

Dental Health Educators' Newsletter

DH Methods of Education, Inc.

Communicating With Our Colleagues

Volume II, Issue 3 August 2011

Critical Thinking & Problem Solving Skills by Kevin Samrall, M.A.

(Analysis, synthesis, evaluation, decision making, creative thinking)

"Hello, I'm Dr. Curry," the history professor said to his new teaching assistants. "I suppose you think you're here to teach history, you're not. You're here to teach students how to think." The teaching assistants looked at each other and began to wonder: Should educators teach students *what* to think or *how* to think? ¹

That same question is before us today. "How to think" proponents have rallied together in a "critical thinking" movement that threatens to end higher education as we now know it. Shall we let it happen? Or should it be the "critical thinking" movement that is terminated. Herewith, the case can be made against critical thinking:

1. Examining the nature of critical thinking
2. Exhuming the founder of critical thinking
3. Exploring examples of critical thinking
4. Exposing the destructive forces of critical thinking

I. What is Critical Thinking? Pandora's Box

Critical thinking is the Pandora's box of education. Should educators pry back that lid?

Some have argued yes. Why

- ◆ *Not* satisfied that students **know** facts and figures
- ◆ *Not* satisfied that students **comprehend** what they have heard, read and committed to memory
- ◆ *Not* satisfied that students can **apply** what they have learned to a given situation, they ask

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for more. Inside this Pandora's box of critical thinking they see three gifts:

◆ **Analysis**

◆ **Synthesis**

◆ **Evaluation**

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1. J Contempt Dent Pact 2007

November; (8)7:070-077

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Continued from Page 1: **Critical Thinking**

Let's examine each of these in turn.

Analysis

Using analysis, students are encouraged to discover assumptions and biases in order to un-cover evidence. The dangers of such analysis should be self-evident.¹

- ◆Do we suggest to students that they should question the professor? Assume he has made assumptions or has a bias?
- ◆Do we chance injuring a student's self-esteem by prompting him to analyze his own thoughts and actions?
- ◆Do we risk offending the taxpayers by calling into question community standards and the status quo of our great country?
- ◆Do we dare ask students to evaluate evidence as opposed to accepting long-held beliefs and cherished customs?

Synthesis

I quote from a leader of this critical thinking movement:

*Synthesis involves the ability of putting together the parts you analyzed with other information to create something original. You reach out for data or ideas derived from a variety of sources.*²

This reaching out for data from a variety of sources has already led institutions of higher education to consider the ideas and works of:

- ◆The mentally ill (ex. Vincent Van Gogh)
- ◆Drug addicts (ex. Edgar Allen Poe)
- ◆Revolutionaries (ex. George Washington)
- ◆ Religious zealots (ex. The Dalai Lama)
- ◆Homosexuals (ex. Michelangelo)
- ◆Perverts (ex. Plato)
- ◆Jews (ex. Albert Einstein)
- ◆Jewish perverts (ex. Sigmund Freud)
- ◆Democrats (ex. Franklin D. Roosevelt)
- ◆Democrat perverts (ex. Bill Clinton)

Evaluation. This final step represents the empowerment of the thinker over the thought. In a total role reversal, the school

of critical thinking invites *the students* to assess, rate and grade the information presented. . Now, at the peak of folly, critical thinking "asks you to evaluate the information presented so that you can decide whether you ought to give assent or withhold belief, or whether you ought to take or refrain from taking action."³

- ◆What would happen if classrooms full of students refused to give their assent to certain beliefs? (Ex. Kent State, Ohio, 1970)
- ◆What would happen if based on their beliefs, students began to take action? (Ex. Tiananmen Square, Beijing, China, 1989)
- ◆What good has ever happened when people decided to take action and take to the streets? (Ex. March on Washington D.C., 1963)

This evaluative thinking simply invites the power of destruction.²

Now to be fair, the purveyors of critical thinking do warn against a "rush to judgment."

They emphasize how "it is important not to put evaluation ahead of the other critical thinking steps, and in particular, not to put it first."⁴ But this writer knew critical thinking was driven from the very start. One only needs to look to its beginning.

II. The Founder of Critical Thinking-Lost in Thought

Critical thinking is not a new method of intellectual inquiry. It should be noted that critical thinking was built upon the faulty foundation of its founder some 2400 years ago.

Interestingly, in sharp contrast to today, this man realized and admitted his own ignorance. He was never published, he wrote nothing. He simply walked about town barefoot, waddling like a duck we are told, endlessly annoying people with questions as he rolled his eyes.

Eventually he was brought to trial on charges of being irreligious and corrupting the youth. His followers claimed his self-defense to be a masterful discourse and model of critical thinking.

A jury of his peers, however, saw a man they couldn't trust, trapping the prosecutors in their own logic and confusing them with the facts. Accordingly, he was found guilty and sentenced to death. Shortly thereafter, this man named Socrates drank the poisonous hemlock that stilled his heart. Such is the sad tale of the founder of critical thinking who was lost in thought.

III. Exploring Critical Thinking Today

Despite the death of Socrates, critical thinking lived on. It has most recently been spotted on the campus of a community college in Montgomery County, Texas, that shall remain nameless.

Example lesson: The bomb

On this campus General Psychology students were presented with a pipe bomb they were to disarm. The explosive to be removed was contained in a sphere the size of a ping-pong ball that rested at the bottom of a PVC pipe 10 inches in height and only a fraction wider than the explosive sphere. The pipe stood erect supported by a shoebox at its base. Students were given a paper bag containing a bologna sandwich, chips, a sucker, spoon, napkin, small piece of string, rubber band, paper clip, clothes pin and a standard sized sheet of paper warning them not to risk detonating the bomb by turning it over or taking it apart. Once students found a way to remove the sphere, the supplies they made use of were taken away and they are asked to try again. Without assistance from the professor, students devised any number of methods to defuse the bomb, even contemplating urinating in the pipe to bring the explosive to the surface. Students wanting to know the "right answer" or the "best way" were led into a discussion of how it is not the method used that is as important as how the method was conceived. The professor commented that through critical thinking, psychology students discover for themselves their own, creativity and problem solving skills.⁴

Continued on Page 3

Continued from Page 2 **Critical Thinking :**

This writer, however, has little interest in discovering how students conceived of the idea of urinating on a ping-pong ball.

Further examples. Other examples of critical thinking on this campus have been compiled by an astute conscientious librarian and placed in the permanent records of the college. Among these-

- ◆ Nursing students taking trips to grocery stores
- ◆ Criminal Justice students pretending they are members of the US Supreme Court deliberating if Texas law banning homosexual contact is unconstitutional
- ◆ Calculus students in discussion groups! (Enough said)

IV. Exposing the Destructive Forces of Creative Thinking

The power of critical thinking should not be underestimated. Its objectives are clear.

- ◆ Students will believe different perspectives which must be considered
- ◆ Students will want to examine new ideas
- ◆ Students will seek to determine the relevancy of the professor’s teaching
- ◆ Students will question if their professor’s teachings are valid
- ◆ Students will magnify inconsistencies between words and action
- ◆ Students will resist conforming without reason
- ◆ Students will call into question the values of our country
- ◆ Students will think on their own

In Conclusion

What can be done to stop this movement? Each professor must first look to his own teaching. Critical thinking is often instigated by a professor’s communication. Most experienced professors know the dangers of asking students questions. Nevertheless, some professors (either unwittingly or recklessly desiring critical thinking) will ask the most perilous questions. Examples include:

- ◆ Why do you think it’s important to take this class?
- ◆ Does anyone see an inconsistency in our policy?
- ◆ Is this correct?
- ◆ What would another perspective be?
- ◆ Can anyone find something wrong in what I just said?
- ◆ How would this apply today?
- ◆ This is clear to everyone, isn’t it?
- ◆ Who would like to respond to that?

Additionally, certain teaching methods seem prone to elicit critical thinking. Professors should be wary of the following:

- ◆ Experimentation
- ◆ Comparisons and contrasts
- ◆ Debates

- ◆ Case studies
- ◆ Unconventional guest speakers
- ◆ Creative expression
- ◆ Art

In the interest that no educator be unduly accused of promoting critical thinking, it should be noted that none of the above techniques insures critical thinking. Such teaching methods may increase the possibility, however, if one is not careful.

Together, educators can close the lid on critical thinking. Inside this Pandora’s box is only academic rubbish:

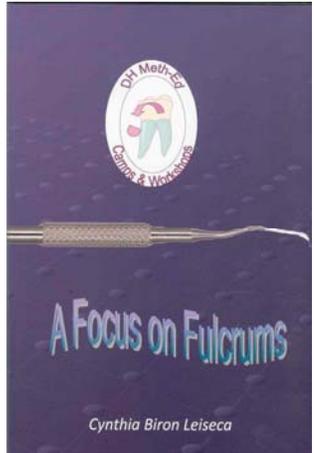
- ◆ a question with no right answer
- ◆ a lonely pen without a fill-in-the-blank form
- ◆ a brush and pallet, yet no lines to color between
- ◆ a useless pencil with no scantron to give it meaning

All educators should daily remind themselves of the words of Ralph Waldo Emerson:

*Beware when the great God lets loose a thinker on this planet. Then all things are at risk.*⁵

1. Interview with C.J. Sumrall (former teaching assistant, University of Houston) on February 12, 2001
2. Reichenbach, Bruce R. (2001). *Introduction to Critical Thinking*. Boston: McGraw Hill, page 25
3. Reichenbach, page 26
4. Reichenbach, page 26
5. Emerson, R.W. (1841). *Essays, First Series, Circles*.

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In the Spotlight



Jill S. Nield-Gehrig, RDH, MA

Jill has been a dental hygienist for 42 years. She is a graduate of Temple University School of Dental Hygiene from Temple University, Philadelphia, PA; has a B.S. in Education from Millersville University, Millersville, PA, and an M.A. Degree in Mental Health Counseling from St. Mary's University in San Antonio, TX.

Jill is the Author of 4 textbooks:

1. *Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation*,

2. *Patient Assessment Tutorials in Dental Hygiene*

3. *Periodontics for the Dental Hygienist*. She is now a co-author of 4. *Color Atlas of Common Oral Diseases, edition 4* along with authors: Robert P. Langlais, and Craig S. Miller.

Jill began her teaching career as an Assistant Professor at the University of Manitoba School of Dentistry, continued on as Associate Professor of Dental Hygiene at the University of Texas Health Science Center at San Antonio where she taught for 13 years. Jill is Dean Emeritus, Division of Allied Health and Public Service Education, Asheville-Buncombe Community College. Dental Hygienists world-wide have learned periodontal instrumentation with the help of Jill's textbook, *Fundamentals of Periodontal Instrumentation and Advanced Root Instrumentation*. It is written in eight languages and the top selling instrumentation book. Dental Hygiene educators praise Jill for creating such a detailed step by step guide to the development of instrumentation skills. The seventh edition of this textbook will become available in February of 2012 and it is

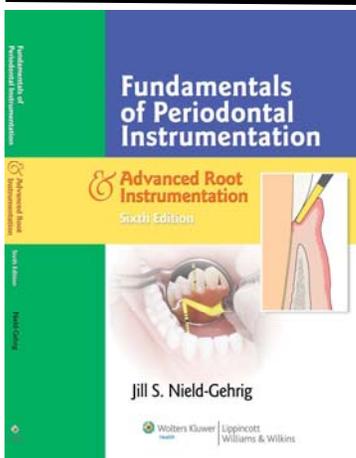
chocked full of new information that every student, instructor, and practicing hygienist will be pleased to discover. It contains over 1400 illustrations and photographs.

Jill spends hours on end writing and researching in a lovely mountain home in Asheville, NC. Her talented husband Dee is the lead photographer for her textbooks. A recent visit to their home led us to the surprise of the dental unit photography studio equipped with manikins and instruments galore. Ziva the schnauzer provides moral support during the long photography shoots. No, that is not Ziva in the picture with Jill, that is Ludwig. He preceded Ziva.

Those who have had the pleasure of knowing Jill have witnessed first hand her passion for dental hygiene education and ultimately the delivery of evidence based, patient centered care for all of mankind, and animal kind as well, for she loves all kinds of animals.

Her accolades alone would fill a lengthy newsletter, but her textbooks say it all - she is an extraordinary writer, educator, and dental hygienist. Please investigate all her books featured on the lower section of this page.

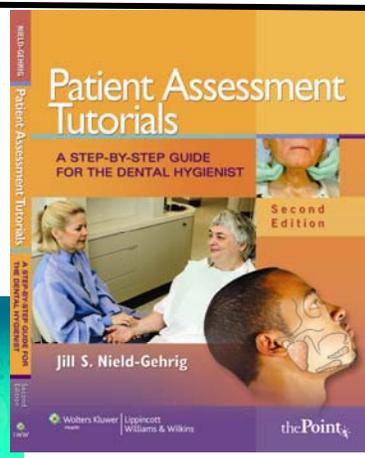
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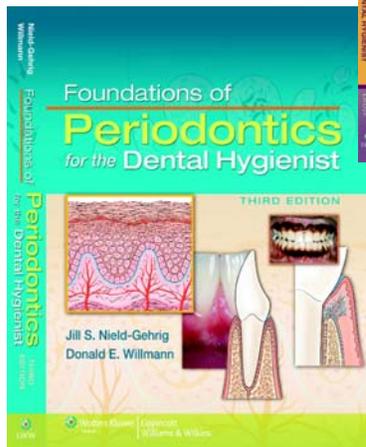
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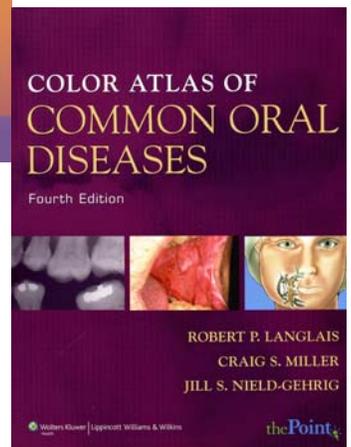
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Accreditation Update

An Excerpt from the Commission on Dental Accreditation Unofficial Report of Major Actions August 5, 2011

By Cindy Biron Leiseca

For your convenience, the actions most pertinent to Dental Assisting and Dental Hygiene education have been imported to this page from the ADA website. The complete document may be found at www.ada.org

◆The Commission reviewed accreditation reports and took 301 accreditation actions on dental, advanced dental and allied dental education programs. Initial accreditation was granted to one new predoctoral dental education program, one new general practice residency program, one new advanced education in general dentistry program, one new advanced general dentistry education in dental anesthesiology program, **three new dental assisting education programs**, **eight new dental hygiene education programs**, two new advanced specialty education programs in dental public health, one new advanced specialty education program in orthodontics and dentofacial orthopedics, one new oral and maxillofacial surgery fellowship, and one new craniofacial and special care orthopedics fellowship. Accreditation was granted to two existing, but previously unaccredited advanced education in general dentistry in orofa-

cial pain programs and **four** existing, but previously unaccredited dental assisting education programs. One general practice residency program, **one** dental assisting education program, and **one** dental hygiene education program received a formal warning that accreditation will be withdrawn in February 2012 unless the requested information, demonstrating compliance with the accreditation standards, is submitted prior to that time. The Commission discontinued the accreditation of one advanced education in general dentistry program and three dental assisting education programs, at the request of their respective sponsoring institutions.

◆The Commission will communicate its opposition to the Dental Assisting National Board's (DANB) proposed pilot study which would permit graduates of non-accredited, DANB-approved dental assisting programs to become eligible to take DANB's certification exam. In particular, the Commission maintains that DANB does not have the authority, nor does it have the expertise, to evaluate the quality of dental assisting educational programs.

◆The Commission adopted the following new policy:

Policy on Customized Survey Data Requests—this policy was adopted in response to requests for data collected in the annual surveys of accredited dental education programs from agencies and individuals outside the ADA.

◆The Commission granted the request from the University of Minnesota School of Dentistry to begin the process of developing accreditation standards for dental therapy education programs. The Commission chair will appoint a Task Force to develop standards, with a progress report to the Commission at the Summer 2012 meeting.

◆The Commission took eight actions on communication and technology issues, including establishing a “CODA Question and Answer Room” at the 2012 ADEA Annual Session, with the goal of providing an opportunity for program administrators and faculty to meet CODA staff and Commissioners to provide one-on-one time for questions and discussion. In addition, the Commission directed further study of a system for continuous monitoring of programs during the interval between scheduled site visits.

For quick and brief accreditation updates watch for future issues of this newsletter. For complete information refer to the ADA website.

The ADA website has a wealth of information for those preparing their self-study documents and planning for an upcoming site visit. The commission office is often asked questions that have already been answered in the self-study guide. Please refer to the guide and the website for all the details. ◆

Precision In Periodontal Instrumentation (2nd edition)



Cynthia Biron Leiseca

New DVD *Precision in Periodontal Instrumentation (2nd Edition)*

All the Basics Plus New Chapters: Root Instrumentation & Ultrasonic scaling, Instrument Sharpening, Dental Assisting 4 handed Instrument Transfer, and Coronal Polishing. 2 hours and 37 minutes of demonstrations

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They may attend their choice of one of the following courses:

“Allied Dental Educator’s Teaching Methodology” (Fall Camp—Nov. 12, 2011) or (Winter Camp—March 2, 2012)

“How to Teach Periodontal Instrumentation” (Fall Camp—Nov. 11, 2011) or (Winter Camp—March 3, 2012)

Details: Bulk orders are to include 15 or more purchases. For every bulk order of 15, **Three** faculty members may attend camp.

For every bulk order of 30 purchases, **Six** faculty members may attend camp for free and all other faculty members may attend at half price.

One faculty member is responsible for distributing DVDs and Sharpening Horse Kits to students who present with proof of online payment

Accreditation: DH Proposed Additions—Are you prepared? by Cindy Biron Leiseca

This is a reprint from the last issue - as so many have missed it and others requested we share it again. There are several proposed changes and additions to ADACODA Dental Hygiene Standards. To read the document in its entirety go to the link:

http://www.ada.org/sections/educationAndCareers/pdfs/proposed_dh.pdf

Here is a “**brief bulleted nutshell**”, some quoted verbatim from the ADACODA document, some abbreviated verbiage: on additions and requirements for demonstrating compliance by Standard:

- **2-16** student clinical evaluation mechanism demonstrating student competence in clinical skills, **communication and practice management**
- **2-17** **Use of risk assessment systems and/or forms**
- **2-19** Graduates must be competent in interpersonal and communication skills with **diverse population groups and other members of the health care team. Recognize cultural differences etc.**
- **Ethics & Professionalism—New Standard**, not yet numbered. In brief, graduates must be competent in **ethical: reasoning, decision making and professional responsibility in academia, research, patient care and practice management**. Evidence to demonstrate compliance: documents of expected behavior (manuals, handbooks), documentation of student experiences that promote ethical reasoning/professionalism, evaluation strategies to monitor all of the above.
- **2-22** Dental hygienists should understand the **laws governing the practice of the dental profession and graduates how to access licensure requirements, rules, regulations, state practice acts for judgment/action**. Evidence to demonstrate compliance *may include*: evaluation mechanisms designed to monitor knowledge and performance concerning legal and regulatory concepts, outcomes assessments
- **2-25** **Throughout the curriculum, the program should use teaching and learning methods that support the development of:**
 - **critical thinking and problem solving skills.** Evidence to demonstrate compliance may include the documentation of evaluation mechanisms designed to monitor knowledge and performance, outcomes assessments, clinical patient risk assessment, care plans, discussion of meaning, importance and critical thinking, simulations demonstrating students decision making abilities, critiques of *cases* requiring students to identify, analyze, perform, handwriting assignments, activities, projects, critical appraisal of scientific evidence and clinical application to patient factors, etc. **3-3** The program administrator must be a dental hygienist who **is a graduate of a program accredited by the CODA and** possess a masters or higher degree or currently enrolled in masters or higher program.
 - **3-7** **Full time faculty must possess a baccalaureate degree and should be a graduate of a program accredited by the CODA.**

Keywords and terms to include in your faculty's curriculum planning workshops:

- Communication
- Practice Management
- Diversity/cultural differences
- Health care team
- Ethical reasoning
- Professionalism
- Laws and regulations
- Critical thinking
- Problem solving
- Case based teaching/learning
- Scientific evidence
- Patient centered care
- Evidenced based care

The curriculum plan must include methods of implementing all the requirements throughout the curriculum and monitoring student performance to measure the effectiveness of your methods. Programs may meet the standards, but most probably have not placed adequate emphasis on the importance of each, or created exhibits that delineated them in their previous self-study reports. Now they must.

If you are up for a site visit in 2012 or 2013, start developing methods for meeting these standards now. Whenever there are proposed additions to the “Standards”, expect them to be implemented by the commission and write your self-study accordingly. **Start the self-study process now!** Be advised, the site team visitors are likely to be focused on newly implemented standards. They just studied the additions, deletions, and changes prior to their visit to your institution. ♦

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What we learned from hygienists in Australia

by Cindy Biron Leiseca

Our instrumentation hands-on workshops in Australia provided a wonderful opportunity for information exchange with our team of American dental hygiene educators and the hygienists, dentists and dental therapists of Australia. Our workshops titled “**Get the Cutting Edge**”, were arranged by www.PremiumProductions.com.au event planners.

Job opportunities are present in Australia since the country is not flooded with dental hygienists, and although dental therapists can provide DH procedures, their time is often spent providing other procedures. Dental assistants are called the “nurses” and hygienists have ‘nurses’ as assistants. Their operatory is called “their surgery”. Dental hygienists are often the office anesthetists and usually provide most of the local anesthesia for their own patients as well as the dentist’s patients.

All of the course participants (30% dentists) were very receptive to our instrumentation techniques and instrument sharpening methods, and loved learning to use the wide variety of root instruments that were made available in part by L&M dental instruments of Sweden. The four American dental hygiene educators teaching in this workshop were Christine Dominick of Forsyth School of Dental Hygiene at MCPHS in Boston, MA, Megan Olson and Melissa Olson of Tallahassee Community College in Tallahassee, FL and myself (now residing in Fernandina Beach on Amelia Island, FL). With all four instructors working with rotations of smaller groups for two full days we provided much appreciated one-on-one instruction, left them wanting more, and asking us to return next year.

Most hygienists in Australia attend schools that grant a Bachelors in Oral Health for their dental hygiene training and degree. They are very knowledgeable in all subjects typical to the American dental hygiene curriculum and savy in providing evidence based care. It is not uncommon for dental hygienists to earn \$85 per hour or more, but the cost of living in major cities such as Sydney is more expensive than most cities of similar size in America. Public transportation on ferries, trains, and buses make it easy to practice in Sydney and



Beaming smiles of Australian dental hygienists at the end of Day 2 instrumentation workshop

live in the less expensive outskirts.

In the US camps, our manikins are held by benchmounts on the Porta Sim stands from www.KilgoreInternational.com. Since shipping the Porta Sim stands was too costly, we attached our benchmounts with manikins to kindergarten tables. Eureka! All forearms were parallel to the floor because the manikins were at the perfect height. Needless to say the Aussies were happy campers.

American hygienists are perceived as extremely well trained by Australians and the dentists there are quick to hire the American hygienist. Additional board exams must be passed by American hygienists to be licensed to practice in Australia. We had several American hygienists in these workshops and they love living in Australia.

The Australians are easy going and easy to teach. They stayed very focused throughout the long two day instrumentation sessions and left us with beaming smiles as they anxiously awaited the opportunity to try out their newly learned skills on their patients the next day in “their surgeries.”

Many of the dentists who attended the workshop were dental hygiene educators and all of the

practicing dentists raved about what they learned from the American dental hygiene educators.

Just about everything about Australia was refreshing; the laid back lifestyle, the down to earth personalities, the wonderful fresh food that seems to be all home grown and filled with nutrients. Yum! We ate our share of it.

Wine is consumed daily at most dinner tables, and on the days when Australian hygienists are not working in “their surgeries”, wine is their beverage with lunch. All of their wine is excellent no matter the time of day of indulgence.

A half hour tea occurs mid-morning and mid-afternoon at continuing education workshops such as ours, and as they say in OZ “lovely cakes and pastries are divine with tea or wine or anything for that matter”.

And chocolate is a staple. Just ask any Australian dental hygienist and she/he will smile and point you to the nearest chocolatier. ♦



Kindergarten tables are the perfect height for operator positioning with manikins

Registration Form

DH Methods of Education, Inc.
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Fall Camp 2011 Hosted by Collin College, McKinney TX 75069 November 11-13, 2011

PRINT Name: _____ Nickname _____

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Phone: _____ Fax _____ E-mail: _____

College or University Where You Teach: _____

Requests for cancellations must be received at least 2 weeks prior to the camp date. However, for cancellations received after this deadline, 75% of the tuition may be applied toward future camps. Tuitions for no-shows will be forfeited NO EXCEPTIONS.

DH Methods of Education, Inc. is not responsible for reimbursement of non-refundable airline tickets and other travel expenses if the camp is cancelled. **All workshops will be presented at Collin College, TX All registrations are made through DH Methods of Education, Inc. Please do NOT contact Collin College. Please call us: (888) 829-9013 Purchase Order registrations will reserve your place, but payment must be made by Sept, 16, 2011 to confirm your registration.**

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Sept, 16, 2011 Oct. 14, 2011

Friday, Nov. 11, 8am-5pm

How to Teach Periodontal Instrumentation "Hands-on" (8 ceu's) \$350 _____ \$450 _____

Schools Adopting a minimum of 15 DVDs NC _____ (3 faculty per 15 purchases)

Schools Adopting 30+DVDs send 6 faculty free, remainder:1/2 price \$175 _____ \$225 _____

Saturday Nov. 12, 8am-5pm

Allied Dental Educator's Teaching Methodology Workshop (8 ceu's) \$275 _____ \$375 _____

Schools Adopting a minimum of 15 DVDs NC _____ (3 faculty per 15 purchases)

Schools Adopting 30+DVDs send 6 faculty free, remainder:1/2 price \$137 _____ \$187 _____

Saturday Nov.12, 8am-Noon

The Complete Ethics Course (New Standard Ethics & Professionalism) \$295 _____ \$395 _____

Those who register for this course may attend the afternoon ("Critical Thinking ") session of the *Allied Dental Educator's Teaching Methodology Workshop* (from 1-5PM) at **no additional charge.**(4 ceu's) If you plan to attend this session check here: _____

Sunday Nov 13, 8am-5pm

DA & DH Accreditation Workshop (8 ceu's) \$500 _____ \$600 _____

Payment form: VISA MasterCard Discover or **FAX registrations (866) 271-4677 or make check payable to:**
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Name on credit card: _____ Security code: _____

Account number: _____ Expiration date: _____ / _____

Signature: _____ Date: _____

Reserve your hotel stay at the Courtyard Marriott, 210 East Stacy Road, Allen, TX 75002 Block of rooms Group Rate is under the name of "Dental Camps" at \$115 per night for 2 guests per room and includes breakfast. **Call the hotel directly for reservations (214) 383-1151. Deadline for Group Rate is October 27, 2011**

