

*Eighth District Dental Society  
Presents Act 31 CE Course  
9:00 a.m., Friday, October 26, 2018  
DuBois Country Club*

***Mandated Reporting of Suspected Child Abuse: Knowing your Role in the Protection of Children***

Presented by Tracy Ross, CAPSEA (Citizens Against Physical Sexual and Emotional Abuse), PCAR (Pennsylvania Coalition Against Rape)

This lecture will fulfill the Act 31 CE requirement for dentists, hygienists and EFDAs. PCAR (Pennsylvania Coalition against Rape) is an in person training course: Mandated Reporting of Suspected Child Abuse: Knowing your Role in the Protection of Children, and is approved by the Departments of Human Service, Education and State. This training includes continuing education for licensees in the health related fields and meets the requirements under Act 31. Upon completion of the course, the participant will learn:

- The elements of child abuse, definitions and categories of abuse
- Your duties as a mandated reporter, including how to make a report and protections for those who report
- The connection between child abuse and neglect and long-term health outcomes
- Signs and symptoms of child abuse and neglect
- How to respond to a disclosure of child abuse
- Practice scenarios to help build your confidence

**About the Speaker**

Tracy Ross graduated from Clarion University with a degree in Elementary Education. She has been with CAPSEA for 8 ½ years. She is certified as a Mandated Reporter Trainer. She also does prevention education in the Elk County schools. She has trained several dentists in Elk County in Child Abuse Recognition and Reporting

**ATTENTION:** The Pennsylvania Coalition Against Rape will electronically report Act 31 course attendance for those who complete the Act 31 course and provide their full name, license number, date of birth and the last 4 digits of their social security number.

**Location:** DuBois Country Club, 10 Lakeside Avenue, DuBois, PA 15801

**Date:** Friday, October 26, 2018

**Time:** Registration and breakfast available 8:30 a.m. – 9:00 a.m.  
Course: 9:00 a.m. – 11:00 a.m.: Act 31 followed by Act 124 with light refreshments

**CE Credit:** Two (2) hours of CE credit

**Fees:** \$20 per person  
PDA/ADA Dentists, Hygienists, Dental Assistants, EFDAs, or any other office staff  
One-time discounted price for non-member dentists, \$20

**Return completed registration form by October 11, 2018 with check payable to 8<sup>Th</sup> District Dental Society. Mail registration and checks to:**

Naila Elkassas, D.D.S.  
8<sup>Th</sup> District Dental Society  
409A Center St.  
Johnsonburg, PA 15845

**Cancellations:** A refund will be issued if the registration is cancelled on or before October 19. Refunds are not issued for no shows.

**Questions: contact Dr. Naila Elkassas at 814-965-2433 or at [nailaelkassas@windstream.net](mailto:nailaelkassas@windstream.net)**

*Eighth District Dental Society  
Presents Act 124 CE Course  
11:30 a.m., Friday, October 26, 2018*

***Pain Management Alternatives and Identification of Addiction***

**Co-sponsored by Pennsylvania Dental Association**

Presented by E. Steven Moriconi, DMD, FACD, FICD

The lecture will fulfill the Act 124 of 2016, CE requirement for dentists who have a current DEA registration or use another DEA number (as permitted by law) to prescribe controlled substances. Pain management, identification of addiction and the practices of prescribing opioids will be discussed. Upon completion of the course, the participant will:

- Understand the pathology and physiology of pain and addiction.
- Suggest alternative therapies for pain management.
- Assess treatment programs and understand how to refer for treatment.
- Cite the history and politics of opioids.
- Be aware of doctor prescribing habits.

**About the Speaker**

Dr. Moriconi graduated from Fordham University and the University of Pennsylvania School of Dental Medicine. He completed his residency in oral and maxillofacial surgery at the Hospital of the University of Pennsylvania in Philadelphia and at the Geisinger Medical Center in Danville, PA. Currently, Dr. Moriconi is in private practice in Jenkintown, PA, and is the surgeon-in-chief of the Dental Division at Abington Hospital. He also serves as the director of the General Practice Residency Program at Abington Hospital, a division of Abington/Jefferson Health. Dr. Moriconi has no relevant financial relationships to disclose.

**Location:** DuBois Country Club, 10 Lakeside Avenue, DuBois, PA 15801

**Date:** Friday, October 26, 2018

**Time:** Registration 11:00 a.m. – 11:30 a.m.

Course: 11:30 a.m. – 1:30 p.m.: Act 31 followed by Act 124 with light refreshments

**CE Credit:** Two (2) hours of CE credit

**Fees:** \$20 per person

PDA/ADA Dentists, Hygienists, Dental Assistants, EFDAs, or any other office staff  
One-time discounted price for non-member dentists, \$20

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**Questions:** contact Dr. Naila Elkassas at 814-965-2433 or at [nailaelkassas@windstream.net](mailto:nailaelkassas@windstream.net)

**ADA C.E.R.P.<sup>®</sup>** | Continuing Education  
Recognition Program

*PDA is an ADA CERP Recognized Provider.*

*ADA CERP is a service of the American Dental Association to assist dental professionals in indentifying quality providers of continuing education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.*

*This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between PDA and the Eighth District Dental Society.*

*PDA designates this activity for two (2) continuing education credits.*

Registration – please print and make additional copies of this form as needed.  
Return completed form by October 11, 2018 with check payable to 8<sup>Th</sup> District Dental Society

**Registrant #1** attending \_\_\_\_\_ Act 31 (\$20); \_\_\_\_\_ Act 124 (\$20)

Name: \_\_\_\_\_

Title: (DMD,DDS, RDH, EFDA) \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Last 4 digits of SSN (required by the Department of State) \_\_\_\_\_

**Registrant #2** attending \_\_\_\_\_ Act 31 (\$20); \_\_\_\_\_ Act 124 (\$20)

Name: \_\_\_\_\_

Title: (DMD,DDS, RDH, EFDA) \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Last 4 digits of SSN (required by the Department of State) \_\_\_\_\_

**Registrant #3** attending \_\_\_\_\_ Act 31 (\$20); \_\_\_\_\_ Act 124 (\$20)

Name: \_\_\_\_\_

Title: (DMD,DDS, RDH, EFDA) \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Last 4 digits of SSN (required by the Department of State) \_\_\_\_\_

Total fees included: \_\_\_\_\_ . Return completed form with check payable to 8<sup>Th</sup>  
District Dental Society. Mail to: Naila Elkassas, D.D.S., 409A Center St., Johnsonburg, PA 15845