



American Academy of Dental Sleep Medicine Continuing Education Offering

Instructions for Earning Credit

A dentist with a current and valid license to practice dentistry in the US or abroad may read any or all of the selected continuing education (CE) articles in this issue of *Journal of Dental Sleep Medicine*, complete the CE evaluation form, and fax or mail the form to the AADSM to receive CE credit. There is no charge to members of the AADSM for this service. Nonmembers must pay a \$20 administrative fee. To earn credit, carefully read any or all of the articles designated for CE credit (see below) and complete the CE evaluation form. A verification of participation letter for CE credit will be faxed or mailed within 3 to 5 weeks. The individual dentist is responsible for maintaining a record of credit received.

Accreditation Statements

The AADSM is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ADA.org/cerp. The AADSM designates this activity for a maximum of .5 CE credits per article. Each participant should claim only those credits that he/she actually spent in the educational activity.



Statement of Educational Purpose / Overall Education Objectives

The *Journal of Dental Sleep Medicine* (JDSM) aims to reflect the state of the art in the science and clinical practice of dental sleep medicine. The focus of JDSM is on the interaction between sleep-disordered breathing and dental medicine. Additionally, as sleep disorders are complex and their management multi-disciplinary, JDSM brings readers cutting-edge information about all common sleep disorders and disruptions. JDSM includes patient studies as well as basic science studies of the physiology and pathophysiology of sleep disorders. JDSM also includes studies that illustrate clinical approaches to diagnosis and treatment.

About the AADSM

The American Academy of Dental Sleep Medicine (AADSM) is a professional membership organization promoting the use and research of oral appliances and oral surgery for the treatment of sleep disordered breathing and provides training and resources for those who work directly with patients. AADSM members collaborate with colleagues to learn about oral appliances and the role they play in the diagnosis and treatment of sleep-related breathing disorders. The AADSM helps educate practitioner dentists through clinical meetings that keep leading-edge ideas accessible and establishes and maintains appropriate treatment protocol.

The following articles may be read and evaluated for .5 CE credits each:

Issue 1:

1. Malocclusion in Pediatric Obstructive Sleep Apnea Referred for Sleep Study

Objective: To assess the dentofacial characteristics in children referred to a tertiary pediatric sleep center.

Volume 10
CE Evaluation Form

Please use the following scale: 5 = Strongly Agree, 4 = Agree, 3 = Unsure, 2 = Disagree, 1 = Strongly Disagree

Educational Assessment	Issue 1 Article 1
I learned something new that was important	5 4 3 2 1
I verified some important information	5 4 3 2 1
I plan to discuss this information with colleagues	5 4 3 2 1
I plan to seek more information on this topic	5 4 3 2 1
My attitude about this topic changed in some way	5 4 3 2 1
This information is likely to impact my practice	5 4 3 2 1
I understood what the authors were trying to say	5 4 3 2 1
I was able to interpret the tables/figures (if applicable)	5 4 3 2 1
The presentation of the article enhanced my ability to read and understand it	5 4 3 2 1

Additional comments and/or feedback: _____

What changes, if any, do you plan to make in your practice as a result of these articles? _____

I attest to having completed the CE activity (CE will not be verified without signature)

Signature: _____ Date: _____

Name: _____ Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Are you a member of the AADSM? (circle one): YES / NO (If no, complete the following payment information:

- Check made payable to AADSM for \$20 (US) is enclosed.
- Charge \$20 (US) to (check one): VISA MasterCard American Express

Credit Card #: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____ V-Code _____

Please return this completed form to the American Academy of Dental Sleep Medicine national office:
AADSM
1001 Warrenville Rd., Suite 175, Lisle, IL 60532
Fax: (630) 686-9876