



Inside this issue:

New Dentist Committee Member Focus	4
Master Calendar	4
16th District Trustee Update	6
President's Message	10
SCDA Awards	12
DAD	12
DDS Report	13
Start Your Engines	14
Member Benefits Group	16
Executive Director's Notes	18
Best in Business Awards	20
Classifieds	22

Published by the
South Carolina
Dental Association

Design: Maie Brunson

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MUSC Alumni Award of Honor

By Dr. David Watson

At this year's SCDA Annual Meeting Dr. Hal Fair received the MUSC Alumni Association's highest award. Following are the remarks by Dr. David Watson when presenting the award.

More than once I have heard Betsy Jabbour state that her favorite part of the SCDA Annual Meeting was the DenPAC breakfast when Hal Fair and I would beat up on each other from the microphone. Well today Betsy would be very disappointed. I can honestly say that I have never been more honored nor more serious when at a microphone.



Dr. Sanders, Dr. & Mrs. Fair and Dr. Watson

I have been asked to present Dr. Hal Fair with the MUSC Alumni Association's highest award, the Alumni Award of Honor. Now listen to this next statement very carefully. In about five minutes Hal will become the first and only dentist to have received and who truly deserved both the SCDA's most prestigious award, the George P. Hoffmann Award, and the MUSC Alumni Association's most prestigious award, the Alumni Award of Honor. This puts him in a class by himself.

Let's talk about why Hal is receiving this award. First, he is a member and has risen to president or chair of almost every dental organization in the state that he can legally be in. This includes local study clubs, the Central District, the SCDA, the SC AGD, the SC Academy of Dental Practice Administration and our SC delegation to the ADA, just to name a few. He also was selected to represent us on the ADA's Council on Dental Practice where he also became chair. The special committees and task forces that accompanied these positions are too numerous to list. But suffice it to say he ended up chairing most of them.

All of these positions were responsible for him winning his first MUSC Alumni Award in 2011, The Distinguished Alumni Service Award. To be honest with you there are probably four or five others who have done most of these same things. So what separates Hal from these others? What makes him deserve this highest award?

Most of you may know that the ADA is divided into 17 districts. Every four years the delegations from these districts select their brightest and best individual to represent them as their trustee on the ADA Board of Trustees (BOT). Two and a half years ago our delegation elected Hal for this position. Hal, along with the other 16 trustees making up the BOT are the movers and shakers in the ADA. No other alumnus of MUSC has ever been elected to this high an office with the ADA. This is when Hal's CV exploded. More sub-committees, special committees and task forces.

The amount of time that Hal spends working for dentistry is huge. In the two and a half years he has been our trustee he has averaged over one trip a month to Chicago. That doesn't include trips to DC, Board retreats and others. When he is in Wagener almost every day he is either on a conference call or on his computer or both working on our behalf. It is safe to say that Hal spends more

Continued on Page 3

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hours each and every week working for you and me on dental issues than I do running a full time dental practice. Many of us have our "fun place," the place we go to relax. For Sherry and Hal it is a beautiful mountain home. The last time I was there Hal disappeared for awhile. I thought he was taking a nap. Walking through the house I found him hovering over a computer doing ADA stuff. I asked when the last time he had been able to get through a weekend without doing "our" work, including vacations. The answer, "Not since being elected trustee."

But, more impressive than the amount of time Hal devotes to improving our profession is his motivation. The longer I practice dentistry, the easier it is to determine when talking to another dentist if he/she is thinking more about their patients or just thinking more about themselves. The same is true in organized dentistry. It doesn't take long to determine if someone is filling these positions for their own agenda or if they are truly interested in serving the profession. Those in the first group are always telling you how important they are, how much time they spend away from home, etc. Those in the second group, the Hal Fairs of the world, go about their duties without expecting recognition. To me, this is why Hal is this year's recipient of the Award of Honor. The time he commits is big, but the motivation is huge.

So what is next for Dr. Fair? Almost always the president of the ADA is elected from the graduating class of the BOT. Hal has not decided if he will allow his name to be put forward for this position. He is still prayerfully considering it. Until earlier this week I was remaining neutral on this discussion. But earlier this week I was in Washington, DC for the ADA's Leadership Conference and almost everyone I met that found out I was from South Carolina encouraged me to encourage Hal to run for president of the ADA. I am not saying this to encourage him but merely to let you know that Hal Fair is respected nationally the same way he is respected here. If he should decide to run and if he is elected (we are keenly aware that the ADA House of Delegates does not always make the right decisions), then Hal will also become the first MUSC alumnus to be the president of the ADA. Several years ago I suggested that consideration be given to naming the Alumni Award of Honor after Jimmy Rivers. If Hal becomes the first MUSC alumnus to serve as president of the ADA, I think we should rename the award The Hal Fair Alumni Award of Honor (sorry Jimmy).

Hal, I appreciate what you do for all of us and our profession. And I especially appreciate letting me call you my good friend.



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New Dentist Committee Member Focus

By Kristin Roberston

At VCU we were fortunate to have both a strong ASDA chapter and a strong state dental association with the VDA. My involvement with organized dentistry began with a VDA/ASDA day-on-the hill event my D1 year where we overturned a bill that insurance companies had presented to the state, trying to mandate fees for non-covered services. I was amazed by how our united voice as dentists and the relationships that the VDA dentists had built with our state representatives resulted in a favorable outcome with our lobbying efforts that Spring. It was that day that I realized that involvement and membership in organized dentistry was critical for our profession to remain as well respected and effective as we have been.

Having moved to a new state where I knew few dentists, the importance of organized dentistry has taken a new shape for me. I am excited to continue my involvement by joining the New Dentist Committee in hopes of meeting new colleagues within the South Carolina dental family and getting more new dentists involved in the process.

Bio:

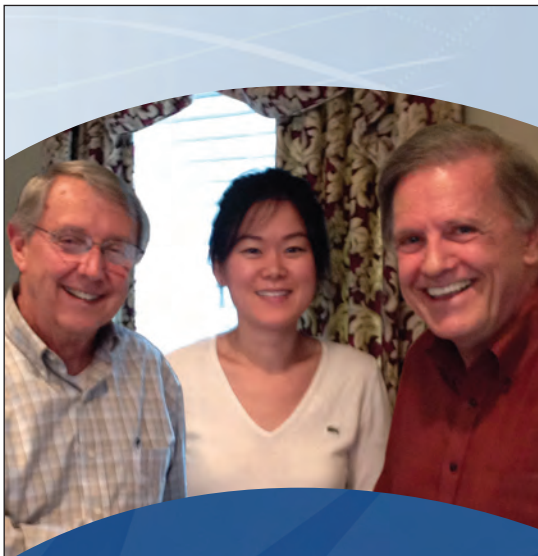
Dr. Kristin Roberston is from Centreville, Virginia and completed her B.S in Health Sciences from James Madison University. Upon graduating from Virginia Commonwealth University's School of Dentistry in 2013, Dr. Robertson joined her husband in Columbia, South Carolina where he had been pursuing his residency program in Orthopedic Surgery at University of South Carolina's Palmetto Health hospital. Dr. Robertson spent over a year working at a group practice before transitioning to a private practice in Columbia that focuses on the preventative and restorative needs of pediatric patients. In addition to her membership in all level of the tripartite, Dr. Roberston is also an affiliate member of the American Academy of Pediatric Dentistry. In her spare time, Dr. Robertson loves spending time with her husband and cavapoo, Toby, as well as perfecting her skills as a wine connoisseur, chef and baker.



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Summer Calendar

July 17	Radiation Safety Exam	Fortis College	9:30 AM
August 7	SCDA Board Meeting	SCDA	9:00 AM
August 14	Member Benefits Group Board Meeting	SCDA	9:00 AM
August 20-22	DAD Project	Greenville, SC	



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16th District Trustee Update

By Dr. Hal Fair, 16th District Trustee



Dr. Hal Fair

We began our work with several days of committee meetings. The fine work of our committees in thoroughly vetting and preparing issues is invaluable and allows the Board as a whole to be very productive. Thanks to the ASDA board for joining us for a social event on Saturday evening. **Our dental student members are vital to the future of the Association and this was an important opportunity to enhance the cooperation between ASDA and the ADA.** This enabled us to continue our dialogue that was begun at our BOT retreat in February. At the retreat we invited leadership from both ASDA and the New Dentist Committee.

The Retreat was very enlightening and productive with both the ASDA and the New Dentist being very engaging. ASDA believes that they are very successful at engaging students and fully expect that to translate into ADA membership. A 2014 survey showed that 83% perceived ADA membership as extremely or very important to the future of the profession and 73% perceived membership as very important to their future success. But we all realize that there is an obvious disconnect occurring between student status and the new dentist status.

Leadership and value were the main topics. How do we as an association at all levels involve the new or younger dentist in leadership roles at all levels of the tripartite sooner and how do we create member value for this group? The most pressing concerns for this group were:

- Student Debt
- Decreased Consumer Demand for Services
- Third- Party Intrusion

In summary, retreat participants discussed culture in detail and brainstormed many ways in which the ADA could improve the member experience. Among the suggestions were:

- Simplify the process to join and renew membership
- Distribute an electronic greeting, which automatically appears in a members inbox immediately upon joining or renewing
- Introduce automated monthly dues
- Provide a certificate or some type of award or recognition to dental school grads
- Introduce a personal concierge program
- Send members a personal thank you from a member of the board for becoming a member
- Post student stories on the ADA web site
- Align with the dental diving and flying groups and promote or start clubs or activities for members

Obviously some out of the box thinking, but everything was on the table.

On Sunday of the BOT meeting, we spent the full morning with the ASDA board, New Dentist and AADB representatives exploring licensure issues. It is clear that the approach to licensure in the United States is very fragmented. The use of live patients presents a number of concerns, from ethics to calibration. Of course, concerns exist about alternatives to live patients as well. Layered over this is the recent Supreme Court decision, reciprocity of licensure and portability. Of course, licensure is a matter of state law and the requirements vary from state to state and there are hurdles that must be overcome. .

A workgroup was established with the ADA, ASDA, AADB and ADEA to move the issues relating to licensure forward. The workgroup will need to reconcile the various policy statements already in place from these organizations with current and expected technology and to consider development of a plan and a timeline for action. The plan needs to include support for legislative action at the state level. We look forward to the results coming out of this workgroup.

As I have mentioned in previous reports; we have been strengthening the voice of the new dentist in our governance. Our New Dentist Committee has a new charter and new responsibilities. We heard from the NDC chair, Michael LeBlanc, on the committee's recent brainstorming exercise on new product and service ideas. We agreed to pass these results on to the Council on Membership, and we will also forward it to every council as an informational item. The Board looks forward to the work of the NDC during the rest of this year as the committee offers us the perspective of the new dentist on existing products and services and continues to work to strengthen new dentist committees at the state level.

As we do every year, at this meeting we nominated four new members to the Council on Scientific Affairs.



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We are fortunate to have had so many qualified nominees. The four nominees to be forwarded to the House for election are Drs. Mariotti, Tinanoff, Braun, and Parker.

At this meeting we decided to re-institute a social event at the Annual Meeting, to be held on the Monday evening of the session. This should be a wonderful event and an opportunity to honor the ADA president, the Board and the HOD.

The Board reaffirmed our commitment to both our CDHC program and to our State Public Affairs program by extending funding to both for the remainder of this year. This will help us, and our state societies, to successfully face new challenges and to reach our goals for the development of CDHCs.

We also made a significant commitment to enhance our presence in Washington with the potential purchase of a new building on Capitol Hill. This will be highly visible both for our members when they come to Washington and to national politicians and their staff on the Hill. We made our commitment contingent on certain conditions being met, specifically related to zoning rules. We will, of course, keep you all informed as this progresses.

The ADA is involved in the Choosing Wisely campaign, after we were invited to participate in development of dentally related statements. Much concern about an early set of Choosing Wisely statements has been raised. We were briefed about CAPIR's renewed efforts to seek input from all parties of interest. The draft statements are being revised and will be recirculated for additional comment. The Board will have the opportunity to make the final review and approval of the statements. While the initial process may have been confused, we know now that, going forward; the process will be very open and subject to the review and approval by the Board.

We heard that CEBJA's review of the bylaws is well underway, and also that CEBJA is looking at how the 150th anniversary of the ADA Code of Ethics might be utilized to highlight the ADA and the value of membership. A suggestion was made that CAS and CEBJA work together and perhaps involve ACD or other groups, to consider a theme for the annual meeting next year that would tie into this anniversary celebration.

A quickly constituted workgroup of the Board addressed the issue of the recent publicity regarding historical National Institute of Dental Research (NIDR) research and positions regarding the health effects of sugar.

We passed resolutions proposed by the workgroup to advocate for additional research on the role of sugar in the development of caries and to establish a workgroup for the development of a policy statement about the reduction of sugar consumption as a means of reducing caries risk. We also discussed ADA's ability to take a formal position, perhaps science-based if not evidence-based, and to develop talking points, even where a directly-applicable formal policy has not been adopted.

Finally, we heard from Stephanie Moritz, our new head of Communications, regarding ways in which ADA may effectively convey our relevant and timely messages. She noted our need to develop target personas to which our messages can be directed, and to develop integrated marketing and content strategy so that we can have a consistent messaging content. We hope to drive impact, to drive media coverage, and thus to drive membership growth, so that we can create engaged members and thought leaders. Stephanie noted that we need to create short stories in a framework of **"snackable content"** and to create an SEO ("Search Engine Optimization") strategy and a "newsroom approach" with a prominent voice to bring greater focus to ADA. We are encouraged by Stephanie's presentation, which demonstrates a refreshing viewpoint and approach to our communications effort going forward.



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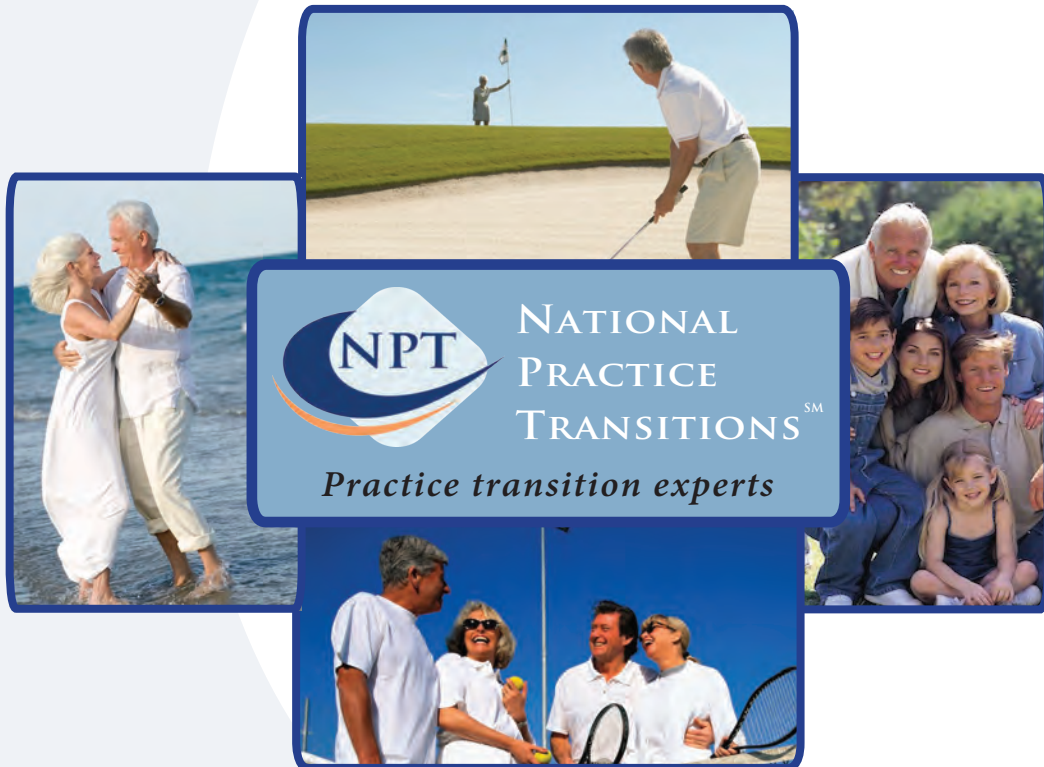
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President's Message



Dr. Gloria Pipkin

First and foremost, a great big southern Thank Y'all to everyone who attended, assisted, participated or otherwise supported the 2015 SCDA Annual Session in Charleston. I'm not sure whether my inspirational (or bickering, depending on your perspective) newsletters were actually successful, or if we are just sort of a last minute group of folks, but the attendance was better than it has ever been. The final numbers are not in yet, I will share them next month, but the look and feel of the conference was overall very positive, and capacity was at the limit. My faith in our ranks has been restored.

This month I'd like to talk a little about mentoring. As I have written about in the last few months, our profession has a great need to assure that we stay current, fresh and creative in order to successfully battle the many challenges created by an ever changing health care system. I've discussed volunteerism, participation, communication, inclusion and keeping our association attractive to our newer entering colleagues so that they feel comfortable participating. Another route to this is mentoring. You may have thought about mentoring over the years and dismissed the idea as too time consuming or not worth the effort. I say it's time to re-think that position. Not just from the perspective of the value to the protégé, but just as importantly from the perspective of what the relationship can do for you as the professional.

As a mentor, we all know that the protégé benefits from our shared knowledge and experience. We can influence the professional growth and career of the protégé. We can help them through the career ladder and introduce them to a wide network that will offer career long support to them as they move into (and we move out of) the dental profession. Mentoring in healthcare in general is a long accepted method of making sure that the bench stays warm and succession plans are solid. In dentistry, it is even more important because so many of us are in private practice versus traditional larger healthcare settings. Therefore, the opportunity for networking with seasoned professionals is limited by the size of our practices.

But what's in it for us as mentors? For one, it is an opportunity to hone our own skills – some of which may have become rusty over the years. Leadership, supervision and training skills that you may not have much opportunity to practice in a small, stable and homogeneous practice can grow when you bring in protégés that are younger, with different work styles and technical skill sets. Finding and negotiating work behaviors that are amenable to both Gen X and Baby Boomers is a skill that we all can use as our workplaces become more and more diverse. Mentoring can also improve your own performance as a dental professional. Being under the microscope usually motivates us to perform at our best. Remember the "Hawthorne Effect" from your statistics course in school all those years ago? That study, performed in the 1950's at the Hawthorne Electric Company, commissioned by General Electric tried to see if worker performance was increased by certain types of lighting. It didn't really tell GE much about lighting but showed that simply knowing that one was being observed significantly improved performance. So, we could look at mentoring as sort of a cheap way to get professional motivation services, while helping out our younger entering colleagues Win-Win.

Many protégés, especially those just starting out, will challenge us by asking "Why?" What better way to force ourselves to address why we do the things we do, the way we do it? In a mentoring relationship, the first time we hear ourselves get ready to say, "because I have always done it that way," or "Because that's the way I was taught," it's probably time to step back, reconsider and go back to the drawing board. We need to figure out the REASONS we started doing it and the evidence behind what we were taught and make sure it's the most current school of thought before we pass it on.

Someone once said that the great thing about golf is that you get immediate feedback after every shot. Sometimes the feedback is brutal and routinely includes the words "slice," "hook," "sand trap" or "water hazard," and sometimes it includes "green" or "under par" but you always know where your ball landed right away. You can't deny the value of instantly knowing how well you did. That's kind of what mentoring is like, on both sides of the relationship. So give it some thought. We could all use someone to keep us honest, right?

In closing again let me say thanks to restoring my faith in the association at the conference...next challenge is DAD and I'm hoping we come through with flying colors there as well. Until next month, keep at it and Keep the Faith!

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SCDA Awards at the ADA Annual Conference on Recruitment and Retention

By ADA Council on Membership & Membership Outreach

One of the highlights at the Conference is the popular Membership Awards Ceremony. These membership awards recognize dental societies that have made a significant difference in gaining new members, retaining current members or building relationships with current and potential members. Based on the ADA's End of Year 2014 Membership Recruitment and Retention Report, South Carolina Dental Society was the top constituent dental society, among societies with 1001 – 2000 members, in the following categories:

1. **Greatest Net Gain of New Dentists** (*a net gain of 48 new dentist members from end of year 2013; 426 new dentist members at end of year 2014*)
2. **Greatest Percentage of New Dentists to Membership** (*1.8% (39 individuals) converted from new dentists (Rate D) to full active membership*)



Maie Brunson, Membership Manager
@ 2015 American Dental Association

Given that the membership marketplace is changing in terms of its demographics, its competition, and in many other ways, we recognize that your accomplishment is no small task. Your outreach efforts represent a significant commitment to membership recruitment and retention. We commend you on a job well done.



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May 2015



*Dr. Kristen Derrick (Clinton),
DDS volunteer since 2013, with
her DDS patient.*

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Overview: In 2012, the South Carolina Dental Association partnered with Dental Lifeline Network • South Carolina to develop a Donated Dental Services (DDS) program to help South Carolina residents with disabilities or who are elderly or medically fragile and have no other access to dental care. The South Carolina DDS program is similar to 41 other state programs developed by Dental Lifeline Network that this fiscal year will collectively generate \$25.8 million in donated services by June 2015. **Since inception, DDS volunteer dentists and labs have donated \$642,221 of comprehensive treatment for 166 vulnerable people in South Carolina! Thank you!**

DDS Program Totals: Fiscal Year Comparison		
	7/1/14-4/30/15	7/1/13-4/30/14
Donated Treatment Value	\$188,807	\$156,612
Donated Lab Value	\$24,699	\$18,947
Patients Treated	55	40
Average Value of Treatment	\$3,433	\$3,915
Participating Dentists	107	91
Participating Labs in SC	23	17
Participating Labs outside SC	11	6
Active Patients	51	43
Pending Applications	224	211

The DDS program transforms the lives of the patients we serve, like 67 year-old Ms. A. who lives alone in Pelzer. She has suffered from six mini strokes that impacted her cognitive function and also has been diagnosed with bipolar disorder. Additionally, Ms. A. had serious dental problems. She receives a Social Security Disability benefit and struggles to make ends meet. Ms. A. could not afford the expensive dental care she needed. She applied for help from the DDS program and was linked with a team of volunteers. Thanks to her team of generous DDS volunteers, Ms. A. received \$6,350 in free care that she could not afford otherwise! She wrote to thank DDS and describe the impact this gift had on her life.

“You made it possible for me to become a human being again. With your work you have made it possible to go out in public again, to eat without pain and enjoy my friends and family and smile without losing my teeth or covering my mouth.”

Special thanks to the 107 dentists in South Carolina who already volunteer for DDS! More volunteers are needed NOW! Today 224 vulnerable people are waiting for care and we are only accepting new applications in 10 counties. If you are not currently a DDS volunteer, please begin today by going to <http://dentallifeline.org/> and click on the “Volunteer” tab or contact Dawn Peltier, DDS Coordinator at dpeltier@DentalLifeline.org. Thank you!

Start Your Search Engines

By Madeline Fogg, Compliance Navigation LLC

In 2012, the Occupational Safety and Health Administration modified the Hazard Communication Standard. The modified standard includes labeling and safety data sheet changes to incorporate many features of the "Globally Harmonized System of Classification and Labeling of Chemicals" used in many other countries. OSHA established a time table for employers, manufacturers, importers and distributors to compile with the changed standard. The time table includes the following items:

1. December 1, 2013, employers were to have completed training all employees who are exposed to hazards, while doing their jobs, on the new label elements and safety data sheet (SDS) format.
2. June 1, 2015, manufacturers, importer, and distributors were to be in compliance with all the modified provisions of the final rule. However, there is one exception to this compliance requirement and that is for in-stock products which still had the old information.
3. December 1, 2015, by this date, all products being shipped by manufacturers, importers and distributors must have the new labeling information changed.
4. June 1, 2016, all employers shall update alternative workplace labeling and hazard communication programs as necessary, and provide additional employee training for newly identified physical and health hazards.

Employers need to start planning now for how they will complete this change over. Safety Coordinators may need to review the Hazard Communication Standard to see if any of the products at their facility are exempt from this standard. Now is a good time to re-inventory your facility to determine what hazardous items are used by your employees, start assigning responsibilities for jobs needed to meet the requirement, and begin checking new shipments of products to see if the manufacturers, importers or distributors are already sending out the new SDS. Many manufacturers may have the new SDS on their websites for employers to print out.

Don't be too quick to discard your old MSDSs which you are replacing and the MSDSs for the hazards which are no longer found at your facility. The OSHA standard, Access to employee exposure and medical records. - 1910.1020, includes the following passage:

1910.1020(d)(1)(ii)(B)

Material safety data sheets and paragraph (c)(5)(iv) records concerning the identity of a substance or agent need not be retained for any specified period as long as some record of the identity (chemical name if known) of the substance or agent, where it was used, and when it was used is retained for at least thirty (30) years(1); and

1910.1020(d)(1)(ii)(C)

Biological monitoring results designated as exposure records by specific occupational safety and health standards shall be preserved and maintained as required by the specific standard.

Therefore unless you intend to document the identity (chemical name if known) of each hazard used by your facility, the location where it was used and when it was used, in another manner, you may wish to keep the MSDSs and make notes on them. This could be handled by keeping them in an inactive notebook which would need to be kept for 30 years from the last date the hazards and data sheets were last used.

Just remember there is no need to panic right now as employers have until June 1, 2016 to comply. This procedure is time consuming so do not wait too long. Make your employees job assignments, get your inventory done and start watching for the new SDS to come into your office from your distributors or in shipments of products. You may wish to get proactive and start scanning the manufacturers' websites.

Do not overlook those pesky hazards at the front desk like inks, toner cartridges and felt tip marker!

For access to the Hazard Communication Standard you can go to www.osha.gov and search under Hazard Communication Standard.

Submitted by Madeline Fogg, Compliance Navigation LLC, 803-429-1477, Foggml@aol.com



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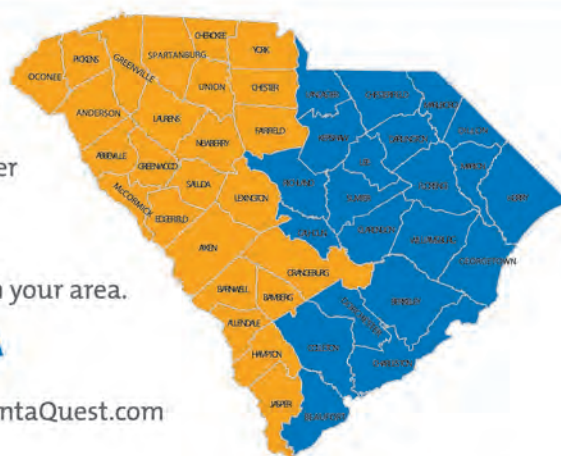
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Important Notice for Employers Making Premium Contributions to Individual Policies

Several pieces of guidance and related documents have been released over the past two years regarding an employer's ability to pay for individual health policies through a cafeteria plan. These include 2015 guidance from the IRS; a 2014 FAQ from the U.S. Department of Treasury and the Department of Labor (DOL); and IRS Notice 2013-54.

Employers who have been in violation of this guidance are currently covered under safe harbor, but this will end June 30, 2015. This deadline gives employers a short period of time to enroll their eligible employees in a compliant group health insurance plan.

Click [here](#) to read more, but note, that if you currently offer a group medical plan through the SCDA to your employees, your group plan IS compliant with the Affordable Care Act (ACA), so no further action is needed on your part. This only applies to employers who may be assisting with premium payments for an employee's individual policy through the individual market. If the latter applies, you will want to speak with your tax consultant at your earliest convenience.

Yet Another Great Offer from the SCDA Glove Program

Your SCDA glove program keeps getting better and saving you money. From now until Sept. 30, the high-quality EcoBee SuperSlim nitrile glove is value priced at only \$4.36 per 100 gloves or \$131 per case of 3,000 gloves. Request free samples of SuperSlim from the SCDA Glove Program, administered by Association Gloves. Free samples are available online at www.scdagloves.com or by calling 877-484-6149 for assistance.

Additionally, three new gloves are now available from your glove program. All of them are packed 300 to a box/3,000 per case:

- Halyard Health (formerly Kimberly-Clark) AquaSoft is an affordable, high-quality super soft, blue textured nitrile glove. It costs just \$6.63 per 100 or \$199 per case. Now through June 30, buy a case of AquaSoft and get two boxes free, the equivalent of a 20 percent discount.
- SemperMed's StarMed Plus is a great new, extremely soft nitrile glove that dispenses easily (like facial tissue—one glove at a time). It costs just \$6.63 per 100 or \$199 per case.
- Cranberry's Evolve 300 is an ultra-lightweight glove that's form-fitting, soft and strong. Priced at only \$5.10 per 100 gloves, or \$153 per case, this is a great value.

SCDA Members can still take advantage of the Halyard Health buy-one-get-one (or two) free promotion on gloves and masks. Purchase a case of masks and receive two boxes free or buy a case of gloves and get one box free. (AquaSoft buyers get two boxes free through June 30.)

Many SCDA Members have discovered how much they can save on every case of gloves and masks, while enjoying free shipping. Remember, purchases from the SCDA Glove Program generate non-dues revenue to help your association provide the programs and services you value.

- Powder-free nitrile start at \$4.36 per 100 gloves
- Powder-free latex start at \$6.40 per 100 gloves
- Powdered latex start at \$7.25 per 100 gloves
- Chloroprene start at \$11.30 per 100 gloves
- Fitted start at just \$7.50 per 100 gloves
- Ear loop masks start at \$4.00 per 50 masks

View the complete catalog of 70-plus gloves and masks and order online by visiting www.scdagloves.com. Or, for personal assistance, to request glove or mask samples or place an order call between 8 a.m. and 5 p.m. Eastern time: 877-484-6149.

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Executive Director's Notes

Medicare Opt In Opt Out Requirement



Mr. Phil Latham

Dentist that prescribe drugs covered under a patient's Medicare Part D plan are required to take action and submit a Medicare Enrollment application or opt-out affidavit to Palmetto GBA by December 1, 2015, or earlier.

Submission of one of these items in a timely manner ensures that Palmetto GBA has sufficient time to process your application or opt-out affidavits which will avoid your patient's prescription drug claims from being denied by their Part D plans beginning December 1, 2015.

The Centers for Medicare and Medicaid Services (CMS) finalized CMS-4159-F Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs rule in May that requires all physicians and eligible professionals-including dentists-who prescribe Part D covered drugs to be enrolled in Medicare or opt out for those prescriptions to be covered under Part D.

More details regarding the requirement including the forms and frequently asked questions can be found by clicking on this website:

<http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%2011%20Part%20B~Browse%20by%20Topic~Provider%20Enrollment~General~9U3N9A2315>

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South Carolina Society of Association Executive Announces Best in the Business Award Winners

Columbia – The South Carolina Society of Association Executives (SCSAE) presented nine Best in the Business Awards at the annual Awards Luncheon on April 24, 2015, held at the Embassy Suites Columbia. Glen Ward served as the emcee.

SCSAE's Best in the Business Awards Program promotes associations that have gone above and beyond in their dedication to excellence. This year, nearly 30 entries were received and judged by the Awards Committee of the Tennessee Society of Association Executives.

The SCDA was presented:

Division 2 Best Membership Recruitment: South Carolina Dental Association

About SCSAE: SCSAE is an organization of chief executive officers and professional staff who manage a variety of trade, professional and nonprofit associations as well as companies that provide products and services to the association community. Organized in 1963, SCSAE now has more than 200 association executives, meeting planners, association staff members and business partners as members. Please visit www.scsae.org for more information.



Maie Brunson and Mark Brown



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Volunteers Needed: Our Lady of Mercy's Wellness House Dental Program on Johns Island is in need of volunteer SC licensed dentists to provide emergency & basic dental. Monday-Thursday and also Tuesday evenings for the emergency clinic. Please contact John P Howard DMD or Ms. Jakki Jefferson at 843-559-4493 for more info.

Immediate opportunity for **General or Pediatric Dentist or Endodontist**. Part-time or Full-time! Multiple growing locations and opportunities. Please email Resume to childrensdentalgroupsc@gmail.com or fax 803-781-5142.

Large group dental practice looking for **associate dentist** to join our expanding team in Columbia, SC. Competitive and excellent pay for qualified candidate. Experience preferred. State of the art facility. Candidates must have great work ethic, excellent skills and good chair-side manner. Interested candidates email CV to bromanoea@yahoo.com

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Large dental group seeks both **part and full time dentists** (general and specialized) throughout Washington, Oregon, California, Hawaii, Arizona, Nevada and Oklahoma. We are currently filling positions in Portland and Phoenix. For more information or to apply, please email Ron Brush at BrushR@InterDent.com or call 971-295-9914.

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General dentistry- **Associate opportunity** needed 6-10 days/month in Myrtle Beach. Commission based, new state-of-the-art facility, fee-for-service practice. Experience a strategic advantage. Crown and bridge, endo and surgery a plus. New graduates/brokers need not apply. Email CV to mktcommondentist@aol.com

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MUSC - Seeking applications for a (50%) part time **Clinical Instructor** position in the Division of Restorative Dentistry. Primary responsibilities will be to teach dental students techniques and materials for restorative dentistry while providing patient care. MUSC is an EEO/AA employer—minorities and women encouraged to apply. Apply online <http://academicdepartments.musc.edu/hr/>.

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Positions Available- Staff

Dental hygienist needed. Job duties include but are not limited to; deliver quality and compassionate care to patients, direct patient care including sealing and prophylaxis, x-rays, application of sealants and fluoride. Assess the dental condition/needs of patients and review patients medical history. Current license as a dental hygienist. Contact 803-432-3338.

Dental Assistant needed. Duties include deliver direct patient care to patients including scaling and prophylaxis, x-rays, application of sealants and fluoride. Assess the needs of patients and review patients medical history. Take x-rays and save into patients charts. Provide excellent customer service. Contact 803-432-3338.

Immediate position for an experienced only **Dental Assistant** with excellent communications, clinical and computer skills. Applicant must have a pleasant personality, be energetic, presentable and a team player. Competitive salary and benefits. Contact om_fcfd@gmail.com or 843-903-4700 for more information

Private Practice in search of part-time **registered dental hygienist** in Newberry SC. Email resume to dentalapply2015@gmail.com

Certified Dental Assistant- Would you like to work in a positive, enjoyable atmosphere where you can feel proud of your work and be recognized for your efforts? If so, then look no further. Nitrous and x-ray certification required. Please send resume and cover letter to info@cdd4kids.com.

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Columbia General Practice #8843-Gross collections-\$559K; sale price \$449K. 3 operatories; 1300 sqft. office space. For more information contact Dr. Jim Howard at 919-337-1162 or jim@adssouth.com

Southwest SC #8930 -Gross collections-\$936K; 3 operatories; 4 days. SW Greenville Area #9016 - Gross Collections-\$640K; 5 operatories; 4 days For more information contact Dr. Earl Douglas at 770-664-1982 or earl@adssouth.com

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Upstate South Carolina - Well established OMS practice. Practice has an I-Cat and 8 fully equipped ops. Real Estate also available. Free standing building in prime location with over 3,400 sq. ft.! Facility could accommodate 2 F/T specialists. Owner doctor retiring. Contact Henry Schein Professional Practice Transitions rep: Russ Baker, 704-776-2533 or russ.baker@henryschein.com. #SC101

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Dental Practice for Sale in Upstate, SC. Rare opportunity to own a growing practice in a very desirable location. Dr is moving. Practice is collecting over \$325,000 on part time schedule with very low overhead. Please contact us at info@southeasttransitions.com or 678-482-7305 for information. Listing ID SC-1044. www.southeasttransitions.com

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For Sale: Dental equipment chairs, units, lights, cabinetry, x-ray, vacuum, compressor, sterilizers and handpieces. Any and all things dental call 843-697-7567.

Great opportunity to purchase at a **very affordable price** 3 beautiful neutral color chairs hardly used w/lites, statim, 2 chair side stools, filing cabinets, dental supplies including bits, dremel, amalgam unit, burs, small refrigerator, microwave etc..Please call and ask for Rebecca 843.877.9078 or email at fpnc@sccoast.net

- Classified advertising is \$35 on a per issue basis. There is no charge for Help Wanted/Job Wanted (Job Bank) ads for members. The public can place ads for \$35 on a per issue basis. Ads are posted to the SCDA website during the month(s) of publication at no additional charge. Please use **no more than 50 words**.
- All ad copies and cancellations must be received no later than the 10th of the month prior to publication, which will occur on the first of the month, with remittances accompanying the ads.
- Contact: Maie Brunson, 120 Stonemark Lane, Columbia, SC 29210; call 800-327-2598; fax 803-750-1644; email brunsonm@scda.org.



Planning a trip? Need a substitute?

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Locum Tenens Coverage
800.327.2598**

Locum Tenens Coverage

- There is no charge.
- A JUA policy may provide up to 45 days of coverage during the policy period for a duly licensed substitute working on behalf of the JUA Insured on a temporary basis due to vacation, illness, or other absence.
- A written request for this coverage must be made in advance by submitting a fully completed Locum Tenens Application & Request Form.
- This coverage can be provided only when the JUA insured dentist is not practicing. This coverage is not available for dentists who are scheduling other dentists to staff an emergency room.
- Coverage cannot be provided on a retroactive basis if the request is made late and is available only to JUA dentists.