NORTHERN CALIFORNIA
EDWARD H. ANGLE SOCIETY OF ORTHODONTISTS
POLICY AND PROCEDURE MANUAL

Adopted 9-25-09

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I. INTRODUCTION

The purpose of this manual is to define the policies and procedures of the Northern California Edward Angle Society of Orthodontists (NorCal EHASO) and to help guide and direct members and others providing the Component's leadership and administration.

The policies and procedures contained herein may not change the NorCal EHASO Bylaws nor can they be in conflict with the Bylaws of the Edward H. Angle Society of Orthodontists (EHASO).

This manual is intended to be a living and dynamic document to be revised as needed. Any changes must be approved by the Board of Directors (BOD).

II. GENERAL POLICIES

Rules of Order: Sturgis Standard Code of Parliamentary Procedure shall govern the Component deliberations and meetings.

Component Banking: The official NorCal EHASO bank is at the discretion of the current Treasurer. Accounts from the bank shall be used for all disbursements and deposits. A single signature is required for disbursements up to $5000. Savings are required to be held in government insured vehicles.

Committees: A number of standing committees have responsibilities that assist in the management and operations of the Component. Among them are Executive, Bylaws, Clinical Evaluation, Equipment, Membership, Nominating, Policy and Procedure, and Thesis Evaluation. The President shall have the authority to appoint Ad Hoc committees when the need arises and dissolve them similarly.

Guests: The NorCal EHASO is supportive of and recognizes the need for maintaining a strong Component through solicitation of guests who have the potential for becoming Angle Society members. The Guest Information Form (Attachment #1) must be submitted for all guests except residents. See also the Policy Regarding Guest/Guest Fees (Attachment #2) and the Member's Sample Introductory Letter to the BOD (Attachment #3).

Use of Mailing Lists/Roster: Use of the mailing lists or roster of NorCal EHASO members is restricted to official Component business.

Death of a member: In the event of a death of a member, the Secretary will send a card to the family and the Treasurer will send a $100 donation to the EHASO Foundation.

III. DUTIES OF OFFICERS

President:

The President is responsible for overseeing the business of the NorCal EHASO during the two (2) year term of office and for conducting all official meetings of the Component, including serving as moderator of the Board of Directors. The President's objective is to lead the organization in maintaining its mission to achieve a high caliber educational experience for the members in order that they continue in their professional growth and enjoy the fellowship of this organization.

The President may establish an agenda for the term of office and makes periodic reports to the Board of Directors and the membership regarding the President's evaluation of the status and vision of the NorCal EHASO. Unless otherwise provided for in the Bylaws, the President shall appoint all committee members and establish a Chair of each committee, as well as fill all committee vacancies. The President shall serve as an advisory member of all committees without the right to vote. As a member of the BOD the President has the right to vote on any issue addressed by that body. In case of a permanent absence on any committee the President may appoint a suitable representative to serve as a replacement.

Several weeks prior to each meeting of the Board, the President along with the Secretary shall establish the agenda for the upcoming BOD meeting. The President generally conducts the BOD meeting at 8:00-9:00am preceding each regular meeting of the Component membership, but the time may vary depending on the agenda. The President is responsible for the orderly and constructive adherence to the agenda to accomplish the business needs of the organization. If additional business is required after 9:00am, the President may call the BOD back into session at a later time. The BOD has final say in matters requiring a definitive resolve.

Meetings are held at a convenient location approved by the Board of Directors. There are normally four meetings in a calendar year. Urgent business of the Component that cannot be deferred until the next meeting of the BOD may be decided upon by the President and other members of the Executive Committee acting on behalf of the BOD and shared with the BOD at the earliest opportunity no later than the next regularly scheduled meeting of the BOD. On the meeting day the President will welcome members and guests, offer introductory comments and conduct any business that is required of the organization, such as announcements, recognition of guests and/or new Active members, oversee parliamentary procedure in all conduction of business, etc.

Following the term as President, the new Past-President becomes Chair of the Nominating Committee.

President-Elect – Program Chair:

The President-Elect is second in line to the President and shall assist the President in the performance of presidential responsibilities. In the absence of the President, the President-Elect shall conduct the business of the Component and preside over the meetings of the Board of Directors. At the conclusion of the second Component year, the President-Elect automatically ascends to the office of President. The President-Elect is also the Program Chair of the Component and as such, is responsible for establishing the program for each NorCal EHASO meeting and making all necessary arrangements with speakers, the selected meeting location site, and for general oversight of the successful completion of the meeting. Meetings should be planned as far in advance as possible. Our goal is to have meetings scheduled as much as 12 months in advance. As installation of officers occurs in January, the new Program Chair will begin to solicit speakers for the following January as well as any meetings prior to that for which speakers have not been completed. The Program Chair must coordinate his speaker calendar with the Membership Chair to assure that our Affiliate members have first access to presenting on a specific meeting date. This is necessary in order for the Affiliate to complete the membership requirements in the time frame allotted.

Meetings are held at a convenient location approved by the Board of Directors. There are normally four meetings in a calendar year as follows: January/early February, April, June or September, and late November/early December. In years when the EHASO conducts the biennial meeting, our fall meeting usually is not held. The Program Chair is responsible for overseeing the printing of the meeting brochure by the Secretary.

The Program Chair must correspond with the speakers to:

a) Solicit the speaker to present
b) Confirm their speaking engagement (8 weeks before the meeting)
c) Assist with any unusual lodging and/or flight arrangements
d) Secure a title, CV and photo in time for inclusion in the printed meeting flyer (minimum 4-5 weeks before meeting)
e) Ensure that the speaker understands the honorarium, if any, and share that information with the Treasurer.

The Program Chair will use the following as guidelines for speaker honorariums: NorCal EHASO members shall not be compensated for their presentations, but present periodically in order to maintain their active membership status. Angle members from outside the geographic area of the NorCal EHASO, who give a presentation of 3 hours or more, will receive up to $750 plus travel and lodging. Non-members who give a presentation of 3 hours or more will receive up to $1000 plus travel and lodging. Normally non-member presentations at $1000 are limited to one time per year, but under unusual circumstances, the Program Chair may propose to the BOD a different arrangement.

General meeting responsibilities:

a. Mail program brochure a minimum of three weeks in advance of the meeting using the current membership list. The Program Chair will also be responsible to send the program brochure to all potential new Affiliate members for future meetings. Program brochures should also be brought to the meeting.
b. Send a luncheon request card with the program mailing to be returned to the Treasurer along with any payment due.

The Program Chair will review with the meeting site personnel the room layout, AV needs, timeliness of breaks, etc. and establish a menu for the luncheon as well as confer with the Equipment Chair to see that all is in order. The Treasurer reports the registration figures and pays the facility.

On the meeting day the Program Chair will welcome the speaker(s), attend to their needs, introduce them and in general conduct the meeting once the President's comments have been concluded.

Secretary:

The overall responsibility of the Secretary is to document all business activity of the Component as well as the duty of receiving and sending all Component correspondence and reporting the same to the Board of Directors (BOD) at their regular meetings. Copies of correspondence shall be forwarded to the President for edification as appropriate. The Secretary has the responsibility to certify all official acts of the Component and perform other such duties as assigned by the President. In the NorCal EHASO, the Secretary may serve in this capacity for multiple years without progression to the Presidency.

General responsibilities of Secretary:

1. All correspondence (as developed from the Board meetings, assigned by the President, processing new members, etc), and maintaining the master correspondence file.
2. Maintain master log of members' attendance and program participation.
3. Create minutes of all board meetings and the annual business meeting, and maintain the master minutes file. Also, keep a copy of the EHASO and the Component Bylaws.
4. Update membership roster annually (have update cards sent with November/December's program announcement) and have roster printed and distributed.
5. Maintain CE provider status with Board of Dental Examiners (forms are sent by them bi-annually around November). Prepare CE slips for each scientific meeting. (60 should be adequate).
6. Prepare membership certificates for new Active Members (calligraphy).
7. Obtain plaque for outgoing President at January meeting.
8. Maintain name tags and stationery supply.
9. E-mail revised Bylaws and Policy and Procedure Manual to all members and to all new Affiliate members upon their acceptance.
10. Update Article 10 of the Policy and Procedure Manual as changes occur.
11. Keep a copy of the original Articles of Incorporation and current copies of the Bylaws and Policy and Procedure Manual.

Board of Director's meeting responsibilities:

1. About ten (10) days in advance of each Board of Directors meeting, mail or E-mail the following to all board members (and others who so request):
   a. Copy of minutes from the previous meeting.
   b. Agenda for the upcoming meeting.
   c. CV's and any other pertinent information on proposed new members.
   d. Any correspondence received that may require board action.
2. Transcribe minutes of the BOD meeting (a tape recorder is invaluable).
3. Bring the following to each meeting:
   a. Extra copies of 1a-d, above.
   b. Name tags, attendance sheets (and clip board), CE slips.
   c. Reference materials: Bylaws, Minutes file, Correspondence file, Current Roster, Attendance log.
   d. Angle Society seal embossed speaker certificates.

Contacts:

EHASO Association Manager
Rusty Wright
Association Management Services
810 East 10th Street
Lawrence, KS 66044
rwright@allenpress.com
(800) 627-0326, x215
(785) 843-1234, x215
(785) 843-1274 Fax

Treasurer:

The Treasurer is responsible for maintaining all of the financial records for the NorCal EHASO and estimates the budget for the coming year in conjunction with the other Board members, specifically the Program Chair. The Treasurer is the chief financial officer of the organization subject to the BOD and must report all financial matters directly to the BOD. Based on the proposed expenses, the Treasurer recommends the dues amount to the BOD and bills the members. The EHASO dues, Angle Memorial fund, subscriptions to the Angle Orthodontist and voluntary contributions to the Angle Heritage Fund are billed by the EHASO directly to the members. Close coordination with the Secretary is necessary to maintain a current list of Active, Senior Active and Senior Retired members so that billing can be accurate. A separate budget and assessment is often necessary for special programs, joint meetings with other components, or EHASO meetings.

Money is deposited to a NorCal EHASO account in a bank convenient to the Treasurer. If possible, reserve funds are maintained in an interest bearing account and transferred to the checking account as needed for disbursement. All money must be kept in accounts that are insured. The savings and checking accounts shall have the President and/or President-Elect as signers as well as the Treasurer. Only one (1)signature is required for writing checks or withdrawing funds up to $5000. Checks or the withdrawing of funds above that amount will require two (2) signatures. The Treasurer pays all expenses out of the Angle checking account. Expenses include meeting costs (speaker honorariums, room rental, food, etc.), Directors/Officers liability insurance, licenses, printing, mailing, supplies, equipment, etc. The Treasurer reports to the Board of Directors at each meeting on the financial status. The records are made available to the Board for their inspection. A Treasurer's report is made to the entire membership at the annual business meeting (January).

Director to the EHASO

The EHASO Director is the Component representative (NorCal EHASO) to the Board of Directors of the EHASO. Each component within the country has one representative, whose collective responsibility is to manage the business of the EHASO. The Director is elected by the component for a term specified in the Bylaws of the EHASO. The term is limited to not more than seven consecutive years. The Director serves as a voting member on the component BOD and makes reports to the component BOD regarding EHASO business. The Director to the EHASO should be an experienced member within the component organization and have the confidence of the membership. The Director must possess good communicative skills to serve effectively in this national position. This representative will serve as the EHASO President for a two year period when the next biennial meeting is hosted by our component. As such, the director will have all the responsibilities of the Presidency of the EHASO as set forth within EHASO Bylaws.

Immediate Past-President:

The Immediate Past-President shall serve on the BOD as a voting member whose primary responsibilities shall include serving as the Chair of the Nominating Committee. In such capacity, this person has the responsibility to arrange and to conduct a meeting of the Nominating Committee for the purpose of nominating new officers of the organization. Thereafter, the names of the nominees shall be presented by the Chair to the BOD and to the membership in accordance with the Bylaws of the NorCal EHASO. As an experienced leader of the Component, the Past President shall confer and offer assistance to the President as requested by the President.

IV. THE BOARD OF DIRECTORS (*BOD)*

Officers and Directors of the BOD constitute the governing body of the NorCal EHASO. Directors are elected annually by the membership to serve a term of years determined by the Nominating Committee. Normally each Director begins a five (5) year term starting on a staggered year which is subsequently reduced by one year at each annual reelection. The BOD of the NorCal EHASO currently consists of the President, President-elect, Secretary, Treasurer, NorCal EHASO Director to the EHASO, Immediate Past- President and five directors totaling eleven (11) voting members. The Directors and officers to the BOD have full authority to conduct the Component business as described in the Bylaws of the organization.

The BOD meets before each meeting of the Component. Currently the BOD meetings are held at 8:00-9:00 AM prior to the scientific session. If necessary to finish Component business, the Board may recess and reconvene later in the day at the discretion of the President.

V. Structure and Duties of Committees

EXECUTIVE COMMITTEE: (ExCom)
The Executive Committee (EXCom) shall be comprised of the President, President-Elect, Secretary, Treasurer, the Immediate Past-President and the Northern California Director to the EHASO. The committee shall have the authority to conduct the Component business during times when the BOD cannot be summoned to meet and business is urgent for the best interests of the NorCal EHASO. Issues undertaken and decisions made by the ExCom shall be related to the full Board at the earliest possible time, no later than the next meeting of the BOD.

BYLAWS COMMITTEE: (BC)

The Bylaws Committee consists of a Chair and two members appointed by the President for the purpose of recommending to the BOD revisions in the Bylaws that may be deemed appropriate and necessary for the proper functioning of the Component. The Bylaws must be in compliance with the EHASO Bylaws. The Chair shall be appointed by the President or shall be the senior member in tenure of appointment. This committee must study all recommendations by the BOD regarding bylaws issues and report its recommendations to the BOD.

CLINICAL EVALUATION COMMITTEE: (CEC)

The Clinical Evaluation Committee consists of a Chair and a minimum of five committee members for the purpose of examining a prospective member's clinical presentations to the Component. This committee and Chair is appointed by the President. The Clinical Evaluation Committee Chair as leader of the Clinical Evaluation Committee (CEC) has the responsibility to monitor and facilitate the Affiliate member's progress in fulfilling the clinical requirements towards attaining Active membership in the Angle Society. In so doing, the CEC Chair must:

A. Work with the Affiliate and the sponsors in selecting appropriate cases to be presented to the committee and ultimately to the members.
B. Monitor the Affiliate's progress and encourage the sponsor's participation in the process.
C. Keep the Membership Chair aware of the Affiliate's progress in fulfilling the requirements on schedule.
D. Arrange to obtain the records from the Affiliate one week prior to the regular meeting of the Component at which the records are to be presented/displayed. The CEC Chair must arrange a meeting of the Clinical Evaluation Committee to review the six cases (6) to be presented. This meeting has traditionally been held during the four weeks preceding the regular meeting of the NorCal EHASO. The committee evaluates the cases and determines their level of acceptance according to the prescribed format used for judging cases. The currently acceptable case presentation format was presented to the Affiliate by the Membership Chair in an initial mailing when the Affiliate began the membership process. This information is in the Policy and Procedure Manual and also on file with the Membership Chair.

The CEC Chair must formulate the committee's report and submit it to the Board of Directors at the BOD meeting prior to the next regular meeting of the Component. After acceptance of the Clinical Evaluation Committee recommendations by the BOD, the CEC Chair will do one of the following:

A. IF THE CASES ARE ACCEPTED: arrange with the Program Chair for display of the cases at a future meeting and discuss with the Affiliate any suggestions or criticisms of the cases by the committee.
B. IF THE CASES ARE UNACCEPTABLE: discuss with the Affiliate the deficiencies in the cases presented and any necessary changes or improvements required to bring the cases to an acceptable level. The Chair must also discuss with the sponsors the areas of deficiency and enlist their assistance in helping the Affiliate succeed. Although there has been a traditional format for presentation and judging of the cases, the Chair and the committee should continually look for ways to upgrade and improve this procedure. Our goal is to have thinking, contributing members.

Equipment Committee: (EC)

This committee shall consist of two (2) members appointed by the President for a period of four years. One member will be the Chair and the second member shall act as the backup when the Chair is unavailable or unable to perform the necessary duties. It shall be the duty of this committee to provide the necessary audio-visual equipment for speakers at regular Component meetings. This includes microphones, podium, lights, screens, LCD projector, and any specialized equipment required by a particular speaker. Members of this committee shall be of assistance to speakers in operating equipment, projectors, etc. This would of necessity require close coordination with the Program Chair. It shall be the duty of this committee to maintain the Component's equipment in acceptable working order and to make recommendations to the Board of Directors where the purchase of additional equipment becomes necessary. It is also their duty to ensure the safe storage of any equipment owned by the Component.

MEMBERSHIP COMMITTEE: (MC)

In instances of Active members wishing to introduce potential new members to the organization, members should contact the Secretary by written communication with their desires and not the Membership Chair. (see Attachments #1, 2, and 3).

The Membership Chair serves as the Membership Committee in the NorCal EHASO. This person is appointed by the President. The Membership Chair is responsible for overseeing the status of membership in the Component jointly with the Secretary. Primarily, the Chair must keep an accurate record of Affiliate member progress toward full membership and report to the Board of Directors that same progress. The Chair's duty is to establish a requirement timetable for the Affiliate member according to the
Bylaws of the Component, to inform the Affiliate of the same and oversee and encourage timely completion of the requirements. The Chair must coordinate the Affiliate's timetable and confer with the Program Chair who will establish a specific meeting for the Affiliate's presentation to the membership.

The Membership Chair is responsible for sending appropriate correspondence to the Affiliate member following approval of their Affiliate status and notification by the Secretary. This shall include the currently acceptable case presentation format. Similarly the Chair must send copies of the appropriate correspondence to the sponsors, Secretary, Thesis and Clinical Chairs, and the President. Specific letters, forms, and other written communication are established and are in the Policy and Procedure Manual and in possession of the Chair. (See Attachments Articles 2 thru 7)

During the period while the Affiliate member is completing Active membership requirements the Membership Chair has ongoing responsibilities. Several weeks prior to the quarterly meeting of the Board, the Chair should confer with the Affiliate member and ascertain the Affiliate's progress toward timely completion of requirements. The Chair should also confer with the Thesis, Clinical and Program Chairs as appropriate either preceding or following discussion with the Affiliate member. These conversations should be part of the Chair's report to the BOD.

Regarding membership status of all Active members, Active members-at-large, Senior active members and Senior retired members, the Membership Chair is responsible for knowing their status, attendance and contribution to the organization. The Chair should confer with the Secretary to gain this information and present any concerns regarding membership to the BOD. If the BOD mandates presentations by the members to maintain membership, enforcement of this decision would be the responsibility of the Chair with reports to the BOD.

In all cases the Membership Chair should be encouraging to all status of members and attempt to enroll them into becoming more participatory members for the benefit of the Component as well as the EHASO.

NOMINATING COMMITTEE: (NC)

The Nominating Committee has the responsibility for selecting candidates for officers and directors of the Component. The NC is chaired by the Immediate Past-President, who shall convene a meeting for the purpose of selecting such a slate prior to the annual business meeting of the Component, currently in January. Duties and responsibilities of this committee are described under Immediate Past-President. This
committee is comprised of the Immediate Past-President and the two most recent past Presidents.

POLICY AND PROCEDURES MANUAL COMMITTEE: (PPMC)

This committee shall consist of the three (3) members appointed by the President to the Bylaws Committee. The term of office will coincide with that of the Bylaws Committee and the Chair of this committee shall also be the Chair of the Bylaws committee. It shall be the duty of this committee to make recommendations on revisions to the Policy and Procedure Manual as may be deemed advisable for the improvement of the Component, and not in conflict with the NorCal EHASO Bylaws or the EHASO Bylaws and Policies. It also shall study all amendments proposed by members or the Board and report its recommendations to the BOD.

THESIS COMMITTEE: (TC)

The Thesis Committee consists of a Thesis Chair and one or two members who are all appointed by the President. It is important that the committee members are familiar with scientific research and writing, and thus, are usually university associated.
The Chair works with the Membership Chair in establishing the due dates and approval of the steps toward completion of the thesis requirement. Each Affiliate member must submit, and have approved, a thesis proposal and progress report by the assigned dates. Feedback to the Affiliate member may include suggestions for extensive revision or minor comments and approval.
The Chair is expected to report the progress of the Affiliates with their thesis projects on a regular basis at the Board of Directors meetings.
The completed thesis, preferably in publication format, must be submitted to the Thesis Committee for approval well before the time scheduled for the oral presentation. Guidance and suggestions can be provided as requested at any point in the project.

AD HOC COMMITTEES:

Ad Hoc committees may be appointed by the President when it is deemed purposeful for the conduct of Component business not requiring the time and energies of the full Board. Such committees shall have authority to investigate issues and recommend policy within the limited confines of the issue addressed specifically by the Ad Hoc committee in question. These committees are appointed by the President, who also has the authority to dissolve the committee upon the completion of its task.

SECTION VI. ATTACHMENTS:

1. Candidate/Guest Information Form
2. Policy Regarding Guests/Guest Fees
3. Member's Sample Introductory Letter to the BOD
4. Secretary's Letter to New Prospective Member
5. Summary of Requirements for Membership
6. Guidelines for Oral Case Reports
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Attachment 1

EHASO
THE ANGLE SOCIETY

Angle Northern California

CANDIDATE/GUEST INFORMATION FORM
(TO BE COMPLETED BY PRIMARY SPONSOR)

Doctor's Name ____ Date ____________
(First) (Middle) (Last)

Office Address ____
(Street) (City) (State) (Country) (Zip)

Office Phone #: ______________________ Fax # _______________ e-mail ________________

Sponsor(s) Primary: __________________________ Secondary: __________________________

Organized Dentistry Affiliations:

American Dental Association YES ____ NO _____

American Association of Orthodontists YES ____ NO _____

Constituent Orthodontic Society ________________ Component Orthodontic Society ________________

Dental School ___________________________ Degree ___________ Date Conferred _____________

Ortho Education __________________________ Degree ___________ Date Conferred _____________

The Guest/Candidate is primarily involved in: Clinical Practice_______ Education/Research ______________

Who are other Angle members acquainted with the Guest/Candidate? ___________________________________

____

Has the Guest/Candidate completed the Written Examination of the American Board of Orthodontics? Yes______ No______
Has the Guest/candidate completed the Clinical Examination of the ABO? Yes_____ No_____ Year ________
Recertified by the ABO: Yes_____ No _____ Date ___________

Please provide the following (OK to use the reverse side of this form)

- Guest/Candidate clinical expertise, teaching background, research or publications:

- Personal information regarding the Guest/Candidate:

Please Return to: Dr. Greg Wadden
Secretary, Angle Northern California
432 East Calaveras Blvd.
Milpitas CA 95035
(404) 262-6426 fax
gwadden@comcast.net

Attachment 2

Northern California Angle Society of Orthodontists

<u>POLICY REGARDING GUESTS/GUEST FEES</u>

1. The Angle Society is a highly valued professional organization and is committed to maintaining a dedicated membership of highly skilled orthodontists who interact for professional learning and fellowship. Each member is highly valued by the organization.

2. The long term viability of the organization depends upon each member participating in assuring new members are received into the Society regularly.

3. Every member is encouraged to bring as an invited guest(s) any potentially qualified Orthodontist (see Attachment #1). The Component will incur the cost for such a guest for the first two visits.

4. The guest will register and list the sponsoring member.

5. The Secretary will keep records of the guests and share the information with the Treasurer.

6. The Treasurer will bill the member listed for each meeting attended by the guest (over two) for $75 which is the cost incurred by the Component. The total number of free meetings for a guest will be limited to two regardless of who is listed as the member having invited the guest to any one particular meeting.

7. The Treasurer will bill $75 to the sponsoring member of non orthodontic guests such as other medical/dental professionals and member’s friends/family including wives on each attendance occasion. It will still be necessary to follow steps 4 and 5 as above.

8. Costs for student guests and faculty from area university residency programs will continue to be absorbed by the NorCal EHASO.

Attachment 3

Northern California Society of Orthodontists

MEMBER'S SAMPLE INTRODUCTORY LETTER TO THE BOD

Dr. Full Name,
Secretary Northern California Angle Society
Address

Dear **First Name**:

I would like to propose **Dr. Name and address** as a prospective Affiliate member to the Northern California Angle Society of Orthodontists He has practiced orthodontics in **city** since **year**.

Name has attended the required two meetings and is interested in becoming a member. . I have known **name** for approximately **n#** years. Attached is his Curriculum Vitae.

Co-sponsor name said that he would be very pleased to be a co-sponsor for **Name**.

Sincerely,

Your Full Name

ATTACHMENT 4

Northern California Angle Society of Orthodontists

SECRETARY'S LETTER TO NEW PROSPECTIVE MEMBER

Immediately following the attendance of component meeting by a guest orthodontist (invited by a current member) the following letter is mailed to them by the Secretary of the Northern California Component of the EHASO on behalf of the Membership Chair. Once the letter has been sent out, that invitee or guest shall be re-invited by a member 2-3 more times leading to a case presentation and Affiliate membership. (Two times are paid by the Component). The purpose is to demonstrate the Component's interest in the guest orthodontist and help initiate a path towards membership. Notices of future meetings should also be sent to the guest by the Secretary.

Month Day Year
Dr. ---- -----
Address
City, State ZIP
Re: Angle Meeting
Drear Dr. ----,
On behalf of the Northern California component of the Edward H. Angle Society of Orthodontists, we hope you enjoyed your time spent at the last component meeting. Obviously, you are highly regarded in your profession and your community because of your invitation by a component member to attend a meeting.

As you may already know, the Angle Society is a unique organization of women and men who uphold a high level of integrity and are passionate about their profession, sharing goals of challenging themselves towards professional excellence. You may recognize several members who are also prominent in the academic community. The friendships and camaraderie formed are lifetime.

Enclosed, you will find a pamphlet describing the requirements for membership. Should you have an interest in the Angle Society, please contact your meeting host, myself, or any member to explore how the Society may enrich your career. Our sincere interest is in the success of our members.

Sincerely,

Secretary, Northern California Component
of the Edward H. Angle Society of Orthodontists

Attachment 5

Northern California Angle Society of Orthodontists

SUMMARY OF REQUIREMENTS FOR MEMBERSHIP

I. Pre-Affiliate Process

A. Qualifications
B. Invitation
C. Oral case report-(See Guidelines for Oral Case Reports-Attachment#6)

II. Affiliate Membership

III. Active Membership

A. Regular attendance at Component meetings
B. Written Reports on Six Cases: (see Guidelines for Written Case Reports-Attachment #7)
C. Thesis or Paper
D. Additional Tests
E. Sponsor's responsibilities

I. Pre-Affiliate Process

A. Qualifications

A qualified candidate must have sufficient time out of residency to demonstrate the professionalism, quality of care and the ethical standards that we demand of Angle Society members. Therefore, candidates who are to be considered for Affiliate membership must be a minimum of five (5) years post-residency. Exceptions to this rule require a unanimous approval of the Board of Directors of the NorCal EHASO.

B. Invitation

Affiliate membership shall be by invitation only and such invitation shall be issued by the BOD of this Component as follows:
An Active member submits a request in writing to the BOD (see Attachment 3) through the Secretary of the NorCal EHASO to invite a prospective member to present an Oral Case Report as the first step in consideration for Affiliate membership. Upon unanimous approval of the NorCal EHASO Board of Directors, the applicant is invited to present an Oral Case Report at an upcoming membership meeting. Full time orthodontic faculty have an optional method (see Academic Option- Attachment #10).

C. Oral Case Report: Case selection

The prospective member, with the help of their sponsor, shall select three finished cases to be presented to the Clinical Evaluation Committee (CEC) with a one page write-up of each case. The Committee will select one of the three cases submitted, or ask for another case to be chosen for the Oral Case Report.

The sponsors and the CEC will assist the prospective member in organizing the Oral Case Report presentation to the membership. (See Guidelines for Oral Case Report-Attachment #6).

II. Affiliate Membership

Upon successful completion of the Oral Case Report and acceptance by a three-quarter (¾) majority of the Board of Directors the candidate shall be proposed to the membership by mail or electronic ballot. Upon an affirmative three-quarter (¾) vote of the membership entitled to vote, the applicant is elected to Affiliate membership and assigned two sponsors.*

III. Active Membership

A. Attendance

1. Regular attendance at Component meetings is a requirement for election to Active membership. If you are unable to attend a meeting, notify your sponsor and the Secretary or the President by E-mail or written notice and explain your absence.
2. Regular attendance at the National Biennial meeting is strongly recommended and attendance at one biennial is required for Active membership.

B. Case Reports

Following the successful presentation of an Oral Case report, the newly elected Affiliate Member, with the help of their sponsors, will select ten (10) cases to be presented to the Clinical Evaluation Committee. (See Guidelines for Written Case Reports-Attachment #7).

The Clinical Evaluation Committee will select six (6) cases to follow. The Affiliate will give an oral progress report for four (4) of the six (6) cases annually.

Following completion of the six written case reports, the cases are presented to the Clinical Evaluation Committee for approval. The BOD will then make final approval before the case Presentations are made by the Affiliate to the general membership at a regular meeting.

C. Paper

1. The Affiliate member shall submit, during the period of his Affiliate membership, a written contribution suitable for consideration for publication in the ANGLE ORTHODONTIST*.
2. The subject of the paper must be approved by the Thesis Committee.
3. Possible categories for the thesis subject matter include:
   a). An original investigation of some aspect of orthodontics. This investigation would have the following components:
      1). A testable hypothesis;
      2). A thorough review of the literature pertaining to previous or related work in that area;
      3). A methods section describing: exactly how the sample was obtained (if clinical), the measurement methods(s) and measurement error, and what statistical analysis was used;
      4). A results section;
      5). A discussion section which examines the results obtained in relation to previous work and the significance (or lack of) of the study in relation to orthodontic diagnosis or treatment.

b). A thorough review of the literature on some clinical or basic research aspect of orthodontics.

c). An in-depth analysis of a problem or subject that would be of interest to the members of the NorCal EHASO. Examples could be motivational techniques, attracting and i retaining a new practice associate or other aspects of clinical practice. The topic would represent a new concept, methodology or protocol not published in the orthodontic literature. This would include a thorough review of all of the literature related to the thesis subject.

4. The project must be an original paper and not one prepared previously for another purpose. It must be approved by the Thesis Committee within three months (3) of completion of the Written Case Report Requirement. An interim progress report is due within twelve (12) months.

5. The paper is submitted to the Thesis Committee in a publishable form (double spaced with appropriate illustrations). A discusser will be assigned by the Thesis Committee. The oral presentation to the Northern California Component is scheduled approximately three months later.

__Timetable for Completion of Affiliate Membership__

EVENT	INTERVAL FOLLOWING PRECEDING EVENT	TOTAL ELAPSED TIME
ACCEPTANCE TO BECOME AN AFFILIATE MEMBERSHIP		
FIRST CASE REPORT TO CEC	4 MONTHS	4 MONTHS
SIX CASES TO CEC	5 MONTHS	9 MONTHS
CASE DISPLAY TO MEMBERSHIP	NEXT REGULAR MEETING	VARIABLE
THESIS APPROVAL	3 MONTHS	12 MONTHS
THESIS PROGRESS REPORT	9 MONTHS	21 MONTHS
THESIS TO DISCUSSER	12 MONTHS	33 MONTHS
THESIS PRESENTATION	3 MONTHS	36 MONTHS
BOARD APPROVAL	NEXT BOARD MEETING	VARIABLE
APPROVAL OF MEMBERS	VARIABLE	VARIABLE
RECEIVE CERTIFICATE OF MEMBERSHIP	NEXT REGULAR MEETING	VARIABLE

D. Additional Tests

The Board of Directors or Executive Committee of the EHASO or the Board of this component may give such additional tests, either written, oral or practical, as any of said bodies shall deem necessary in order to determine the qualifications for regular membership of any Affiliate member.*

E. Sponsor's Responsibilities:

1. Remember that Clinical Excellence is the hallmark of the Angle Society.

2. Know the prospective member and the quality of their orthodontic treatment well; visit their office to observe first hand the level of clinical excellence practiced, before presenting their name to the board.

3. Assist the prospective member with the selection of the three cases to be presented to the CEC for choosing a case for the Oral Case Report.

4. Assist the prospective member in the preparation of the Oral Case Report.

5. Help develop a line-item schedule to assure that the newly elected Affiliate member will complete the membership requirements in 36 months.

6. Initiate an early and ongoing discussion to help the Affiliate Member identify an appropriate subject to satisfy the Thesis or Paper Requirement as they prepare the Six Written Case Reports.

7. Assist the Affiliate Member with the selection and preparation of the six cases for the Written Case Reports. You will give a report to the CEC chair on the progress of treatment of the Affiliate's cases every six months.

8. Do not abandon the Affiliate Member, stay with them and encourage them throughout the 36 month process.

* As per Bylaws of Northern California Angle Society of Orthodontists

Original Document: June 2000 Dr. Roger Boero, Chair, CEC

Revised: May 2005 Dr. Bill Odom, Chair Pro-Tempore, CEC

Revised: February 2008 Dr. Greg Wadden, Chair, CEC

Revised: April 2010 Dr's Boero, Aubert, Kai, Lieber and Wear

Attachment 6

Northern California Angle Society of Orthodontists

GUIDELINES FOR ORAL CASE REPORTS

I. General:

This guide is not a "cookbook" but an aid for the preparation and the presentation of your oral case report. You should meet with your sponsors so they can help you identify three cases, one of which will be chosen by the Clinical Evaluation Committee (CEC) to be used as your oral case report. You will present the records of these three finished cases, with a one page write-up of each case, to the Clinical Evaluation Committee. The Committee will select one of the three submitted, or ask for another and assist you in organizing the Oral Case Report presentation to the membership.

II. Case Selection:

The cases you select should be challenging, not "slam dunks". They should not be atypical, mutilated or a one of a kind malocclusions, requiring heroic treatment with a limited possibility of an ideal result. Avoid unusual or unique treatment procedures unless the result is superior to that obtained by more orthodox techniques. Start your case selection with excellence in plaster. The case should be non-surgical and of sufficient difficulty to demonstrate clinical competence in the following areas:

A. Diagnosis: the diagnostics findings and the process undertaken to design a treatment plan.
B. An understanding of biomechanics and the ability to manipulate the appliance.
C. Coordination of mechanotherapy with craniofacial growth (or lack of growth).
D. The diagnostic findings, treatment plan and mechanics should all be relevant to and congruent with each other.
E. Ability to produce a superior results in finish, function and esthetics.

III. Records:

It would be inappropriate to show a case with poor or incomplete records. Even the best digital images will not improve on mediocre records. Digital images of the following records are the minimum required for a case report. They should be of the highest quality. If records are requested that you do not take, mention this in your presentation.

A. Pre and post treatment extraoral color photographs: frontal and right profile and smiling facial photographs.
B. Pre and post treatment intraoral color photographs: upper and lower occlusal plus a frontal and left and right buccal views in occlusion.
C. Pre and post treatment plaster casts with upper and lower occlusal views and frontal, right and left buccal views in centric relation occlusion.
D. Pre and post treatment lateral headfilms.
E. Tracings. The tracings should be clearly visible and all labels readable from the audience. Computer generated tracings are acceptable as long as the candidate assures that they are accurate.
    1. Pre and post treatment tracings: Pre-treatment (black), Progress (blue), Post-treatment (red), long-term (Green)

2. Superimpositions: Identify your superimposition method and if necessary briefly describe how the method works.
   a) Overall superimposition
   b) Mandibular
   c) Maxillary
3. Cephalometric measurements: The clinician should use whatever measurements he/she ordinarily employs. Tables of pre and post treatment values should be clearly readable from the audience.

F. Pre and post treatment, diagnostic quality x-rays. The x-rays must show clear and undistorted views of the crowns and roots of all teeth.

G. Progress records as needed, e.g., Inter-phase records is a Phase I-Phase II case.

IV. Presentation:

A. Power Point sequence:

The outline below is an aid to ordering your presentation. It is not intended to limit the format or the material presented. You have the opportunity to be creative but not at the expense of continuity in the logical sequence of diagnosis, treatment and retention. Do not compromise your presentation with poor visual material.

1. Title slide
2. Dental and medical history and chief complaint
3. Pretreatment facial photographs
4. Pretreatment intraoral photographs
5. Pretreatment models
6. Pretreatment Intraoral radiographs
7. Pretreatment cephalometric radiographs
8. Cephalometric tracing and analysis
9. Diagnosis and diagnostic considerations
10. Treatment options
11. Treatment plan and treatment sequence
12. Appliance (The illustrations of the appliances used need not be specific to this patient)
13. Explanation of Mechanics used to address specific diagnostic findings
14. Modifications of treatment plan during treatment
15. Finished facial photographs
16. Finished intraoral photographs
17. Finished models
18. Finished intraoral radiographs
19. Finished cephalometric radiographs

20. Cephalometric tracings and analysis
21. Superimposition tracings and evaluation
22. Retention protocol and rationale
23. Pre and post-treatment facial comparison
24. Pre and post-treatment comparison of intraoral photographs
25. Pre and post-treatment model comparison
26. Treatment summary

B. Content:

The Component is interested in the diagnostic challenges, the treatment decisions and the mechanisms you selected to achieve the result in this case. You can vary the presentation sequence to your personal preference or for emphasis on a particular diagnostic or treatment concept. The use of multiple images per slide for computerized presentations allows the audience to make rapid visual comparisons that enhance the continuity of the presentation. The entire presentation should take twenty to thirty minutes.

C. Equipment:

Computerized projection: Presentations are presented in Power Point and an LCD projector and screen will be available for your use. It is your responsibility to work with the Equipment Chair, in advance, to make sure your presentation is compatible with the projector that is available. You are required to provide any other specialized equipment necessary.
.

D. Questions:

Be prepared for questions from the audience, both during and at the conclusion of your presentation.

V. Overview:

The Oral Case Presentation is the first and best opportunity you will have to demonstrate to the membership at large your commitment to Clinical Excellence. Work with your sponsors to develop a memorable presentation where you and your skills are well represented.

Original Document: June 2000 Dr. Roger Boero, Chair, CEC

Revised: May 2005 Dr. Bill Odom, Chair Pro-Tempore, CEC

Attachment 7

Northern California Society of Orthodontists

Guidelines for Written Case Reports

I. Case Selection Criteria:

GET SOME HELP! With the help of your sponsors, select one case for each required category that best demonstrates the diagnostic process and treatment mechanics that is typical of your diagnostic and treatment regimen.

Difficulty: Do not try to be a Hero, but *do not select "slam-dunk"* cases. Select cases that are sufficiently challenging either diagnostically, mechanically or both that you can be proud of the treatment challenge that it represented. Avoid cases that are so heroic, atypical or unusual that is not representative of your practice.

For full time orthodontic faculty (4 days /week) see the Academic Option (Attachment#10).

II. Treatment in Progress:

The candidate must submit the pre-treatment records in digital form (e.g. PowerPoint) of a minimum of 10 cases, selected with the approval of their sponsors, to the Clinical Evaluation Committee (CEC). Records in digital form are for convenience in selection only. See Records Required (#III) below for the actual initial and final record requirements. All cases must have pre-treatment records collected within the last 12 months.

The cases must include:

A. One non-extraction case.
B. One extraction case: A multiple tooth extraction case demonstrating anchorage control and space closing mechanics.
C. One non-extraction, full cusp, Class II case demonstrating the typical mechanics you utilize to correct this type of a Class II malocclusion. *Molar relationship must be bilateral, full cusp Class ll. Cuspid relationship: 2/3 to full cusp Class II. ANB>6 (i.e., 7 or higher).*
D. One non-surgical Vertical Dysplasia: A high angle case demonstrating mechanics you utilize to control vertical dimension. *FMA*>35° or SN-GoGn>40°.
E. The remaining cases are optional with no more than two (2) cases of any one category.
F. Orthognathic Surgery Case: Only one (1) surgical case can be used. None are required. The Clinical Examination Committee is interested in evaluating the pre-and-post surgical *skill of the orthodontist, not just the skill of the surgeon.* The surgical case should demonstrate orthodontic skill in tooth movement, not simply a dramatic surgical correction. Surgical cases will require pre-surgery records including plaster models, photographs, and headfilms taken immediately prior to surgery.
G. A mixed dentition case is acceptable if it can be started and finished in the full permanent dentition within the time limits.

The Clinical Evaluation Committee will select six cases for the membership to follow.

The affiliate's sponsors will monitor case progress. The sponsors are required to give a progress report to the chairman of the CEC every 6 months. The affiliate must give an oral progress report for 4 of the 6 cases, yearly, to the membership for discussion. The two cases not reported will be shown with two others the following year.

The six cases must be completed within 3 years. Additional time may be granted by the CEC only by special request due to unforeseen circumstances. An additional case(s) may be required, i.e. the patient transfers.

The six finished cases will be submitted to the Clinical Evaluation Committee for evaluation (See below: IV- Format for Presentation to the CEC).

III. Records Required:

A. Pre- and Post-Treatment Records: The pre- and post-treatment records of the six patients selected by the CEC include: plaster models, extraoral and intraoral color photographs *(prints not slides),* diagnostic quality intraoral x-rays and lateral cephalometric headfilms. If panographic X-rays are used they must be accompanied by anterior periapical X-rays.

B. Progress Reports: Annual photographs and plaster or digital models are necessary for progress records. The sponsor shall determine when and if progress X-rays should be taken. However a minimum of one (1) progress panographic X-ray must be taken during treatment. Progress cephalometric headfilms are to be taken only if the sponsor or candidate desire.

IV. Format for Final Presentation to the Clinical Evaluation Committee (CEC):

A. Binders: The write-up, treatment summary, photographs, intraoral x-rays, cephalometric x-rays and tracings should be contained in standard 1 inch, black, three ring, plastic binders. X-rays and tracings should be unattached and free for individual inspection. All tracings should be identified by the following colors and records should be identified with colored dots as follows:
Pre-treatment: Black Progress: Blue Post-treatment: RedPlease see the ABO guidelines: http://www.americanboardortho.com/professionals/clinicalexam/casereportpresentation/preparation/tracings.aspx

B. Models: Models must be properly trimmed to centric relation, finished and marked for identification. If you present some or all of your models mounted on an articulator each case must have its own instrument, with the final models mounted on the articulator. Some orthodontic vendors will supply multiple articulators. If the initial models have been mounted you must have a calibrated articulator for each patient with interchangeable cast mounts. Please see the ABO guidelines: http://www.americanboardortho.com/professionals/clinicalexam/casereportpresentation/preparation/casts.aspx

C. Photographs: Standardized prints of extra-oral and intra-oral photographs should be mounted and labeled according to the treatment stage. A minimum of three extra-oral views: right profile, frontal and smiling are required and five intraoral views: upper and lower occlusal and frontal, left and right lateral, all taken with the teeth in occlusion. All photos and x-rays need to be reproduced on photo quality glossy photo paper on either a dye sub or ink jet printer. Please see the ABO guidelines: http://www.americanboardortho.com/professionals/clinicalexam/casereportpresentation/preparation/photos.aspx#

D. Headfilms and tracings: Headfilms should be of a sufficient quality to identify commonly used landmarks. Insert each film in a clear, thin vinyl cover.

Include pre- and post-treatment tracings and progress tracings where required. Use your usual method of analysis. Measurements should be clearly identifiable by location. Label each tracing with the name, date and age of the patient. Templates generated from the patient's incisor and molar profiles are recommended. The tracings should be in color according to treatment stage as described above.

Superimpositions must compare the changes overall from pre-treatment to post-treatment, as well as changes within the maxilla and the mandible. *Your superimposition landmarks and method must be identified.* Interim super-impositions that clarify treatment progress are encouraged. Tracings should be inserted in clear, thin vinyl covers.

E. Write-up: The write-up should be brief, clear and concise, outlined where possible. Lengthy description is discouraged. Include the following:

1. The specific required category of treatment that this case represents, see # II above.

2. The patients name, age, starting and finishing dates, treatment time and retention period.

3. The chief complaint: Include the medical and dental history if pertinent.

4. The diagnosis: Identify the significant elements of the malocclusion including soft tissue factors. Generate a "problems list" of all those elements that exist.

5. The treatment plan: Based upon your clinical examination and evaluation of the diagnostic records, describe your specific treatment objectives as they relate to your "problems list" and the treatment plan for achieving those objectives. Generic statements such as "level and align, correct overbite, etc." are unnecessary.

6. Treatment progress:

   - Describe the appliances and *specific mechanics* used.
   - Include any ancillary therapy involved such as splint, periodontal or myofunctional therapy.
   - Identify the problems encountered in treatment.
   - Outline your retention plan.

7. The result: Include in the description of your result the deficiencies in the achievement of your treatment objectives and any deficiencies in the finished result.

8. Include a table of the cephalometric changes.

9. Using the template provided, include a Time Line or Chronology of Treatment that identifies the major events during treatment.

10. Include the ABO Cast-Radiograph Evaluation in the report. Please review the ABO website or the American Board of Orthodontics: "Objective grading system for dental casts and panoramic radiographs" AJODO 114(5):589-599, November 1998.

V. Case Evaluation:

The Clinical Evaluation Committee will evaluate your cases. You may be asked by the committee to prepare additional cases for their evaluation. The Board of Directors then approves the committee's recommendation. A copy of the evaluation sheet used by the Clinical Evaluation Committee is enclosed.

Your cases should be delivered to the Clinical Evaluation Committee for review as directed by the Committee Chairman. Cases are usually evaluated during the four weeks before an Angle meeting.

Upon approval, you will be scheduled to present your cases to the general membership at a component meeting. (To give the members time to review your cases please have them set up one half hour before the start of the meeting and leave them in place until after lunch is completed. Be available at the table for discussion with the membership.

VI. Help:

The Clinical Evaluation Committee is committed to assisting you in the satisfactory completion of your case requirement. If clarification of the guidelines is needed, please do not hesitate to contact the Chairman.

Follow the guidelines: they should provide a step-by-step explanation of what needs to be done. If you have questions, see # 1 above.

Your sponsors will be intimately involved in the selection, progress, write-up and evaluation of your cases. Use and abuse your sponsors. They have a vested interest in your success. Call on them at each step in the process.

Original Document: June 2000 Dr. Roger Boero, Chair, CEC

Revised: May 2005 Dr. Bill Odom, Chair Pro-Tempore, CEC

Revised April 2010 Dr Roger Boero

Attachment 8

Northern California Angle Society of Orthodontists

<u>COACHING FOR CASE REPORTS</u>

1. Read the "Guidelines for Written Case Reports" **<u>carefully!</u>**
2. Select your cases **<u>based on the final results</u>**, both occlusally and esthetically. Each case should be an example of the **<u>BEST</u>** treatment in each category with the most complete records.
3. If there are records requested that you do not routinely take, write that in your case report.
4. The committee is interested in the process of diagnosis that you undertake to design the treatment plan. If the treatment today is different for the same diagnosis than it was when the case was treated, write that in your report and write how the case would be treated today.
5. Each of your diagnostic findings should be addressed in the write up of the case. For example, if your findings are: Non-growing, mandibular deficient, skeletal Class II, with excessive crowding and impacted cuspids, you should address how you treat or how you did not treat *<u>each</u>* finding.
6. The committee is also interested in the mechanics you used and how the mechanics are appropriate for the specific finding or diagnosis.
7. The diagnostic findings, treatment plan and mechanics should all be relevant to and congruent with each other.
8. Select cases that are difficult and challenging with an excellent finished occlusion that are representative of what you normally do in your practice.
9. Do not select cases that are so unusual and difficult that even you are amazed you were able to treat them at all, but the finish is not as perfect as you would like.
10. The committee will look at your cases in fine detail and will judge you on the overall merit of your presentation:
    - A. Case selection appropriate for requirement
    - B. Quality and completeness of records
    - C. Significant findings and diagnosis
    - D. Treatment plan and mechanics are appropriate for and address findings
    - E. Diagnosis, treatment plan and mechanics are relevant and congruent
    - F. Conciseness and completeness of write up
    - G. Quality of finished result: excellence of occlusion, harmony and balance of dental, dento-facial and facial esthetics.

Your colleagues in the Angle Society will mostly remember how well you finish cases…

Attachment 9

Northern California Angle Society of Orthodontists

TREATMENT SUMMARY

<table>
<tr><td colspan="2">Doctor:</td><td colspan="2">Patient:</td><td>Gender: M F</td></tr>
<tr><td>Angle Class:</td><td rowspan="2">Teeth:
C=Congenitally Absent
P=Previously lost or ext.
X= Extracted for Tx
I = Impacted</td><td>Maxilla
EDCBA|ABCDE</td><td colspan="2">Maxilla
87654321|12345678</td></tr>
<tr><td>Case Requirement:</td><td>EDCBA|ABCDE
Mandible</td><td colspan="2">87654321|12345678
Mandible</td></tr>
</table>

Use MO/YR format for AGE

Use **BOLD** font for entries

Summary of Diagnostic Records and Non-Mechanical Treatment:
Abbreviations for diagnostic records: PH=Photos, M=Models, PAX= Periapical films, P= pano, C=Lateral Ceph, PAC= P-A Ceph, HW= Hand/Wrist Film, TMJ=TMJ Screening, TM=Tomograms, OCC=Occlusal or topographical films.
Enter extractions in Palmer Notation (e.g.: UL4 or LR5 etc.)

First Record →	Age=	Age=	Age=	Age=	Age=	Age=	Age=
Dx Records							
Extractions							
Habit Therapy							
Other:							

Summary of Mechanical Treatment: Bonded tooth numbers **bold font,** banded in normal font and use dashes in appropriate cells to show durations of use.

Mechanics	Age=	Age=	Age=	Age=	Age=	Age=	Age=
Band / **Bond** upper arch							
Band / **Bond** lower arch							
Maxillary Expansion							
Fixed Lingual (upper)							
Fixed Lingual (lower)							
MX AW --=round ++=rectangular							
MN AW --=round ++=rectangular							
Rectangular Archwire (upper)							
Rectangular Archwire (lower)							
Direction of elastic use							
Force magnitude of elastics							
Extraoral Traction Type							
Direction of force and time per day							
Functional Appliance type							
Time of use per day							
Positioner used							
Upper retainer							
Lower retainer							

Instructions for completing the Treatment Summary

This is a WORD document: you may type directly into the boxes and save as Patient Name or Case Requirement to maintain the original or print copies and fill-in by hand.

1. Top section.
    a. Doctor's name, patient's name in bold (already formatted). Delete the gender symbol **M** or **F** that is not needed.
    b. Angle class: I, II-1, II-2, III.
        i. Include note of subdivision if asymmetric
        ii. Note "end to end" if less than full cusp discrepancy.
    c. Case Requirement: Write the exact description for the case requirement satisfied by this report as found in the "Guidelines for Case Reports".

d. Teeth: Replace missing teeth with the appropriate symbol in bold font. Example: In a case in the permanent dentition with an impacted LR7, LR5 congenitally absent, and the LR E, LL5 and both upper 4s extracted for treatment, the chart should look as follows:

Maxilla	Maxilla
PPPPP | PPPPP	8765**X**321 | 123**X**5678
XPPPP | PPPPP	8**I**6**C**4321 | 1234**X**678
Mandible	Mandible

2. Summary of Diagnostic Records and Non-Mechanical Treatment:
   a. Fill in the age cells along the top of the table starting with the first age of diagnosis and complete in full year increments to the end of treatment. Place the age/year format next to the records notation. Example: Patient Manny Molar had records made at age 11Y, 10M and then had extractions and treatment started at age 12Y, 2 months. He had swallowing exercises for 10 months while he was twelve and 13 years of age. He had a mid-treatment pano made while 13Y, 1M. He was treated to age 15 and then had final records at 15Y, 2M. His table looks like this:

First Record →	Age=11	Age=12	Age=13	Age=14	Age=15
Dx Records	P,C, PH,M 11:10		P 13:1		P,C, PH,M 15:2
Extractions		UR4 UL4 LRE LL5			
Habit Therapy		Swallowing ex.------	----------- (10M)		
Other:					

3. Summary of Mechanical Treatment:
   b. Fill in the age cells starting with the year of the start of mechanical treatment.
   c. Use bold number to indicate bonded teeth and normal font for banded teeth.
   d. Archwire notations use -------- for round wire duration and +++ for rectangular.
   e. Use dashes and spaces to indicate durations of use of mechanics. See examples below.

Mechanics	Age=13	Age=14	Age=15
Band / **Bond** upper arch	6 **5 3 2 1 1 2 3 5** 6		
Band / **Bond** lower arch	7 6 **5 3 2 1 1 2 3 5** 6 7		
MX AW --=round ++=rectangular	------------------ ++++++	++++++++++++-- -----+++	++++++++++++
MN AW --=round ++=rectangular	------------------ ++++++	++++++++++++ ++++++	++++++++++++
Direction of elastic use		Class II ---------- -----------	----
Force magnitude of elastics		¼" 4.5 OZ.	

Attachment 10

Northern California Angle Society of Orthodontists

<u>Academic Option</u>

Orthodontic faculty members are an important element of our membership. A full time faculty orthodontist (minimum 4 days/week) who does not personally treat enough patients to fulfill the NorCal EHASO requirements may under those unusual circumstances be approved for the Academic Option upon the unanimous affirmative vote of the NorCal EHASO BOD.

Affiliate Status:

Full time faculty may substitute a scientific paper of publishable quality for affiliate status in place of the oral case report. The paper must be reviewed and accepted by the sponsors and the Thesis Committee before presentation to the membership.

Requirements for Membership:

Clinical Requirement:

Each Academic Affiliate member is responsible to present evidence of their clinical excellence sufficient to satisfy the Clinical Evaluation Committee and the Component members.

In lieu of case reports and with permission from the BOD the Academic Affiliate may make an oral presentation of treated patients that demonstrates his/her excellence in treatment planning, appliance placement, biomechanics and retention. The patient records shown need not represent necessarily a longitudinal treatment of the same patient, but the illustrations must show treatment delivered by the affiliate.

Paper:

The Academic affiliate is required to give a second paper, suitable for publication in the Angle Orthodontist. The paper must be reviewed and accepted by the sponsors and the Thesis Committee. The format should be that of a standard scientific article: purpose/introduction, review of the literature, materials and method, results, discussion, summary, conclusion, literature cited, and appendices [if appropriate].

Attachment 11

Northern California Angle Society of Orthodontists

<u>CHECKLIST for DISCUSSER</u>

I. THE RESEARCH PROBLEM

A. Is there a statement of the problem and is it adequate?

1. Is the problem clearly, accurately, and completely described?
2. Are the components of the problem described in enough detail to permit judgment on the appropriateness of the direction taken by the researcher?
3. Are purposes of the study clearly stated?

A good manuscript will give the discusser a clear and detailed description of the research problem that has been studied. The statement of the problem can be used as a "road map" for reading the remainder of the manuscript and as a basis for judging how well the study accomplished its purposes. If the statement of the problem is missing, severely abbreviated or vague, the remainder of the report should be more carefully scrutinized.

B. Is the review of the literature adequate?

1. Has a thorough review of the literature relating to the problem been made?
2. Have the studies cited been evaluated in regard to their validity?
3. Have earlier studies been described in enough detail to show that existing evidence does not solve the problem?

Progress in science requires that each investigator build upon what is already known. The trustworthy manuscript will include a critical, thorough and impartial review of previously related studies to enable the reader to better judge the validity and importance of the study. On the other hand, an author who is trying to convince the reader of the value of some product or point of view is not likely to present a balanced review of related studies. It is usually fairly easy to spot such a report by the absence of any negative findings or contraindications among the references.

C. Are important terms defined?

1. Are important terms and concepts adequately defined?
2. In the body of the report, are these terms and concepts actually used as defined?

If important terms and concepts are not carefully defined and appropriately used, it may be impossible to be sure what the author really studied. Vague and general terms need defining and the carefully written manuscript will include such definitions.

D. Are the hypotheses or objectives adequate?

1. Are the hypotheses or objectives stated clearly enough to judge whether they can be tested or achieved?
2. If the hypotheses or objectives are not clear, can they be restated clearly enough to judge whether they can be tested or achieved?
3. Do the hypotheses or objectives follow directly from the statement of the problem?
4. Are the assumptions on which the hypotheses or objectives are based clearly stated and obviously warranted?

The hypotheses or objectives are the heart of any research project. If they are fuzzy, poorly stated, or do not follow from the statement of the problem, care should be taken to be certain what was really studied.

II. EXPERIMENTAL OR DESCRIPTIVE METHOD

A. What is the population and how is it sampled?

1. What are the characteristics of the population in which the investigator was interested?
2. What are the characteristics of the objects or people included in the sample and how large is the sample?
3. Have any conditions biased selection or assignment of the objects or persons in the sample?

When reviewing research, the clinician should be particularly concerned with the characteristics of the population and sample used in the study.

B. **Research Design** (for experimental studies only)

1. Has the investigator clearly formulated and described his research design?
2. Has the possibility of hidden factors, other than the experimental variables that might influence the results of the investigation, been considered?

The research design should be meticulously planned and executed to permit firm conclusions. If the research design is not described clearly and in an understandable way, it is a fair bet that the researcher did not formulate the design completely or clearly enough to be valid.

C. Measurement

1. Do the tests and measurements used give reasonable measures of the factors under study?
2. Is evidence presented to show that the test and instruments used give valid and reliable measures of the factors under study?
3. Are the conditions in which the measurements were obtained fully and clearly described?
4. Are all factors or variables listed or implied in the hypotheses or objectives measured?

In all research, measurement is a great importance, but in clinical research, measurement is particularly important. It is often very difficult to develop a reliable and valid measure of many clinical conditions. But often clinical researchers depend on such descriptions as good, fair, poor and bad or clinically pathological and clinically normal or similar category systems when more refined measurements are both necessary and possible. If the measures used are inadequate or if they fail to measure the factors listed in the hypotheses or objectives, caution must be taken in interpreting and using the results of the study.

III. RESULTS OF THE STUDY

A. Data analysis

1. Are all factors that needed to test the hypotheses or achieve the objectives included in the analysis?
2. Where statistical tests of significance are used, are these tests described, or at least named?
3. Are the hypotheses, in fact, tested? Are the objectives of the study achieved?
4. Where the author claims significant differences, are the differences large enough to make any difference in clinical practice?

Depending on the training in statistical methods, the discusser may expect some difficulty in reviewing the data analysis of the study. However, two very important and informative actions can be taken regardless of the background in statistics: 1) Look at the hypotheses or objectives in relation to the data presented to be sure that the author has, in fact, tested the hypotheses or achieved the objectives listed. 2) If statistically significant differences are reported, look at the data to determine if the differences are large enough to be clinically important.

B. Presentation of findings

1. Are the data presented in a straightforward, clear manner suggesting that the author has done a careful job in analysis and presentation?
2. Are the purposes and contents of the summary statistical tables clear?

The presentation of findings section is a good index of the care taken by the author in his research. It is all too frequent that the presentation of findings is muddled and tables are unclear. If this section is not understandable, conclusions given at the end of the article should not be accepted without very close scrutiny.

IV. DISCUSSION AND CONCLUSIONS

A. Discussion

1. Does the discussion follow directly from the results of the study?
2. Are generalizations of the results limited to the population and conditions of the study?

When findings and discussion are not closely related, the discusser should be aware of personal or professional biases.

B. Conclusions

1. Are the conclusions warranted by the findings?
2 Are the conclusions relevant to the situation to which you might wish to apply them?

If the findings of a study are pertinent to a clinical situation, the conclusions should be very carefully scrutinized in terms of the population used, the research methods utilized, and the practical circumstances in which the study was done. Comparison should be made between the data reported in the results section and the conclusions to be sure that they agree.

Attachment 12

Northern California Angle Society of Orthodontists

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