences**  
University of Michigan, 1953  
University of Michigan, DDS, 1957

James Edward Milani  
**Associate Professor of Integrated Reconstructive Dental Sciences**  
BA, University of the Pacific, Biology, 1979  
DDS, University of the Pacific, 1982

Jeffrey P. Miles  
**Associate Professor of Integrated Reconstructive Dental Sciences**  
BA, University of California, Santa Barbara, CA, Biochemistry, 1976  
BDS, University of California, San Francisco, Dental Services, 1980  
DDS, University of California, San Francisco, CA, 1980  
University of Washington, Summer Institute in Clinical Dental Research Metho, 2006  
University of North Carolina, Institute for Teaching and Learning, 2007

Kenneth E Moore II  
**Instructor of Integrated Reconstructive Dental Sciences**  
BS, University of California, San Diego, Cognitive Science, 2004  
DDS, University of the Pacific, 2007  
Other, University of California, San Francisco, Prosthodontics, 2013

Farbod Bob Nadjibi  
**Instructor of Integrated Reconstructive Dental Sciences**  
BS, University of California, Davis, Genetics, 1996  
DDS, University of the Pacific, 1999  
AEGD, University of the Pacific, School of Dentistry, 2000

Warden H. Noble  
**Professor of Integrated Reconstructive Dental Sciences**  
University of California, Berkeley, Biology, 1961  
DDS, University of California, San Francisco, Dentistry, 1965  
MS, University of Southern California, Education, 1968  
MS, University of Michigan, Ann Arbor, Restorative Dentistry, 1970

Angie A. Pagonis  
**Instructor of Integrated Reconstructive Dental Sciences**  
BS, Loyola Marymount University, Los Angeles, CA, Natural Science, 2008  
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, SF, CA, Dentistry, 2011

Erika Peterson
Assistant Professor of Integrated Reconstructive Dental Sciences
Other, USC School of Dental Hygiene, 1967
BS, San Jose State University, Molecular Biology, 1976
DDS, University of the Pacific School of Dentistry, Dentistry, 1979

Donnie Poe
Instructor of Integrated Reconstructive Dental Sciences
Career Academy Vocational School, Dental Technology, 1968

Priyaa Prasannakumar
Assistant Professor of Integrated Reconstructive Dental Sciences
BDS, Pamashree Dr. D. Y. Patil Dental School, Dentistry, 2002
DDS, University of the Pacific, Dentistry, 2011

Gitta Radjaeipour
Associate Professor of Integrated Reconstructive Dental Sciences
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

Anwet Randhawa
Assistant Professor of Integrated Reconstructive Dental Sciences
BDS, Punjab Government Dental College and Hospital, 1988
MDS, Punjab Government Dental College and Hospital, 1992

Laura K. Reid
Assistant Professor of Integrated Reconstructive Dental Sciences
Flinders University, Australia, Education Abroad Program, 1989
BS, University of California, Davis, Psychology, 1991
Vanderbilt University, Doctor of Medicine, 1996
DDS, University of the Pacific, Doctorate of Dental Surgery, 2000

Patrick L. Roetzer
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, University of Wisconsin, Experimental Psychology and Biology, 1970
DDS, Marquette University, Dentistry, 1974
Veterans Administration Medical Center, General Practice Resident, 1975

Daniel Rome
Instructor of Integrated Reconstructive Dental Sciences
BS, University of Missouri, Biochemistry, 2006
DDS, University of Missouri-Kansas City, Dentistry, 2010
New York Methodist Hospital, General Practice Residency, 2011

Steven Judd Sadowsky
Associate Professor of Integrated Reconstructive Dental Sciences
BA, University of California, Los Angeles, Psychology, 1967
DDS, University of California, Los Angeles, DDS, 1971
University of Southern California School of Dentistry, Los Angeles, Certificate, Advanced Prosthodontic Education, 1983

Ladan Sahabi
Instructor of Integrated Reconstructive Dental Sciences
AS, Pierce College, Chemistry, 2006
BS, University of California Los Angeles, Biochemistry, 2009
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 2012

Shiva Salehi
Instructor of Integrated Reconstructive Dental Sciences
BS, King's College London, Computer Science, 2004
DDS, UoP, Dentistry, 2014

Shirin Salehinia
Instructor of Integrated Reconstructive Dental Sciences
B.A., California State University, Northridge, 1990
D.D.S., University of California at San Francisco, 1995
Tufts University, Dental Sleep Medicine, 2013

Sima Salimi
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, Fairleigh Dickinson University, Bachelors of Science in Biology, 1991
DDS, University of the Pacific, 1994, Doctor of Dental Surgery, 1994

University of the Pacific
Eugene T. Santucci
Associate Professor of Integrated Reconstructive Dental Sciences
BS, Kings College, 1964
DDS, Temple University School of Dentistry, 1968
U.S. Navy Dental Internship, Certificate of Completion, 1969
Foundation for Advanced Continuing Education, Certificate of Completion, 1977
MA, University of the Pacific, 1994

Noelle M Santucci
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, Marquette University, Dental Hygiene/Biology, 1985
DDS, University of the Pacific, 1991
University of the Pacific, Advanced Education in General Dentistry Cert., 1992
MA, University of the Pacific, 1994

Troy Schmedding
Assistant Professor of Integrated Reconstructive Dental Sciences
BA, University of Puget Sound, Bachelor of Science, 1990
DDS, University of the Pacific, 1993

Karen A. Schulze
Associate Professor of Integrated Reconstructive Dental Sciences
DDS, University of Leipzig, Germany, Dentistry, 1992
PhD, University of Leipzig, Germany, Oral Surgery, 1998
Post-doc, UC San Francisco, Post-Doc in Dental Materials, 2002

Stephanie Margaret Settimi
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, U.C. San Diego, Animal Physiology Neuroscience, 1998
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2005

Roxanna R. Shafiee
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, University of San Francisco, Biology, 1993
DDS, University of the Pacific, 1997
MSD, University of the Pacific, Orthodontics, 2009

Edward L. Shaw
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, University of British Columbia, 1977
DDS, University of the Pacific, 1982
Cert, University of California, San Francisco, GPR, 1983
Cert, University of California, San Francisco, Prosthodontics, 1986

Vishnu Shankar
Instructor of Integrated Reconstructive Dental Sciences
University of South Pacific, Preliminary Medical Science, 1981
DDS, University of the Pacific School of Dentistry, Dentistry, 1991
DDS, Fiji School of Medicine, Dentistry, 2013
Nobel Biocare Dental Implant Mini-Residency, 2013

Stephanie Margaret Settimi
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, U.C. San Diego, Animal Physiology Neuroscience, 1998
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2005

Karen A. Schulze
Associate Professor of Integrated Reconstructive Dental Sciences
DDS, University of Leipzig, Germany, Dentistry, 1992
PhD, University of Leipzig, Germany, Oral Surgery, 1998
Post-doc, UC San Francisco, Post-Doc in Dental Materials, 2002

Stephanie Margaret Settimi
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, U.C. San Diego, Animal Physiology Neuroscience, 1998
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2005

Roxanna R. Shafiee
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, University of San Francisco, Biology, 1993
DDS, University of the Pacific, 1997
MSD, University of the Pacific, Orthodontics, 2009

Edward L. Shaw
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, University of British Columbia, 1977
DDS, University of the Pacific, 1982
Cert, University of California, San Francisco, GPR, 1983
Cert, University of California, San Francisco, Prosthodontics, 1986

Dennis Daizo Shinbori
Associate Professor of Integrated Reconstructive Dental Sciences
AA, City College of San Francisco, 1970
BA, University of the Pacific, 1972
DDS, University of the Pacific, Dentistry, 1975

Brian Kent Sibbald
Instructor of Integrated Reconstructive Dental Sciences
AB, University of California, Berkeley, 1969
DDS, University of California, Los Angeles, 1973

Cathrine Steinborn
Instructor of Integrated Reconstructive Dental Sciences
BA, UC Santa Barbara, Botony, 1978
DDS, UoP School of Dentistry, Dentistry, 1985
Other, Veterans Administration SF, General Practice Residency, 1986

Bina Surti
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, Wayne State University, Biology, 1991
DDS, University of Detroit Mercy, Dentistry, 1995
AEGD, Case Western Reserve University, AEGD, 1996
Case Western Reserve University, Fellowship, 1997
T

Ulf Temnitzer
Assistant Professor of Integrated Reconstructive Dental Sciences
Sonoma State University, 2007
DDS, University of the Pacific, Dentistry, 2010
Other, University of Alabama at Birmingham, Graduate Prosthodontics, 2013

Konni Kawata Tittle
Instructor of Integrated Reconstructive Dental Sciences
CSUF, Biology, 1984
Indiana University, Biology - Undergraduate, 1985
Indiana University, School of Dentistry, 1987
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 1989

Alan K. Tong
Assistant Professor of Integrated Reconstructive Dental Sciences
BA, City University of New York City College, 1976
MBA, St. John's University, New York, NY, 1984
DDS, University of the Pacific, 1989

Chi Dinh Tran
Assistant Professor of Integrated Reconstructive Dental Sciences
University of Richmond, 1973
DDS, Medical College of Virginia, 1979
University of California, San Francisco, Certificate in Prosthodontics, 1984

V

Michael Viale
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, UC Berkeley, Genetics, 1975
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 1979

Terry L. Vincent
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, Arizona State University, Zoology, 1967
DDS, UCLA, Dentistry, 1971

W

Kevin S. Walker
Instructor of Integrated Reconstructive Dental Sciences
BS, Wheaton College, Bachelor of Science, degree in Biology, 2009
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Doctor of Dental Surgery, 2012
DDS, Native American Health Center, Advanced Education in Gen Dentistry Certificate, 2013

Sandra Arita Ward
Assistant Professor of Integrated Reconstructive Dental Sciences
BA, University of the Pacific, Sports Medicine, 1987
DDS, Pacific-Dugoni School of Dentistry, Dentistry, 1991

Erich Werner
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, San Jose State University, Biology, 1984
DDS, U.O.P School of Dentistry, DDS, 1988

Richard H. White
Associate Professor of Integrated Reconstructive Dental Sciences
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 Metho, 2010
CalTeach I and CalTeach II, 2013

George J. Wolff
Instructor of Integrated Reconstructive Dental Sciences
University of California(Berkeley), 1961
DDS, University of Washington, 1966

Debra A. Woo
Assistant Professor of Integrated Reconstructive Dental Sciences
AA, De Anza Community College, A.A., 1977
BS, University of California, Davis, Human Biology, 1979
MA, San Jose State University, Health Sciences, 1983
Nathan Yang
Assistant Professor of Integrated Reconstructive Dental Sciences
BS, University of California at Davis, Psychology and Biochemistry, 1998
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, Dentistry, 2006

Ming-Guang Yeh
Associate Professor of Integrated Reconstructive Dental Sciences
National Yang-Ming University
DDS, National Yang-Ming University Dental School, Dentistry, 1982
University of California, San Francisco, Prosthodontics, 1994
PhD, University of California, San Francisco, Oral Biology, 2002

Adjunct Faculty

Curtis Barmby
Adjunct Instructor of Integrated Reconstructive Dental Sciences
American River College, AA Pre-Dental, 1967
DDS, UCSF School of Dentistry, Dentistry, 1971
Wadsworth VA Medical Center, Certificate in Fixed Prosthodontics, 1981
American Board of Prosthodontics, Diplomate, 1987

Michael Falkel
Adjunct Instructor of Integrated Reconstructive Dental Sciences
BS, State University of New York Albany, Chemistry/Biology, 1984
DDS, University of the Pacific, Dentistry, 1987

Richard A. Fitzloff
Adjunct Assistant Professor of Integrated Reconstructive Dental Sciences
San Jose State University, 1967
DDS, Marquette University School of Dentistry, Dentistry, 1972
Other, Veteran's Administration Hospital, Albany, New York, Certificate, General Dental Internship, 1973
Other, Veteran's Administration Hospital, San Francisco, CA, Certificate, Prosthodontic Residency, 1975

Richard John Garcia
Adjunct Assistant Professor of Integrated Reconstructive Dental Sciences
BS, University of San Francisco, 1971
DDS, University of California, Los Angeles, 1975
Veterans Administration Hospital, San Francisco, 1976

Andrea Jordan
Adjunct Instructor of Integrated Reconstructive Dental Sciences
BS, UC Irvine, BS Biology/Microbiology, Biochemistry, 2004
DDS, NYU, Dentistry, 2009
Other, NYU, Certificate-Prosthodontics, 2012
Other, UCLA, Certificate-Maxillofacial Prosthodontics, 2013

Kyle Spencer Low
Adjunct Instructor of Integrated Reconstructive Dental Sciences
UOP Stockton, Biology, 2007
Chapman University, Biology, 2010
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2013

Steven Mansfield
Adjunct Associate Professor of Integrated Reconstructive Dental Sciences
BA, Colby College, Biology, 2012
DMD, Tufts School of Dental Medicine, Doctor of Dental Medicine, 2012
University of California, San Francisco, Postdoctoral Certificate in Prosthodontics, 2012

Kathy Mueller
Adjunct Assistant Professor of Integrated Reconstructive Dental Sciences
BS, University of KY, 1974
MS, Pursue University, 1976
DMD, University of KY, 1980
VA UCSF, Prosthodontic Certificate, 1983

Molly P. Newlon
Adjunct Associate Professor of Integrated Reconstructive Dental Sciences
UCSB, General Education, 1973
BA, UCLA, Fine Arts/Dance, 1975
MA, UCLA, Dance Therapy, 1977
DDS, University of the Pacific, Dentistry, 1982
GPR Cert., Veterans Administration Hospital, general practice residency, 1983

Fiorella L Potesta-Knoll
Adjunct Assistant Professor of Integrated Reconstructive Dental Sciences
DDS, U. San Marin De Porres Lima, Dentistry, 1998
MS, University of Alabama at Birmingham, Dental Science, 2005
University of Alabama at Birmingham, Graduate prosthodontist Program, 2005
University of Alabama Birmingham, Maxillofacial Prosthetics, 2006

Hugo Schmidt
Adjunct of Integrated Reconstructive Dental Sciences
BA, San Jose State University, Molecular Biology, 1980
DDS, University of Southern California, 1985
University of California, San Francisco, Certificate of Prosthodontics, 1991
University of California Medical Center, Certificate of Maxillofacial Prosthetics, 1992

Course Descriptions

Predoctoral Courses

RDS 125. Integrated Preclinical Professional Development I. 2 Units.
As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course includes the continual formative evaluation of students' professionalism as well as assessments aimed to measure their critical evaluation and thought processes. Students are evaluated on a multitude of professional traits for the duration of the course including 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 frequently and reported to them in the form of a rubric by faculty who work closely with them in the laboratory environment. Students are expected to grow and show improvement in areas in which they are weak. Their critical thinking ability and growth is 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 and multidisciplinary capstone experiences. (Quarters 1-2.).

RDS 126. Integrated Preclinical Professional Development II. 4 Units.
As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, this course includes the continual formative evaluation of students' professionalism as well as assessments aimed to measure their critical evaluation and thought processes. Students are evaluated on a multitude of professional traits for the duration of the course including 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 frequently and reported to them in the form of a rubric by faculty who work closely with them in the laboratory environment. Students are expected to grow and show improvement in areas in which they are weak. Their critical thinking ability and growth is 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 and multidisciplinary capstone experiences. (Quarters 3-4.).

RDS 130. Integrated Preclinical Concepts I. 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 1.).

RDS 131. Integrated Preclinical Concepts II. 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 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 prosthetics, 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 133. Integrated Preclinical Concepts IV. 1 Unit.
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 prosthetics, 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 4).

RDS 137. Local Anesthesia. 2 Units.
This hands-on course will teach the pharmacological basis and basic injection techniques of dental local anesthesia. Topics include an overview of local and systemic complications, the pharmacology of local anesthetics, and presentation of an algorithm of how to overcome difficulties in mandibular blocks. This rotation should help students develop confidence and ease the anxiety of providing injections on patients. (Quarter 4).

RDS 138. Advanced Restorative Technique. 2 Units.
This hands-on course, referred to as “A.R.T” block, utilizes extracted human teeth to simulate a multitude of clinical procedures. Students will perform advanced techniques focused on adhesive dentistry and digital dentistry. (Quarter 4).

RDS 139. Clinical Transitions. 1 Unit.
A hands-on course focused on carries detection evaluation and removal techniques in extracted human teeth. Students will also participate in seminars that highlight Dugoni's clinical process and procedures relating to reconstructive dentistry. (Quarter 4).

RDS 145. Integrated Preclinical Technique I: Dental Anatomy. 2 Units.
As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a “family” of patient cases presented in the course. Projects in this course include waxing teeth to partial and full contour using additive and subtractive techniques, and composite placement and amalgam carving. Occlusal principles are heavily emphasized as a key factor in successful mastery of dental anatomy. (Quarters 1-2).

RDS 146. Integrated Preclinical Technique I: Direct Restorative. 5 Units.
As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a “family” of patient cases presented in the course. In this course, students use a carries-driven, minimally invasive approach to treating dental decay in the “family” of patients. Students are taught modern and classic preparations starting with sealants on a child “patient,” and progress through minimally invasive resin-based preparations, larger resin-based preparations and ultimately learning GV black amalgam preparations. Students gain exposure to all types of anterior and posterior direct preparations and restorations including Classes I, II, III, IV, V. Occlusion and establishing the proper occlusal relationship is paramount. (Quarters 1-2).

RDS 147. Integrated Preclinical Technique I: Indirect Restorative. 4 Units.
As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a “family” of patient cases presented in the course. Starting with all-ceramic preparations and progressing through PFM, gold and partial coverage restorations, an emphasis on conservation of tooth structure and maintaining or enhancing esthetics is woven through all projects. Students learn single tooth and multi-tooth rehabilitation. Projects increase in complexity throughout the year and treatment planning accompanies all projects. Ample time is spent on the adhesive protocols for cementation. Related topics included in this component are post and core placement, laboratory skills, and general dental procedures such as impression taking and model work. (Quarters 1-2).

RDS 153. Integrated Preclinical Technique II: Dental Anatomy. 2 Units.
As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a “family” of patient cases presented in the course. Projects in this course include waxing teeth to partial and full contour using additive and subtractive techniques, and composite placement and amalgam carving. Occlusal principles are heavily emphasized as a key factor in successful mastery of dental anatomy. (Quarters 3-4).

RDS 156. Integrated Preclinical Technique II: Direct Restorative. 3 Units.
As a component of the Integrated Preclinical Reconstructive Dentistry curriculum, students will be evaluated on their mastery of laboratory skills and simulation of reconstructive dentistry procedures as they relate to a “family” of patient cases presented in the course. Starting with all-ceramic preparations and progressing through PFM, gold and partial coverage restorations, an emphasis on conservation of tooth structure and maintaining or enhancing esthetics is woven through all projects. Students learn single tooth and multiple tooth rehabilitation. Projects increase in complexity throughout the year and treatment planning accompanies all projects. Ample time is spent on the adhesive protocols for cementation. Related topics included in this component are post and core placement, laboratory skills, and general dental procedures such as impression taking and model work. (Quarters 3-4).
RDS 173. Principles of Restorative Dentistry Lecture. 4 Units.
This course introduces students to operative dentistry and dental anatomy in a comprehensive, integrated format with an emphasis on clinical applications. Foundational knowledge of direct restorative materials is presented. Students learn about indications and principles of preparations for restoring teeth with amalgam and composite resins, including techniques for placement of the direct restorations. Additionally, correct ergonomics for a dental practitioner, hand piece techniques, rubber dam application and tooth morphology are covered. 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. (Quarter 1.)

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 developing the student’s hand skills needed to complete successful fixed prosthodontic preparations. (Quarter 2.)

RDS 175. Principles of Restorative Dentistry Lab. 5 Units.
This course introduces students to operative dentistry and dental anatomy in a comprehensive, integrated format with an emphasis on clinical applications. Foundational knowledge of direct restorative materials is presented. Students learn about indications and principles of preparations for restoring teeth with amalgam and composite resins, including techniques for placement of the direct restorations. Additionally, correct ergonomics for a dental practitioner, hand piece techniques, rubber dam application and tooth morphology are covered. 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. (Quarter 1.)

RDS 179. Complex Issues in Restorative Dentistry Lab. 5 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 developing the student’s hand skills needed to complete successful fixed prosthodontic preparations. (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. (Quarter 3.)

RDS 185. Advanced Techniques in Restorative Dentistry Lecture. 4 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. (Quarter 3.)

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. (Quarter 3.)

RDS 225. Integrated Preclinical Professional Development III. 5 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. Clinical activities required during the course include Denture Block and Crown Block. (Quarters 5-7.)

RDS 230. Integrated Preclinical Concepts V. 2 Units.
This didactic course provides students with the foundational knowledge in removable prosthodontics 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 principles related to the partially edentulous and fully edentulous patient. Course material includes the full scope of removable prosthodontic treatment for partially and completely edentulous patients, including patho-physiology of tooth loss; diagnosis and treatment planning for transitional and definitive removable dentures; fabrication of partial and complete dentures; follow-up, recall, and problem-solving for patients with removable dentures. (Quarter 5.)
RDS 231. Integrated Preclinical Concepts VI. 2 Units.
This didactic course provides students with the foundational knowledge in occlusion and implant 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 temporomandibular joint (TMJ) and muscle anatomy, occlusal exam, inter-occlusal records, marking media, bruxism, sleep disorders, and temporomandibular dysfunction (TMD) are provided. Course material also includes the full scope of implant treatment for partially and completely edentulous patients, including history and biophysics of dental implants; diagnosis and treatment planning for implants; implant components and techniques; follow-up, recall, and problem-solving for patients with implant restorations. (Quarter 6.).

RDS 232. Integrated Preclinical Concepts VII. 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 evidence-based dentistry. Course material includes the temporomandibular joint (TMJ) and muscle anatomy, occlusal exam, inter-occlusal records, marking media, bruxism, sleep disorders, temporomandibular dysfunction (TMD), erosion, and parafunctional habits and their effects on total dental wear as it relates to complex conformational and reorganized dentistry. (Quarter 7.).

RDS 235. Integrated Preclinical Technique III: Removable Prosthodontics. 3 Units.
In this course, students develop laboratory and clinical skills as related to removable prosthodontics. 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 prosthesis design, including base, clasp, rest, minor connector, and major connector designs. For edentulous patients and those patients with hopeless dentition, students will learn the basic clinical and laboratory phases of complete denture fabrication including diagnosis, pre-prosthetic surgery, tissue conditioning, impression, cast fabrication, record base/rim, occlusal records, chair-side esthetic arrangement, articulator mounting, anterior 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 reline/repair 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. Integrated Preclinical Technique IV: Occlusion and Implant Dentistry. 3 Units.
In this course, students develop laboratory and clinical skills in occlusion and implant dentistry. Students will gain technical experience in equilibrating occlusal prematurities, creating Smile Design wax-up, polymerized smile design and custom incisal guide table to understand the balance between occlusal factors and esthetics. This course provides students with the foundational knowledge needed for critical assessment during the occlusal exam, treatment planning, evidence-based practice, and encouragement of lifelong learning. Formative and summative assessment will be used frequently to appraise students’ grasp of occlusion and implant principles and the use of that knowledge to perform laboratory and clinical procedures. The concept of “idealized occlusion” is taught as a model to utilize when designing new restorations and larger restorative cases. (Quarter 6.).

RDS 237. Integrated Preclinical Technique V: Advanced Reconstructive Techniques. 3 Units.
In this course, students develop laboratory and clinical skills as related to modern dentistry. Students will gain technical experience in veneer preparation and cementation procedures, various soft tissue management techniques, and the delivery and maintenance of an occlusal splint. Students are challenged to treatment plan and determine restorability of teeth in various dental situations utilizing periodontal, endodontic, and orthodontic parameters addressing the chief concerns from selected clinical case scenarios. (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 intracranial 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 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 378. Clinical Restorative Dentistry II. 11 Units.
Study of diagnosis, treatment planning, and intracranial 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

Michael Ajayi
Associate Professor of Oral and Maxillofacial Surgery
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, Chief Resident, 1983

Spencer James Anderson
Instructor of Oral and Maxillofacial Surgery
BS, Brigham Young University, Clusters in Biology and Chemistry, 2008
DDS, Creighton University School of Dentistry, Dentistry, 2012

B

Edmond Bedrossian
Associate Professor of Oral and Maxillofacial Surgery
BS, University of San Francisco, Biology, 1981
DDS, University of the Pacific, 1986
DDS, Highland General Hospital, Certificate of Completion, 1990

John A. Boghossian
Associate Professor of Oral and Maxillofacial Surgery
AA, City College of San Francisco, Biology, 1983
BA, San Francisco State University, Biology, 1984
DDS, University of California San Francisco, Dentistry, 1988
Other, Memorial Sloan-Kettering Cancer Center, New York, NY, Dental Oncology Fellowship Certificate, 1990
Harbor-UCLA Medical Center, Torrance, CA, Oral Surgery, 1995

Justin Bonner
Instructor of Oral and Maxillofacial Surgery
Amarillo College, Pre-dental Studies, 2005
Florida College, Pre-Dental Studies, 2006
BS, West Texas AM University, Biology, Summa Cum Laude, 2007
DDS, University of Texas Health Science Center at San Antonio, TX, Dentistry, Honors, 2012

D

Alfredo A. Dela Rosa, Jr.
Assistant Professor of Oral and Maxillofacial Surgery
Saint Ignatius College Preparatory, San Francisco, 1999
University of California, Davis: College of Biological Sciences, Biological Sciences, 2002
BS, University of California, San Francisco, Dental Sciences, 2004
DDS, University of California, San Francisco, Doctor of Dental Surgery, 2006
MD, Harvard Medical School, Boston MA, Doctor of Medicine, 2009
Massachusetts General Hospital, General Surgery, 2010
Massachusetts General Hospital, Oral Maxillofacial Surgery, 2012

F

Jesse M. Fa
Instructor of Oral and Maxillofacial Surgery
BS, University of the Notre Dame, IN, Science, 2003
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2006
PGY1 General Practice Residency VA/UCI Medical Center, Long Beach, Certificate, 2007
PGY2 General Practice Residency VA/UCLA Medical Center, LA, Certificate, 2008
University of Illinois at Chicago, Oral Surgery Internship, Certificate, 2010

Vincent Wayne Farhood
Associate Professor of Oral and Maxillofacial Surgery
DDS, University of Southern California, Dentistry, 1970
Certificat, Wilford Hall USAF Medical Center, Oral Maxillofacial Surgery, 1978
A. Thomas Indresano  
*Professor of Oral and Maxillofacial Surgery*  
AB, Boston University, Biology, 1967  
DMD, Harvard University School of Dental Medicine, Dentistry, 1971  
Vanderbilt University, Oral and Maxillofacial Surgery, 1974

**J**

Bahram Javid  
*Associate Professor of Oral and Maxillofacial Surgery*  
Hilsea College (Basingstoke) U.K., School Certificate, Oxford University, U.K., 1951  
L.D.S., King College (Durham University) Sutherland Dental School, Newcastle-upon-Tyne, U.K., Oral Surgery, 1956  
King’s College Dental School (Durham University), Newcastle-upon-Tyne, U.K., Junior House Officer, 1957  
King’s College Dental School, 1957  
Newcastle-on-Tyne Infirmary, England, Junior House Instructor, 1957  
Eastman Dental Center, University of Rochester, Rochester, New York, USA, Clinical Fellow, 1958  
DMD, School of Dental Medicine, Tufts University, 1960  
Hospital of the University of Pennsylvania, Graduate School of Medicine, Pennsylvania, PA USA, Oral Surgery Residency Program, 1966  
Diplomate, American Board of Oral and Maxillofacial Surgery, 1972

**K**

Doug Edward Kendrick  
*Instructor of Oral and Maxillofacial Surgery*  
None, Des Moines Area Community College, General Education Classes, 2003  
None, Iowa State University, Aerospace Engineering, 2004  
None, University of Iowa, Biomedical Engineering, 2006  
DDS, University of Iowa, Dentistry, 2010

Sam F Khoury  
*Instructor of Oral and Maxillofacial Surgery*  
BS, Santa Clara University, Biology, 1999  
DMD, University of Pittsburgh, Dental Medicine, 2005

**L**

Cassidy Migan Lavorini-Doyle  
*Instructor of Oral and Maxillofacial Surgery*  
BA, University of California, Santa Cruz, Biology, 2006  
DDS, UOP School of Dentistry, Doctor of Dental Surgery, 2009  
Yale-New Haven Hospital, Certificate in Oral Maxillofacial Surgery, 2013

Luis Ramon G. Limchayseng  
*Assistant Professor of Oral and Maxillofacial Surgery*  
BS, University of the East (Philippines), 1979  
DMD, University of the Philippines College of Dentistry, 1983

**M**

Joseph Clarence McMurray  
*Assistant Professor of Oral and Maxillofacial Surgery*  
BS, Pt. Loma College, Biology, 1985  
DMD, Washington University St. Louis, 1990  
University of Southern California, Oral Maxillofacial Surgery, 1994  
MBA, Pepperdine University, Business Economics and Management, 2007

**N**

Anders Nattestad  
*Professor of Oral and Maxillofacial Surgery*  
DDS, University of Copenhagen, Dentistry, 1986  
Masters, Kobenhavns Universitet, Health Sciences, 1986  
PhD, Dental School, University of Copenhagen, Dentistry, 1991  
PhD, Royal Dental College, Dentistry, 1992  
American Dental Association (ADEA), ADEA Leadership Institution, 2007

**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
Loma Linda University Medical Center, General Surgery Internship - Certificate, 2009
Loma Linda University, OMFS Residency Certificate, 2011

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, 2008
DDS, University of Michigan, Dentistry, 2009
Hennepin County Medical Center, General Practice Residency, 2010

Olga P Smutko
Instructor of Oral and Maxillofacial Surgery
BS, Arizona State University, Microbiology, 2006
University of the Pacific, School of Dentistry, SF, Invisalign Certificate, 2008
DDS, University of the Pacific School of Dentistry, Dentistry, 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, 1989
DDS, University of the Pacific, Graduated with honors (TAU KAPPA OMEGA), 1992
University of California, San Francisco, Oral and Maxillofacial Surgery residency, 1997

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, OMF 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, Oral and Maxillofacial Surgery, 1986
MD, University of Alabama School of Medicine, Medicine, 1993
Cottage Hospital, Santa Barbara, General Surgery, 1994

D

Donald Hayes Devlin
Adjunct Professor of Oral and Maxillofacial Surgery
University of California Berkeley, 1945
Michael Dumas
Adjunct Associate Professor of Oral and Maxillofacial Surgery
DDS, University of California San Francisco, 1949
DMD, Tufts University, 1956
PhD, University of California, 1964

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

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, Department of Oral and Maxillofacial Surgery, 2012
DMD, Harvard School of Dental Medicine, Dentistry, Oral Maxillofacial Surgery, 2013

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
University of California, San Francisco, Certificate in Oral Maxillofacial Surgery, 1993

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 Cowley Shock Trauma Center, Oral Maxillofacial Surgery, 2012

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, 2004
Certificat, University of Alabama Birmingham, Internship General Surgery, 2005
Certificat, University of Alabama Birmingham, Oral Maxillofacial Surgery, 2007

Gregory Scott Lee
Adjunct Assistant Professor of Oral and Maxillofacial Surgery
BA, UOP Stockton, Stockton 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

Nima Massoomi
Adjunct Instructor of Oral and Maxillofacial Surgery
BS, St. Lawrence University, Cum Laude, Canton, New York, Bio/Chemistry, 1994
DMD, University of Pennsylvania School of Dental Medicine, Dental Medicine, 2001
Internship, Vanderbilt University Medical Center, Nashville, TN, General Surgery, 2005
MD, Vanderbilt University School of Medicine, Nashville, TN, Medicine, 2007
Residency, Vanderbilt University, Nashville, TN, Oral Maxillofacial Surgery, 2007
Fellowship, T. Williams Evans Fellowship Columbus, Ohio, Facial Cosmetics Surgery, 2008

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, 1989

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 Surgeons, NY, Doctor of Medicine, 2007
Columbia University Medical Center, New York, NY, General Surgery Internship, 2008
Columbia University Medical Center, New York, NY, Oral Maxillofacial Surgery Certificate, 2010

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, 1995
Other, St. Luke's Roosevelt Hospital Center, Certificate, OMFS, 2000

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

Roger W. Sachs
Adjunct Associate 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, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2013

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
Vanderbilt University Medical Center, Resident, General Surgery, 2001
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, 2004

LSU Heath Sciences Center, Charity Hospital, 2005

University Medical Center, Fresno, California, 2005

DDS, University of Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, California, 2006

### 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, endodontics 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 endodontics 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, endodontics 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 endodontics 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, endodontics 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
M. Gabrielle Thodas
Assistant 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

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
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, Advanced General Dentistry, 2007
MSD, University of the Pacific Arthur A. Dugoni School of Dentistry, Orthodontics, 2010

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 University, School of Dentistry, Korea, Growth Development, 1999
University of the Pacific, School of Dentistry, Graduate Residency Program - AEGD, 2001
MSD, University of the Pacific, Arthur A. Dugoni School of Dentistry, Certificate, Orthodontics, 2005

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, 2008

M. Gabrielle Thodas  
*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

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 biomodeling, 1993

Marie Milena Tolarova  
*Professor of Orthodontics*
Gymnasium, Tabor, Czechoslovakia, College education, 1959
MD, Charles University School of Medicine, Medicine, 1965
PhD, Czechoslovak Academy of Sciences Charles University School of Medicine, Prague, Czechoslovakia, Human Genetics, 1979
Board Cert, Postgraduate Medical Institute, Prague, Czechoslovakia, Medical Genetics, Board Certificate, 1985
Board Cert, Postgraduate Medical Institute, Prague, Czechoslovakia, Pediatrics, Board Certificate, 1985
DSc, Czechoslovak Academy of Sciences, Prague, Czechoslovakia, Medical Genetics, 1986

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, Orthodontics, 1997

Adjunct Faculty

Arash Abolfazlian  
*Adjunct Assistant Professor 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
Hesham Amer
Adjunct Assistant Professor of Orthodontics
BDS, Cairo University (Cairo, Egypt), General Dentistry, 1995
MS, University of the Pacific School of Dentistry, Orthodontics, 2001

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 California, San Francisco, Certificate of Participation - Temporomandibular, 1996

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, Rensselear 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

Sean K. Carlson
Adjunct Assistant 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

Kevin W. Carrington
Adjunct Assistant Professor of Orthodontics
BS, St. Mary's College, Moraga, CA, 1980
DDS, University of California, Los Angeles, CA, Dentistry, 1984
MA, Howard University, Washington DC, Orthodontics, 1987

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
Sarah Chung
Adjunct Assistant Professor of Orthodontics
BS, University of the Pacific, Biological Sciences, 2003
DDS, University of California San Francisco, dental, 2007
MSD, University of the Pacific, orthodontics, 2008

William A Cole
Adjunct Associate Professor of Orthodontics
BA, Washington and Jefferson College, Biology, 1981
MD, New Jersey Dental School, Dental, 1983
Cert, University of California, San Francisco, Orthodontics, 1986

D

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, Certificate in Orthodontics, 2000

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

G

Elyse Garibaldi
Adjunct Instructor of Orthodontics
Archbishop Mitty High School, 2004
BS, University of California Los Angeles, biology, 2008
DDS, University of Southern California, School of Dentistry, dentistry, 2012
MSD, University of the Pacific, Arthur A. Dugoni School of Dentistry, orthodontics, 2014

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 P. Gibbs
Adjunct Associate Professor of Orthodontics
BS, University of Nebraska, Nebraska, 1954
DDS, University of Nebraska Medical Center, Nebraska, Doctor of Dental Surgery, 1956
Other, University of Nebraska, Nebraska, Orthodontics, 1960

Jonathan Gluck
Adjunct Instructor of Orthodontics
BS, University of Michigan, BioPsychology, 2008
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, dentistry, 2012
MSD, University of the Pacific, Arthur A. Dugoni School of Dentistry, orthodontics, 2014

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. Hatasaka
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., University of Toronto, Ontario Canada (1983), Oral Radiology
University of Vermont Medical Center (1976), General Practice Residency
University of Washington, Seattle (1965), Biology
University of Washington, Seattle (1968), Biology
Western Washington State College (1969), Biology

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
Paul M Kasrovi
Adjunct Professor of Orthodontics
BS, University of Southern Cal (USC), Biomedical Engineering, 1984
MS, University of Pennsylvania, Electrical Engineering, 1986
DDS, UCSF, Dental Sciences, 1992
MS, UCSF, orthodontics, oral biology, 1995

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

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) Language, 2002
BS, University of California, Davis, Neurology, Physiology and Behavior: Exercise Biol, 2007
Kyoto Seika University, completed three courses of Japanese Language, 2007
DDS, University of California, Los Angeles School of Dentistry, Dentistry, 2011
MSD, University of the Pacific, Orthodontics, 2013

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
DDS, University of the Pacific, dentistry, 2005
University of the Pacific, Craniofacial Genetic Research Fellow, 2011

M

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

Laurie McCullough
Adjunct Instructor of Orthodontics
Diablo Valley College, 2005
University of Queensland, Australia, year-long undergraduate study abroad program, 2006
BS, University of California, Davis, biological sciences, 2007
DDS, University of the Pacific, Arthur A. Dugoni School of Dentistry, dentistry, 2011
University of Florida, orthodontic internship, 2012
MSD, University of the Pacific, Arthur A. Dugoni School of Dentistry, orthodontics, 2014

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

P

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

Iroshini Perera
Adjunct Instructor of Orthodontics
BS, University of California Los Angeles, Psychobiology, 2004
DDS, University of Southern California, School of Dentistry, dentistry, 2012
MSD, University of the Pacific Arthur A. Dugoni School of Dentistry, Orthodontics, 2014

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

W. Ron Redmond
Adjunct Associate Professor of Orthodontics
BA, U C Riverside, Zoology, 1962
DDS, University of the Pacific, Dentistry, 1966
MS, University of Southern California, Orthodontics, 1970

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 Los Angeles School of Dentistry, Certificate in Orthodontics, 1987

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

Charlene Rocha
Adjunct Instructor of Orthodontics
AA, Chabot College, Hayward California, liberal arts, 2006
BS, University of California, San Diego, biology, 2008
DDS, University of California, San Francisco School of Dentistry, dentistry, 2012
MSD, University of the Pacific, Arthur A. Dugoni School of Dentistry, orthodontics, 2014

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

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

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

Walled Touni
Adjunct Instructor of Orthodontics
Faculty of Sciences, Cairo, Egypt, Preliminary Natural Sciences (certificate), 1990
BDS, CAIRO University, Cairo, Egypt, dentistry, 1994
Cairo University, Egypt, General Practice Residency, 1995
Cairo University, Egypt, prosthodontics, 1998
MSD, University of the Pacific, Arthur A. Dugoni School of Dentistry, orthodontics, 2012

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 Dentistry, Certificate in Orthodontics, 1994

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 School of Business, University of Pittsburgh, MBA Certificate program, 2004
University of Pittsburgh, Orthodontics and Dentofacial Orthopedics, 2005

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.).

OR 348. Applied Orthodontics. 1 Unit.
A study of standard orthodontic records and their application to diagnosis, treatment planning, and treatment evaluation in the mixed and permanent dentitions. Lateral head films are traced, measured, analyzed, and discussed with regard to norms and growth patterns. Facial soft tissue surface mapping using volumetric imagining technology and 3-D imagining software will be introduced. Students will present cases incorporating dental records, study models, cephalometric analysis, photographs, arch length and tooth size discrepancy analysis to explain diagnostic, treatment planning, and treatment procedures. (12 hours seminar, 6 hours graduate orthodontic clinic. Quarters 9-10.).

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 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 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.
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 4.).

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

OR 456. Clinical Orthodontics I. 30 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 1-4.).
OR 457. Mixed Dentition Orthodontics I. 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 1-4.).

OR 458. Surgical Orthodontics I. 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 1-4.).

OR 459. 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 501. Principles of Orthodontics. 8 Units.
In this literature-based seminar, residents participate in discussion with emphasis on the critical analysis and evaluation of the scientific methodology in the literature reviewed, and the clinical application of the material. Topics include Principles of Orthodontics Introduction, Biomechanics, Facial growth, Retention & Relapse, Functional appliances, Intraoral forces, Mandibular motion & Tooth contact, Maxillo-Mandibular references, and Occlusal treatment objectives. (Quarters 5-8.).

OR 502. Microimplant & Bone Biology I. 6 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, 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. (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
UCSF, AEGD, 2000
MS, University of Michigan, Pediatric Dentistry, 2002

F

Niki Fallah
Assistant Professor of Pediatric Dentistry
BA, UC Berkeley, American Studies, 2003
DDS, USC, Dentistry, 2010
MS, UCSF, Oral and Craniofacial Sciences, 2014
Other, UCSF, Pediatric Certificate, 2014

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 dentistry, 2009
MA, Horce H. Rackham, School of Graduate Studies, Master's Degree in Pediatric Dentistry, 2013
Other, University of Michigan-School of Dentistry, Certificate in Pediatric Dentistry, 2013

H

Charles W Halterman
Assistant Professor of Pediatric Dentistry
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

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
Assistant Professor of Pediatric Dentistry
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

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

Michael Wahl
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

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

Z

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

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

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 Alberta Institute of Technology, Pediatric Advanced Life of Technology, 2013

David J. Crippen
Adjunct Assistant Professor of Pediatric Dentistry
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
Maria Do  
Adjunct Assistant Professor of Pediatric Dentistry  
BS, UCLA, Molecular, Cellular, Development Bio, 2004  
DDS, USC, Dentistry, 2008  
DDS, Albert Einstein / Montefiore, Pediatric Dentistry, 2010

Jay T Golinveaux  
Adjunct Assistant Professor of Pediatric Dentistry  
AB, California State University, Sacramento, General Science, 1997  
DDS, University of the Pacific - School of Dentis, General Dentistry, 2008  
MS, University of California, San Francisco, Pediatric Dentistry, 2011

Michelle M Haghpanah  
Adjunct Assistant Professor of Pediatric Dentistry  
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

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

May Hayder  
Adjunct Assistant Professor of Pediatric Dentistry  
BA, UC Berkeley, Molecular and Cell Biology, 1999  
DDS, UC San Francisco, Dentistry, 2006  
Other, University of Southern California, Certificate-Advanced Educ.in General Dentistry, 2007  
Other, St. Barnabas Hospital, Certificate Pediatric Dentistry, 2009

Joyce K. Huang  
Adjunct Assistant Professor of Pediatric Dentistry  
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

Jeffrey Paul Huston  
Adjunct Associate Professor of Pediatric Dentistry  
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, 1984

Aneil Kamboj  
Adjunct Assistant Professor of Pediatric Dentistry  
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

Karen Kishiyama  
Adjunct Assistant Professor of Pediatric Dentistry  
BS, California Institute of Technology, Chemical Engineering, 2002  
MS, California Institute of Technology, Materials Science, 2004  
DDS, UCSF, Dentistry, 2010  
Other, UCSF, Pediatric Dentistry, 2013

Stacey Lam  
Adjunct Assistant Professor of Pediatric Dentistry  
BS, University of California, Davis, Chemical Engineering, 1998  
DDS, University of the Pacific School of Dentistry, Doctor of Dental Surgery, 2007
Mary C. Le  
Adjunct Assistant Professor of Pediatric Dentistry  
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  
Adjunct Assistant Professor of Pediatric Dentistry  
BS, UC Davis, Biochemistry and Psychology, 2001  
DDS, UCSF, Dentistry, 2006  
MSD, Loma Linda School of Dentistry, Pediatric Dentistry, 2013  

Charles Leung  
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  

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

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, Certificate in Pediatric Dentistry, 2006  

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  
Adjunct Assistant Professor of Pediatric Dentistry  
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 - Houston, Pediatric Dentistry, 2007
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

Poonam Shah
*Adjunct Assistant Professor of Pediatric Dentistry*
BA, Northwestern Univ, Psych, 2005
DDS, Indiana Dental School, Dentistry, 2009
Other, King's County Hospital, GPR, 2010
Other, Maimonides Medical Center, Pediatric Dental Residency (Certified), 2012

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 Branch at Houston, Dept. of Pediatric Dentistry, Certificate in Pediatric Dentistry, 2003

Yogita B Thakur
*Adjunct Assistant Professor of Pediatric Dentistry*
BDS, VYWS College Hospital, General Dentistry, 1996
MSA, University of Iowa, Dental Public Health, 2002
MS, UCSF, Certificate Pediatric Dentistry, 2010

Vikram Tiku
*Adjunct Assistant Professor of Pediatric Dentistry*
BA, Dartmouth College, Biology, 2005
DDS, University of the Pacific, School of Dentistry, Dentistry, 2011
Other, UNLV, Pediatric Dentistry, 2014
Other, USC, GPR, 2014

Brigid W Trent
*Adjunct Assistant Professor of Pediatric Dentistry*
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

Vivienne Valdez
*Adjunct Assistant Professor of Pediatric Dentistry*
BS, Ohio State University, Biological Sciences, Biology, 2003
DDS, New York University College of Dentistry, 2007
St. Barnabas Hospital, Bronx, Pediatric Dental Residency, 2010

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

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

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

Course Descriptions

Predoctoral 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 Education, 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, Periodontics 6/87, 1987
MBA, University of the Pacific, Master of Business Administration, 1999

C

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

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 Biology, 1992
MBA, University of the Pacific, 1999
MA, University of the Pacific, Educational Administration, 2009

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

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

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

Navid N. Knight
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 Health Sciences University, Mini Anesthesia Residency, 1992
Veterans Admin. Hospital, Periodontology resident, 1992
United States Navy, Certificate of Training in Oral Pathology/Medicine, 1995

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 Proficiency in Periodontics, 1983
MA, University of the Pacific, Education, 1994

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
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

Mustafa Radif  
*Instructor of Periodontics/Dental Hygiene*  
BDS, Baghdad University, Dental Surgery, 2001  
Cert., Diablo Valley College, Dental Laboratory Technology, 2010  
BSD, University of the Pacific, Dental Hygiene, 2012

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

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

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

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 Theory and Science of Dental Practice, 1968  
Letterman Army Medical Center, Periodontics, 1970  
MPS, Western Kentucky University, 1974

Adjunct Faculty

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  
University of Pennsylvania, Endodontics, 1980  
University of Pennsylvania, Periodontics, 1980

Lynna BK Bui  
*Adjunct Assistant Professor of Periodontics*  
DDS, Northwestern University, General Dentistry, 1999  
MA, University of Pittsburgh, Periodontics, 2004
Lauren K Chin
Adjunct Instructor of Periodontics/Dental Hygiene
BA, San Francisco State University, Industrial Arts, 2007
BA, San Francisco State University, Journalism, 2007
BS, University of Pacific, Dental Hygiene, 2014

Richard Tsu-hsun Kao
Adjunct 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 California, San Francisco, Post-doctoral fellow Bone Biochemistry, 1986
University of California, San Francisco, Post-doctoral fellow Pathology, 1986
University of California, San Francisco, Certificate in Periodontics, 1991

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

Connie Oh
Adjunct Assistant Professor of Periodontics
BS, College of William Mary, Neuroscience, 2007
DDS, University of the Pacific Arthur A. Dugoni School of Dentistry, Dentistry, 2011
MS, University of California, San Francisco, Oral and Craniofacial Sciences, 2014
University of California, San Francisco, Periodontology, 2014

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, 2010
MS, University of California, San Francisco, Masters of Science in Oral Craniofacial Sciences, 2013
University of California, San Francisco, Certificate in Post-graduate Periodontology, 2013

Shanda Lauri 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
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, preclinical periodontics, 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.).
### Thirty-Six Month Doctoral Program Overview (DDS)

#### First Year

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<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
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### Notes
- Integrated Clinical Courses: All courses listed are designed to be integrated across the program, providing a cohesive learning experience.
- Oral Medicine courses focus on the medical aspects of oral health.
- Oral Surgery courses cover advanced procedures for treating oral and maxillofacial conditions.
- Oral Pathology courses focus on the diagnosis and treatment of oral diseases.
- Oral Radiology courses cover the use of radiographic techniques in diagnosing oral conditions.
- Oral Pathology courses cover the medical aspects of oral health.
- Oral Medicine courses focus on the medical aspects of oral health.
IDS TWENTY-FOUR MONTH DOCTORAL PROGRAM OVERVIEW

First Year

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Second Year

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Note: IDS week or 2 weeks of this quarter
## Distribution of Instruction

### DDS

#### Year 1

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### Year 3

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| DP 303I | Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars | 2 | 0 |
| DP 307I | Extramural Patient Care | 0 | 1 |
| DP 316 | Patient Management and Productivity II | 0 | 2 |
| DP 318 | Clinical Management and Judgment II | 0 | 2 |
| DP 368I | Emergency Clinic | 0 | 1 |
| EN 359I | Clinical Endodontics II | 0 | 2 |
| OR 348 | Applied Orthodontics | 0 | 1 |
| OS 339I | Clinical Oral and Maxillofacial Surgery II | 0 | 0 |
| PA 331 | Differential Diagnosis of Oral and Maxillofacial Lesions | 2 | 0 |
| PD 346 | Dental Auxiliary Utilization | 0 | 2 |
| PD 347 | Clinical Pediatric Dentistry | 0 | 4 |
| PR 356I | Clinical Periodontics II | 0 | 1 |
| RDS 378 | Clinical Restorative Dentistry II | 0 | 6 |
| RDS 396I | Clinical Removable Prosthodontics | 0 | 3 |
| Quarter Total | 5 | 25 |

| Quarter Total | 7 | 18 |
| Winter Quarter (11) |
| DP 300 | Practice Management II | 3 | 0 |
| DP 302 | Clinical Care of Complex Needs Patients | 2 | 0 |
| DP 303 | Integrated Clinical Sciences III: Multidisciplinary Case Based Seminars | 2 | 0 |
| DP 307I | Extramural Patient Care | 0 | 1 |
| DP 317I | Patient Management and Productivity III | 0 | 2 |
| DP 319I | Clinical Management and Judgment III | 0 | 2 |
| DP 368I | Emergency Clinic | 0 | 1 |
| EN 359I | Clinical Endodontics II | 0 | 2 |
| OS 339I | Clinical Oral and Maxillofacial Surgery II | 0 | 0 |
| PR 356I | Clinical Periodontics II | 0 | 1 |
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| RDS 396I | Clinical Removable Prosthodontics | 0 | 3 |
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| Quarter Total | 1 | 20 |
| Spring Quarter (12) |
| DP 301 | Jurisprudence | 1 | 0 |
| DP 307 | Extramural Patient Care | 0 | 1 |
| DP 317 | Patient Management and Productivity III | 0 | 2 |
| DP 319 | Clinical Management and Judgment III | 0 | 2 |
| DP 368 | Emergency Clinic | 0 | 1 |
| EN 359 | Clinical Endodontics II | 0 | 2 |
| OS 339 | Clinical Oral and Maxillofacial Surgery II | 0 | 2 |
| PR 356 | Clinical Periodontics II | 0 | 1 |
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# Orthodontics Graduate Program

## Year 1

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**Quarter Total**: 17 Didactic Units, 11 Lab/Clinic Units

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**Quarter Total**: 17 Didactic Units, 14 Lab/Clinic Units

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## Endodontics Graduate Program

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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 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 by the dental school to the associate dean in PHS for evaluation. 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.
Please click here (http://dental.pacific.edu/Academic_Programs/Doctor_of_Dental_Surgery/Tuition_and_Fees.html) for detailed information on 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, interim or indefinite involuntary leave of absence, 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, sex, marital status, citizenship status, military service status, sexual orientation, medical condition (cancer-related or genetic condition), disability, 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://dentalscience.pacific.edu/Human_Resources/Employee_Resources/Policies_and_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 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 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 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 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 2015-2016. Students who join a subsequent cohort for any reason are governed by the policies, requirements, and curriculum of the catalog in effect at the time of re-entry. 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). ¹

¹Night clinic sessions count as one half-day. An absence for all three instructional sessions on Monday or Thursday (morning, afternoon, and evening) counts as 1.5 discretionary days.

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 associate or assistant 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 determines the conditions under which and the date by which the deficiency that caused the INC must be removed by the student. If no completion date is stipulated, by default the end date of the subsequent term is the completion date. Failure to comply with stated conditions by the stipulated date will result in the INC reverting to the grade F, failure. When an INC is given in the terminal quarter of a clinical course, a customized program will be developed to allow the student to meet clinical expectations in a timely manner. No student may earn a diploma with a permanent INC grade in a course directly tied to one or more of the school’s competency statements.

**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. For details on how GPA is calculated for students repeating a single course or an entire academic year, see the Repeat section in the Academic Performance tab.

**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 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 academic performance each quarter. 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 that 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 cohort. 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 one course is repeated by a student who remains with his/her original matriculating cohort, BOTH attempts are permanently recorded on the student's transcript. Repeated courses are identified on the transcript with a “Y” in the repeat column, and the interim and permanent grade earned, if applicable, is INCLUDED in the Grade Point Average calculation (“grade averaging”).

When more than one course is repeated (normally by a student who is repeating an entire academic year), BOTH attempts are permanently recorded on the student's transcript. Repeated courses are identified on the transcript with a “Y” in the repeat column, but interim or permanent grades earned are 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 who join a subsequent cohort for any reason are governed by the policies, requirements, and curriculum of the catalog in effect at the time of re-entry.

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 becomes final 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 identifying 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 who withdraw without first requesting permission will record a dismissal. A student who does not re-enroll by the specified dates 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.

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The dean has the authority to place a student on interim or indefinite leave of absence after careful review of the facts of a case. See also the Overview section of the General Policies section.

Graduation

In addition to all other requirements for graduation, the candidate must demonstrate competence to discharge the duties required of a practitioner of dentistry. In addition to the skills, knowledge, 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 school, completion of all technical and clinical requirements prescribed in the curriculum, good academic standing, a passing score on Part II of the National Board Dental Examination, and compliance with all relevant 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 these requirements, it is authorized to recommend to the dean the graduation and conferral of the degree. The committee may also recommend delay in the individual's graduation date and will stipulate 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 works with the curriculum committee in planning, developing, and recommending methods by which students' performance may best be evaluated. The committee ensures enforcement of academic standards as described in this catalog.

Membership includes: the associate dean for clinical services, the assistant dean for academic affairs, the vice-chair of the department of dental practice, all Group Practice Leaders, and all 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 one 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
- Infection Control Committee
- 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

The resources below are available to assist students and residents in areas related to completion of the academic program.

**Business Office**
The business office manages student accounts, including posting of 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. Student Services also plans and supervises all student retreats.

**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 funds 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).

**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 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 whose 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, hands-on clinical sessions with live-patient treatment, on-line delivery, or any combination thereof. Programs lengths vary, and include half-day, full-day, and 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. The division also sponsors learning and travel programs abroad, the next being planned for 2016 in Italy.

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, and substantially reduced for faculty and staff, depending on the program. Pacific dues-paying alumni members receive a 10% discount on most CDE programs offered by the division.

For more information, visit 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 professional development and 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 several of the school’s six strategic directives, including to utilize best practices and public health science, and to develop professionals committed to and engaged in improving the health of all people. SCOPE programs are a major component of Pacific’s Community-Campus Partnership Programs (CCPP), which collaborates with community agencies in the development of Pacific’s oral health programs.

Inter-professional projects, leadership development, and evidence-based best practices are the foundation of CCPP and 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 sponsors inter-professional projects with students from pharmacy, nursing and physician assistant schools. 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 senior centers, pre-schools, elementary and non-profit agencies and numerous health fairs.

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

William A. van Dyk ’73
President
Kimberly A. Fanelli ’06 DH
President-Elect
Daniel M. Castagna ’81
Vice President
Mary M. Turoff ’77
Secretary
Bruce G. Toy ’81
Treasurer
Arthur A. Dugoni ’48
Dean Emeritus
Artemiz Adkins ’04
Immediate Past President
David Eastis
Executive Director

Board Members

Alan W. Budenz, Associate
Jeffrey J. Bueno ’90
Richard F. Creagh ’86
David Ehsan ’95
Richard J. Garcia, Associate
Kelsie Hensley ’11 DH
Parag R. Kachalia ’01
Peter C. Liu ’89
Leon C. Nelson ’60
Cheri Howell Reynolds, Associate
Bertrand D. Rouleau ’82 Ortho
Jamie J. Sahouria ’04
Daniel S. Tanita ’73
Kevin R. Tanner ’82
Bing Elliot Xia ’00 IDS
Magnus K. Yang ’09/’10 AEGD

Student Representatives
Abdul Ghani Fahd Mohammed ’16 IDS
Neri Lubomirsky ’17
Navid Toabian ’16

Ex-Officio
Deborah Horlak
Associate Professor and Director,
Dental Hygiene Program
Jeff Rhode
Associate Dean for Development

PDF Representative
Edmond Bedrossian ’86
PDF President

Staff
Ms. Esther Hill
Assistant Director
Mr. Marceyl Jones
Administrative Assistant
Ms. Andrea Woodson
Coordinator

Pacific Dugoni Foundation

The Pacific Dugoni Foundation (PDF) 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. Michael Fox ’82
Mr. Gary Mitchell
Dr. W. Ronald Redmond ’66
Mr. Jeff Rhode
Dr. Daniel Tanita ’73
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 (ADEA)

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 (third highest GPA)
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 Desmarteau Endowment award
Kevin Campbell Alumni Association Service award
F. Gene and Rosemary Dixon IDS Endowment award
CHIPS Editor award
Pierre Fauchard Academy awards
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 Oral and Maxillofacial Radiology 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
Oral and Facial Surgeons of California 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
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.
# Index

## A
- Academic and Administrative Policies .................................................................................................................. 107
- Accreditation ............................................................................................................................................................ 5
- Awards ........................................................................................................................................................................ 118

## B
- Biomedical Sciences (BMS) ....................................................................................................................................... 15

## C
- Competency Statements ............................................................................................................................................... 12
- Course Descriptions and Faculty ........................................................................................................................... 14
- Curriculum ............................................................................................................................................................... 6

## D
- DDS Admissions Requirements ............................................................................................................................... 103
- Dental Practice and Community Service (DP) ........................................................................................................ 19
- Distribution of Instruction ........................................................................................................................................ 89

## E
- Endodontics (EN) ..................................................................................................................................................... 37

## G
- General Policies ...................................................................................................................................................... 105

## H
- History and Educational Goals ................................................................................................................................ 4
- Humanistic Education ............................................................................................................................................... 11

## I
- Integrated Reconstructive Dental Sciences (RDS) .................................................................................................... 43

## O
- Oral and Maxillofacial Surgery (OS) ....................................................................................................................... 58
- Orthodontics (OR) .................................................................................................................................................. 64

## P
- Pediatric Dentistry (PD) .......................................................................................................................................... 76
- Periodontics (PR) ................................................................................................................................................... 82
- Professional and Fraternal Organizations .............................................................................................................. 115

## R
- Reservation of Powers ............................................................................................................................................... 3

## S
- Services ..................................................................................................................................................................... 113
- Standing Committees .............................................................................................................................................. 112

## T
- Tuition and Fees ..................................................................................................................................................... 104

## V
- Vision, Mission, and Values ..................................................................................................................................... 2