PRESIDENT’S MESSAGE
by Maurice L. Edwards, DMD

When I was installed as your president earlier this year, I planned to “hit the ground running” and several months later I can firmly say, along with the entire leadership of NYCDS, we have done just that. One of the first orders of business was to streamline the committee meeting process by holding joint meetings to increase communication across committees. To date three joint meetings were held and each meeting provided more robust discussion, greater awareness of shared goals and better strategic planning; all participants agreed that it was constructive to do so.

That collaborative approach was beneficial in initiating the May 7 Legislative Evening which was also the launch of Give Kids A Smile NYC 2016. It was a very popular and high-profile event which brought together leadership, members and invited guests. It also established Corey Johnson, Chair of the Health Committee of the New York City Council as Honorary Chairman of the GKAS NYC 2016 event taking place in his West Side district next February. Legislative Committee Chair Deborah Weisfuse and Political Action Committee Chair Sheldon Nadler were instrumental in making this exceptional event a success. (See event details on page 3).

Since the official kick-off has taken place and planning has begun for Give Kids a Smile 2016, I hope all members will consider participating in what will be our largest GKAS event ever on February 5th. We will soon be sending out a call (continued on page 4)

Call for 2016 Leadership!

Each year members are invited to get involved in the governance of the Society. Serving on the Board of Directors offers a unique opportunity to shape the future of NYCDS. The Nominating Committee is currently seeking applications from candidates to serve with 2016 President Irvind Khurana as directors of the Board for three-year terms. The committee is also accepting applications for the positions of President Elect, Vice President and Secretary for one-year terms (Treasurer Luis Fujimoto will be in the second year of a two-year term.)

The committee hopes to tap the skills and expertise of a wide pool of applicants and encourages all interested members to apply. A written application must be submitted and applicants are asked to be present for a personal interview to discuss their background, qualifications and leadership philosophy. The application is posted on the Society’s homepage www.nycdentalsociety.org or you can call 212-573-8500 to request a copy. The deadline to file applications at NYCDS headquarters is Friday, July 10, 2015 at 4:00 pm. Interviews will be conducted on the evenings of August 4th and 5th by the Nominating Committee. Candidates are required to be present at the designated date and time.

The process for candidates is as follows:

■ Application forms are to be utilized;
■ Candidates may indicate their preference to be considered for (continued on page 4)
From the CE Director
by John R. Varoscak, DDS

By the time this publication reaches your desk, the Spenadel Summer Continuing Education session has already begun. Many dentists find it convenient to take courses during the summer on a Wednesday or weekday evening. Once September arrives, our schedules become much busier with meetings, study clubs and other commitments. This summer semester is a good time to take those courses required for relicensure. The six-hour course on Enteral Sedation presented on July 15 satisfies the educational requirement for renewing the New York State Enteral Sedation Certificate. Other states also have similar requirements.

A CPR Certification course on July 8 provides basic life support training while providing a certification card for license renewal. The two-hour evening course on July 21 on Oral Cancer Detection and Prevention provides current, practical information on this important topic while satisfying the one-time requirement for licensure in New York.

A four-hour Risk Management Program is repeated on August 5. This excellent course provides a recipe for office operation and patient treatment that minimizes the likelihood of litigation. A certificate will be issued that can result in a 10% discount for three consecutive years on your malpractice insurance premium.

Three new programs are offered in June and July:

- Restoring the Difficult Class II, presented on June 17 by Dr. Marc Gottlieb, will discuss how to restore the tooth with a large failing restoration. Dr. Gottlieb will pull it all together through case studies, and show you how to restore a tooth with the difficult wide open box or missing cusp.
- Practical Everyday Procedures for Your Pediatric Patients: A Hand-On Workshop, presented by Dr. Carla Cohen on July 15, will give you practical points on how to treat your little patients well. You will be shown the very best materials that dentistry has to offer.
- Frequently Prescribed Medications and Considerations in the Management of Dental Pain, presented on July 29 by Thomas Viola, RPH, provides an update on medications used in disease state management, and an overview of local anesthetic agents and analgesics commonly administered in dental practice. This course is suitable for both dentists and hygienists.

Details and registration information on all summer courses can be found in the course catalog and online at www.nycdentalsociety.org.

Recognizing Academic Excellence

Each year NYSDA presents the Albert H. Stevenson Award to the senior dental hygiene student who has demonstrated the highest overall academic excellence and clinical proficiency in the dental hygiene program.

Board Member Ira Titunik presented the Stevenson Award at NYU College of Dentistry on May 14, and President Elect Irvind Khurana presented the award at the New York City College of Technology on May 26.
A Tremendous Launch for Give Kids A Smile
NYC 2016 / Legislative Reception

An unprecedented number of leaders, members, students and special guests came together on May 7 to enjoy a fantastic evening celebrating the kick-off for Give Kids A Smile NYC 2016. The stellar event highlighted a new collaboration with the City of New York to improve access to dental care for under-served populations. There was wine, hors d’oeuvres and dinner (as well as a Scotch tasting!) which enhanced the celebration. Special thanks to Fraya Karsh and her husband for their generosity which made the Scotch tasting possible.

City Council Member Corey Johnson, chair of the Health Committee of the New York City Council, is partnering with NYCDS (through a coalition of committees) to host Give Kids A Smile at eight elementary and four middle school on February 5, 2016. To honor Council Member Johnson’s commitment to championing the cause of New York’s most vulnerable citizens and our shared goal of better oral health for all New York City children, Mr. Johnson received a plaque naming him Honorary Chair of the Give Kids A Smile NYC 2016. On behalf of all New Yorkers, we look forward to a long partnership with Mr. Johnson.

Past President Fraya Karsh with Board Member Greg Chotkowski (on left), Past President James Doundoulakis and District Claims Chair Steve Tunick.

(left to right) Continuing Education Chair John Varoschak with Sam Lentini, President Elect Irvind Khurana and Legislative Chair Deborah Weisfuse.

Students from Columbia University College of Dental Medicine.

Past President Fraya Karsh with Board Member Greg Chotkowski (on left), Past President James Doundoulakis and District Claims Chair Steve Tunick.

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Past President Fraya Karsh with Board Member Greg Chotkowski (on left), Past President James Doundoulakis and District Claims Chair Steve Tunick.

A record crowd attended the kick-off event.

New York University College of Dentistry students with member Yakir Arteaga.

Members and guests mingling over hors d’oeuvres.

Board Member Ioanna Mentzelopoulou (on left) with Maggie Mintzberg, Vice President Ken Cooperman and ADA Trustee Chad Gehani.
for volunteers to set aside a few hours from your day to provide screenings for students at eight elementary schools and possibly four charter schools on the west side of Manhattan. It will involve just a few hours of your time but can have a huge impact on the students you will meet. It is also a great way to connect with the community and raise the profile of the Society.

One of my other main objectives as president is to increase active participation of members in a way that makes everyone feel represented. To that end, I want to encourage every member to consider applying for a leadership position with the Society. We have long since abandoned the practice of officers automatically “moving up the ranks” from one position to the next. The open and transparent nominating process has been in place for several years now, providing real opportunities for interested individuals to play an active role in the Society. My hope is that an even broader and more diverse group of members will apply. I encourage you to read about the leadership application process on page 1 and seriously consider getting involved!

If you want to be more involved but don’t feel ready to assume a leadership role, there is another great way to participate—by becoming a mentor. We are looking for volunteers for the September 2015–May 2016 academic year. Mentoring is an important project that I take a personal interest in. I am currently a mentor to students of NYU and Columbia dental schools. The program, which pairs NYU and Columbia University dental students with Society members is thriving thanks to the work of the Public and Professional Relations and Membership Committees. The response by students and mentors has been terrific. Participants make arrangements to speak, email and meet. In addition, the Membership Committee is seeking to establish a mentoring program for young dentists. New dentists will benefit enormously by being paired with more experienced members and mentor volunteers benefit by giving back to the profession and making new connections. Contact me or the Society’s staff and let them know you want to be a part of ushering in a new generation of dental professionals!

There are several other projects underway. By the time you read this issue of Dentists’ Quarterly we will have held a Young Professionals’ bowling event at Lucky Strike, a New Member Reception and our Inaugural Golf Outing at Fenway Golf Club in Scarsdale, NY. Much more will be written about all these events in the next issue of Dentists’ Quarterly.

Finally, as I write this article, the search for a new executive director is in its final stages. I can assure you that the candidate pool was exceptional and the Search Committee, led by David Shipper, is thoroughly vetting all potential candidates. Many professionals applied for the position but with the excellent guidance of the executive search firm Tuft & Associates, six finalists were interviewed by the Search Committee in mid-April. Based on those interviews, three candidates were invited back for a second round of interviews in early May. I am excited by the skills, ideas and energy of the candidates we have interviewed – which makes me very optimistic about the future of the Society. We are moving forward!

Maurice Edwards, NYCDS President, will be more than happy to answer your questions pertaining to leadership on the Board of Directors. You may contact Dr. Edwards at m.edwards0924@gmail.com.

CALL FOR 2016 LEADERSHIP
(continued from page 1)

■ more than one position;
■ Candidates will be personally interviewed by the committee;
■ Profiles will be forwarded to the committee prior to interviews;
■ Candidates are asked not to contact any member of the Nominating Committee.
■ All deliberations are held in confidence.

The Nominating Committee process is as follows:
■ No member of the committee may stand for office;
■ Any member of the committee wishing to stand for office must resign and submit an application by July 10, 2015;
■ Committee members will disclose any conflict of interest and be silent on any position where there may be a conflict;
■ Committee members will attend all meetings.

Maurice Edwards, NYCDS President, will be more than happy to answer your questions pertaining to leadership on the Board of Directors. You may contact Dr. Edwards at m.edwards0924@gmail.com.

Communicating with you is our top priority!

■ Please take a moment to make sure we have your current office address and email address. Email info@nycdentsociety.org or call 212-573-8500 to update.
■ Got Junk Mail? Check your Junk Mail folder for missing NYCDS emails. If there is an email from NYCDS there, right click on it, scroll down to the Junk Mail tab and then click “Add Sender to Safe Sender’s List” to ensure it won’t happen again.
■ Be sure to “like us” on Facebook and LinkedIn. Search for New York County Dental Society (spelled out).
Advertorials are written by knowledgeable professionals to better communicate programs and services for the dental professional. Bank of America Practice Solutions is a member of the NYCDS Corporate Friends program.

Too often, we banker types throw around terms like “cash flow” and “cash flow analysis” as if they were common in everyday conversation. The reality is quite the opposite, and we’re doing our clients a disservice if we don’t take the time to explain what these terms mean and why they are so important to a successful business.

At its core, cash flow is the difference between the money generated by a business (cash inflow) and the cost to run the business (cash outflow). When considering a small business loan, banks commonly go one step further by incorporating personal obligations as part of the cash outflow. A cash flow analysis measures a company’s financial health and a borrower’s ability to meet their business and personal obligations. It provides the information upon which lending decisions are based.

To better illustrate why it’s important to understand cash flow, let’s review an example that shows how a minor change in a borrower’s obligations can make the difference between a loan being approved or declined.

For this example, we’ll assume that a borrower is purchasing a dental practice that collected $750,000 in 2014. These collections (not production) represent the cash inflow in our cash flow analysis. After deducting all business expenses that will be assumed by the buyer (business cash outflow), the practice showed an operating profit of $247,500 for the year. Business expenses, such as interest payments and auto expenses, are not assumed by the buyer and are therefore not included in the cash flow analysis. This $247,500 is also referred to as the practice’s operating cash flow.

Once we’ve determined the amount of money a borrower can expect to generate from the practice, we factor in the payments on the loan needed to purchase the practice as well as the borrower’s personal obligations. These obligations may include payments for mortgages, student loans, autos, credit cards and taxes as well as a cost of living estimate. In our example, the borrower has total obligations of $200,000 (personal cash outflow).

Now that we’ve accounted for all of the cash inflows and outflows, our cash flow analysis shows that the borrower will have $47,500 in excess of his/her business and personal obligations. To put it another way—for every $1 in business and personal obligations, the borrower will generate $1.24 from the practice. To approve a loan, many banks require that borrowers generate no less than $1.20 for every $1 in expenses. This borrower was close, but at $1.24, the cash flow analysis resulted in an approval!

But what if the borrower’s expenses were slightly higher? Today, almost all dental students graduate from dental school with a sizeable amount of debt and most are anxious to pay it off. The borrower in the example above chose to pay his/her loans off over 30 years and made annual payments of $48,000. At the time the borrower started repayment, there was a 15-year option at a slightly lower interest rate that required annual payments totaling $72,000. While this alternate option would have saved the borrower some interest, the required larger payment would have reduced the borrower’s excess cash flow by $24,000. This minor change would have resulted in the borrower generating only $1.08 for every dollar of expenses and the loan request would be declined.

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Periodontal Diagnosis & Treatment of Muco-gingival Conditions Part II

by Julie A. Connolly, DDS, MPH, MS

Dr. Connolly is a periodontist practicing in midtown Manhattan and is an Assistant Clinical Professor of Periodontics at Columbia College of Dental Medicine.

Editors Note: Part I of this two-part series can be found in the Winter 2015 issue of Dentists’ Quarterly.

Introduction
There are several clinical periodontal findings that fall into the category of muco-gingival conditions. Common findings include gingival recession, absent or reduced keratinized tissue and probing depths that extend beyond the muco-gingival junction. Additionally, anatomic findings such as aberrant frenum insertions, alveolar ridge defects and excessive gingiva are also considered to be muco-gingival conditions. These conditions may sometimes be found in conjunction with unfavorable tooth position, a prominent root, a variation in ridge anatomy or an area of limited vestibular depth.

Gingivectomy or Osseous
Crown lengthening using Gingivectomy or Osseous Crown lengthening should be considered for cases where excessive gingiva or gingival hyperplasia is present. If the gingival hyperplasia is associated with a medication the patient is taking, it is critical to discuss this with the patient’s prescribing physician. Many times patients cannot stop their medication. Thus patients must be informed that optimal oral hygiene is imperative. Still it is key to treat these cases, nonetheless, to allow for proper access for hygiene, to reduce the potential for plaque accumulation and to allow for a proper gingival profile. These patients must also be told that the hyperplasia may recur and require additional treatment in the future.

Regardless of the etiology, it is important to determine if the required surgical treatment necessitates osseous crown lengthening or simple soft tissue gingivectomy. This can be done by bone sounding under local anesthetic in conjunction with looking at the patient’s radiographs to see the location of the bone height with respect to their cement-enamel junction. If prosthetic treatment is to be done on the teeth that will have the osseous crown lengthening or gingivectomy, it is critical that a discussion occurs between the treating periododontist and the restoring dentist. Oftentimes a surgical template will be fabricated to guide the periododontist during the procedure. The surgical procedure itself may be done conventionally with a surgical blade though some cases may be treated using a dental laser as well. The type of laser used depends on whether or not soft or hard tissue re-contouring is required.

Frenectomy
In recession defects associated with an aberrant frenum, a frenectomy may be considered as part of the overall treatment plan. The reasons to treat an aberrant frenum are that it may interfere with proper oral hygiene in the area of recession as well as cause a pull on the gingival margin. When the frenum is severe it is typically treated first using a surgical blade or dental soft tissue laser (e.g. diode laser). Then after approximately six weeks of healing, the area can be revisited and the recession defects addressed via soft tissue grafting. If the frenum is less involved, it can be treated at the same time as the soft tissue grafting using either an external approach, as described above, or an internal approach whereby the frenum fibers are released during the preparation of the recipient flap.
Orthodontic tooth movement
If a tooth or root is buccally positioned and exhibits recession, another option is to orthodontically move the tooth or root. By lingualizing the tooth or root, many times the recession defect can be reduced or eliminated. Thus if a patient is willing to consider orthodontic therapy, then a referral to an orthodontist should be made.

Socket Grafting/Ridge Augmentation
A muco-gingival deformity can result after the extraction of a tooth. In conjunction with the overall prosthetic treatment plan, it may be advised to address this either preemptively at the time of extraction or, afterwards if the defect is severe or the site is edentulous at presentation. The treatment involved may involve both hard and soft tissue grafting as well as frenectomy or vestibuloplasty in the area of concern. The soft tissue grafting may be done with any of the materials reviewed in this article series depending on the nature and location of the defect. If hard tissue grafting is required, then the periodontist should consider which type of bone materials to use. Options include autogenous bone, allograft, xenograft and alloplast. Regenerative biologics may also be added to these grafting materials to help enhance the potential for graft success.

Conclusion
A variety of therapeutic options exist for the treatment of muco-gingival conditions. The first step in correcting a problem is to make a proper diagnosis. Then, once appropriate initial therapy is done, any necessary periodontal surgical intervention can proceed to correct the muco-gingival problem.
Osteonecrosis: Current Concepts

Guest speaker Kenneth Fleisher, DDS, gave an instructive lecture on the topic of medication-related osteonecrosis of the jaw (MRONJ) at the April 13 Stated Meeting. Dr. Fleisher is a board certified oral and maxillofacial surgeon and fellow of the American Association of Oral and Maxillofacial Surgery. His presentation “Update on Medication-Related Osteonecrosis of the Jaw” focused on the many dilemmas surrounding ONJ and new strategies to maintain oral health while undergoing antiresorptive therapy. The topic and findings were clearly of interest to members.

Medication-related osteonecrosis of the jaw may have a broad health impact and has created numerous dilemmas in patient management among oncologists, endocrinologists, rheumatologists and dentists. Dr. Fleisher presented his interdisciplinary research and contemporary data related to the pathogenesis of this condition. There is growing evidence that bisphosphonates cannot be the only factor responsible for the pathogenesis of MRONJ. This is because osteonecrosis of the jaw is associated with denosumab, chemotherapy and other comorbidities. While the pathogenesis of MRONJ is not known, research now suggests that infection, biofilm and inflammatory response play a significant role. Dr. Fleisher also described innovative strategies for prevention, diagnosis and management of osteonecrosis.

Dr. Fleisher is recognized nationally for his clinical expertise in managing patients undergoing antiresorptive therapy and who have developed ONJ. He has developed new strategies for its prevention, diagnosis, risk assessment and treatment. Dr. Fleisher is a Clinical Associate Professor in the Department of Oral and Maxillofacial Surgery at the New York University College of Dentistry, and the Associate Residency Director at Bellevue Hospital Center and New York University Langone Medical Center. Dr. Fleisher is the principal investigator of an interdisciplinary translational research protocol that explores the pathogenesis of osteonecrosis of the jaw.

Preceding the lecture, special guest NYSDA President Elect David Miller, addressed members and provided an update on the Association’s legislative activities and programs. During the business portion of the meeting, Dr. Edwards touched on the many events the Society is holding in the months ahead, as well as the GNYDM, and encouraged member participation. In addition, the slate of members who will serve on the 2016 Nominating Committee was approved. A special thank you to our Corporate Friends: Bank of America Practice Solutions, Mandelbaum Salsburg, NEBCO, Sovereign Financial Group and Straumann for sponsoring the meeting.
NYCDS Spreads the Word about Proper Oral Care

Members educated approximately 450 elementary students at the Success Academy on the Upper West Side on proper oral care earlier this year. The students enjoyed learning about the dangers of “sugar bugs.” Adam Silevitch, chair of the Children’s Dental Health Committee, and committee members Anne Kossowan, Maggie Mintzberg, Katherine Park, and Board Liaison Ioanna Mentzelopoulou and assistant Daisy Dijon all volunteered.

After the event Dr. Silevitch observed: “We asked for members to volunteer a few hours outside of their respective offices. That small commitment made a very large and lasting impression on the students with regards to oral health and attempted to reduce the children’s fears about going to the dentist. It was a very rewarding experience for both the volunteers and the students.”

The students at the York Avenue Preschool were treated to an hour of dental education when Board Member Gail Schupak came to their school. The children were a terrific audience and participated in lessons about brushing their teeth, eating nutritious foods and using their teeth to create lots of different sounds.

NYCDS was invited back to the Hamilton-Madison House, a non-profit that assists vulnerable populations, to give a second presentation this year on children’s oral health.

Dr. Maggie Mintzberg showing “scary” photos of teeth that weren’t brushed and flossed regularly.

NEBCO Announces Organizational Change

National Employee Benefit Companies (NEBCO) is pleased to announce that Alia Morath is now heading its Customer Care Center. Alia will be replacing Arlene Shelton, who is retiring this year. NEBCO is endorsed by the New York County Dental Society to provide group health insurance program offerings. Alia has been with NEBCO since 2010 as a Call Center Representative, Supervisor and Manager. Her knowledge of the organization, Call Center Best Practices and the NYCDS group insurance program will help make this a smooth transition.

Arlene cherished the personal relationships formed with various NYCDS members over the years. We hope you will join us in wishing her the very best in retirement.

Alia and her team are ready to support your needs immediately. Should you require assistance with your group medical or prescription drug program, please contact the Call Center at 1-800-242-1991, Monday through Friday, 8AM through 8PM.

There is one other important change to share. NEBCO is changing its name to AmWINS Group Benefits, Inc., effective June 1st. Please make a note to address all correspondence, including payments, with our new name. Our location will remain the same.

7th Consecutive Year of Dividends for the NYSDA-MLMIC Program

The NYSDA-MLMIC Program is in its 23rd year of service. MLMIC is proud that the Program has remained true to its mission to provide the highest quality coverage at the lowest possible premium consistent with fiscal responsibility, and that it remains a Program that is truly run by dentists for dentists.

MLMIC is also proud to honor the commitment, whenever possible, to return profits generated by the Program to dentist policyholders. Earlier this year MLMIC paid a 7.5% Special Dividend. And on May 1st the NYSDA-MLMIC Program declared a 5% dividend, which marked the 7th consecutive year of dividends for the Program. In fact, over $12 Million in dividends has been returned to MLMIC dentist policyholders. That is an accomplishment unmatched by any competitor writing dental professional liability coverage in New York.

It’s just one more reason why MLMIC is New York’s leading dental liability insurer. To learn about the NYSDA-MLMIC Program contact MLMIC at 1-800-683-7769 or visit www.mlmic.com.
Sage Advice from a Staffing Professional

An interview with Kathy Parker, President, Dental Staffers

Kathy Parker, President of Dental Staffers, has served the staffing needs of the dental profession exclusively since 1995. Dental Staffers is a leader in delivering permanent and temporary staffing services in the New York Metro area.

Q: How do you find candidates to work with?
A: Our website generates lots of candidates, however we are very active recruiting candidates at dental seminars, dental conferences and dental conventions. Also, at Dental Colleges, Dental Assisting Schools and numerous referrals from our clients and existing applicants.

Q: What do you look for when selecting candidates to work with?
A: Licenses, Skills and Experience. Besides a certified license in the particular field they are applying for, we look for qualified candidates with at least one year of dental experience. All candidates must have worked or have gone to school in the dental field previously.

Q: What tips do you have for successful hiring?
A: Make sure the candidate is a strong fit for the position you are interviewing for. Make sure their background, responsibilities, and past accomplishments could benefit your Dental Practice. Have questions pertaining to the position on hand to ask. Voice your enthusiasm about the position, and explain you are looking for a team player who works well with others. Always try before you buy with working interviews to see how capable and clinically skilled the applicant is before offering a permanent position.

Q: What do you mean by “try before you buy”?
A: Always do a working interview first before hiring. Having a potential candidate work in your office as a temp for a week or two will enable you to see if he or she is a fit for your office without hiring them.

Q: Do you have advice if a permanent placement goes bad?
A: Hiring the wrong employee wastes time and is costly. Research your hiring process and make the necessary corrections to avoid this costly mistake again. Always do the working interview first. Dental Staffers guarantees our permanent or part-time permanent placements for one year. So if a placement does go bad before the first year anniversary, we will find an equally qualified replacement for the dental practice at no additional cost.

Q: What is the best way to let an employee go?
A: First, lay the groundwork for the termination. Policies and procedures must be followed according to their job description. If the employee does not follow policy and procedure, the incidents must be documented. Usually there are oral warnings, followed by written warnings. This will lay the groundwork for their dismissal.

Q: What makes a candidate “pre-qualified”?
A: Our application, which takes about 45 minutes to complete, is composed from a master list of questions for each applicable position that pre-qualifies each specific candidate. Also, licenses must be current in each applicable state as well as reference checks. Criminal background checks are done when a candidate is hired at a nominal additional fee.

Q: Do you have recommendations for creating a cohesive staff?
A: The benefits of having a cohesive team cannot be overstated. Diversity, trust, communication, productivity and performance equal teamwork. Diversity—assign each staff member according to their strengths. Trust—who you can rely on to accomplish the task at hand? All communication should be consistent for the best teamwork. Encourage feedback for different opinions. Give feedback for what works and what does not. Have time to socialize for holidays and celebrations. When a conflict arises always try to obtain a resolution that same day.

Q: What makes Dental Staffers unique among staffing agencies?
A: Dental Staffers provides a distinct service exclusively for the dental industry that connects employers to job seekers. We offer positions that are not listed elsewhere and have qualified talent in the dental sector. Our workforce is clinically experienced, punctual, reliable and courteous. We provide the highest pre-qualified and clinically experienced professionals for your permanent or per-diem needs. We offer a diverse agency with applicants who speak many languages to fit the needs of your community, and provide 24 hour coverage.

Dental Staffers, LLC provides quality permanent and temporary staff, including dentists, for office coverage to NYCDS members at reduced rates. Call 845-786-1700 or email Kathy directly at kparker@dentalstaffers.com and be sure to mention you are an NYCDS member.
The New York County Dental Society Welcomes Our Newest Members

February, March, April 2015

NEW ACTIVE MEMBERS

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<td>Anthony Classi</td>
<td>DMD</td>
<td>693 Fifth Avenue, 14th Floor, New York, NY 10022</td>
<td>212-535-1218</td>
<td><a href="mailto:anclassi@dentist.com">anclassi@dentist.com</a></td>
</tr>
<tr>
<td>Nancy Ma</td>
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<td>212-535-1218</td>
<td><a href="mailto:nma@dentist.com">nma@dentist.com</a></td>
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<tr>
<td>Jenna Polinsky</td>
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<td><a href="mailto:jpolinsky@dentist.com">jpolinsky@dentist.com</a></td>
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<tr>
<td>Craig T. Roberts</td>
<td>DDS</td>
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<td>212-535-1218</td>
<td><a href="mailto:croberts@dentist.com">croberts@dentist.com</a></td>
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DENTAL SPACE MIDTOWN FT/PT

1 or 2 rooms available in modern 4 operator office. Ideal for General Dentist or Prosthodontist. Fully equipped; digital x-rays, intra-oral cameras, experienced staff. Desirable building on Madison Ave. Fantastic views. Call 914-471-1411.

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The Henry Spenadel Continuing Education Program of the NYCDS offers the premiere education program at its facility in the heart of midtown Manhattan. Be sure to register soon, as space is limited. Mark your calendar to attend one or more of these excellent programs. Call 212-573-9816 for full program information, fees, and CE credit. Register online at www.nycdentalsociety.org.

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<tr>
<th>JULY 2015</th>
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<tbody>
<tr>
<td>8  H  9:30 AM – 3:30 PM</td>
<td>CPR Certification Course</td>
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<td>Marc Reilly / Rescue Resuscitation NEW!</td>
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<tr>
<td>15</td>
<td>Language of Esthetics and the Modern Concept of Smile Design</td>
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<td>John Calamia, DMD</td>
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<td>15</td>
<td>Enteral Sedation</td>
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<td>Louis Siegelman, DDS DMD</td>
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<td>15</td>
<td>Practical Everyday Procedures for Your Pediatric Patients</td>
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<td>Carla Cohn, DMD NEW!</td>
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<tr>
<td>21</td>
<td>6:00 PM – 8:00 PM Oral Cancer Detection and Prevention</td>
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<td>A. Ross Kerr, DDS DMD-MS</td>
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<td>22</td>
<td>Medical Emergencies in the Dental Office</td>
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<td>Edward Miller, Jr., DMD</td>
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<td>22</td>
<td>Patient Health, Not Just Oral Health</td>
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<td>Richard Nagelberg, DDS</td>
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<td>22</td>
<td>Single Visit Endodontics</td>
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<td>Garry Bey, DDS</td>
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<tr>
<td>29</td>
<td>9:30 AM – 12:30 PM Botox and Facial Fillers for the GP and Specialist</td>
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<td>Zev Schulhof, DMD, MD</td>
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<td>29</td>
<td>Frequently Prescribed Medications &amp; Management of Dental Pain</td>
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<td>Thomas Viola, RPH, CCP NEW!</td>
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| AUGUST 2015                    |                                                                 |
| 5  H  9:00 AM – 1:00 PM        | Risk Management Program                                         |
|                                | Kenneth Treitel, DDS                                            |
| 5 9:30 AM – 4:30 PM            | Occlusion Simplified for Everyday Practice                      |
|                                | Marc Gainor, DMD                                                |
| 6 6:00 PM – 9:00 PM            | Snoring and Sleep Apnea: the Dentist’s Role                    |
|                                | Steven Syrop, DDS/Donald Tanenbaum, DDS                         |
| 12                             | Pediatric Dentistry for the General Practitioner                |
|                                | Glenn Rosivack, DMD                                              |
| 12                             | Removable Prosthodontics Without Compromise                     |
|                                | Louis DiPede, DMD                                                |
| 12 9:30 AM – 4:30 PM           | Basic Hands-On Principles for Oral Surgery                      |
|                                | Kenneth Fleisher, DDS DMD                                       |

Hygienists are welcome to register.