

STATE OF NEW HAMPSHIRE
Honorarium or Expense Reimbursement Report (RSA 15-B)



RECEIVED

OCT 25 2017

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print all Information Clearly:

Name: PUNEET KOCHHAR Work Phone No. 603-332-7300
First Middle Last

Work Address: 40 WINTER STREET, SUITE 201, ROCHESTER, NH03867

Office/Appointment/Employment held: MEMBER, NH BOARD OF DENTAL EXAMINERS

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

Name of source: _____
First Middle Last

Post Office Address: _____

Occupation: _____

Principal Place of Business: _____

If source is a Corporation or other Entity:

Name of Corporation or Entity: COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

Name of Corporate/Entity Representative: _____

Work Address of Representative: 1304 CONCOURSE DRIVE, SUITE 100, LINTHICUM, MD21090

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of Honorarium: \$1150 Date Received: 10/16/17 *If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.* Exact Estimate

Value of Expense Reimbursement: \$1100 Date Received: 10/16/17 *A copy of the agenda or an equivalent document must be attached to this filing.* Exact Estimate

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:

Examiner at NYU Dental School for the regional licensing exam

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Puneet

10/23/17
Date Filed

Signature of Filer

9/07
RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.
Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

DAVID W. PERKINS DMD
2054 RESTON CIRCLE
ROYAL PALM BEACH, FL 33411
860-302-1788

9/15-17, 2017

Re: **ADEX CDCA Dental Manikin Examination**
Friday Sept. 15, 2017 Orientation/Calibration
Sat. /Sun. Sept. 16-17, 2017 Manikin Examination

Please note: The hotel is NOT the Westin on 42nd ST!!!

Hotel: Courtyard New York Manhattan/Midtown East
866 Third Ave.
New York, New York 10022 US
212-644-1300

Dear Colleague:

Thank you for agreeing to serve as an examiner for the **ADEX/CDCA** Manikin examination at NYU. I have spoken with the CDCA Coordinator, Dr. Arnie Ray and relayed to him that our team is looking forward to providing an excellent exam for the candidates.

Attached is a Dress Code for you to refer to. Please review the appropriate attire for the Examiner Calibration Day and for the Examinations.

Exam Logistics:

The NYU dental school is located approximately 19 miles and 1 hour (depending on traffic) from JFK and 10 miles and 40 minutes from LaGuardia airports. Please plan your travel arrangements accordingly.

At the conclusion of calibration, examiners may depart from the NYU for the hotel

The following outlines the schedule for the calibration and examination:

CALIBRATION & ORIENTATION ON Friday, Sept. 15, 2017

Room 301

All Chiefs, Captains, and Examiners

3:00 PM or immediately following candidate orientation

Note to Examiners: The appropriate home standardization presentations must be completed online at home prior to reporting to the examination. Clinic assignments for the examination team will be distributed.

3:00 PM: Team Calibration. The calibration exercise will be conducted with the entire team focusing on assignment and general exam flow.

Conclusion of Calibration: Walk through of clinic and grading area.

CANDIDATE ORIENTATION BEGINS AT 12:00 Noon

Dental Candidate Orientation will be conducted by the Chief and CFEs (mandatory) in Nagle.

TIME: 12:00 Noon

DATE OF CLINICAL EXAM: Sept. 16-17

6:30 AM for Breakfast

Chief, CFEs and Examiners will arrive at the site for breakfast.

CLINIC FLOORS WILL BE OPEN AT APPROXIMATELY 7:00 AM

MANIKIN TYPODONTS DISTRIBUTED AT 7:15 AM

CFE'S BEGIN REMOVING #8 FOR CANDIDATE MEASUREMENT BETWEEN 7:30-8:30 AM

CANDIDATES MAY FABRICATE STENTS DURING THIS TIME

8:30 AM ALL CANDIDATES BEGIN THE ENDO SECTION OF THE EXAM

11:30 AM ALL ENDO TREATMENT ENDS AND PROS MUST BEGIN

3:30 PM ALL CANDIDATE WORK CEASES

3:45 PM ALL CANDIDATES MUST BE READY TO CHECK OUT

MOST LIKELY ALL EXAMINERS WILL BE ABLE TO DEPART NYU BY 4:30 PM

ALL TYPODONTS AND WHITE ENVELOPES MUST BE ACCOUNTED FOR BEFORE DEPARTING NYU

After completion of the dental exam on NYU, cabs will be available from the school for travel to the airport. Please note that all examiners are required to remain on site until completion of the exam. With the **1 hour** time for travel time to the airport during **Sunday Sept. 17th** evening traffic, plan flights for 7:30 PM or later. **As you know, it is CDCA policy that no one is able to leave the exam prior to being released by the Chief. Please contact me via e-mail dperkdmd@yahoo.com or telephone 860-302-1788 if you have any questions regarding travel.**

For those of you who are unable to depart on the last day of the exam, please notify the CDCA Central Office that you will be departing on **Sept. 18, 2017**.

Thank you for agreeing to serve the CDCA at the **NYU**. I am looking forward to working with an excellent team and conducting a smooth and fair exam.

Warmest regards,

David W. Perkins DMD

860-302-1788