Each year, as part of its Children’s Dental Health Month (CDHM) activities, Second District Dental Society invites all Brooklyn and Staten Island students in grades pre-K through 12 to submit poster designs demonstrating the importance of proper oral hygiene habits for keeping teeth healthy and smiles bright. The CDHM creative contest aims to challenge students to use their creativity to reinforce proper dental hygiene.

Second District received over

Continued on Page 4

Winners of SDDS 2016 CDHM Creative Contest Announced

by VERONICA W. MOLINA, SDDS STAFF

Upcoming Events

FRIDAY
JUNE 3
Hilton Garden Inn, Staten Island, 9 A.M. - 4 P.M.
Continuing Education Course #2016-14

MONDAY
JUNE 6
SDDS Headquarters, Brooklyn, 7 P.M.
SDDS Board of Trustees Meeting

FRIDAY
JUNE 10
SDDS Headquarters, Brooklyn, 9:30 A.M. - 3:30 P.M.
Continuing Education Course #2016-15
“CPR and Medical Emergencies in the Dental Office” by Michael Kaliroff, Certified Instructor

FRIDAY
JUNE 17
Dyker Beach Golf Course, Brooklyn, 8:30 A.M. - 12:30 P.M.
Continuing Education Course #2016-17
“Risk Management” by Leslie Seldin, D.D.S.

THURSDAY
JUNE 23
Dyker Beach Golf Course, Brooklyn, 7 P.M. - 9 P.M.
NEW DENTIST LECTURE SERIES
Continuing Education Course #2016-80
“Prosthodontic Considerations in Implant Therapy: Stuff You Didn’t Learn in Dental School” by Marisa E. Patt, D.M.D.

FRIDAY
JULY 8
Hilton Garden Inn, Staten Island, 9 A.M. - 3 P.M.
Continuing Education Course #2016-18
“CPR and Medical Emergencies in the Dental Office” by Michael Kaliroff, Certified Instructor

FRIDAY
JULY 29
SDDS Headquarters, Brooklyn, 9:30 A.M. - 3:30 P.M.
Continuing Education Course #2016-19
“CPR and Medical Emergencies in the Dental Office” by Michael Kaliroff, Certified Instructor
Independent Contractors Beware

by LANCE R. PLUNKETT, J.D., LL.M.

Recently, there has been an increase in the enforcement activities of the New York State Department of Labor with dental offices, including audits of how workers are being classified for purposes of workers’ compensation and unemployment insurance. The following information is a reminder of how the classification of “independent contractor” and “employee” works legally in New York. Keep in mind that the New York classification requirements for workers’ compensation and unemployment insurance purposes are much more stringent than the classification requirements for tax purposes of the U.S. Internal Revenue Service (IRS). It is possible to meet the IRS standards and still fail the New York requirements.

First, a quick review of the IRS rules, because the consequences to an employer found in willful violation of IRS rules relating to independent contractor relationships can be financially ruinous. They may be held liable for the full amount of Social Security, Medicare, Federal unemployment, and withheld income taxes, plus penalties equal to 100 percent of the tax liability, with interest. This penalty, applied retroactively, can quickly mount up to hundreds of thousands of dollars where there is more than one independent contractor involved. However, even unintentional violations of the IRS independent contractor/employee rules can subject employers to serious financial liabilities.

These include full payment of the Federal unemployment tax and the employer’s share of the Social Security taxes, plus payment of 1.5 percent of the worker’s wages for withholding and 20 percent of the worker’s share of the Social Security taxes that were not withheld. In New York State, the independent contractor situation is made much worse by the fact that New York has even more stringent rules in this area than the IRS. Even if a dentist satisfies the IRS that a true independent contractor relationship exists, he/she may not be able to satisfy New York authorities.

The IRS used to use 20 factors to distinguish independent contractors from employees, but dropped that approach in favor of a “control” standard. Because the IRS adhered to the principle that no one factor in the list was paramount, and that it was not a matter of simply adding up the factors to see which side—independent contractor or employee—came out numerically ahead, the 20 factors were abandoned as a formal test.

The “control test,” derives from the old common law principle that in order to discern an independent contractor from an employee, you must look to who controls the “means and methods” for the activity the individual is performing. The IRS will perform an analysis for either the employer or the worker and determine whether the worker is an independent contractor or an employee. In order to obtain this analysis and determination, the employer or worker should file IRS Form SS-8, copies of which can be obtained from any IRS office or by calling the Internal Revenue Service at (800) 829-3676.

An employer/employee relationship exists when the employer controls what is being done and how it is being done. In such cases it is irrelevant that the worker may have discretion and freedom of action in his/her position, because the legal right to control both the method and result of the worker’s services still rests with the employer. The more difficult cases occur when the employer controls only what is being done or how it is being done, but not both. Generally, the “how” part of the equation is more important. If the employer controls how something is being done—the means and methods or the directing of results—then it is fairly
Table 1. New York Court Factors

1. Employer interviews professionals or screens their credentials, selecting individuals it believes will best meet clients’ needs.
2. Professional’s duties are specifically delineated in writing or orally.
3. Hours worked, albeit part-time, are regularly scheduled rather than occasional and sporadic.
4. Number of hours or schedule of shifts that professional will work is fixed by employer.
5. Professional is required to sign in when reporting for shift.
6. Timesheets must be submitted and/or hours worked are subject to client verification.
7. Employer establishes fixed or relatively uniform weekly or hourly fee.
8. Professional receives percentage of amounts charged to patients he/she treats.
9. Patients treated are those of employer and not of professional.
10. Services are rendered at employer’s premises, using employer’s equipment and supplies.
11. Employer provides centralized services and support staff such as receptionists, bookkeepers, nurses, technicians, office managers, hygienists, etc.
12. Employer books patient appointments and assigns patients to particular professionals.
13. Employer establishes fees charged to patients or clients.
14. Employer bills clients or patients and is responsible for collection of fees.
15. Clients of employer are prohibited from paying professional directly.
16. Employer processes insurance claim forms and Medicare or Medicaid forms.
17. Patients’ records are prepared and maintained by employer’s staff.

The factors used by New York State courts to determine the existence of an employer/employee relationship.

definite that there is an employer/employee relationship. If the employer controls only what is being done — setting out the task to be performed — then an argument can be made that independent contractor status may legitimately exist. In all cases, it should be remembered that pronouncements or contracts declaring a dentist to be an independent contractor, no matter how grand, are worthless if the worker does not meet the control test. Merely saying a dentist is an independent contractor does not make it so.

Complicating life in New York State is the fact that New York no longer uses the “means and methods” control test to assess who is an independent contractor and who is an employee for workers’ compensation or unemployment insurance purposes. Instead, New York courts have adopted an “overall control” test that makes it especially difficult to establish independent contractor status. This test looks not only at who controls the means and methods for performing an activity, but also at whether there is control over any important aspects of the services performed. Thus, an item as seemingly insignificant as sharing a receptionist or a dental assistant or a dental hygienist can doom independent contractor status. An item as standard as a covenant not to compete would also be fatal to independent contractor status. Factors that New York courts have used to find that an employer/employee relationship exists are listed in Table 1. As can readily be seen, it is difficult to escape this list and establish an independent contractor relationship.

The only true, safe way for an independent contractor to avoid tax, unemployment insurance and workers’ compensation problems is to schedule all his/her own patients, to have his/her own office, to have his/her own staff, and to do his/her own billing and collections. Then the problem shifts to establishing enough safe and acceptable contact with the employer’s dental practice to satisfy professional conduct authorities that no improper fee-splitting or fee-for-referral activity is taking place. The one certainty in all of this is that any employer or worker dentist thinking of entering into an independent contractor relationship should obtain the advice of a knowledgeable attorney in order to traverse this quagmire with any degree of safety.

The employer dentist subjected to a New York State Department of Labor audit needs to be ready to identify the factors in the above list that justify the independent contractor relationship and have documentation to prove those factors exist. Sometimes, an approval letter from the IRS can be helpful, but it is not binding on the New York State Department of Labor.

Finally, although the employer dentist subjected to an IRS audit on independent contractor/employee grounds may obtain relief through Section 530(a)(1) of the
SDDS 2016 CDHM Creative Contest Winners

Continued from Page 1

500 entries from across Brooklyn and Staten Island for this year’s contest. As always, students employed a wide range of media for their submissions, from mixed media and collage, to paint, crayon and pencils. The importance of brushing, flossing, nutrition, dental visits and many other themes were illustrated with great effect.

The winners were selected by a panel of 12 members of the Second District Oral Health Committee at a judging meeting held at Society Headquarters on April 19. The committee selected 21 outstanding entries to receive first, second and third place prizes in seven grade level categories. Winners received award certificates and Barnes and Noble gift cards in the following denominations: $100 for first place, $75 for second place and $50 for third place.

SDDS extends its sincere recognition and appreciation to this year’s judges for their generosity and expertise. Without them the creative contest would not be possible: Drs. Paul Albicocco, Gabriel Ariola, Scott Brustein, Angela De Bartolo, Marvin Grossman, Juana Luster, Lauro Medrano-Saldaña, Deborah Pasquale, Tricia Quartey, Reneida Reyes, Sari Rosenwein and Sophia Scantlebury.

Congratulations to the winners, and thank you to all the contestants, educators and teachers who helped inspire their students’ participation! A gallery of the winning entries can be found on the next few pages of this Bulletin.

Category I (Pre-K – K)

1ST PLACE - ASIYA HUSEINOVIC (Kindergarten) Al-Madinah School, Brooklyn

2ND PLACE - BILLY MASTRO (Pre-K) Our Lady of Good Counsel School, Staten Island

3RD PLACE - MARY KATE RUSSO (Kindergarten) Our Lady of Good Counsel School, Staten Island

Category II (1st – 2nd Grade)

1ST PLACE - JAYLA RAE DiTRINGO (2nd Grade) Our Lady of Good Counsel School, Staten Island

2ND PLACE - JULIA MELLOR (1st Grade) Our Lady of Good Counsel School, Staten Island

3RD PLACE - CAMRYN NUGENT (1st Grade) Our Lady of Good Counsel School, Staten Island
Category III (3rd - 4th Grade)

1st Place - Lucas Amatore (4th Grade)
Holy Angels Catholic Academy, Brooklyn

2nd Place - Gabriella Peña (4th Grade)
Holy Angels Catholic Academy, Brooklyn

3rd Place - Basil Roumbeas (4th Grade)
Holy Angels Catholic Academy, Brooklyn

Category IV (5th - 6th Grade)

1st Place - Jessica Sam (6th Grade)
Our Lady Star of the Sea, Staten Island

2nd Place - Andrew Barbera (6th Grade)
Our Lady of Good Counsel, Staten Island

3rd Place - Ava Lamberti (6th Grade)
Our Lady of Good Counsel, Staten Island

Category V (7th - 8th Grade)

1st Place - Cristina Mogollon (7th Grade)
Our Lady Star of the Sea, Staten Island

2nd Place - Ruby Manzoor (8th Grade)
Holy Angels Catholic Academy, Brooklyn

3rd Place - Stephanie Sanchez (8th Grade)
Holy Angels Catholic Academy, Brooklyn
WELCOME TO OUR NEW MEMBERS!

NEW MEMBERS

DR. JASON LIEM (General Practice; New York University, 2001) 2102 Bay Ridge Parkway, Brooklyn, NY 11204

DR. ANTHONY SARLO (General Practice; Fairleigh Dickinson University, 1981) 1584 74th Street, Brooklyn, NY 11228

REINSTATEMENTS

DR. UNTRAY BROWN (Pediatric Dentistry; New York University, 1995) 55 Greene Avenue, Suite LLC, Brooklyn, NY 11238

DR. FILOMENA PAPAPIETRO (General Practice; New York University, 2005) 967 Bard Avenue, Staten Island, NY 10301

TRANSFERS

DR. LEAH ROTH (General Practice; University of Medicine & Dentistry, New Jersey, 2008) 1407 Avenue P, Brooklyn, NY 11229

DR. DIANE WONG (Pediatric Dentistry; Columbia University, 1996) Lutheran Medical Center, 150 55th Street, Brooklyn, NY 11220

In Memoriam

DR. JOSEPH V. GIGLIO
May 6, 2016

DR. WARREN D. HULNICK
April 21, 2016

DR. EUGENE A. ISOLA, JR.
May 11, 2016

DR. HARRY L. SUSSMAN
March 14, 2009

DR. ALLAN WEISSMAN
April 14, 2016
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A Personal Investment Journey

by THEODORE "TED" EDWARDS, D.D.S.

While enjoying a month’s respite this winter in Palm Desert, Rancho Mirage and Indian Wells, California, where I have volunteered for the BNP Paribas Tennis Tournament the past eight years, I received a call from SDDS Bulletin editor, Dr. Stuart Segelnick. After exchanging pleasantries, he asked me if I would be willing to write an article about investing. ME? Really! He further explained that he had heard that I have been involved in an investment club for many years. I answered, “Yes, I have been,” and that’s why you are reading this today.

Why was I interested in an investment club? First, here is a bit of historical perspective. During the 1950’s (my high school years), my father and eight to 10 of his friends would meet in our house to discuss and buy stocks. They called themselves “The Friends Investment Club” and among their members that I can recall were Harry Fletcher, a prominent Staten Island attorney, Jack Sedutto of Staten Island’s famed Sedutto Ice Cream Co., and Anthony Giacobbe, father of the former District Attorney and Councilman Anthony Giacobbe, Jr. I was certainly not in a position to invest at that time but their discussions subliminally piqued my interest in investing.

During my dental school days at Georgetown University I worked as a busboy, then a waiter, at Blackie’s House of Beef, the best steakhouse in town at that time when you could devour a 16-ounce filet for $4.50. And believe me, my friends did. One of the other waiters, Tom, was a stockbroker moonlighting at night, and he always came in with stock “tips” for his fellow waiters, most of whom were dental students. Of the several stocks I bought through Tom, the only one I remember was 10 shares of Monowall Homes, which went from $6 to $0 in a short time.

Needless to say these “investments” did nothing to help me financially. I thought then that there had to be a better way — thus I remember that he recommended two companies that were new to the D.C. area at the time:

1. McDonalds, which opened an early restaurant at University Boulevard and Colesville Road in suburban Maryland. Their sign stated “Thousands of Burgers Sold.”
2. Another restaurant, Hot Shoppes, which would later become Marriott and open its first hotel by the 14th Street Bridge between D.C. and Virginia around 1957.

Fast forward to about 1966-67 when a big day on the NYSE was trading 15,000 shares and equities were priced only at ¼ - ½ - ¾ on the dollar, not in pennies like today. I was starting my practice on Staten Island when the late orthodontist, Dr. Stan Goodman (who was also an attorney), approached me and several other dentists about starting an investment club — I literally jumped at the idea!

1. What is an investment club?
2. Why join an investment club?
3. How does a typical investment club operate?
4. How did the two clubs with which I was involved operate?

I will attempt to answer these questions keeping in mind the KISS principle — “Keep It Simple, Sam.” I realize that this article will be read by young neophyte investors just out of school as well as seasoned and sophisticated folks. My hope for the former is that there will be some useful information and guidelines; for the latter, that their knowledge will be reinforced.

What is an investment club?

It is a legal partnership that must be registered at the county clerk’s office where it is formed. It is advisable to draft a constitution and bylaws using guidelines issued by the National Association of Investment Clubs (NAIC), also known as BetterInvesting. A K-1 partnership return is generated for the IRS and each member; this is generally done by an accountant or a member familiar with these types of returns. The K-1 return would list interest received, capital gains and/or losses for each equity sold, etc. If you’re not turned off or discouraged by the legal requirements, please read on.

Why join an investment club?

The reasons for joining an investment club are twofold: educating one’s self in the vagaries of investing and the social aspect. The NAIC — of which our club became a member — has a stated mission as follows: to educate individuals on the benefit of long term investing in common stocks. They have four cardinal rules for investments which are probably not news to many of you, but for those of you who do not necessarily follow them, they are:

- Reinvest dividends
- Invest in companies with gold crown prospects
- Diversify to reduce risk

Most people join an investment club to learn more about the stock market and be educated in the financial terms that abound such as puts, calls, options, closed and open end funds, etc.; our club concentrated on purchasing equities. The social aspect of a club is also very important, as I will discuss a little later.

How does a typical investment club operate?

A typical investment club operates on club members contributing a particular amount of money per month, which is then used to buy equities. A new member wishing to join would have to pay the net worth of a current member. Some clubs work on the unit system where you buy X units for a certain dollar amount. Our club never used the unit system but the NAIC could give you guidance and info on this aspect.

How did the two clubs with which I was involved operate?

Getting back to our own club, Dr. Stan Goodman always thought big and he had an idea.
He wanted to start an investment club, which we called Atlantic Western Associates (AWA), which had a national implication. His idea was to invest only in airline and transportation companies, specifically Lake Central Airlines, which at the time was a small startup. He wanted to accumulate enough shares and eventually get a seat on their Board. Our approximately 10 members initially put in $50 per month (probably $500-$1,000 by today’s standards), which was gradually raised to $100 per month.

Remember, at that time (1966), an amalgam filling went for a pricey sum of $5 per surface until Medicaid reduced the fee to $4. This resulted in forcing most dentists to stop accepting Medicaid as most private practices were in the process of increasing their fee to $6. After three to four years of purchasing Lake Central, it became obvious that Stan’s pie in the sky idea would not come to fruition as Lake Central Airlines merged with Allegheny Airlines, which later became US Air and then US Airways (now American Airlines). We then changed our bylaws to allow purchase of any equities on the principal stock exchanges – the New York Stock Exchange, American Stock Exchange and NASDAQ.

Over the 25 years the AWA existed, we met monthly, first in member homes and then in various Staten Island restaurants. Since our meetings were on Monday nights we were able to obtain a private room without extra charge — the discussions at times became quite hectic and loud. Each member was assigned a company or two to report on and at the end of the evening a motion would be made to buy or sell an equity which was voted on by either “yay” or “nay.” We also occasionally brought in guest speakers who were “experts” in specific financial markets. We defined “expert” as someone who knew more about the market than we did. The longevity of our club was due to the fact that all had a lot to learn and we learned from each other. In addition, everyone enjoyed the social aspects of the club: seeing each other’s homes, dining together monthly and having our spouses join us for our annual Christmas/holiday party in December. This made it easier to swallow our occasional losses and enjoy our successes. We existed to learn about investing so we were always fortunate to have a stockbroker member in our club. During a 10-year period, we had another stockbroker come to each meeting who was not a member but an advisor. As our net worth increased we took distributions which made it easier for a new member to buy in and join our group. We disbanded in 1991 as we had lost a few members, our assets were too high for new members to buy in and there were fewer members available to do the work necessary to carry on.

Fortunately, the original core of dentists and stock brokers bugged me to the point where two years later, in 1993, we founded “Pacific Eastern Associates” (PEA) which went on for another 10 years. This club consisted of former members (you know who you are) and several reliable long-time patients including a top notch financial advisor and an accountant who generously did our tax and K-1 returns gratis. It was only during the latter years of PEA that I could truly appreciate and benefit from the information, knowledge and investing experience that I gained from years of being in both clubs.

In 1998, at age 62, my income stopped overnight when one day, I suffered a heart attack resulting in congestive heart failure. I then found myself walking around with a left ventricular assist device (LVAD – like Dick Cheney) and needing a heart transplant in 1999. Due to my club experiences and knowledge, I have been able to support myself and family with income mainly from stock market investment earnings. A friend once told me “You have to earn money while you sleep.” The stock market is one good way to do this if you adhere to the principles mentioned above.

Personally, I have never had much success with paid advisors who generally charge a flat fee or a percentage of the assets whether your portfolio is up or down. Being in an investment club is a really good way to learn how to help control your own destiny and have an enjoyable time with friends and colleagues. Some important axioms/tips to keep in mind when investing follow in no particular order:

• Investment clubs should be regarded as a learning process, not a “get rich quick” scheme.
• Remember, if someone buys a stock at $50, somebody is selling it at $50 it will go up or down — your research and due diligence will determine if you win or lose.
• Buy stocks on sale — when they and the market are low.
• Today you can actually use a “robo-adviser.” Yes, a robot. (Refer to page 14 of Barron’s April 4, 2016 issue).
• To borrow a quote frequently attributed to Yogi Berra, “It’s tough to make predictions, especially about the future.”
• Seventy-five to eighty percent of mutual funds don’t finish higher than the market most years.
• If you don’t have the time, are not interested or you’re just plain lazy, invest in an index fund, which will usually do better than most mutual funds. In particular, avoid upfront load funds which some advisors recommend due to the high hidden commissions; I had the sad experience of participating with one.

I have advised many colleagues, family and friends over the years and I think they are still talking to me. I am not naming specific equities, bonds or investments in this article but what has been successful for me is as follows.

Closed end funds — I have owned these between 10 to 40 years. They give a five to six percent federal, NY and NJ tax-free income. Nuveen has a ton of them and probably so do other firms.

For traditional and Roth IRAs, 401(k)s, defined benefit plans, etc., I suggest:

• Blue chip companies with three to five percent dividends that increase each year, pay out a low percentage of earnings and have a long track record of yearly dividend increases.
• Master Limited Partnerships and Utilities also offer dividends between four to six percent.
• There are shares of many companies that yield between eight to 15 percent, some of which I have owned for more than 10 years.
• Buy what you know best – long-term investments in dental companies such as Schein, Patterson, Dentsply (all NYSE), and many smaller ones have been excellent choices or winners.

This is what has worked for me and hopefully it will work for you as well. My disclaimer: Free advice is usually worth what you pay for and since I am not an expert I can’t charge for it. I truly hope this article has given you some food for thought and maybe will someday help put food on your table. One final note — past performance is not a guarantee of future results. Being a contrarian is many times a good thing; think oil in January 2016 at $26 per barrel.

Dr. Ted Edwards is a past president of Second District Dental Society. For additional information about investment clubs, contact the National Association of Investment Clubs at: 711 W. 13 Mile Road, Suite 900, Madison Heights, MI 48071. You may also reach the NAIC by phone at (877) 275-6242 or (248) 583-4880; or visit their website at www.better-investing.org.


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-David Rahr, DDS Kings Point, NY

Dr. Robert Mikhli

is a graduate of SUNY Stony Brook School of Dental Medicine. He completed a GPR and an Oral Maxillofacial Surgery/Implantology Fellowship at New York Hospital of Queens. He maintains a private surgical implant practice in Midwood, which specializes in complex treatment planning. Dr Mikhli is also the founder of the INplant Surgical Mentorship Program.

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**PART ONE**

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Featured Clinician: **THOMAS S. GIUGLIANO, D.D.S.**

Clinical Assistant Professor, Department of Prosthodontics, New York University College of Dentistry

**Oral Rehabilitation with Removable Prosthetics**

Featured Clinician: **MARJAN MOGHADAM, D.D.S., M.A.**

Clinical Assistant Professor, Department of Prosthodontics, New York University College of Dentistry

**PART TWO**

**Oral Rehabilitation with Removable Prosthetics** by **MARJAN MOGHADAM, D.D.S., M.A.**

This course will provide a detailed review of fundamental principles related to oral rehabilitation of the partially edentulous patient with removable prosthetics. Additionally, attendees will learn about recent advances and technologies available in the digital planning, design and fabrication of removable partial dentures. Topics to be covered include treatment planning, removable partial denture design, impression techniques, new technologies and digital workflow and treatment. Upon successful completion of this course, attendees will have reviewed basic concepts and learned advanced concepts in removable partial prosthodontics.

**SPECIAL INTEREST COURSE**

All CPR courses offer 5 MCEU.

**CPR & Medical Emergencies in the Dental Office**

**MICHAEL KALIROFF**

Certified Instructor, American Heart Association

This course provides dentists and their staff members with the knowledge and skills needed to properly respond to cardiopulmonary and other medical emergencies which can occur in dental offices. The specific advantages and disadvantages of performing CPR within the dental operator will be discussed. This program utilizes hands-on practice sessions for all participants. Topics to be covered will include heart attacks and strokes (signs and symptoms), sudden cardiac arrest/defibrillation, airway obstruction (choking), respiratory emergencies, anaaphylactic reactions, emergency drug kits, and more.

Upon successful completion of this course, participants will gain the knowledge and hands-on experience needed to administer CPR safely and effectively. Participants will receive a two-year certification card from the American Heart Association as well as continuing education credits. Completion of this course will also satisfy the New York State Education Department’s requirement for licensed dentists.

**ENROLLMENT IS LIMITED, SO REGISTER EARLY!!!**
dentists: Why do I need to invest time in treatment planning?

The course is designed to address the recurrent thought we often have as dentists, that treatment can have a profoundly positive effect on our patients. This positive effect can influence overall work satisfaction. Most importantly, selecting the correct treatment can have a profound positive effect on our patients. This course is designed to address the recurrent thought we often have as dentists: Why do I need to invest time in treatment planning?

The continuation of risk management courses serves the purpose of reviewing the basic legal requirements for office activity, introducing changes as well as new aspects of the standard of care and discussing the ever increasing restrictions and requirements placed on dental practice by governmental and regulatory agencies. Risk management is a dynamic concept and is always changing. Dr. Seldin’s experience in the world of malpractice litigation will provide attendees with a recipe for office operation and patient treatment that will minimize the opportunity to find themselves the object of litigation.

Completion of this course may entitle dentists to a discount on their liability premiums for a three-year period from OOB, TIG Insurance Company, Medical Liability Mutual Insurance Company (MLMIC) and many other insurance carriers providing coverage in the New York area. This course may also not be applicable to excess policy coverage requirements. Please check with your carrier.

We will begin by reviewing the basics of a good history and examination as they relate specifically to comprehensive prosthodontic treatment planning. Focus will be on both the extraoral and intraoral examinations. In the extraoral exam, we will highlight the importance of evaluating the perioral structures and the temporomandibular joint, as well as a facial structure analysis. We will then walk through a complete intraoral exam from a prosthodontic point of view. The intraoral exam will be broken down so that clinicians will learn to access the natural dentition, the ridge form, the hard/soft palate and throat form, the maxillomandibular relationship, the tongue and the mucosa. Turner’s Classification of Wear and its importance in preprosthetic diagnosis will be discussed. Data obtained from the examination phase will be used to classify patients into American College of Prosthodontists classification of partial and/or complete edentulism so that each practitioner can more accurately understand the complexity of the presenting restorative case.

In the next section, we will discuss treatment options using implant therapy. Factors such as intraoral space, prognosis and cost will be considered. Differences in materials and terminology will be defined. Indications for selection of both fixed prostheses and removable prostheses, including screw-retained, cement-retained, splinted and combination treatments, will be detailed. The final section of the lecture will include case presentations using the concepts discussed. The case presentation will progress through diagnosis, implementation and maintenance treatment. Time will be left for a Q-and-A session.

Upon successful completion of this lecture, attendees will learn the importance of comprehensive treatment planning. The course will focus on a systematic approach to understanding the patient’s restorative needs and will detail basic concepts of a full prosthodontic evaluation of each patient, including the intraoral and extraoral examinations. Attendees will learn common prosthodontic classifications and associated techniques of evaluation to determine complexity and treatment options for restorative cases. Literature will be cited. The second part of the course will detail several different treatment options using implant therapy. Attendees will understand how factors such as interocclusal space, medical/dental history, prognosis and cost can be used for selection of appropriate treatment.

**This course is part of Second District Dental Society’s “New Dentist Lecture Series.” Courses in the series are open to all SDDS members, however, each presentation was carefully selected by our New Dentist Committee specifically with the interests of recent graduates and very new practicing dentists in mind.**
#2016-14 "The Two-Implant Mandibular Overdenture / Digital Dentures" & "Oral Rehabilitation with Removable Prosthetics"

- SDDS Members $100
- SDDS Member’s Staff $85
- SDDS Residents FREE
- ADA Members/Staff $110
- Non-ADA Members/Staff $190
- Federal Service Dentists $50

Friday, June 3, 2016
Hilton Garden Inn, Staten Island
9 A.M. - 4 P.M.
MCEU - 6 hours
Breakfast and lunch included

#2016-17 "Risk Management"

- SDDS Members/Staff $100
- SDDS Residents FREE
- ADA Members/Staff $110
- Non-ADA Members/Staff $195
- Federal Service Dentists $50

Leslie Seldin, D.D.S.
Friday, June 17, 2016
Dyker Beach Golf Course, Brooklyn
7 P.M. - 9 P.M.
MCEU - 2 hours
Beverage service only

#2016-11 NEW DENTIST LECTURE-SERIES - "Prosthodontic Considerations in Implant Therapy: Stuff You Didn’t Learn in Dental School"

- SDDS Members/Staff $50*
- SDS Residents FREE
- ADA Members/Staff $60
- Non-ADA Members/Staff $95
- Federal Service Dentists $25

Marisa E. Patt, D.M.D.
Thursday, June 23, 2016
Dyker Beach Golf Course, Brooklyn
7 P.M. - 9 P.M.
MCEU - 6 hours
Breakfast and lunch included

#2016-22 "Introduction to Orofacial Pain: What to Do When the Patient Says, 'But Doctor, It Still Hurts!'"

- SDDS Members $100
- SDDS Member’s Staff $85
- SDDS Residents FREE
- ADA Members/Staff $110
- Non-ADA Members/Staff $190
- Federal Service Dentists $50

Gary M. Heir, D.M.D. & Henry Young, D.D.S.
Friday, September 16, 2016
Dyker Beach Golf Course, Brooklyn
9 A.M. - 4 P.M.
MCEU - 6 hours
Breakfast and lunch included

#2016-81 NEW DENTIST LECTURE-SERIES - "The Use of Platelet-Rich Fibrin (PRF) in Periodontal Therapy" & "What You Didn’t Learn About Endodontics in Dental School"

- SDDS Members/Staff $50*
- SDS Residents FREE
- ADA Members/Staff $60
- Non-ADA Members/Staff $95
- Federal Service Dentists $25

Marjorie Baptiste, D.M.D. & Chanelle Small, D.D.S.
Thursday, September 22, 2016
Dyker Beach Golf Course, Brooklyn
7 P.M. - 9 P.M.
MCEU - 2 hours
Beverage service only

*This course is part of a lecture series featuring topics aimed at new dentists. Members who attend all four courses in the series will receive the discounted rate of $160 ($40 per course).

#2016-82 NEW DENTIST LECTURE-SERIES - "The Surgical Management of Unerupted Teeth: A Systematic Approach"

- SDDS Members/Staff $50
- SDS Residents FREE
- ADA Members/Staff $60
- Non-ADA Members/Staff $95
- Federal Service Dentists $25

Gabriel N. Hershman, D.D.S.
Sunday, September 25, 2016
Dyker Beach Golf Course, Brooklyn
9 A.M. - 12 P.M.
MCEU - 3 hours
Breakfast included

*This course is part of a lecture series featuring topics aimed at new dentists. Members who attend all four courses in the series will receive the discounted rate of $160 ($40 per course).

“CPR and Medical Emergencies in the Dental Office"

- SDDS Members $160
- SDDS Member’s Staff $145
- SDDS Resident Members FREE
- ADA Member/Staff $170
- Non-ADA Member/Staff $280
- Federal Service Dentists $85
- MCEU - 5 hours
- Breakfast and lunch included

SDDS Headquarters, Brooklyn, NY
(9:30 A.M. - 3:30 P.M.)

#2016-15 Friday, June 10, 2016
#2016-19 Friday, July 29, 2016
#2016-21 Friday, August 26, 2016

Hilton Garden Inn, Staten Island, NY
(9 A.M. - 3 P.M.)

#2016-18 Friday, July 8, 2016
#2016-20 Friday, August 12, 2016

To register for any of these courses, call SDDS at (718) 522-3939 or e-mail info@sddsny.org.
**POSITIONS WANTED**

**GENERAL DENTIST** — General Dentist available part-time - temporary or permanent, vacation, illness. Staten Island, Brooklyn, Queens. (917) 301-4436.

**GENERAL DENTIST** — Experienced General Dentist available 1-2 days/week and alternate Saturdays. Bay Ridge area, Park Slope, North Brooklyn and Staten Island. (917) 301-4436.

**PERIODONTIST** — 38 years experience in high-volume insurance and union-oriented NYC offices seeks PT associateship with general practice in Manhattan or Brooklyn. Excellent references. Very productive. Call (212) 679-2472.

**POSITIONS AVAILABLE**

**GENERAL DENTIST (STATEN ISLAND)** — Associate wanted for established general and specialty group practice. Weekdays 20-24 hours per week. Can lead to full time position. Eight well equipped operatories, all digital x-rays with solid patient base. Complete freedom over treatment planning and patient care. Send resumes to info@marinedentalservices.com or fax: (718) 987-6542.

**ORAL SURGEON** — Oral surgery position in well respected fee for service practice in central location to all public transportation. Staff to remain and senior doctor willing to stay for easy transition. An ideal opportunity for recent graduate or individual interested in private practice. Contact docoms@gmail.com.

**GENERAL DENTIST** — Wanted for large multi-specialty practice located in Staten Island, NY. Hours and days flexible. Please email responses to hwdentalcare@gmail.com or fax to (718) 494-2849.


**GENERAL DENTIST** — for busy high-end Park Slope, Brooklyn practice. Must have at least five years of experience, with NY state License. This is an opportunity to build a practice with a terrific impact in a modern up-to-date office. We are looking for someone who has exceptional clinical skills and loves what they do. Applicants should submit their resumes to Mallorywbrner@gmail.com or call: (917) 520-8556.

**GENERAL DENTIST** — Pleasant, busy, Boro Park Brooklyn office needs a GP for Fridays 9-2. Exp. preferred, Yiddish speaking helpful, good with molar RCTs, crowns and children. Reply to DDS7723@gmail.com.

**GENERAL DENTIST** — General Dentist preferred for Brooklyn, NY practice. Must be competent and motivated self-starter. Must be able to diagnose, provide Tx plan and treat most problems in a general dental practice. Part time, work any day Mon-Sat. Russian/English bilingual. NY State lic.#, Medicaid, DentaQuest provider# required. Great opportunity, incentive program and potential for buy-out. Submit resume to dianex@aol.com or fax to (718) 891-8949.


**GENERAL DENTIST FULL/PART-TIME** — In Brooklyn dental office. Experience is necessary. Spanish speaking a must. Send resume to docpetang@aol.com Tele.# (718) 492-8856.

**PEDODONTIST AND ORAL SURGEON** — A part-time position is available for a pedodontist and Oral surgeon at a busy dental office located in Brooklyn NY 11209. The applicant must have at least 1-2 years experience and candidate should also be licensed in NY state. Applicants should submit their resumes to tibadental@yahoo.com or please call: (718) 491-6585 or fax it to: (718) 491-6586.

**GENERAL DENTIST** — Looking for a part-time General Dentist to work in a busy dental office located in Brooklyn NY 11209. We are looking for someone with at least two years experience, with NY state License and who has exceptional clinical skills and loves what they do. The General Dentist must be capable of diagnosing a patient, providing a treatment plan, and treating dental conditions. Applicants should submit their resumes to tibadental@yahoo.com or please call: (718) 491-6585 or fax it to: (718) 491-6586.

**ENDODONTIST** — Busy cosmetic dental office in Brooklyn. Digital x-ray machine. Friendly and experienced staff. Send resume by fax: (718) 376-7652 or by email: taladentala@gmail.com.

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**Want to receive the latest Second District news by e-mail?**

Join the SDDS e-mail list to receive announcements, regulation updates and a monthly event schedule via e-mail! Simply e-mail your information to vmolina@sddsny.org OR fax this form to (718) 797-4335.

(Please Print)

**MEMBER NAME:** ________________________________

**E-MAIL ADDRESS:** ________________________________

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The SDDS Job Board is a FREE member-benefit program for Second District members who are seeking employment and for SDDS members who have positions available at their office address in Brooklyn or Staten Island.

Available only to Second District members in good standing. Please contact Veronica Molina at (718) 522-3939 or vmolina@sddsny.org for details on placing an associateship listing.
Recent Court Decisions

- Harvin v. Roth
- Rojo v. Young, et. al.
- Giambrone v. Farha, et. al.

Case law also demonstrates that pointing to a patient's signature on a consent form which lists the risks and benefits of the procedure is not, by itself, enough to defeat claims for lack of informed consent where the patient testifies that alternative treatments were never discussed.

The American Academy of Cosmetic Dentistry predicts increases in the demand for veneer procedures and crown and bridge work. To protect against a corresponding increase in lack of informed consent, practitioners should take care to manage patient expectations for treatment outcomes and thoroughly communicate and document discussions regarding the necessity of treatment, the risks, benefits, and cost of all treatment options, as well as the prognosis of proposed treatments. Informed consent before initiating any planned restoration is essential, and that it is necessary to secure proper regulatory and statutory safeguards and protection afforded by the provisions of the New York State Insurance Law.

For over 34 years, PRI has insured the finest healthcare professionals in New York State. As a licensed and admitted carrier regulated by the New York State Department of Financial Services, PRI’s policy holders enjoy all of the regulatory and statutory safeguards and protection afforded by the provisions of the New York State Insurance Law.

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SDDS Board of Trustees Meeting Minutes

MINUTES OF THE APRIL 4, 2016 BOARD OF TRUSTEES MEETING


EXCUSED: Drs. Reyes, Donato, Quartey and Sconzo

GUESTS: Drs. Gounardes, DiMango, Edwab, Gainor and Pavlakos,

RESIDENTS: Dr. Okoronkwo

MOTION PASSED: To accept the corrected minutes of the March 7, 2016 Board of Trustees meeting.

DECEASED MEMBERS:
- Dr. Steven Sigillo – Virginia Commonwealth University, 1944
- Dr. Tobias Yospin – New York University, 1943

PROPOSALS AND ELECTION OF NEW MEMBERS:
- NEW MEMBER: Dr. Alexander Kirzhner – New York University, 1985

TRANSFERS:
- Dr. Abraham Ganz – UMDNJ, 2011 (transferred from New Jersey Dental Association)
- Dr. Sakeshi Gupta – Columbia University, 2014 (transferred from New York County)
- Dr. Cheong Eun Lee – University of Southern California, 2012 (transferred from New York County)

GRADUATE STUDENTS/RESIDENTS:
- Dr. Sheeba Kurian – New York University, 2014 (Brookdale Hospital)

MOTION PASSED: To accept new members, reinstatements and transfers.

ANNOUNCEMENTS:
- See “Calendar.”

CORRESPONDENCE: None

REPORT OF OFFICERS AND STAFF:
- President — Dr. Mitchell Mindlin:
  - NYS legislature has passed a limited exemption to the e-Rx requirement for practitioners who write 25 or fewer prescriptions per year.
  - A reminder that Sovereign Financial Group is hosting a Dinner/Lecture/Nets Game on April 13.
  - The Pierre Fauchard Academy is honoring our own Dr. Anthony DiMango at their luncheon being held at the NYDsa HOD

- President-Elect — Dr. Gabriel Ariola:
  - Attended a meeting with Dr. Quartey at Interfaith Hospital to educate the residents about peer review.

- Vice-President — Dr. Sari Rosenwein:
  - Attended Council on Peer Review and Quality Assurance meeting in Albany. The official report will be delivered to the Board before the next meeting. She reviewed highlights of her report.

- Secretary — Dr. Alyson Buchalter:
  - Attended the GNYDM strategic planning committee meeting.
  - Attended a legislative reception for Todd Kaminsky along with numerous NYSDA representatives, SDDS board members and dentists from several downstate districts. He is running for NYS Senate in a special election this month.

- Treasurer — Dr. Paul Albicocco:
  - Reviewed account balances

- Librarian Curator — Dr. Babak Bina:
  - Progress

COMMITTEE REPORTS:
- Greater New York Dental Meeting:
  - Dr. Robert Edwab — GNYDM Executive Director:
  - Discussed the effect of consolidation within the dental industry
  - Discussed potential innovations for the GNYDM including:
    1. GNYDM CE Vault
    2. GNYDM Pre-Dental Society
    3. GNYDM Dental Student Society
  - Asked for help from the components to make #2 and #3 happen.

- Oral Health Committee — Dr. Marc Gainor — General Chair
  - Pointed out our volunteer numbers have decreased by 20 percent in the past three years.
  - Reminded us the Meeting cannot grow without a solid volunteer base.
  - Asked the Board’s help in increasing the number of volunteers and the amount of time each Board member gives.

- NYSDA Council on Dental Benefits — Dr. Buchalter (previously emailed)

- NYSDA Council on Membership
  - Dr. Gabriel Ariola (previously emailed)

- NYSDA Committee on the New Dentist — Dr. Tricia Quartey (previously emailed)

UNFINISHED BUSINESS:
- (none)

NEW BUSINESS:
- Motion Passed: SDDS purchase a table at the Pierre Fauchard luncheon.

GOOD & WELFARE:
- Dr. Buccigrossi thanked everyone for their kind words at the Past Presidents’ Dinner and announced his son will be performing in a play; tickets are available.
- Dr. Bina congratulated Dr. DiMango. “Hot Bench,” starring his daughter Patricia DiMango, was nominated for two Emmy Awards.
- Dr. Segelnick reminded us that NYS has passed an increase in the minimum wage to be phased in by $2 increments over three years.

MLMIC — Dr. Oshrain:
- Reviewed results of meeting including the strength and stability of MLMIC.

NYSDA REPORTS:
- NYSDA Council on Nominations — Dr. Buccigrossi (previously emailed)
  - Reminded the Board that in 2018 we will submitting our candidate for NYSDA Vice President

ADJOURNMENT: 8:02 p.m
JACOBSON GOLDBERG & KULB, LLP
Attorneys and Counselors at Law

585 Stewart Avenue
Garden City, New York 11530
(516) 222-2330

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