College of Dental Medicine holds clinic day

Sponsored by the College of Dental Medicine's Chapter of the American Student Dental Association, third-year dental medicine students presented their research projects at the annual Clinic Day, Feb. 24.

Projects were wide-ranging, informative and generated a great deal of discussion among students, faculty and staff. These projects enable the students to practice the scientific method; learn to perform literature reviews and evaluate scientific literature; and ultimately, to practice evidence-based dentistry.

Following the scientific program various dental manufacturers displayed their latest products and services available to the profession.

This year's winners were:

First place: Quang Nguyen-"New Biological Functions of Human Serum IgA"

Second place: David Hicklin-"The PRX1 Homeobox Gene is Critical for Molar Tooth Patterning"

Third place: Douglas McCartha-"Composite Placement Technique: Does it really matter?"

Winners received paid trips to present their research at various dental conferences around the country in addition to a monetary award.

☐ List of other sources of support and the amount with which they support your program.



coordinator Dr. Bob Draughn, from left, congratulates Douglas MaCartha, Quang Nguyen and David Hicklinare.

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application and send via campus mail to the YES YESopeningdoors.html.

Campaign Office, Office of Development, Attn: Kristin Romness, 268 Calhoun St., P.O. Box 250182, Charleston, SC, 29425. Applications are due no later than April 1.

For information, call 792-1973. The form can also be To apply for the MUSC Family Fund, fill out the accessed at http://www.musc.edu/catalyst/

Office of Development **MUSC Family Fund** 2005 YES Grant Application Form

Please print the following information. Attach all supplementary sheets together. Department Phone: Name: Department: Total Amount of Funding Applied for (Not to exceed \$2,500): Work Address (including PO Box): Date: Applicant's Signature: Department Head's Signature (Required): Department Head's Title: Phone Number : On a separate sheet of paper, please provide the following information in a typed format: ☐ A brief one or two paragraph summary (not to exceed one page) explaining the project . Your grant will be denied without this summary. ☐ A detailed description of the project. Please include any additional documentation necessary. ☐ Description of how this request would improve your department's ability to positively impact the mission of the Medical University of South Carolina.