

**EXTENDED CE PROGRAM:  
GERIATRIC AND SPECIAL NEEDS  
DENTISTRY**

The Department of Preventive and Community Dentistry at the University of Iowa College of Dentistry and Dental Clinics offers an individualized professional continuing education program for dentists or dental hygienists interested in advancing their knowledge of Geriatric and Special Needs Dentistry. Individuals participating in this program will have the opportunity to attend regularly scheduled seminars and lectures, observe faculty, staff and students in a clinical setting, and participate in research-related activities. It is the program's intent that these learning experiences occur in a professional context.

**EDUCATIONAL GOAL**

The main objective of this program is to provide an outstanding, customized professional experience for individuals interested in Geriatric and Special Needs Dentistry (GSND). To accomplish that objective, this program offers didactic, scholarly and indirect clinical experiences to:

1. Assist participants in integrating concepts related to diagnosis and treatment of oral and other related diseases in the Geriatric and Special Needs patient, with special consideration to medical, functional and intellectual modifying factors.
2. Facilitate the development of skills to critically evaluate the dental literature, research methods and therapeutic procedures in seminars and lectures.
3. Understand:
  - ☐ Characteristics and special needs of people who do not have ready access to dental care because of low income, handicapping conditions, institutional and home confinement, acute or chronic medical conditions, or other limiting factors;
  - ☐ Barriers to dental care faced by various socio-economic, cultural, and age groups, and the factors that influence their use of dental services;
  - ☐ Resources available – federal, state and local – that might be called upon or developed to help meet the dental needs of various segments of the population;
  - ☐ Rational treatment plans (regarding procedure selection, sequencing, length of appointment, etc.) based on patients' individual needs, such as psychomotor abilities, mental and physical health status, financial status, and drug regimens;
  - ☐ Utilization of portable equipment to provide dental care to patients who are unable to receive treatment in a traditional office setting; and
  - ☐ How to set up an effective practice for comprehensive care of nursing home residents.

**GENERAL INFORMATION AND EXPECTATIONS**

The program will accept up to three (3) participants per academic year, at times agreed upon by the participant and the College of Dentistry (COD). Participants will experience didactic classes with the GSN pre- and post-doctoral students and will have the opportunity to observe clinical activities and assist with research projects (if desired).

Participants will have no appointment in the COD. They will NOT have clinical privileges to provide patient care; clinical experiences (observation) will occur only under the direct supervision of an individual who is licensed to practice dentistry at the COD.

Time spent participating in the program does NOT provide any credit toward acceptance into the Advanced Education Program in GSND, though participants WILL receive continuing education credit for this educational

experience (this does NOT represent credit in the COD's graduate program in GSND and does NOT lead to obtaining a diploma or a certificate).

While participating in the program, participants are expected to abide by all applicable COD and University Community Policies, including but not limited to the University of Iowa Human Rights, Anti-Harassment, Sexual Harassment, Violence, Anti-Retaliation, and Acceptable Use of Information Technology Resources policies. Participants acknowledge that their compliance with all such policies is a condition of participation in the program and that failure to comply with such policies may constitute grounds for immediate dismissal from the program with no refund of fees previously paid to the University by the participant.

## APPLICATION

The application procedure for the program is shown below. Please be aware that the paperwork may take up to a month to be completed after initiating the application.

1. All applicants must provide the following documentation:
  - ☐ Completed Application form (see below)
  - ☐ Statement of Purpose, including the reason why you are applying for this program AND what you hope to achieve by participating
  - ☐ Current Curriculum Vitae or Professional Resumé
  - ☐ Official\* copies of dental transcripts and/or dental license

Additional requirements for International Applicants may include, but are not limited to:  
Official\* TOEFL score (internet-based). [NOTE: A minimum TOEFL score of 60, with subscore of at least 15 in either "Listening" or "Reading", is a U.S. State Department requirement for obtaining a J-1 visa.]

2. An interview might be required prior to consideration of a program position and may be conducted electronically (i.e. Skype or another web conferencing system). The purpose of the interview is to discuss expectations of the participant as well as to share information about the program's activities with the applicant.
3. Because applicants are allowed to request specific dates of participation, applications may be submitted at any time throughout the year.

## ACCEPTANCE

1. Acceptance into the program is contingent on successful completion of a U.S. domestic criminal background check (and for International applicants, an additional criminal background check completed by the applicant's country of origin). Please be assured that the criminal background check will be conducted only if an offer to participate in the program is formally made by the COD.
2. If accepted -- and prior to participation in the program -- accepted individuals will be responsible for providing documentation demonstrating that they have completed all University and COD requirements related to:
  - ☐ Sexual harassment prevention training
  - ☐ HIPAA training
  - ☐ Blood Borne Pathogen training
  - ☐ OSHA Generic HazCom Training
  - ☐ TB test

The aforementioned requirements may be fulfilled after being officially appointed. Any further requirements will be conveyed to the participant after being officially appointed.

"Official" indicates that documents cannot be sent electronically and must be sent directly from the issuing institution. Copies received from applicants will not be accepted and applications will remain incomplete.

3. Program fees are as follows:
  - ☐ \$1000 for 1 week (minimum fee, regardless of whether 1,2,3,4, or 5 days)
  - ☐ \$1600 for 2 weeks
  - ☐ Fees are due one week prior to the start date of the program. In the event of withdrawal from the program any time after acceptance, fees will be prorated, with the exception of \$1000, which is nonrefundable. Apart from the program fees described herein, participants will not be charged University tuition or student fees, nor will they have access to programs or benefits that generally are available to University students.
4. Participation in the program will award the participant 40 hours of Continuing Education credit for each week completed in the program.
5. *For international participants only:* a B-1 or J-1 non-immigrant visa is required. Some participants, depending upon country of citizenship as well as other factors, may be subject to provision 212(e) based upon arrangements between the U.S. government and a specific foreign country. More information can be found at: <http://international.uiowa.edu/>
6. Participants will be responsible for finding housing (<http://housing.uiowa.edu/>) and are responsible for the cost incurred. The COD will not provide this type of assistance.
7. Participants are required to obtain health insurance for the duration of the program and are responsible for the cost incurred. The COD will not provide this type of assistance.
8. Participants are required to bring any laptop or tablet computer they might wish to use during their time in the program; such equipment will not be provided for them in conjunction with the program.
9. Participants are encouraged to participate in outside professional meetings or courses but are responsible for all costs incurred.

Any questions about the program initially should be directed to:

Dr. Howard Cowen, DDS, MS, DABSCD  
University of Iowa College of Dentistry,  
801 Newton Road  
Iowa City, Iowa 52242  
email: [howard-cowen@uiowa.edu](mailto:howard-cowen@uiowa.edu)

Based on what experiences you hope to obtain during the program, Dr. Cowen will decide whether he should continue to be your faculty contact or whether another faculty member should serve in that role.

**Your signature below indicates that you have read this program description and agree to abide by the terms herein.**

Applicant's signature:

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**EXTENDED CE PROGRAM APPLICATION FORM:  
GERIATRIC AND SPECIAL NEEDS DENTISTRY (PAGE 1)**

Full Name:     
Surname First Middle

Address:  
Street  
City, State  
Zip Code

Country:

Telephone:

Mobile:

Email:

Birthdate (mm/dd/yyyy):

Country of legal permanent residence:

Citizenship (if other than country of residence):

Desired date of arrival:  Is this date flexible? ☐ Yes ☐ No

Dental School Attended:

Dental Degree Awarded:  Date

Dental Degree Awarded:

Dental Specialty:

Dental Specialty School Attended:

Date Dental Specialty Certificate / Degree Awarded:

Applicant Signature:  Date:

**Your signature below will serve as your certification that all the information given in this application is true and correct to the best of your knowledge.**

Applicant Signature:

Date:

**EXTENDED CE PROGRAM APPLICATION FORM:  
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Statement of Purpose (*your statement must include a description as to why you want to participate in the program; what you hope to accomplish while you are here; and how you think this training might help you in your chosen career path*)

Applicant Signature:

Date:

**VISITING SCHOLAR PROGRAM ACCEPTANCE FORM:  
GERIATRIC AND SPECIAL NEEDS DENTISTRY**  
*(for internal use only)*

Applicant:     
Surname First Middle

University faculty sponsor (if any):

Telephone:  Fax:

Email:

Program Length:    1 week    Start date \_\_\_\_\_ End date \_\_\_\_\_  
                          2 weeks    Start date \_\_\_\_\_ End date \_\_\_\_\_

Confirmed Acceptance: ☐ Yes            ☐ No

Faculty sponsor's signature:  Date: