



Tennessee
KNOX AREA

PRESENTS

**“FORENSICS ODONTOLOGY”
THE ROLE OF FORENSICS AND DENTISTRY**

SPEAKER

**Dr. Mark Crumpton, DMD, MDS, D-ABFO
Consultant and Pediatric Dentist**

6 CEU

Friday, February 16, 2024

**Wood Auditorium @UT Hospital
Knoxville, TN**

Lecture Outline

- 1. Introduction to Forensic Odontology**
- 2. Dental Identification**
- 3. Disaster Victim Identification (DVI) and Mass Fatality Incident (MFI)**
- 4. Dental Age Assessment for the Fetus, Child, Adolescent, and Adult**
- 5. Patterned injury, bitemarks and human abuse**
- 6. Civil Litigation**
- 7. Clandestine Grave and Forensic Anthropology (The New Body Farm)**

Knox Area is excited to welcome Dr. Mark Crumpton.

This promises to be an exciting, informative, and educational continuing education course. We look forward to hearing from him and the role dental hygienists can function in Forensic Dentistry.

ABOUT OUR SPEAKER



Mark W. Crumpton, DMD, MDS, D-ABFO

Dr. Mark Crumpton was born and raised in a dental family in Knoxville, Tennessee. His father, Dr. Earl L. Crumpton, was the first pediatric dentist in Tennessee and all three sons became dentists.

Dr. Crumpton earned his dental degree with honors in 1981 and his pediatric certificate in 1983, both from the University of Alabama at Birmingham, School of Dentistry. Following in his father's footsteps, he practiced pediatric dentistry for 32 years in Knoxville, Tennessee, retiring from private practice in 2015.

Dr. Crumpton completed the Forensic Dentistry Fellowship at the University of Tennessee Graduate School of Medicine, Knoxville, Tennessee, in 2019 and completed a Master of Dental Science degree in Forensic Dentistry program at the University of Tennessee Health Science Center, Memphis, Tennessee in 2022. His master's research thesis in fetal dental age assessment was published in the American Journal of Forensic Medicine and Pathology. He is believed to be the only one in the world to hold a fellowship certificate in forensic odontology, a master's degree in forensic odontology and have a board certification by the American Board of Forensic Odontology. He is a Clinical Instructor in the Department of General Dentistry, Division of Forensics, at the University of Tennessee Graduate School of Medicine, and an Adjunct Instructor at Tennessee Wesleyan University, Department of Dental Hygiene. He was the Chief of Dentistry at East Tennessee Children's Hospital in the 1980s. He is a fellow of the Pierre Fauchard Academy, a member of the American Dental Association, Tennessee Dental Association, Second District Dental Society, American Society of Forensic Odontology, American Board of Forensic Odontology, and an associate member of the American Academy of Forensic Sciences. He became a Diplomate of the American Board of Forensic Odontology in 2022. He currently serves as a forensic odontology consultant for the William L. Jenkins Forensic Center in Johnson City, Tennessee.

Registration forms- One for each applicant (please make copies as needed)

Forensics Odontology

DATE

FRIDAY, February 16, 2024

Speaker:

**Dr. Mark Crumpton, DMD, MDS, D-ABFO
Consultant and Pediatric Dentist**

LOCATION

**WOOD AUDITORIUM- UT HOSPITAL
1924 Alcoa Hwy, Knoxville, TN 37920**

AGENDA

**REGISTRATION: 8:30AM-9:00AM
(Continental breakfast & lunch included)**

MORNING SESSION: 9:00AM-12:00PM

LUNCH: 12:00PM- 1:00PM

AFTERNOON SESSION: 1:00PM- 4:00PM

CANCELLATION POLICY

**Attendee must notify
Kelly Gross by February 7, 2024
There will be a \$25.00 administration fee
for all cancellations.
No refunds after February 7, 2024**

**Contact information
Kelly Gross-kgrossrdh@yahoo.com**

REGISTRATION FORM

Name _____

Address _____

Cell Phone _____

Email _____

**One registration form per attendee's
Make copies as needed.**

REGISTRATIONS MUST BE RECEIVED BY 2/7/2024

Circle one

RDH TNDHA member	\$80
RDH non-member	\$90
RDA/CDA/ADMIN STAFF	\$90
DDS/DMD	\$90
RDH STUDENTS	\$15

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Mail registration form to:

**Kelly Gross
1110 Vale View Rd.
Knoxville, TN 37922
Make checks payable to KADHA**

Credit card information

Acct # _____

Exp date: _____ CVV: _____

Billing Zip code: _____

Name on card

