

For more information, please
visit our website

www.dentistry.ubc.ca

click on "Continuing Education" and
"Clinical Participation Courses."

UBC DENTISTRY 
CONTINUING DENTAL EDUCATION

TUITION FEE

Dentists \$2,995.00
Includes an opening and closing luncheon.
Expendable supplies are not included in the
course fee.

LIMITED ENROLMENT: 10 PARTICIPANTS

Please register as early as possible
in order to reserve a space!
A non-refundable deposit of \$595
is due upon registration.

TIMES

Course time (Session 1 only): 8:00am – 5:00pm
Course time (Sessions 2 through 10): 8:00am – 1:00pm

LOCATION

Sutherland Clinic – JB Macdonald Building
Faculty of Dentistry,
University of British Columbia
Or
Radiant Orthodontics
4906 Delta Street, Delta, BC (TBA)

PARKING

Health Sciences' Visitors Parkade
Parking rates are \$1.75 per half hour
up to a maximum rate of \$13.50 per day.
For entry after 5pm and on weekends,
a flat rate of \$5.50 applies. B Lots are
at a flat rate of \$5.50 per day.

53 Hours of Instruction

UBC DENTISTRY  THE UNIVERSITY OF
BRITISH COLUMBIA

CONTINUING DENTAL EDUCATION
The University of British Columbia
#105 2194 Health Sciences Mall
Vancouver, BC V6T 1Z3

Basic Orthodontics for the General Practitioner

Dr. Paul Witt

September 2010 – June 2011

Limited Enrolment!

Continuing Dental Education, Faculty of Dentistry
is an ADA CERP recognized provider

ADA CERP® Continuing Education
Recognition Program

CLINICIAN

Paul A. Witt, DDS, Dip Ortho, FCDS(BC), FRCD(C), graduated in Dentistry from the University of Toronto in 1974 and received a Diploma in Orthodontics in 1979, also from the University of Toronto. Dr. Witt has been teaching orthodontics since 1981 and was a Clinical Assistant Professor in the Division of Orthodontics in the Faculty of Dentistry at the University of British Columbia from 1983 to 1989.

53 Hours of instruction!

REGISTRATION INFORMATION

online: www.dentistry.ubc.ca
click on "Continuing Education" and "To Register for a Course."

telephone: Local calls 604-822-6156
or Long-distance (toll-free) 1-877-328-7744

fax: Send completed form to
604-822-4835.

COURSE OUTLINE

This course provides instruction in orthodontic examination, diagnosis, and treatment-planning with emphasis on the goals, objectives, and realistic expectations of orthodontic treatment. Didactic instruction will be supplemented with clinical demonstrations and "hands-on" experiences.

Participants will be able to:

- effectively evaluate the severity of malocclusions,
- assess and anticipate the degree of treatment difficulty, and
- select and effectively treat those conditions appropriate for their level of training and experience.

Completion of this program provides participants the opportunity to proceed to the advanced-level clinical participation courses in orthodontics currently offered by Continuing Dental Education at the University of British Columbia, on a space availability basis.

SESSION 1	October 1, 2010
SESSION 2	October 29, 2010
SESSION 3	November 26, 2010
SESSION 4	December 17, 2010
SESSION 5	January 21, 2011
SESSION 6	February 25, 2011
SESSION 7	March 25, 2011
SESSION 8	April 8, 2011
SESSION 9	May 6, 2011
SESSION 10	June 24, 2011

REGISTRATION APPLICATION BASIC ORTHODONTICS FOR THE GENERAL PRACTITIONER 2010-2011

TUITION: ADA CERP® | Continuing Education Registration Program

- Dentists \$2995.00
- A non-refundable deposit (due upon registration) \$595.00
- First installment (due August 16, 2010) \$600.00
- Second installment (due November 8, 2010) \$600.00
- Third installment (due February 7, 2011) \$600.00
- Fourth installment (due May 2, 2011) \$600.00

Name of CDA _____

Registration No. _____

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To register by fax: Send completed registration form to 604-822-4835

To register by phone: Local Calls 604-822-6156 or Long Distance (Toll Free) 1-877-328-7744

DISCLAIMER: Dental education institutions have an obligation to disseminate new knowledge related to dental practice. Some presentations may include controversial materials or commercial references. Sponsorship of a continuing education course by The University of British Columbia does not imply endorsement of a particular philosophy, procedure or product by The University of British Columbia.

PLEASE TYPE OR PRINT CLEARLY

Dr. _____ D E 9130

Last Name _____ First Name _____ Initials _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Daytime Telephone Number _____ Fax No. _____

BC College No. _____ Would you like to receive information by email?
 Yes No

Year of Grad _____ Email Address _____

 Credit Card Number _____ Expiry Date _____

 Name of Cardholder _____

Payment by Cheque: Please make cheque payable to **The University of British Columbia** and forward to the following address: **Registration, Continuing Dental Education**, The University of British Columbia, #105-2194 Health Sciences Mall, Vancouver, BC V6T 1Z3. *The tuition fee is deductible for Canadian Income Tax purposes.*