



# Fellowship Awards **Application**

**Prerequisite:** OC Alumni Status, Completed OC Levels 1-4 Curriculum

**Who can apply for OC Fellowship?** All Alumni who desire to meet the proficiency and competency standards of Level 1-4. Must be a dental licensed practitioner.

(To be Typed or printed) Date \_\_\_\_\_

**1. Name & Degrees** \_\_\_\_\_  
*As you wish it to appear on your Fellowship Award Certificate*

**2. Office Address:** Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Web Address: http://www. \_\_\_\_\_

**Home Address:** Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

**3. Date of Birth:** \_\_\_\_\_  
*Day Month Year City State*

**4. Education**

Pre-dental	_____	_____	_____
	<i>Name of College or University Attended</i>	<i>Date of Graduation</i>	<i>Degree</i>
Dental	_____	_____	_____
	<i>Name of Dental School Attended</i>	<i>Date of Graduation</i>	<i>Degree</i>
Graduate	_____	_____	_____
	<i>Name of College or University</i>	<i>Date of Graduation</i>	<i>Degree</i>

**5. Specialty** \_\_\_\_\_ **ADA #** \_\_\_\_\_

**6. Number of years as OC Alumni member** *(Date of First Course with OC)* \_\_\_\_\_

## OC Fellowship Requirements:

1. All Fellowship candidates must submit written application to document interest in the Fellowship credentialing process.
2. Provide documentation of completion of at least sixty (60) continuing TMD education hours in the preceding five (5) years.
2. Submit a current Curriculum Vitae.

### Written Examination:

Competency Verification: A written examination comprising of 50-70 multiple choice questions of the assimilated information from OC Level 1-4 course curriculum.

- Advanced Principles of Physiologic Occlusion - Section 1 examination - validating the dentists' comprehension and understanding of foundational principles of physiology, musculoskeletal occlusal diagnosis and clinical application of neuromuscular and gneuromuscular phase I stabilization protocols, validating clinician's ability to administer low frequency Myomonitor TENS optimization protocols.
- Advanced Diagnostic Principles - Section II examination - validating dentists' comprehension and understanding of diagnostic data gathering and interpretation protocols.
- Advanced Treatment Planning - Section III examination - validating dentists' comprehension and understanding of the 4 major TMD categories of NM challenges and foundational EMG diagnostic scan interpretation.
- Micro Occlusion - Section IV examination - validating dentists' comprehension and understanding of occlusal anatomy, occlusal management and carving of an anatomical orthosis principles.

### Case Documentation Requirements:

Clinical Proficiency Verification: All Fellowship Candidates will provide **four (4)** fully documented cases showing supportive evidence validating clinical proficiency and treatment effectiveness for Fellowship.

- Each case should involve one or more of the following: 1) cervical dysfunction, 2) TMD primary, 3) Class II Div. 2 and or 4) anterior open bite tendency problems related to restorative, implants, prosthetics and or natural dentition within the past 24-36 months.
- Each case should display the candidates proficiency in diagnosis of the craniomandibular problem, an overall treatment plan and validation of treatment effectiveness in phase I stabilization process using written monitoring systems and photographic documentation to validate clinical effectiveness in the assessment of: 1) masticatory muscles stability, 2) occlusal stability, 3) TM joint stability, 4) central nervous system (CNS) stability and 5) other orofacial areas of stability that supports phase I treatment effectiveness.
- Each case study should demonstrate the phase I orthotic management and stabilization process.
- Provide complete documentation including copies of pre-operative and post-operative lateral cephalograms, plain film tomography or CBCT/ICAT joint imaging in MIP and maximum opening.
- Additional documentation should include copies of pre-operative evaluation and planning forms, lab work authorization forms, and/or treatment consent forms, patient subjective summary log, pre-existing musculoskeletal occlusal signs and symptoms to further detail the documentation of each case.
- Provide copies of pre-operative and post-operative, intra oral and extra oral photographs of model casts before and after bite registration, supporting photos of orthotic intra orally at initial delivery and after stabilization following "OC's Case Documentation Format Form" providing all of the necessary information of each case submitted as per OC case presentation format.\*\*
- All records must be submitted digitally in CD Power Point or equivalent format for review.

## Fellowship Maintenance Requirements:

All OC Fellows must maintain their membership in good standing and must attend at least one OC Summit sponsored or audit one of OC's courses every three (3) years.

- Dental licensure in the governing State and Country must be maintained in good standing.
- Issues as malpractice claims history, criminal convictions, sexual misconduct allegations/investigations, child abuse allegations/investigations and substance abuse are a bases to lose Fellowship Status.
- Ongoing Fellowship status: involves ongoing monitoring of dentist's proficiency. Credentialing sanctions by OC's Credentialing Review Board includes updating DEA/state licensing registration and credentials.

## Examination:

The exam is offered by special arrangements prior to the OC Summit. Testing will take about 1-1.5 hours long.

## OC Fellowship Documentation should be sent to:

### OC Credentialing Review Board

Attention: Dr. Clayton A. Chan  
9061 West Post Road, Las Vegas, NV 89148  
Telephone: (702) 271-2950  
Email: [clayton@drclaytonchan.com](mailto:clayton@drclaytonchan.com)

- All applications and documentation should arrive at least six to eight weeks prior to OCF examination date for review. Your Fellowship credentials will be presented to you at the OC Summit meeting.
- Please also send via Fed-Ex, DHL, Airborne Express, Express Mail, UPS, or similar carrier in order to expedite delivery and guarantee the safety of the records. The sender should retain receipt of same.
- Fellowships are not conferred in abstentia.

## Fellowship

Processing Fee: All Fellowship Candidates: \$1050.00 (U.S. Funds) includes certificate after passing the written examination.

**Please note:** Credentials will be awarded at the OC Summit. Check OC website at [www.occlusionconnections.com](http://www.occlusionconnections.com) for details.

- I would like to receive my award at the following OC Summit: \_\_\_\_\_  
(Please allow 8 weeks for application and certificate processing)
- OC Summit registration fee will be required at the OC Summit you chose to attend.
- A separate registration fee will be required at the meeting or OC Summit where you will be receiving your award.

**Payment by:** Check (Make your check payable to **Clayton A. Chan, DDS**)

Check

# Case Documentation Form

## Fellowship Awards Candidate

Name \_\_\_\_\_ Date \_\_\_\_\_

Please follow and complete this form for each of the 4 cases submitted for Fellowship:

*(Submit this sheet for each case and check each box with an (x) to assure each is properly submitted.*

Case No. 1 2 3 4 (Circle)

- |                                                                                                               |                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Case Category Table                                                                                        | <input type="checkbox"/> |
| 2. Chief Complaint:                                                                                           | <input type="checkbox"/> |
| 3. Medical and Dental History                                                                                 | <input type="checkbox"/> |
| 4. Clinical Examination Records (Extra-oral, Intra-oral)                                                      | <input type="checkbox"/> |
| 5. Radiographs Before Treatment:                                                                              |                          |
| • Lateral Cephalogram                                                                                         | <input type="checkbox"/> |
| • Panoramic                                                                                                   | <input type="checkbox"/> |
| • Full Mouth Series                                                                                           | <input type="checkbox"/> |
| • Tomograms – CO/MIP, Habitual Rest, Maximum Opening                                                          | <input type="checkbox"/> |
| 6. <b>Photographs</b> of the following:                                                                       |                          |
| BEFORE TREATMENT:                                                                                             |                          |
| • Intra Oral Retracted Unposed – Frontal and Lateral View                                                     | <input type="checkbox"/> |
| • Intra Oral views in CO Before Treatment – Frontal, Left Lateral and Right Lateral Views                     | <input type="checkbox"/> |
| • Intra Oral Occlusal Before Treatment – Upper and Lower Arch Views                                           | <input type="checkbox"/> |
| • Extra Oral Facial – Frontal, Lateral Right views                                                            | <input type="checkbox"/> |
| • Postural – Frontal, Lateral Right Profile views                                                             | <input type="checkbox"/> |
| • Diagnostic Models in CO – Frontal, Left Lateral and Right Lateral Views                                     | <input type="checkbox"/> |
| • Diagnostic Models with Optimized Bite – Frontal, Left Lateral and Right Lateral Views                       | <input type="checkbox"/> |
| MID PROGRESS TREATMENT:                                                                                       |                          |
| • Additional CLINCIAL Photos Showing Progress of Phase I Orthotic Stabilization                               | <input type="checkbox"/> |
| • Photos documenting Orthotic resurfacing/management is Optional                                              | <input type="checkbox"/> |
| AFTER TREATMENT with ORTHOTIC:                                                                                |                          |
| • Intra Oral Smile After Treatment – Frontal, Left Lateral and Right Lateral Views                            | <input type="checkbox"/> |
| • Extra Oral Facial – Frontal, Lateral Right Profile views                                                    | <input type="checkbox"/> |
| • Postural – Frontal, Lateral Right Profile views                                                             | <input type="checkbox"/> |
| • Occlusal Views Showing Orthotic – Centric Occlusal Marks and Lateral Excursive Marks                        | <input type="checkbox"/> |
| 7. <b>Diagnostic Classification for Craniomandibular Disorders</b>                                            | <input type="checkbox"/> |
| 8. <b>Subjective Summary Report</b> – before, mid and after treatment documenting effectiveness of treatment. | <input type="checkbox"/> |

# Case Documentation Form

*Continued*

## OC Fellowship Award Candidate

Name \_\_\_\_\_ Date \_\_\_\_\_

### 4 CASES: PHASE I ORTHOTIC CASES DEMONSTRATING STABILIZATION EFFECTIVENESS

1. Please fill out the following “CASE CATEGORY TABLE” for each case submitted.

Case No. 1 2 3 4 (Circle)

	Patient's ID# or Initials	Age of Patient	Cervical Dysfunction	TMD Primary	Class II Div. 2	Anterior Open Bite (tendency)	Date Case Started	Data Case Completed Stabilization	Orthotic Lab Used	Future Phase II Treatment Method
1.										
2.										
3.										
4.										

\* Indicate which type of NM challenge was present with your case by noting the category with a “YES”

2. **CHIEF COMPLAINT** – Please list what are the main concerns and reasons for phase I orthotic treatment.

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2. **MEDICAL HISTORY** – Are there any significant medical conditions that make this case unique to patient treatment or long term prognosis? Provide copies of medical history form(s).

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3. **DENTAL HISTORY** – Are there any significant dental conditions that make this case unique to patient treatment or long term prognosis? Provide copies of dental history form(s).

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# Case Documentation Form

## OC Fellowship Award Candidate

*Continued*

Case No. 1 2 3 4 (Circle)

**4. PATIENT HISTORY (Clinical Examination)** – Provide relevant copies of clinical examination forms showing the following:

1. Periodontal considerations
2. Prosthetic considerations
3. TMJ Problems
4. Skeletal Classification – Class I, II, III
5. Dental Classification – Class I, Class II division 1, Class II division 2, Class III
6. Musculoskeletal Problems – Provide copy of the Musculoskeletal Occlusal Signs and Symptoms form.
7. Facial Profile Classification

**5. DIAGNOSTIC CLASSIFICATION FOR CRANIOMANDIBULAR DISORDERS** – Provide the diagnostic classification that you have determined for each case and submit copy of the Classification for Craniomandibular Disorders form.

(Use the Classification for Craniomandibular Disorders form to document the arrived diagnosis for each case).

**6. PATIENT SUBJECTIVE SUMMARY REPORT**– Provide proof for each (dated) intermittent follow up visit during the course of treatment and score (0-5) of the various musculoskeletal occlusal signs and symptoms showing recording the sum total of the score for each dated intermittent follow orthotic visit. Phase I orthotic effectiveness and success of therapy is recorded and totaled for each case.

(Use the Patient Subjective Summary form to record the sum effectiveness totals).

**7. CONCLUDING SUMMARY** - Please summarize your insights, perspectives and lessons learned from this case regarding the following: 1) Masticatory muscle stability, 2) Occlusal stability, 3) TM Joint stability, 4) Central nervous system (CNS) stability, 5) Other orofacial areas that you found unique when having to stabilize this case.

Rank the difficulty of this case: Easy, moderate or difficult to treat?

What is your proposed recommended phase 2 finishing treatment plan – Ortho, Restorative, combination and or will patient stay in orthotic as a “crutch” appliance? Summarize your phase II plan in more detail.

# Case Documentation Form

## OC Fellowship Award Candidate

*Continued*

Case No. 1 2 3 4 (Circle)

### 8. PHOTOGRAPHIC DOCUMENTATION PROTOCOL:

Provide copies of pre-operative and post-operative, intra oral and extra oral photographs of extra oral, intra oral and model casts *before* and *after* bite registration. Supportive photos of orthotic intra orally at initial delivery and after stabilization is also required using the following views:

#### a. INTRA ORAL:

##### Retracted – Landscape Mode

- a) Overjet/ Overbite - Unposed frontal view (Lateral view optional)
- b) Frontal in CO
- b) Right and left buccal in CO
- c) Maxillary Occlusal
- d) Mandibular Occlusal

#### b. EXTRA ORAL:

##### Close Up - 1:2 Magnification

- a) Full Smile Frontal
- b) Full Smile - Right and Left Lateral

##### Full Face – Portrait Mode

- a) Relaxed
- b) Smile
- c) Profile (lightly closed on back teeth)
- d) Profile (lightly closed on optimized bite)

##### Full Length Body Posture – Portrait Mode

- a) Frontal
- b) Profile

# Case Documentation Form

**OC Fellowship Award Candidate**

*Continued*

Case No. 1 2 3 4 (Circle)

**PHOTOGRAPHIC DOCUMENTATION PROTOCOL - continued:**

**c. DIAGNOSTIC MODELS:**

1. **Centric Occlusion** – Frontal view, left and right lateral views
2. **Occlusal Arch** – Upper and Lower arch views
3. **With Optimized Bite** – Frontal view, left and right lateral views

**8. RADIOGRAPHS** – Provide the following in either digital format, plain film, ICAT and or CBCT

1. Lateral Ceph (in CO)
2. Panoramic
3. Full Mouth Series
4. Tomograms (Left and Right TM Joint)
  - a) CO
  - b) Rest (optional)
  - c) Maximum Opening