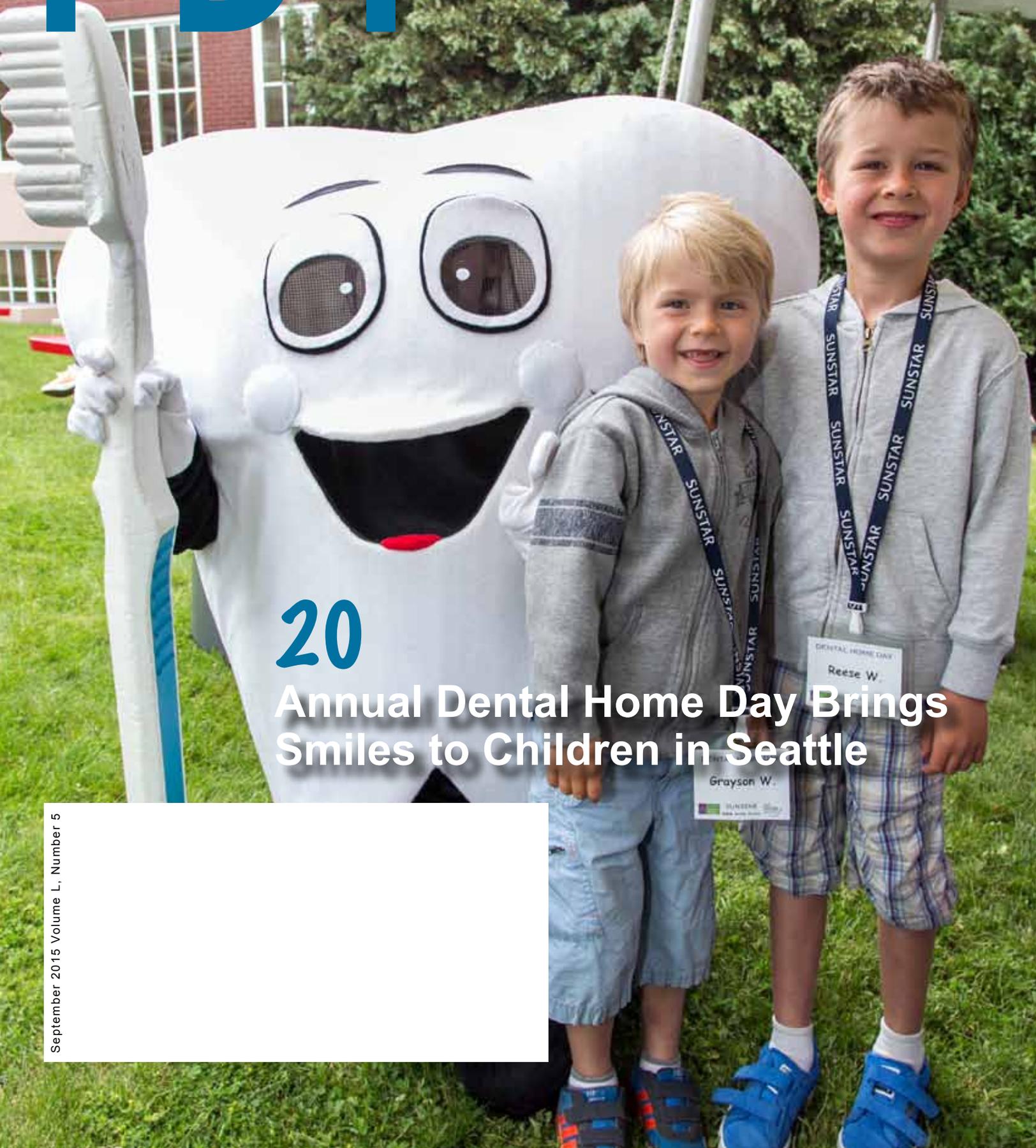


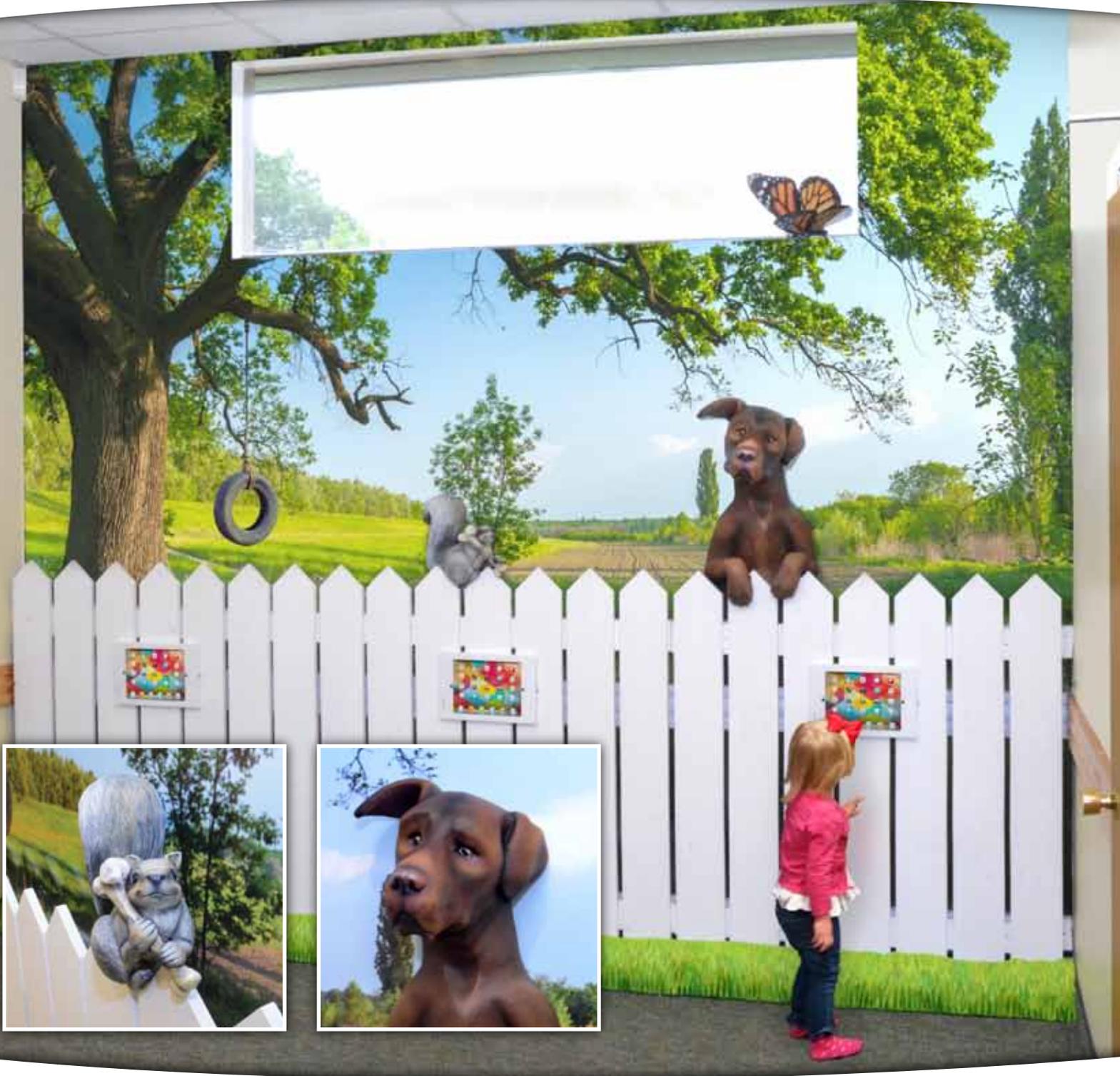
# PDT



20

## Annual Dental Home Day Brings Smiles to Children in Seattle

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# PDT

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American Academy of Pediatric Dentistry  
211 East Chicago Avenue, Suite 1600  
Chicago, IL 60611-2672  
(312) 337-2169  
(312) 337-6329  
[www.aapd.org](http://www.aapd.org)



## Staff Editorial Group

### Chief Executive Officer

John S. Rutkauskas  
[jrutkauskas@aapd.org](mailto:jrutkauskas@aapd.org)

### Chief Operating Officer and General Counsel

C. Scott Litch  
[slitch@aapd.org](mailto:slitch@aapd.org)

### Publications Director

Cindy Hansen  
[chansen@aapd.org](mailto:chansen@aapd.org)

### Magazine and Web Manager

Thomas McHenry  
[tmchenry@aapd.org](mailto:tmchenry@aapd.org)

### Public Relations Senior Manager

Erika Hoefl  
[erika@aapd.org](mailto:erika@aapd.org)

### Vice President for Meetings and Continuing Education

Tonya Almond  
[talmond@aapd.org](mailto:talmond@aapd.org)

### Meeting Services Senior Manager

Kristi Casale  
[kcasale@aapd.org](mailto:kcasale@aapd.org)

### Vice President for Development and Charitable Programming

Paul Amundsen  
[pamundsen@aapd.org](mailto:pamundsen@aapd.org)

### Annual Fund Coordinator

Michelle Hidalgo  
[mhidalgo@aapd.org](mailto:mhidalgo@aapd.org)

### Membership and Marketing Director

Suzanne Wester  
[swester@aapd.org](mailto:swester@aapd.org)

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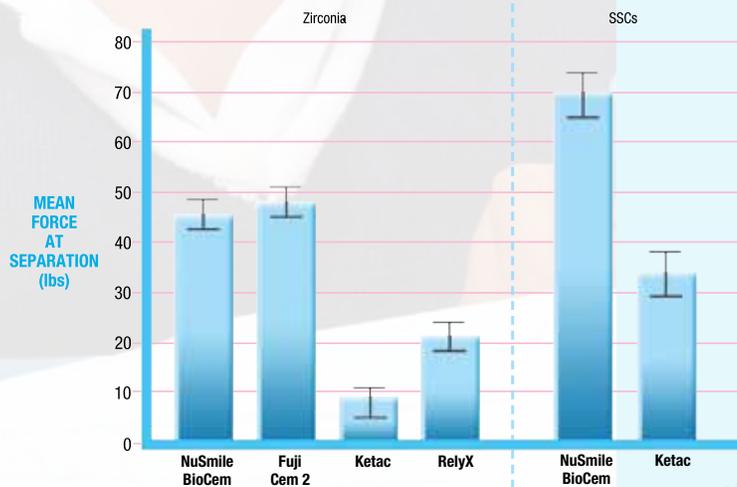
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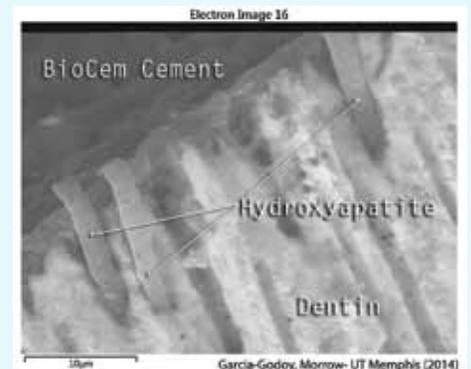


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Smiles ahead.



**Dr. Rob L. Delarosa**

*AAPD President*

## Globalization in Glasgow

Summer is surely here! As always, we are extremely busy in our practices and new residents are starting their programs. I remember my first day at UTHSC at San Antonio under the great tutelage of Bill Berlocher, Steve Brandt and the rest of the crew. I still believe those were some of the best years of my life, challenging—for sure—but rewarding.

It was shortly after completing my residency that I was introduced to the American Academy of Pediatric Dentistry. For those of us who have been around awhile, the American Society of Dentistry for Children was still a separate entity, and we were called “pedodontists”. Much has changed since those days long ago, but what hasn’t changed is the commitment we all share for the children we serve. I know I have heard Jerry Miller use the phrase “it’s all about the kids” many times, but he is spot on.

It truly is about the children, and we are privileged to be able to impact our patients’ lives. I frequently remind my team that we are so fortunate to be able to call ourselves children’s advocates and do what we do.

My travel schedule this year is very active and has already begun on a big note. I attended the 25th Congress of the International Academy of Pediatric Dentistry in Glasgow, Scotland. This was really a great meeting, and I met so many of our colleagues from across the world. I particularly want to thank IAPD President Dr. Jorge Castillo and Congress Chair Dr. Richard Welbury for their warm hospitality and invitation. As well, Immediate Past President Dr. Eduardo Alcaino was particularly accommodating in making sure I was in the right places. Dr. Alcaino is the first non-North American member to attend our Leadership Institute at Kellogg in this upcoming cohort. I assured Alcaino that he will surely enjoy his experience there, and I appreciate his willingness to come all the way from Australia to attend the December sessions.

IAPD consists of 1,265 individual members and 58 National Society members. At this meeting, seven new countries were admitted for membership. As we are, they are a growing organization, with sound financials and committed leadership. They have on their Board a Representative of Nations and our official representative is Dr. Yasmi Crystal, who also chairs the Scientific Committee. Dr. Jim Crall is on the Finance Committee and Dr. Milton Houpt is the outgoing IAPD Journal honorary editor. Several other AAPD members I saw in Scotland are also involved in IAPD, including Drs. Amr Moursi, Kevin Donly, Tim Wright and Francisco Ramos-Gomez.

Also, this year Dr. Anna Fuks, Israel ( a previous recipient of AAPD’s Distinguished Service Award ); Dr. Lisa Papagiannoulis, Greece; and Dr. Gerry Wright, Canada, were selected as Honorary

members for their long standing contributions to pediatric dentistry and the IAPD. Congratulations to these individuals for advancing our cause for children’s oral health.

The governance structure of IAPD is different from ours, given the global nature of the organization. The representative society via delegates and the board vote on the issues at the Council meeting, which is similar to our General Assembly. This year was relatively easy as there didn’t seem to be any issues of concern. Dr. Anthony Tsai, Taiwan, is the incoming president and Dr. Ana Marie Villerou, Greece, President-Elect. Terms are for two years.

Of particular significance for me was the overall and consistent interest in collaboration that was expressed to me throughout the week. Following the efforts of our Global Interactions Task Force, established by Joel Berg and chaired by Amr Moursi, and our hosting the very successful International Reception in Seattle, there was a high level of enthusiasm for our communities to interact on several levels.

IAPD is in the process of developing policies and guidelines. The decision was made to begin the process by endorsing guidelines from other associations including AAPD’s documents from our *Reference Manual*. Those endorsed will be published on their newly updated website.

In this same spirit of collaboration, we have agreed to co-host a Symposium with the Royal College of Surgeons of Ireland in October 2016. AAPD Past President Dr. Ed Moody and I will be going to Dublin this fall for the site visit and discussion of content for the meeting. This will replace our symposium normally held in November for this year only, and for those who attended the last joint meeting in Scotland, both parties feel this will be a successful venture for our members.

We also discussed the possibility of hosting a joint National meeting here in the states. With IAPD’s meetings confirmed through 2021 and AAPD’s at least through that date, we would be looking a little farther in the future to accommodate all schedules if possible.

Finally, as I stated in the beginning of this article, it’s all about the children, and that’s something we have in common with our international colleagues across the world.

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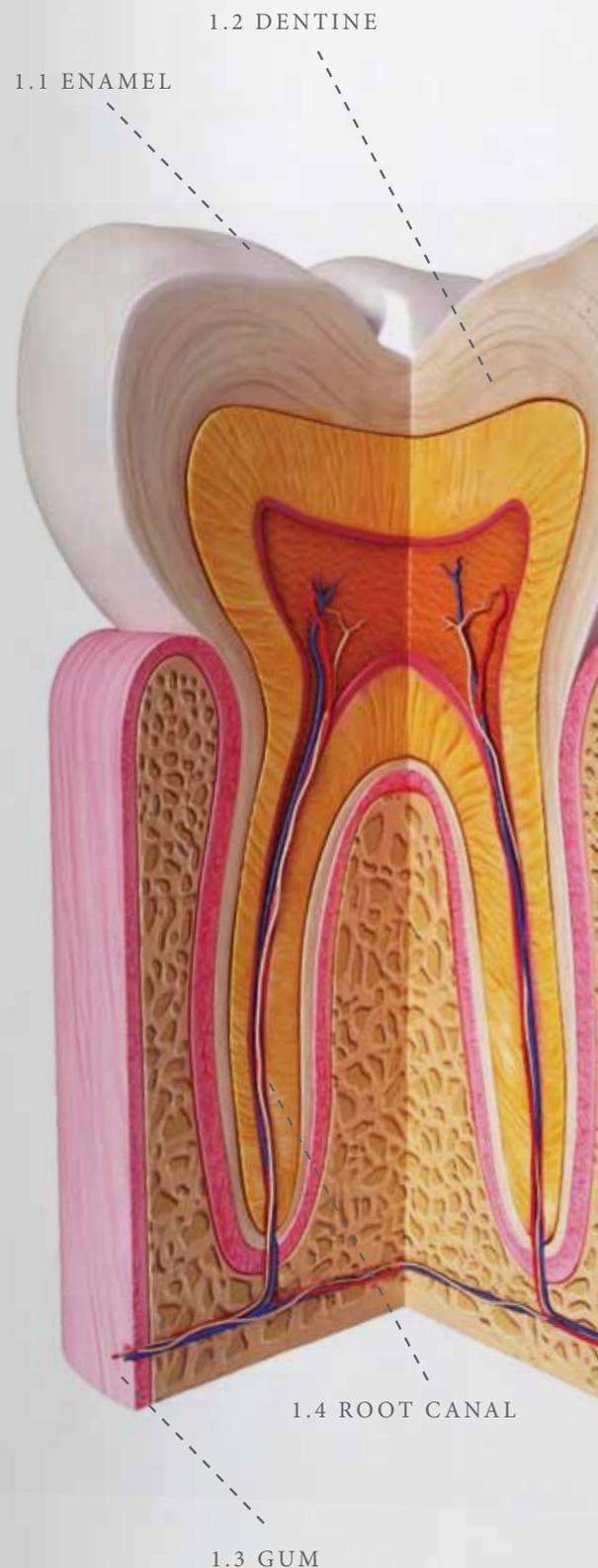
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**Dr. John S. Rutkauskas**  
AAPD CEO

## And the Award Goes to...

AAPD partners with public relations firm Weber Shandwick to promote the AAPD Monster-Free Mouths Movement consumer campaign. In June, Weber Shandwick nominated the campaign for several prestigious industry awards, and we're thrilled to share that the campaign won the following awards:

**Award of Excellence at the Silver Anvil Awards in New York City**  
**Gold Anvil at the Publicity Club of Chicago Golden Trumpet Awards**

In addition, AAPD CEO John Rutkauskas was honored June 10, at the Public Relations Society of America's 2015 Skyline Awards as Executive of the Year. He was nominated by Weber Shandwick and recognized for raising awareness of early childhood oral health care through the launch of our Mouth Monster consumer awareness campaign. He was also cited for raising public awareness of pediatric dentistry—the profession, the impact of children's oral health on overall health care and the commitment of AAPD as experts and providers.



We are very happy to see that this campaign is resonating with so many people and truly value our award-winning partnership with Weber Shandwick. Visit <http://mouthmonsters.mychildrensteeth.org> to learn more about the AAPD Monster-Free Mouths Movement.

# Legislative and Regulatory Update

Unless otherwise noted, for further information on any of these issues, please contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169 or [slitch@aapd.org](mailto:slitch@aapd.org).

## FEDERAL NEWS

### New FY 2015 Pediatric Dentistry Title VII Grants Awarded

Based on the AAPD's success in obtaining directed funding of \$10 million for pediatric dentistry training in the fiscal year (FY) 2015 federal budget, the Health Resources and Services Administration (HRSA) recently awarded a number of new postdoctoral and predoctoral grants to support training of pediatric dentists and to better train general dentists in treating children.

For more background on the Title VII health professions training program for pediatric dentistry, see [http://www.aapd.org/final\\_fy\\_2015\\_appropriations\\_legislation\\_includes\\_10\\_million\\_for\\_title\\_vii\\_pediatric\\_dentistry\\_training/](http://www.aapd.org/final_fy_2015_appropriations_legislation_includes_10_million_for_title_vii_pediatric_dentistry_training/).

Please note this list is subject to updates and modifications as more information becomes available, including grant abstracts.

<b>HRSA Title VII Pediatric Dentistry Grants for FY 2015</b>		
<b>Grantee Name</b>	<b>State</b>	<b>Amount</b>
PREDOCTORAL – Pediatric Dentistry-focused or collaborative grants		
UNIV. OF CALIFORNIA, SAN FRANCISCO	CA	\$350,000
BRONX LEBANON HOSPITAL	NY	\$745,620
NEW YORK UNIVERSITY	NY	\$346,262
POSTDOCTORAL – Pediatric Dentistry-focused or collaborative grants		
UNIVERSITY OF CALIFORNIA, LOS ANGELES	CA	\$741,385
UNIVERSITY OF CONNECTICUT	CT	\$741,828
NOVA SOUTHEASTERN UNIVERSITY.	FL	\$673,503
NICKLAUS CHILDREN'S HOSPITAL	FL	\$484,668
UNIVERSITY OF ILLINOIS-CHICAGO	IL	\$127,894
BOSTON UNIVERSITY	MA	\$364,435
TUFTS COLLEGE	MA	\$736,667
UNIVERSITY OF NEBRASKA	NE	\$434,371
COLUMBIA UNIVERSITY	NY	\$748,705
NY CITY HEALTH AND HOSPITALS CORP.	NY	\$494,145
UNIVERSITY OF ROCHESTER	NY	\$99,070
UNIVERSITY OF PITTSBURGH	PA	\$224,967
TEXAS A&M UNIVERSITY	TX	\$748,062
VIRGINIA COMMONWEALTH UNIVERSITY		\$455,886
UNIVERSITY OF WASHINGTON	WA	\$125,781
		<b>TOTAL = \$8,643,249</b>

HRSA is also funding six competing continuation grants (involving grantees which competed in a previous year) through Postdoctoral and Faculty Development programs that have a pediatric dentistry focus, for a total of \$2,310,936.

For more information about the FY 2015 HRSA Title VII dental grants please contact AAPD Educational Affairs Manager Scott Dalhouse at [sdalhouse@aapd.org](mailto:sdalhouse@aapd.org).

## AAPD and ADA File Joint Comments on CMS Proposed Regulations on Medicaid/CHIP Managed Care Contracts

On July 24, 2015, the American Academy of Pediatric Dentistry (AAPD) and the American Dental Association (ADA) filed joint comments on proposed regulations of the Centers for Medicare and Medicaid Services (CMS) concerning Medicaid and Children's Health Insurance Program (CHIP) Managed Care contracting and comprehensive quality strategies. This is an important issue because many states are moving to managed care contracts for Medicaid and CHIP services, including dental (although dentists may still be receiving fee for service payments, the insurance company is being paid by the state based on a per enrollee per month figure). In some states there have been concerns with inadequate contracts and oversight, resulting in low provider reimbursements, administrative burdens for providers and inadequate provider networks for program beneficiaries.

Among the key comments in the joint AAPD-ADA letter:

- AAPD-ADA supported the proposal to require Managed Care Organizations (MCOs), Prepaid Inpatient Health Plans (PIHPs) and Prepaid Ambulatory Health Plans (PAHPs) with Medicaid contracts beginning after Jan. 1, 2017, to utilize a minimum medical loss ratio (MLR) requirement in the development of actuarially sound rates. It was also recommended that CMS should provide a clear definition for plans of what should be included or excluded as administrative costs, and develop standardized reporting requirements.
- AAPD-ADA supported the proposal that capitation rates should be “sufficient and appropriate for the anticipated service utilization of the populations and services covered under the contract and provide appropriate compensation to the health plans for reasonable benefit costs.” AAPD-ADA suggested that state programs utilize existing data from commercial dental plans to create utilization benchmark targets for populations enrolled in Medicaid managed care plans.
- AAPD-ADA encouraged CMS and state programs to utilize existing research and seek expertise on dental payment rates and the relationship between access to and utilization of dental services in Medicaid
- AAPD-ADA urged CMS to work with professional societies and stakeholder alliances like the Dental Quality Alliance (DQA) before embarking on any effort to move payment for dental services into the value based model. Noting that the proposed rule requires that States establish time and distance standards for specific network provider types, including pediatric dental services, AAPD-ADA encouraged CMS to define pediatric dental services as requiring a specific provider network composed of pediatric and general dentists and other dental specialists, with unique time and distance standards. It was also noted that AAPD-ADA do not support provider to beneficiary ratios as the sole means of assessing network adequacy. Rather, CMS was encouraged require States to address geographic variations when setting adequacy standards
- AAPD-ADA noted that the Effectiveness Data and Information Set (HEDIS) measure, Annual Dental Visit, is not a sufficient measure to determine beneficiary access to dental services. Instead, it was recommended that programmatic access measures developed by the DQA be used to assess utilization and access. Specifically, CMS was urged to adopt programmatic and plan level measures developed by the DQA based on the measure set titled “Dental Caries in Children: Prevention and Disease Management.”
- AAPD-ADA supported efforts to require plan accreditation, and urged CMS to pursue standards for readiness assessment of a contract award. A readiness assessment should examine elements such as a plan's ability to provide dental services to Medicaid enrollees; quality improvement and utilization management function capability; the ability to provide an adequate, accessible network; the technical capacity to process claims; the ability to process grievances and appeals; systems for enrollee support and outreach; and systems for provider network support.

For a copy of the letter, visit: [http://www.aapd.org/aapd\\_and\\_ada\\_file\\_joint\\_comments\\_on\\_cms\\_proposed\\_regulations\\_on\\_medicicaidchip\\_managed\\_care\\_contracts/](http://www.aapd.org/aapd_and_ada_file_joint_comments_on_cms_proposed_regulations_on_medicicaidchip_managed_care_contracts/)

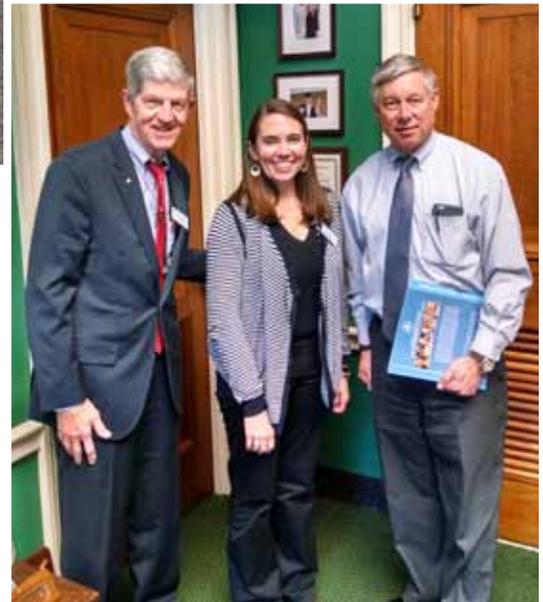
For further information, please contact AAPD and General Counsel C. Scott Litch at [slitch@aapd.org](mailto:slitch@aapd.org).

# Highlights from 2015 AAPD Public Policy Advocacy Conference

Washington, D.C.



◀ Iowa Public Policy Advocate Dr. Matt Geneser with U. of Iowa residents and new Senator Joni Ernst (R-Iowa)



Michigan Public Policy Advocate Dr. John Deppen, Dr. Elizabeth Smith (University of Pittsburgh resident), and U.S. Representative Fred Upton (R-Mich. 6th) - chair of the House Energy and Commerce Committee. ▶



◀ Pediatric dental residents Drs. Mike Steinmetz, Xu Han, Nick Baylon, Emily Cortes, and Colin Maguire, and AAPD Vice President James Nickman with Rep. Betty McCollum (D-Minn. 4th)



## C. Scott Litch

Chief Operating Officer and General Counsel

### Litch's Law Log

# Best Practices for In-Office Photos and Videos That Parents Wish to Take

In a nutshell: just say no.

In a time when seemingly every man, woman, and child on the planet owns a smartphone, and when videos and photos are posted by the billions on social media sites such as Facebook, Snapchat or Instagram, it is not surprising that some parents may wish to film their child's visit to the pediatric dentist. When you tell them no, they might also say "but I'm only taking a picture of my own child – what's the harm?" But from the pediatric dentist's perspective, it is a bit disconcerting to have a parent pull out a phone during the middle of a difficult procedure and starting filming.

I'm not sure I have the best explanation to provide parents from a good communications perspective, but I will give you the legal reasons why this is not a good idea.

First, it could be a potential HIPAA violation. This would not stem from a parent's taking photos or videos of their own child, but there is a possibility of inadvertently capturing the image or voice of another patient and thereby compromising that patient's privacy. In addition, if the parent asks your staff member to take the photo, or if a parent sent the photo or video to the dental practice and your staff member then used or disclosed the image in a manner not permitted by HIPAA, that could result in a HIPAA violation. There are also your office staff (e.g., dentist, hygienist, assistant, office manager and receptionist) whose privacy rights should be respected.

Second, it is prudent risk management to have a no camera policy. Video clips or photos can be taken out of context and be detrimental in case there is any complaint regarding the dental services provided. We have seen repeatedly how furious social media reactions have been driven by visuals taken out of context or without greater explanation.

Therefore, the simplest and cleanest approach is to have a "no video or photo" policy for your office. A posted sign in the office as well as on the practice website would be prudent, such as stating:

**We respect the privacy rights of all our patients and our staff. Therefore, we do not allow photography (video or otherwise) on the premises.**

If a parent asks if there is a legal reason for this policy, you can reference the following provision from HIPAA regulations, indicating that your office as a "covered entity" has a responsibility under federal law to protect the privacy of all patients in your practice:

"(c)(1)A covered entity must have in place appropriate administrative, technical and physical safeguards to protect the privacy of protected health information.

(2)(i) Implementation specification: Safeguards. A covered entity must reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is in violation of the standards, implementation specifications, or other requirements of this subpart.

(ii) A covered entity must reasonably safeguard protected health information to limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure."

Also note that if your practice wishes to use a patient's image, such as for a "no cavities" bulletin board or website page, an authorization and consent from the parent is required. There are also legal and ethical issues involved if your practice wishes to film patients, as addressed in this American Medical Association ethics opinion: <http://www.ama-assn.org//ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion5045.page>.

For further information contact Chief Operating Officer and General Counsel C. Scott Litch at (312) 337-2169, ext. 29, or [slitch@aapd.org](mailto:slitch@aapd.org).

## Thursday, May 26

Preconference Course: Esthetic Dentistry  
First Timer's Reception

## Friday, May 27

Keynote Address & Awards  
Scientific Program  
Exhibit Hall  
My Kid's Dentist Poster Research Competition  
New Dentist Happy Hour  
Welcome Reception

## Saturday, May 28

Breakfast Rounds I  
Scientific Program  
Exhibit Hall  
My Kid's Dentist Poster Research Competition  
HSHC Donor Circle Appreciation Gala

## Sunday, May 29

Breakfast Rounds II  
General Assembly & Research Awards  
Scientific Program  
Exhibit Hall  
Presidents' Farewell Dinner



## SAN ANTONIO

San Antonio is the city where history is revitalized. The city's dynamic past offers a wide variety of culture and character. The new Henry B. Gonzalez Convention Center is in the heart of the city, just blocks away from a wide variety of attractions.

The River Walk provides easy access to historic sites and shopping and comes alive at night. Also located downtown is The Briscoe Western Art Museum, Tobin Center for the Performing Arts, the Alamo, and the Pearl District. Several operating ranches, the San Antonio Zoo, Sea World, and Six Flags Fiesta Texas are all within driving distance of downtown.

### REGISTRATION AND HOUSING

Registration and Housing open in December. Current hotels in the AAPD Official Block: Marriott Rivercenter (headquarters), Marriott Riverwalk, the Grand Hyatt, and the Hilton Palacio del Rio. Complete meeting details will be published in the January issue of *PDT*. Check the AAPD website at [www.aapd.org](http://www.aapd.org) for updates regarding the Annual Session. In order to secure a hotel room in the AAPD room block, you must register for the meeting first. A prominent e-mail will be sent to all members announcing the hotels in the AAPD official room block once registration opens!



## AAPD Presentations Submission Deadlines

### EXTENDED DEADLINE

**Sept. 21, 2015**

Breakfast Rounds

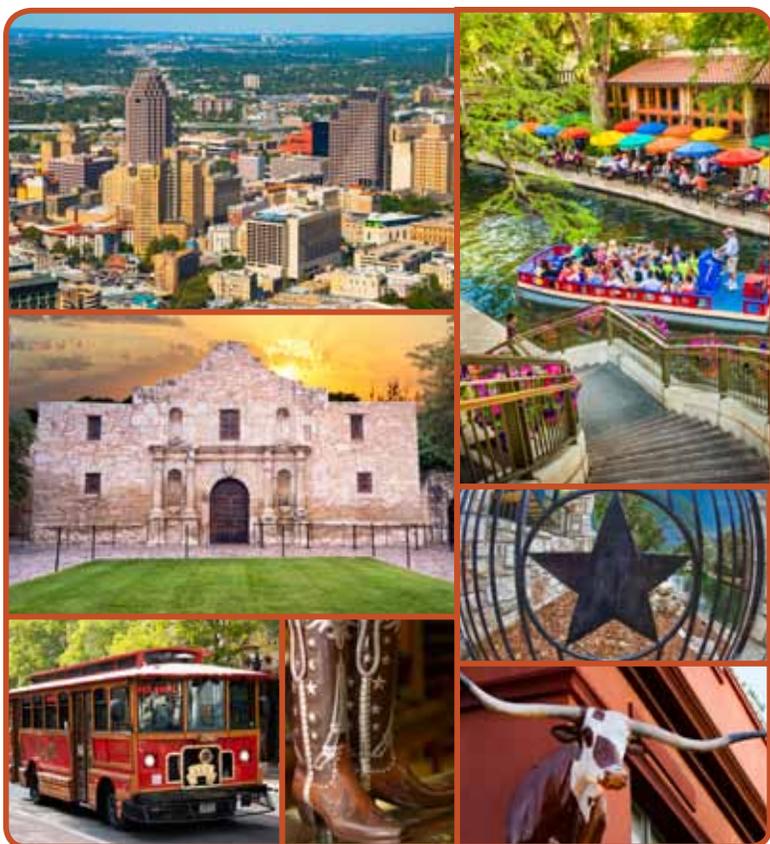
MiniClinics

String of Pearls

**Jan. 19, 2016**

NuSmile GSRA

My Kid's Dentist Research Poster Competition



If you are interested in making a presentation at the 2016 Annual Session in San Antonio, Texas, please visit the AAPD website at <http://www.aapd.org> for a Breakfast Round, MiniClinic, or String of Pearls submission form. For additional questions, contact Jessica Vaughn at [jvaughn@aapd.org](mailto:jvaughn@aapd.org). For the Research Poster Competition, contact Colleen Bingle at [cbingle@aapd.org](mailto:cbingle@aapd.org).

You must be an AAPD member in good standing and must be registered for the meeting in order to present at the Annual Session. The AAPD will strictly adhere to these deadlines. All submissions and abstracts must be complete in order to be considered for a session at the Annual Session, GSRA or a poster.

### RESEARCH AWARDS

#### NuSmile Graduate Student Research Awards (GSRA)

Up to eight finalists are selected to present their research at the AAPD Annual Session in May. Finalists receive travel to the Annual Session, complimentary registration for themselves and a guest, and a cash award and plaque at the Annual Session. A matching cash award is given to each finalist's training program. The recipients are asked to present their research at the Annual Session. NuSmile Pediatric Crowns generously supports these awards. All applications and research abstracts must be submitted by Jan. 19, 2016.

#### My Kid's Dentist Research Poster Competition

All presenters must be registered for the Annual Session. If you are a pediatric dentist, you must be a member of the AAPD to present in this research competition. The research competition will take place on Friday, May 27 and Saturday, May 28, 2016, at the 2016 AAPD Annual Session in San Antonio, Texas. Applications are due Jan. 19, 2016.

Submit your affiliate  
and alumni space request  
form now for AAPD 2016 in  
San Antonio. Visit our website  
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information.



## Couldn't make it to Seattle?

Too many great sessions to choose from? No problem!

In the Education Passport, you have the opportunity to purchase and earn CE for sessions you could not attend. Use the special AAPD 2015 discount code SEATTLE to receive \$50 off an AAPD CE course in the Education Passport.



### Sedation: 16 CE

The Sedation course is designed for pediatric dentists with training in sedation techniques. The course offers lectures on key sedation topics such as monitoring of the patient, child personality, selection of drugs, and more!



### Restorative Symposium: 10 CE

This symposium is designed to update the practitioner on dental restorative materials and indications for their use. The intention is to discuss topic areas presented at the last Pediatric Restorative Dentistry Consensus Conference and to update information presented.



### Behavior Management Symposium: 11 CE

The evolution of society and chairside management of behavior is critical to the doctor-family relationships. This course will provide perspectives on how toxic stress and social determinants of health can influence behavior in the dental setting. The course also explores changes in the specialty that affect management of behavior of families in pediatric dental practices.



### Pediatric Medicine Update: 7.5 CE

The 2014 Annual Session Preconference Course provides the pediatric dentist an update on a wide variety of areas concerning pediatric medicine. Medical reviews of common disorders and diseases often seen in the clinical practice are discussed and followed up by discussion of the latest advances in management.

## Education Passport, Earn CE for Annual Session

We are so excited to share with you our newest AAPD Education Passport benefit! New this year, we rolled out the opportunity to purchase and earn CE from sessions at AAPD 2015. The Education Passport offers the opportunity to purchase the entire package of 39 CE hours or select only the sessions that interest you. For a limited time only, use the special discount code SEATTLE to receive \$50 off an AAPD CE course in the Education Passport. We have extended this discount through October 31st, don't wait to take advantage of this discount today!



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# AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth

## Welcome New Members

The AAPD would like to welcome new members that have joined in June 2015. We look forward to supporting your professional needs. For further information about membership and membership benefits, please contact the Membership Department at (312) 337-2169.

### Active Membership

*Dr. Travis Hicks*

### Affiliate Membership

*Dr. Shabanam Amin*

*Dr. Annette Ogunnowo*

*Dr. Norman E. Ruediger*

*Dr. Ramu Vuppala*

### Allied Membership

*Dr. Lacey English Bowen*

*Dr. Andrew Ryan Burriss*

*Dr. Jazmin Floyd*

*Dr. Byungdo Brian Han*

*Dr. Andrea Samantha Lochan*

*Dr. Abimbola Olutimehin*

### Pre Doctoral

### Membership

*Mr. John Robert Clifford*

*Ms. Olivia Davis*

*Mr. Kevin P McKenna*

## AAPD Career Center

### Job Seekers

Just finished your residency program? Looking for your next career opportunity? AAPD is dedicated to providing the best industry resource for pediatric dentistry careers. The AAPD Career Center will include many new robust tools for creating a personal presentation for any potential employer:

- **Job Agent** – Let the system find new jobs for you: establish your search and you'll be notified automatically whenever a matching job is posted
- **Career Resources** – Access to free career tips, resume writing services, webinars and more!
- **Resume Builder** – Easily post an updated resume/CV by uploading from Microsoft Word or other desktop applications.
- **Professional Profile** – Create a user-friendly professional presentation of your qualifications with information pre-populated from your resume.
- **Searchable Portfolio** – Increase your exposure to employers by uploading up to 5 career-related documents, i.e., work samples, cover letters or certification letters
- **Job Application Preview** – Control your applications with the ability to preview your application as an employer will see it before submitting.
- **Tighter Confidentiality** – Take comfort in strict confidentiality rules throughout the Career Center.
- **Google Maps** – Assess a potential commute right from the job detail screen.

### Employers

Looking to grow your practice with a new associate? Have an open position? The AAPD Career Center can help you facilitate employment connections including a resume database for job seekers.

- **Two Posting Options** – Employers will now have the choice of posting to **AAPD Career Center** only **OR** extending their reach by posting to the National Career Network.
- **National Career Network (NHCN) Partnership** – AAPD is now a member of the National Career Network (NHCN), a network of nearly 300 leading health care associations nationwide. Our partnership allows your posting to be seen on AAPD Career Center AND all relevant associations in the network, helping you attract specialized talent through multiple health care industry leaders.
- **Network Wizard Technology** – Our latest enhancement, the AAPD Network Wizard gives you peace of mind in knowing exactly where your job will be distributed **before** committing to a purchase. AAPD employers can paste their entire job description in the Network Wizard and see a list of career center sites in which their job might be listed.
- **Larger Resume Database** – NHCN job postings allow employers to have immediate access to our network database of resumes that have been posted to AAPD **and** the nearly 300 niche job boards in the network.
- Resume email alerts, job posting statics and more!

Please visit the AAPD Career Center at [http://www.aapd.org/career\\_center/](http://www.aapd.org/career_center/).

## AAPD Predoctoral Chapter Spotlight

# The AAPD Louisiana State University School of Dentistry Student Chapter had a Great Year in 2014–2015

By Elizabeth Clay, Tommy Garitty and Whitney Walker

Give Kids A Smile Day (GKAS) is an annual event held at LSUSD and is sponsored by the AAPD Student Chapter in partnership with the New Orleans Dental Association. The junior and senior dental students, hygiene students, pediatric dental residents, and faculty volunteer for this event. Children from local elementary schools visit the dental school to receive a screening and prophylaxis. Children are sent home with information regarding their dental health in efforts to alert parents about necessary urgent care. Staff from the New Orleans Saints attend GKAS day as a part of the NFL Play 60 program to demonstrate the importance of exercise. This day of dental and outdoor fun was a huge success and will be a continued tradition for years to come.

Members of our chapter also recently had the privilege of performing dental health screenings for nearly 80 athletes at the Baton Rouge site for Special Olympics, Special Smiles. Results from the exams were recorded, and those with unmet needs were referred to local dentists for further treatment. After the screenings, each athlete was given one-on-one oral hygiene instructions, nutritional counseling, and a custom made mouth guard. “Throughout the day, athletes and their families kept thanking us for our efforts. It was truly a humbling experience,” said second-year dental student Maggie Laborde.

Other events held throughout the year included participating in a Johnson and Johnson screening event, volunteering at Puentes Health Fair, and demonstrating oral hygiene instructions at the Expo in New Orleans.

Our chapter recently elected new officers for the 2015–2016 school year. With an executive board consisting of president, vice president, secretary-treasurer and service chair, we also elected a class representative from each dental school class. With such a great group of officers, we are eager for the school year to start! We have many upcoming events, such as an interdisciplinary service project that involves the entire LSU Health Science Center to acknowledge the 10-year anniversary of Hurricane Katrina. We also have an upcoming Health Fair outreach project, as well as planning this year’s spring GKAS Day. Our student chapter is excited to make this year a great one and increase the opportunities for our members to get involved in pediatric dentistry.



## 2016 Membership Directory Reminder

Your *Membership Directory* address is printed on your membership dues invoice that was recently mailed to you. Any changes or updates to your *Membership Directory* information are due to the headquarters office by **Sept. 15, 2015**. You can verify your address on your annual dues invoice or visit the *Members’ Only* section of the AAPD website (<http://www.aapd.org>) to update your profile. Please take a few moments to verify your address information to assure that AAPD has it correctly. Questions regarding your *Membership Directory* address information should be forwarded to Kathy Corbin at (312) 337-2169 or [kcobin@aapd.org](mailto:kcobin@aapd.org)

## Erratum

University of Pittsburgh’s AAPD Certificate of Merit winner Zachary Mills was omitted from the list of winners from the July *PDT*.

# Attention: Class of 2015

The AAPD congratulates all June postdoctoral graduates on their commencement into the profession. We would also like to remind you about the many reasons why membership in the AAPD is so important, especially at this point in your career.

- *Free* transition from student to active membership. This applies only if you complete an active membership application and return it to the AAPD headquarters office prior to Dec. 31, 2015.
- To be listed as an Active Member in the printed 2016 Membership Directory applications must be received by **Sept. 1, 2015**. Membership applications are available at <http://www.aapd.org>.
- Recent graduate are afforded one year dues-waived and two years of reduced membership dues at 50 percent off the full active membership dues rate if they have maintained continuous membership. The dues reduction rate would translate to:

2015 Graduate	Convert before Dec. 31, 2015	Convert after Dec. 31, 2015
First year out – 2015–16	\$0	Prorated dues if application not receive by 12/31/15
Second year out – 2016 -17	\$295	Active Dues
Third year out – 2017 - 18	\$295	Active Dues

Transition from student membership to active membership is not automatic. **Student members must submit an application and a copy of their pediatric dentistry certificate to the AAPD office.**

Alternatively, program directors may send a list of graduating residents to verify the completion their program to our office to [abrown@aapd.org](mailto:abrown@aapd.org) and AAPD will automatically update their membership status to Active; otherwise the student must send in an application with certificate. For questions regarding student to active membership please contact AAPD Membership and Marketing Assistant Adrienne Brown at (312) 337-2169, ext. 40.

## AAPD Membership Renewal Information

### AAPD Membership dues have not been raised since 2006!

Dues period is July 1, 2015– June 30, 2016

Membership Category	Annual Dues	Outside US*
Active	\$590	\$590
Life	\$295	\$295
Affiliate	\$295	\$330
Associate	\$295	\$330
International	N/A	\$330
Active 2nd year	\$295	\$295
Active 3rd year	\$295	\$295
Friends of AAPD	\$295	\$295
Allied	\$147.50	\$147.50
Retired	\$0	\$0
Post Doctoral Student	\$0	\$0
Pre Doctoral Students	\$27	\$27

\*Associate and Affiliate members residing outside the United States pay a \$35 annual postage assessment.

Dues are payable by check, Visa, MasterCard or American Express and must be received by **Oct. 1, 2015**. Otherwise membership privileges will be suspended until full payment of dues is received and your listing will be omitted from the 2016 Membership Directory.

In keeping with the IRS, non-profit organizations are required to notify members that a portion of their dues payment is applicable to lobbying expenses and therefore not deductible as a business expense. (This is printed on the dues invoice.) The AAPD has determined that the following amounts are not deductible as a business expense for 2015– 16:

Active	\$59
Associate, Affiliate, Life, Friends	\$30
All other membership categories	\$0

If you have any questions, please contact Membership and Marketing Director Suzanne Wester at (312) 337-2169, ext. 21, or [swester@aapd.org](mailto:swester@aapd.org)

## Obituary

# Roy L. Lindahl

Roy L. Lindahl, 89, died July 2, 2015, at Carol Woods Retirement Center in Chapel Hill. Lindahl was born in Los Angeles, Aug. 22, 1925, to Alice Chilstrom and Lars Lindahl. Lindahl attended the University of Southern California and Kansas State Teachers College, graduating from the USC Dental School in 1950. He completed his MS in Dentistry for Children in 1952 at University of Michigan, Ann Arbor.

Lindahl joined the faculty at the new dental school in Chapel Hill in 1952, becoming the school's second Department Chair in Pediatric Dentistry in 1956 through 1968. He was Director of Continuing Education from 1968–1983. In the early 1970s, he led the effort to establish an experimental dental practice with four dentists and several dental hygienists and dental assistants serving the general public from within the UNC Dental Research Center that conducted systematic studies of quality of care approaches relevant to private dental care.

Lindahl's leadership was evident in state, regional and national organizations. He was President of the Durham-Orange Dental Society, served as the N.C. Dental Society's delegate to the American Dental Association for 10 years, was President of the N.C. chapter of the American Society of Dentistry for Children, one of 10 founding members of the N.C. Academy of Pediatric Dentistry, and was President of the Southeastern Society of Pediatric Dentistry.

His role as national leader in the formative years of the specialty was significant. He was president of The American Society of Dentistry for Children, the American Board of Pediatric Dentistry, and the American Academy of Pediatric Dentistry—all in a period of 14 years. For the American Dental Association, he chaired the Council on Dental Care Programs that recommended proposals for dental insurance to state and federal governments. Lindahl provided input on why and how programs of care should be designed. He was appointed to a task Force on Medicaid and related programs by Department of Health, Education and Welfare (HEW) Secretary Robert Finch in 1970 to work with AFL-CIO and UAW union leaders and physicians to draft these proposals. Lindahl regarded this as the most meaningful work he did because it benefitted so many children.



*Dr. Lindahl and past chairs of UNC's Department of Pediatric Dentistry.*

Lindahl was member of the Chapel Hill Rotary Club for 60 years, past club president and contributing member to the Rotary International Foundation. He sponsored Rotary Ambassadorial Scholars from Germany, Brazil, Korea, New Zealand and two from Japan. He led a team of young professionals on a five-week Group Study Exchange trip to India and hosted others from Finland and India. In 1997, he was received the Rotary Foundation Citation for Meritorious Service. Lindahl served on the Chapel Hill School Board for six years, three years as chair, during integration of the school systems.

He enjoyed playing golf, taking it up at age 60, and bike riding, completing a life goal when he rode 100 miles on his 64th birthday. He also enjoyed lunching with friends at the CHCC, Chapel Hill Sports Club and the CH Bible Study Group. His favorite activities were attending UNC games, including women's basketball, traveling and music. Values that guided his life were commitment to family, a deep faith, service above self and his optimistic outlook on life.

He is survived by his wife, Marian Stephenson, sons John Lindahl of Los Angeles, Larry Lindahl of Hillsborough, daughters, Linda Blaney of Westminster, S.C., Carol (Kevin) Kennedy of Apex; stepchildren Mark Stephenson of Chapel Hill, Paul (Kim) Stephenson of Clover S.C., Tara Stephenson (Crafford Harris) of Easton, Pa., and grandchildren Kara Blaney, Savannah Kennedy, Scarlett Kennedy, Nathan Harris, Gabe Harris, Taylor Stephenson.



**DHd**  
dental home day  
Healthy Smiles, Healthy Children

# Annual Dental Home Day Brings Smiles to Children in Seattle

DENTAL HOME DAY  
Reese W.

DENTAL HOME DAY  
Royson

Volunteers and residents brought smiles to underserved children and their parents during the third annual Healthy Smiles, Healthy Children Dental Home Day, held May 20, at The University of Washington Center for Pediatric Dentistry in Seattle. Sponsored by Sunstar Americas, Inc., 60 AAPD members and affiliated volunteers from across the country helped provide free dental care to 152 children during Dental Home Day.

Dental Home Day is more than just a day of service; it's a year of care. Patients receive ongoing care supported by HSHC grants. The University of Washington received a grant for \$30,000 to provide ongoing care to participating children for the next year.

"We're incredibly grateful for Sunstar's support for a third year of Dental Home Day. We could not have done this without them," said HSHC President Dr. Beverly Largent. "We are blessed to have such amazing volunteers working diligently to improve the quality of life for children in Seattle."

Volunteers and residents formed inspiration for 15-year-old Kwatje Schmidt from Beacon Hill. "I went to Haiti with a medical dental team and their teeth are bad out there but not as much as here. People in Haiti eat sugar cane and chew more natural sugars. I want to be a dental assistant and help people have healthier teeth." Her mother, Saskia Schmidt, was very impressed with the care during Dental Home Day.

Patients were also very pleased with the care they received. Five-year-old Morgan Weller said "It has been excellent and an awesome experience! I'm doing great! I just like the X-rays." Dental Home Day provides an opportunity for the Academy to give back to its Annual Session host city. Patients receive preventive and restorative services, oral health instruction, thanks to Sunstar.

Dr. Mario Ramos reflected on his experience, "I have been a part of all of the HSHC, Dental Home Days and have enjoyed every minute of those special days! The real reward that I get from participating is the interactions with the kids and the smiles and hugs I get after they have an exciting and caring experience! These experiences, both for the AAPD member and the families that participate, are made possible by the hard work and dedication of the HSHC staff, the AAPD staff and of course by the hosting facility. The greatest benefit that is gained by these Dental Home Days is that we as a group of professionals have brought together a child and family that need dental care with a facility that they can go to for that care knowing they will find a warm and caring pediatric dental professional waiting for them! I can't wait for next year!"

The University of Washington Center for Pediatric Dentistry will report quarterly to HSHC through May 2016, the number of children returning for care along with their siblings. They will track children who do not return for care and those who receive occasional follow-up visits.

Dental Home Day makes a lasting impact on patients, families, volunteers, residents, pediatric dentists and within the community. Largent says "This ongoing care for the other 364 days of the year helps improve children's quality of life, development, overall health and well-being.

Dental students and residents had an opportunity to work with seasoned professionals and receive one-on-one instruction. Volunteers, patients, and dental professionals described Dental Home Day as a key element to improving children's overall oral care and health. Ongoing treatment heightens children's social development, mental and physical health, self-esteem, school performance and sleeping habits.



AAPD Secretary-Treasurer Dr. Joe Castellano shared his experience with one family. "During Dental Home Day in Seattle, I had a parent who brought her two children to the clinic, a boy and a younger sister. The children were Spanish speaking as was the mother. As they were checking in, the children seemed very apprehensive. The mother was somewhat confused due to her limited English speaking ability. I noticed

that mother was having trouble communicating so I began translating for her. She became more at ease. I also talked to the children in Spanish to see if it would help ease their anxiety. Everyone we encountered during the appointment spoke to them, making them feel welcome and safe. As we continued through the appointment, I continued to speak to the children in Spanish, and they began to warm up and also feel more at ease. The children saw Dr. Seminario, who also spoke to them in Spanish, and helped make their treatment a great experience. The little girl went from allowing only mom to hold her, to allowing treatment, and to eventually allowing me to carry her around the clinic. The mother was amazed at the service and care provided. She could not believe the focused attention we gave to her. She and the children left with a positive experience of the care givers and the school. It is a testament to the care, compassion, and accommodation that the folks at U.W. (and AAPD) have for the children they treat.

Dental Home Day at AAPD 2016 will take place in San Antonio on May 20, 2016. To learn more about Dental Home Day and how to become involved please contact Vice President for Development and Charitable Programming Paul Amundsen at (312) 337-2169 or [pamundsen@aapd.org](mailto:pamundsen@aapd.org).

“It has been excellent and an awesome experience! I’m doing great! I just like the X-rays.”

**Morgan Weller, age 5**



Sponsored by Sunstar Americas, Inc., Dental Home Day is our annual service day held in conjunction with the AAPD Annual Session. In partnership with a clinic or dental school in the AAPD host city, AAPD members from across the country volunteer and HSHC provides grants covering the cost of the event and ongoing dental care for participating children. Dental Home Day applications are by invitation only.



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**Where Are They Now?**

**Past Recipients of the Samuel D. Harris  
Research and Policy Fellowship**

**Part 2**

In honor of the 10th anniversary of the Harris Fellowship, the July and September issues of *PDT* review what the past recipients are doing now and how the Fellowship experience has affected their life choices, perspectives of the profession, and efforts to improve the oral health of children. Sponsored by the AAPD and Preventech, the Fellowship Award provides an opportunity for pediatric dental residents to participate in research and advocacy activities of the Academy.

**2010-2011**

**Dr. Mary Catherine Correll Wurth  
*Campbellsville, Ky.***



“We have a seat in our operatories every day, but it is just as important to have a seat at our local, state and national governing bodies if we want to protect and grow our profession,” says Dr. Correll Wurth. “One person can impact change, and many people working toward the same goal create even greater change,” is the most valuable lesson she learned during her Fellowship. Participating in Lobby Day, observing the AAPD board of trustees, and completing training she rates as incredible experiences. She recalls other benefits of her Fellowship. “Making acquaintances with new graduating dentists who will become pillars of their communities is one of my most treasured memories. I am better for having had the opportunity.”

Her Harris project identified reasons why pregnant women are not getting needed oral health care. The research revealed increasing oral health literacy is not enough. The women in the study were provided education on the impact of oral health during pregnancy, yet many did not seek identified necessary care. Results of the study were presented at the 2011 AAPD Annual Session.

Wurth's present leadership roles for pediatric dentistry include meeting with state congress representatives to discuss children's oral health legislation, coordinating dental screening events for Head Start, and speaking to general dentists and parent groups to help solve access issues in Kentucky.

Wurth graduated in 2008 from the University of Kentucky College of Dentistry. Following a general practice residency at the Long Island Jewish Medical Center in 2009, she received her Certificate of Pediatric Dentistry in 2011 from Schneider/Cohen Children's Hospital in New Hyde Park, New York. She is in private practice in Campbellsville and is busy as the mother of four young boys. As her home life changes, she plans a more active role in organized dentistry. "Because the Academy has given me so much, it is my hope to return the favor."

## 2011-2012

### **Dr. Jacqueline Hom Burgette** **Chapel Hill, N.C.**



According to Dr. Jacqueline Hom Burgette, "This is a critical time for pediatric dentistry to engage in changing health policies. From insurance carriers and treatment codes to the regulations under which we provide care – we need to be a part of these choices to ensure the best care for the children in this country."

The worth of speaking out was made clear for Burgette through her participation in AAPD Lobby Days, where she successfully met with Congress representatives. She worked to expand pediatric resident involvement in congressional meetings, and Lobby Days are now part of the leadership curriculum for the University of North Carolina pediatric dental residency program.

Burgette's research, titled "State Medicaid Early and Periodic Screening, Diagnosis Treatment (EPSDT) Guidelines: Adherence to Professionally Recommended Best Oral Health Practices" is the first report to provide an assessment of each state's compliance with recommended best practices for infants and toddlers as defined by state EPSDT schedules. Her report was published in *JADA*, March 2013.

Burgette graduated from the Harvard School of Dental Medicine in Boston in 2010. She is a joint pediatric dentistry resident at UNC School of Dentistry and a Ph.D. candidate in Health Policy and Management at UNC Gillings School of Global Public Health. Her dissertation investigates the role of Early Head Start on dental use and quality of life.

## 2012-2013

### **Dr. Barrett W. R. Peters** **Charlottesville, Va.**



"Whether it is research, lobbying or right in your own practice, stay involved in advocacy. There is a place for everyone," reports Dr. Barrett Peters about lessons learned from the Harris Fellowship. He considers AAPD Lobby Days as the best part of the experience. "I saw how people working with a common goal can achieve great things. It was an honor to be working on behalf of a profession I love."

His research project, "The Impact of Medicaid Reform on Dental Practice Setting," assessed the effects of dental Medicaid reform in Virginia on such dental practice settings as private practice, corporate practice and safety-net clinics. Results supported that Medicaid reform correlated with a significant increase in the number of dental claims, providers and practice settings in Virginia. The project was presented as a poster at the 2013 AAPD Annual Session.

Peters has served as a member of the House of Delegates and the Committee on the New Dentist of the Virginia Dental Association, as well as the Student Body President of the Virginia Commonwealth University (VCU) School of Dentistry. In spite of these leadership roles, he believes his most important contribution is through his practice. "I advocate daily for the well-being of my patients by providing guidance to establish a lifetime of oral health."

Peters graduated in 2011 from the VCU School of Dentistry in Richmond. In 2013, he completed his pediatric dental residency and Master of Science in Dentistry from VCU. He is the owner and solo practitioner of Piedmont Pediatric Dentistry in Charlottesville and Waynesboro.

2013-2014

**Dr. Juan Fernando Yepes**  
*Indianapolis, Ind.*



“The Fellowship gave me a better understanding of the importance of organized dentistry as the best pathway to maximize advocacy to children,” states Dr. Juan Yepes. He also appreciated the mentorship he received during his Harris research project. “I was coached by terrific investigators. Thanks to the Fellowship experience, I learned the impact of policy analysis in the day-by-day practice of pediatric dentistry.”

For his Harris Project, Yepes researched the relationship between early preventive appointments and the subsequent use of Medicaid dental services in Kentucky. The research showed that early preventive visits have a positive impact in future dental treatments. The project is in the final steps before submission for publication.

Yepes serves on the editorial board of *Pediatric Dentistry*. He is a member of the editorial board of *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology*. In addition, he shares his many years of experience in medicine, diagnosis and radiology through clinical lectures, receiving outstanding responses from both dental and medical audiences.

Yepes attended the University of Iowa and the University of Pennsylvania where he completed a fellowship and residency in Oral and Maxillofacial Radiology and Oral Medicine in 2002 and 2004. He graduated with a master’s degree in the public health program in 2006 from the University of Kentucky College of Public Health. In 2008, Yepes completed a residency program in dental public health at University of Texas, Baylor College of Dentistry, and in 2011 he completed a doctorate of Public Health with an emphasis in epidemiology at the University of Kentucky College of Public Health. In the summer of 2012, Yepes finished his Certificate and Master of Science in Pediatric Dentistry at the University of Kentucky. Yepes is associate professor of Pediatric Dentistry at the James Whitcomb Riley Hospital for Children in Indianapolis.

2013-2014

**Dr. Catherine Ashley Orynich**  
*Dallas, Texas*



“Understanding the depth of our professional society and experiencing how passionately our members are serving children inspired me to continue on a path of health policy, women and children advocacy, and patient care,” says Dr. Orynich. “The people I’ve met epitomize my belief that we are indeed blessed to be in the most incredible of professions.”

Orynich’s research project focused on an evaluation of the legislative differences in defining the Affordable Care Act’s pediatric dental benefits on state and federal levels, as well as the role of pediatric advocates across state health insurance exchanges. Her research found that policy change by the pediatric dental profession requires advocating for the following: 1) mandatory purchase of dental coverage through state exchanges; 2) tax subsidy contribution toward pediatric dental benefits; and 3) consistent regulatory insurance. Orynich published her results in three articles in the January/February 2015 issue of *Pediatric Dentistry*.

Orynich received a Doctor of Dental Medicine degree from the Harvard School of Dental Medicine and a Master in Public Administration from the Harvard Kennedy School of Government in 2011. She completed her Certificate in Pediatric Dentistry and Master in Oral Science from the Texas A&M University Baylor College of Dentistry in 2014. Orynich currently travels between Oklahoma and Texas, treating families and honing her clinical skills at On the Cusp Pediatric Dentistry in Tulsa, while remaining involved with student research at Baylor in Dallas.

### **Conclusion**

Although the Harris Fellows mention a variety of experiences as being the most memorable, they agree that the benefits of AAPD membership far outweigh the cost. As Yepes says, “Being an active member in organized pediatric dentistry is critical for the success of oral health public policy in children.” Dr. Courtney Alexander stresses the importance of AAPD involvement, especially early in one’s career. “New pediatric dentists need to get involved with the Academy and the Foundation. Current leaders value the new dentist perspective and are continually looking to engage new volunteers. If you are interested in a leadership opportunity, speak up! You are never too young or too ‘green’ to get involved.”

## Evidence-based Dentistry

# How to Get Involved with Evidence-Based Dentistry

Do you know all there is to know about pulpectomy success and its effect on the succedaneous tooth's eruption and enamel formation? No? You are in good company – in fact, the best.

Even the pulp therapy experts producing AAPD's first evidence-based dentistry (EBD) review on vital pulp therapy in the primary dentition can't answer that question...yet. But once the systematic review is done, it will provide guidance on sequelae (if any) and effectiveness of different pulp therapies. Behind those answers will be the hard work of a dedicated band of EBD pioneers. Through trial, error and heated debate, Drs. Coll, Marghalani, Seale and Vargas (members of the pulp therapy workgroup) have honed the processes of evaluating and synthesizing evidence.

You may be thinking, "I want to contribute to pediatric dentistry's science base, but I am no EBD expert." Few are, but don't worry. Education is one click away!

Interested in learning more about EBD? Take some classes, volunteer for EBD projects, speak to your state association about EBD once you are conversant, and most important, keep up with the science and apply it, as appropriate, to your practice.

### RESOURCES FOR LEARNING MORE ABOUT EBD

#### AAPD Evidence-Based Dentistry Page

AAPD's EBD page is the virtual home of evidence-based dentistry at the American Academy of Dentistry. Here you'll find resources to help you understand and apply evidence-based dentistry.

You have an opportunity to participate in the process by submitting your ideas. If you find a topic that stumps you or you feel is in need of an EBD guideline, you can submit it for review via our topic suggestion form: [http://www.aapd.org/policy\\_center/evidence\\_based\\_dentistry/](http://www.aapd.org/policy_center/evidence_based_dentistry/).

#### Evidence-Based Dentistry Workshop at AAPD's Annual Session

Attend the next EBD workshop at Annual Session in San Antonio to obtain a practical understanding of evidence-based methods. Participants will learn how to develop clinical questions using PICO (Population, Intervention, Comparator, Outcomes) as well as refine clinical questions and facilitate computer searches. Basic elements of PubMed will be introduced and applied, providing the attendees with the computer skills necessary to perform literature searches related to specific clinical questions.

Practical information about research design will increase attendee abilities in critically evaluating published research studies according to the strength of evidence they provide. Look for registration information in the January edition of *PDT*.

#### Cochrane Oral Health Group Volunteer

The Cochrane Oral Health Group provides tutorials on EBD and produces oral health systematic reviews. Visit this page for more information on volunteering: <http://ohg.cochrane.org/get-involved>

#### ADA Evidence Reviewer Program

The American Dental Association provides EBD training for those selected to write critical summaries of systematic reviews. Content experts in dentistry are all eligible to be authors. Visit this page for more information: <https://ebd.ada.org/en/about/become-a-critical-summary-author>.

For further information, please contact AAPD Policy Center EBD Manager Laurel Graham at (312) 337-2169 or [lgraham@aapd.org](mailto:lgraham@aapd.org).

### Volunteers are paid in six figures... S-M-I-L-E-S.

Gayla LeMaire

## Interested in the Harris Research and Policy Fellowship?

Harris Fellows are selected based on their interests and personal goals associated with the program, leadership roles and activities within the profession, letters of reference and proposed research projects. Once selected, the Harris Fellow serves as a researcher for a specific project of the AAPD Pediatric Oral Health Research and Policy Center. A final product, such as a published article or presentation at a national meeting, concludes the Fellowship year. The Fellowship includes a cash stipend and payment for travel to relevant dental meetings. Pediatric dental residents and individuals in their first five years post-residency are encouraged to apply for the 2016–2017 Fellowship. Interested candidates for the Harris Fellowship should contact AAPD Educational Affairs Manager Scott Dalhouse at [sdalhouse@aapd.org](mailto:sdalhouse@aapd.org).

# Is Medical Coding Appropriate?

The AAPD receives calls regarding medical claims filing on a daily basis. Most medical coding questions fall into one of two classifications: how to file an accident-related claim and common information about how to file a claim. This article will provide basic answers to frequently asked questions about how medical claims are filed and the type of dental procedures normally reimbursed.

## COMMON INFORMATION

**Q: What claim form is used to file a medical claim? Where can I find it?**

A: The current medical claim form is the Finance Administration CMS 1500 (02-12). These forms are available at many office supply stores. However, you may be able to generate a medical claim form through your dental practice management software.

Complete instructions on how to complete this form can be found at <http://www.nucc.org> or in the *2015 AAPD Coding and Insurance Manual*.

**Q: Can I report dental codes on a medical claim form?**

A: Some medical plans will allow dental codes to be submitted on a medical claim form. This is typically limited to procedures without a clear corresponding medical code. For example, there is currently no medical code to report a restoration, so the medical payer may allow a dental code to be reported.

Medical procedures are described by either Current Procedural Terminology (CPT) or Common Procedure Coding System (HCPCS) codes. A CPT or HCPCS code is always required if there is one available to clearly describe the procedure performed. Note that some medical payers do not allow dental codes to be submitted at all. In that case, an unlisted or nonspecific CPT or HCPCS code should be assigned.

**Q: I understand I need a diagnosis code. What is that and how do I find it?**

A: ICD-9-CM is the medical diagnosis code set currently in use. ICD-9-CM will remain in effect until the implementation of ICD-10-CM, which is scheduled for Oct. 1, 2015. (Note: All diagnosis codes referenced in this article will be ICD-9-CM codes.)

All claims submitted on a medical claim form require at least one diagnosis code.

This is true whether you are submitting a dental procedure code (CDT) or a medical procedure code (CPT). The procedure code tells what procedure was performed and the diagnosis code completes the claim by telling why that procedure is necessary. Medical practices have been required to link diagnosis and procedure codes for many years, but it is still a new process for most dental practices.

Diagnosis codes can be found through online sources. There are many publications that list the entire ICD-9-CM code set (approximately 16,000 codes). While ICD-10-CM is not yet in effect, a draft is available of the nearly 70,000 codes included in this code set. The *2015 AAPD Coding and Insurance Manual* cross codes many common pediatric dental codes to possible ICD-9 codes. These will be linked to ICD-10 codes in the 2016 edition.

## ACCIDENT-RELATED CLAIMS (TRAUMA)

**Q: Does medical insurance cover a procedure for a broken tooth?**

A: Most medical insurance plans provide coverage for traumatic (accident-related) damage to teeth. This includes fillings, root canals, crowns, extractions, bridges and sometimes implants. Interdental wiring to stabilize an avulsed or loosened tooth is typically covered by the patient's medical plan as well.

**Q: My patient broke a tooth while biting into a piece of hard candy, and she wants the claim filed to her medical insurance. Will this be reimbursed?**

A: Processing policies of major insurance payers, including BlueCross/BlueShield and Aetna, state that dental services may be considered medically necessary for the reconstruction of natural, sound teeth following accidental, external trauma. This would include sports accidents, falls, automobile accidents, blows to the mouth, and other incidents resulting in damage to the mouth, teeth and gums.

Teeth fractured by biting or eating do not meet the criteria listed above, and restorations on those teeth are not typically reimbursed by medical insurance. Sometimes, if the patient is adamant, it is best to file the medical claim anyway. This can go a long way in creating goodwill with the patient. Even if the claim is denied, some patients may choose to submit an appeal to the medical plan.

**Q: Our patient fell while running alongside the pool and slipped, hit his mouth on the edge of the pool and fractured an anterior crown. Will this be covered?**

A: As previously noted, medical carriers will consider benefits for restorations to natural, sound teeth. If a tooth restoration is damaged, whether it is a crown, bridge, denture or filling, it will generally not be considered for reimbursement. Again, it may be best to file the claim if the patient requests.

**Q: The procedures we performed are not covered by medical codes. What procedure codes can I use?**

A: Remember, some medical payers recognize dental codes. Ask a representative from the patient's medical plan if it allows the reporting of dental codes on the claim form. If not, all procedures (e.g., extractions, root canals, crowns, etc.) should be filed using the unlisted code 41899 (unlisted procedure on a dentoalveolar structure). Because this is a nonspecific code, include a brief description on the claim form and attach a narrative.

**Q: Is there a diagnosis code to report an injured tooth?**

A: Yes, a diagnosis code may be assigned to describe an injured tooth. Some commonly used diagnosis codes include the following:

873.62 Open wound of gum (alveolar process) uncomplicated

873.63 Tooth (broken) (fractured) (due to trauma) without mention of complication

521.81 Cracked tooth

525.63 Fractured dental restorative material without loss of material

525.64 Fractured dental restorative material with loss of material

An external cause code, or “E” code, is often assigned as a secondary code to describe an accident. A couple of examples are:

E886.0 Accidental fall on same level from collision pushing or shoving by or with other person in sports

E888.1 Accidental fall resulting in striking against other object

**Q: Our practice is not in-network with any medical plans. Will we receive reimbursement for our claims?**

A: When possible, always contact the patient’s medical plan before treatment to determine if benefits are available. Some medical plans waive deductibles (including out-of-network deductibles), copays, and coinsurance for accident-related treatment. This does not apply to all plans and the patient may need to file a request and/or appeal to the payer for this benefit, especially if the service was provided out-of-network.

**PATHOLOGY (BIOPSIES AND EXCISION OF LESIONS)**

**Q: I filed a claim for a biopsy to my patient’s dental insurance, but it was denied stating it should be filed to medical. Will medical insurance cover this?**

A: All medical plans, including Medicare, provide coverage for the removal of suspicious lesions. A biopsy is probably the most common medically necessary procedure performed in dental practices.

**Q: What procedure code(s) do I use to report a biopsy?**

A: Biopsies and the removal of lesions are filed to medical plans using CPT codes. The correct procedure code is determined by the lesion’s location. Some of the more commonly used procedure codes for biopsies and excisions are:

40808 Biopsy, vestibule of mouth

40810 Excision of lesion of mucosa and submucosa, vestibule of mouth, without repair

40812 Excision of lesion of mucosa and submucosa, vestibule of mouth, with simple repair

40814 Excision of lesion of mucosa and submucosa, vestibule of mouth, with complex repair

41100 Biopsy of tongue, anterior two-thirds

41105 Biopsy of tongue, posterior one-third

**Q: How do I find the correct diagnosis code to report?**

A: Typically, a biopsy is submitted to a pathology laboratory for examination. Do not submit a claim until the pathologist’s report is received. The report will indicate whether the lesion is benign or malignant and will include the diagnosis. Often, the report will actually list the appropriate diagnosis code; that code can then be entered on the medical claim form. Always include a copy of the pathologist’s report with the medical claim submission.

**Q: What if no specimen was sent for pathology examination?**

A: Occasionally, an obviously benign lesion is removed in its entirety and no pathology report is available. In this situation, report the procedure with the appropriate benign lesion code. The diagnosis code must be selected to describe the nature of the lesion. For example, an excision of a mucocele with a simple repair would be assigned the procedure code of 40812 (excision of lesion of mucosa and submucosa, vestibule of mouth, with simple repair) and the diagnosis code 527.6 (mucocele of salivary gland).

**Q: When and what medical CPT procedure codes and Diagnostic codes should I report when performing a frenectomy on an infant?**

A: Ankyloglossia, or tongue-tie, exists when the inferior lingual frenulum attaches to the bottom of the tongue and restricts its movement. This condition can impair the normal mobility of the tongue and interfere with speech or newborn feeding.

If the tongue can touch the anterior dentition, mobility is adequate for the development of normal speech. However, in situations where the inferior lingual frenulum significantly impedes tongue excursion, a frenulectomy (frenectomy) might be performed in order to free the tongue.

**CPT CODES / HCPCS CODES / ICD-9 CODES**

CPT codes covered if selection criteria are met:

41010 Incision of lingual frenum (frenotomy)

41115 Excision of lingual frenum (frenectomy)

ICD-9 code covered if selection criteria are met:

750.0 Tongue tie

315.39 Other developmental speech or language disorder

779.31 Feeding problems in newborn

**AAPD Opposes DentaQuest Sealant Requirements in Texas**

The AAPD was recently notified that DentaQuest, a Medicaid Third Party Administrator in Texas, announced a new sealant benefit update for D1351 and D1352 to Texas Medicaid dental providers. The Texas Dental Association and the Texas Academy of Pediatric Dentistry requested the AAPD to write a letter to Medicaid/CHIP Directors and the Texas Health and Human Services Commission (THHSC) opposing the newly required narratives and intraoral photos for sealants. In addition, AAPD informed DentaQuest that it incorrectly stated the new updates and requirements were made in accordance with the AAPD periodicity schedule.

A copy of a letter from AAPD President Dr. Robert Delarosa, concerning the recent DentaQuest Dental Sealant (D1351 and D1352) Benefit Update is available at [http://www.aapd.org/assets/1/7/DQ\\_Sealant\\_Policy\\_in\\_Texas.Final.7.23.15.pdf](http://www.aapd.org/assets/1/7/DQ_Sealant_Policy_in_Texas.Final.7.23.15.pdf).

## 2016–2017 Samuel D. Harris Research and Policy Fellowship

The American Academy of Pediatric Dentistry is accepting applications for the Samuel D. Harris Health Policy Fellowship sponsored by Preventech. **Pediatric dental residents and individuals in their first five years post-residency (academic or private practice) are eligible to apply.**

### EXPECTATIONS AND OUTCOMES

The Harris Fellow will work with the AAPD Pediatric Oral Health Research and Policy Center to complete a project in health policy resulting in a paper to be published in a peer-reviewed journal. The topic of the project and resultant paper will be mutually agreed upon by the Fellow and the AAPD. Relative to that goal, the Fellow participates in various meetings and events throughout the year. Additionally, the Fellow will present the findings of their research at the 2017 Annual Session in Washington, DC by poster and/or oral presentation.

The AAPD, the Harris Fellow and their program director (if applicable) will work together to agree upon the exact fellowship dates. The schedule will be flexibly designed for the Harris Fellow and their program or practice. A stipend to cover the costs of travel to necessary meetings and the Annual Session will be provided. AAPD will arrange and provide housing and all fellowship-related administrative costs and supply needs.

### SELECTION CRITERIA

Selection will be based on the applicant's:

- Interest and specific personal goals for the program
- Relevant activities or roles within their professional sphere (both on-going and future)
- Three required letters of reference (if the applicant is a current pediatric dental resident, one letter must be from the applicant's program director authorizing an absence from training.)
- Proposed research project topic(s).
- Phone interview with AAPD Staff and leadership (if applicable).

The application is available on the AAPD website <http://www.aapd.org> and clicking on Awards and Fellowships under the Resources tab. For more information, please contact AAPD Educational Affairs Manager Scott Dalhouse at (312) 337-2169 or by email to [sdalhouse@aapd.org](mailto:sdalhouse@aapd.org). **Applications must be submitted electronically and are due by April 18, 2016.**

## Journal-Based Continuing Education

One of the many benefits of membership is the opportunity to earn continuing education credits by reading the journal, *Pediatric Dentistry*. Three credits per issue may be earned by successfully completing a post-test along with the reading. Contact AAPD Executive Office Administration Assistant Jan Haase at (312) 337-2169 or email [jhaase@aapd.org](mailto:jhaase@aapd.org) for details.

## AAPD Core Curriculum Reading List

The 2015 edition of the AAPD Core Curriculum Reading List is now available for purchase. Developed by the AAPD Council on Postdoctoral Education, the reading list is a compendium of current and historical articles on all topics relevant to pediatric dentistry. Orders may be placed through the online store on the AAPD website at <http://www.aapd.org>.

# WHEN FACED WITH A MALPRACTICE CLAIM, WHO DO YOU WANT IN YOUR CORNER?



When your career and reputation are on the line, you want the strongest dog in your corner. Many dentists don't realize how important their dental malpractice insurance is until they need it most. Medical Protective has over 100 years of proven experience, national expertise and a balanced defense that focuses on ***your best interest***. And, today, more than ever, the big financial strength, integrity and powerful backing of a Warren Buffett Berkshire Hathaway Company are crucial to the quality of your dental malpractice protection.

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# AAPD Continuing Education Courses

## Register Now!

Register now for our Fall CE courses. Whether you're looking for sedation, a course for your assistants or just need an update on the latest in oral pathology, there's something for everyone! These courses are guaranteed to sell out so don't wait to register, visit <http://www.aapd.org/events> and sign up today!



ENHANCED COURSE

## Sedative and Medical Emergencies in the Pediatric Dental Office for the Dental Assistant

OCTOBER 23–24, 2015

HILTON BONNET CREEK  
ORLANDO, FLORIDA

This one-and-a-half-day course is specially designed for the pediatric dental assistant to enhance their knowledge and understanding of sedation emergencies and other emergent medical conditions in the office. An introduction to oral sedatives and using nitrous oxide/oxygen sedation will be included. Participants will learn how to organize and prepare the office for an organized response to a medical emergency and how to assist in the management of medical and sedation emergencies.

**NEW:** This four hour workshop on Saturday morning allows hands-on training for the dental assistant. Participants will rotate through multiple stations to include airway management; intubation; airway equipment; papoose board and monitor placement.

### Course Director and Speaker

*Morton Rosenberg, D.D.S.*

### Invited Speakers

*Stephen Wilson, D.M.D., M.A., Ph.D.*

*John Nathan, D.D.S., MDentSc*

*Steven Ganzberg, D.M.D., M.S.*

*Sarat Thikkurissy, D.D.S., M.S.*

This course is approved for **11** continuing education credits.

## Safe and Effective Sedation of the Pediatric Dental Patient

OCTOBER 23–25, 2015

HILTON BONNET CREEK,  
ORLANDO, FLORIDA

NEW COURSE

This is a newly designed American Academy of Pediatric Dentistry sponsored course. This course is designed for pediatric dentists who have had training in sedation techniques during their graduate or residency training programs and are looking to refresh their knowledge and those residents looking to enhance what they are currently learning in their programs. The course includes lectures, audience-interactive case presentations, and more clinically relevant considerations, but retains relevant topics associated with safe sedation of children such as the pre-sedation assessment, sedation and post-sedation period, patient monitoring and future trends. Additional materials are presented about the child's personality, drug selection and a reference list.

This course is consistent with the ADA's Guidelines on Teaching Pain Control and Sedation to Dentists and Dental Students in a Continuing Education Program. The course level, according to ADA Guidelines, Part II, Definitions, Education Courses, is that of a survey course and does not offer direct, clinical patient management.

### Course Director and Speaker

*Stephen Wilson, D.M.D., M.A., Ph.D.*

### Invited Speakers

*Steven Ganzberg, D.M.D., M.S.*

*John Nathan, D.D.S., MDentSc*

*Sarat Thikkurissy, D.D.S., M.S.*

This course is approved for **22** continuing education credits.

*Sponsored by EZ Pedro*



Rates  
Increase on  
September 25

# Education Passport, Earn CE for Annual Session

We are so excited to share with you our newest AAPD Education Passport benefit! New this year, we rolled out the opportunity to purchase and earn CE from sessions at AAPD 2015. The Education Passport offers the opportunity to purchase the entire package of 39 CE hours or select only the sessions that interest you. For a limited time only, use the special discount code SEATTLE to receive \$50 off an AAPD CE course in the Education Passport. We have extended this discount through October 31st, don't wait to take advantage of this discount today!



## A Symposium on Important Oral and Cutaneous Lesions in Infants and Children

DECEMBER 4–5, 2015

JW MARRIOTT, LAS VEGAS, NEVADA

This symposium is designed to update the practitioner on the diagnosis and management of common and important orofacial and cutaneous disorders and lesions. Dental anomalies, soft tissue and jaw lesions and specific skin disorders will be presented. This multidisciplinary discussion will also include newly defined lesions and the latest diagnostic and therapeutic approaches. Correlation of orodental and cutaneous with systemic disease and common syndromes will be discussed. Characteristic radiographic findings and the role of cone beam CT for jaw lesions will be highlighted. Interspersed throughout the course will be panel discussions about orofacial lesions and disorders so the audience can participate in steps associated with developing a differential diagnosis and formulate a plan for managing the condition. Sound bites summarizing timely literature on clinically relevant topics will ensure that the audience leaves with the most recent information. Extensive flow charts for establishing a working diagnosis and comprehensive medication handouts will complement the lecture material for use in the practice setting.

### Course Director and Speaker

*Catherine M. Flaitz, D.D.S., M.S.*

### Invited Speakers

*Christel Haberland, D.D.S., M.S.*

*Daniel Stoeckel, D.D.S.*

*Adelaide Hebert, M.D.*

*John Hellstein, D.D.S.*

*Timothy Wright, D.D.S.*

*Juan Yepes, D.D.S., M.D., MPH, MS, DrPH*

*Marcio da Fonseca, D.D.S., M.S.*

*Ann Griffin, D.D.S.*

*Karen Baker, B.S., M.S.*

*Dat Tran, D.M.D.*

*John Hicks, M.D., PhD, D.D.S.*

This course is eligible for **17** hours of continuing education credits.

*Sponsored by Pacific Dental Services*



## Save the Date

### Comprehensive Review of Pediatric Dentistry

JAN. 29–31, 2016

Atlanta, Ga.

ce:22

*Sponsored by NuSmile Pediatric Crowns*

### Safe and Effective Sedation for the Pediatric Dental Patient

MARCH 3–5, 2016

Chicago, Ill.

ce:20

### Management of Pediatric Sedation Emergencies: A Simulation Course

MARCH 5 OR 6, 2016

Chicago, Ill.

ce:9



ADA CERP® Continuing Education Recognition Program

*The AAPD is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.*

# Media Mix

For more information on how to submit your media coverage, please contact Public Relations Senior Manager Erika Hoeft at (312) 337-2169 or [erika@aapd.org](mailto:erika@aapd.org).



## FOX BUSINESS NEWS

Dr. Cavan Brunsten appeared on *Fox Business* with John Stossel on Friday, June 19, at 8 p.m., EDT. This was a pre-taped interview in which he debated the pros of fluoride therapy against Dr. Paul Connett who wrote, “The Case against Fluoride: How Hazardous Waste Ended Up in Our Drinking Water and the Bad Science and Powerful Politics That Keep It There.”

MEDIA OUTLET	AAPD EXPERT(S)	DATE FEATURED	TOPIC
<i>Milwaukee Business News</i>	HSHC	May 27, 2015	Waukesha County Community Dental Clinic Receives \$375,000, Five-Year Grant
<i>Dr.Bicuspid.com</i>	AAPD	May 28, 2015	AAPD Inducts New Officers and Trustees
<i>The Advocate</i>	AAPD President Dr. Robert Delarosa (La.)	June 7, 2015	People in Business
<i>RDH Magazine</i>	AAPD	June 12, 2015	Parenting and Dental Care: Survey Analysis Focuses on Parental Awareness and Behavior
<i>San Francisco Gate</i>	Dr. Jeff Saladin (Calif.)	June 15, 2015	Health Leaders Try to Cut Kids’ Cavities, Improve Access to Care
<i>The Northwest Florida Daily News</i>	Dr. David Russell (Fla.)	June 29, 2015	Russell Named 2015 Dentist of the Year By Special to the Daily News
<i>Coronado Eagle &amp; Journal</i>	Dr. Howard Dixon (Calif.)	July 10, 2015	Coronado’s Dr. Howard Dixon Provides Dental Care To Patients Near And Far

## AAPD NAMES NEW BOARD OFFICERS AND TRUSTEES AT AAPD 2015 IN SEATTLE

**CHICAGO** (May 26, 2015) — The American Academy of Pediatric Dentistry (AAPD), the leading authority on children’s oral health, inducted the new president and other officers and trustees for the new AAPD board of trustees in Seattle, Wash., on May 24, 2015.

**Robert L. Delarosa, D.D.S., President.** Delarosa graduated from the Louisiana State University Health Sciences Center and received his certificate in pediatric dentistry from the University of Texas Health Science Center in San Antonio. His presidential agenda will include creating a taskforce to investigate the growing debt burden of recent graduates and sustaining the value of AAPD membership and organizational strength. Delarosa is in private practice in Baton Rouge, La.

**Jade Miller, D.D.S., President-Elect.** Miller received his degree from the University of the Pacific, Arthur A. Dugoni Dental School. He earned his certificate in pediatric dentistry from the Children’s Hospital Medical Center at Cincinnati Children’s Hospital. He is in private practice in Reno, Nev.

**James D. Nickman, D.D.S., Vice President.** Nickman earned his dental and M.S. degrees from the University of Minnesota. He maintains a private practice in the Twin Cities and teaches part-time at the University of Minnesota.

**Joe Castellano, D.D.S., Secretary-Treasurer.** Castellano received his degree from the University of Texas School of Dentistry. He is an assistant Clinical Professor for the Department of Developmental Dentistry at the University of Texas’ Health Science Center in San Antonio. Castellano is in private practice in Laredo, Texas.

**Edward H. Moody, Jr., D.D.S., Immediate Past President.** Moody received his degree from the University of Tennessee, College of Dentistry and his certificate in pediatric dentistry from the Medical College of Virginia. Active in numerous professional dental organizations, Moody is in private practice in Morristown, Tenn.

**Sara L. Filstrup D.D.S., M.S., Parliamentarian.** Filstrup received her M.S. from The University of Michigan School of Dentistry and received her dental degree from The University of Michigan School of Dentistry. She is in private practice in Cambridge, Mass.

**Bruce Weiner, D.D.S., Southwestern District Trustee.** Weiner graduated from The Virginia Military Institute with a U.S. Air Force commission. He received his degree from the University of Maryland's Baltimore College of Dental Surgery where he also completed his residency. He is in private practice in Fort Worth, Texas.

**John L. Gibbons, D.M.D., Western District Trustee.** Gibbons received his degree from Washington University of St. Louis and completed his residency at Oregon Health Sciences University. He is an affiliate instructor at the University of Washington School of Dentistry and is in private practice in Tacoma and Silverdale, Wash.

**Amr M. Moursi, D.D.S., Ph.D., Academic At-Large Trustee.** Moursi is Chairman of the Department of Pediatric Dentistry at the New York University College of Dentistry. He received his D.D.S. degree from the University of Michigan School of Dentistry, completed his residency at Children's Hospital of Pittsburgh, and earned a Ph.D. in Craniofacial Biology from the University of California, San Francisco. He maintains a private practice in New York City.

**Leila C. Younger, D.D.S., M.S., American Board of Pediatric Dentistry Director.** Younger is a Clinical Assistant Professor of pediatric dentistry at Ostrow School of Dentistry of the University of Southern California. She received her degree from the University of Illinois at Chicago College of Dentistry, completed her residency at Children's Memorial Hospital in Chicago and received an M.S. from Northwestern University. She is in private practice in the Chicago suburbs.

## AAPD AWARDS WINNERS ANNOUNCED AT ANNUAL SESSION IN SEATTLE

The American Academy of Pediatric Dentistry (AAPD), the leading authority on children's oral health, announced this year's winners of several prestigious awards at AAPD 2015 in Seattle. Included in the list of winners are Drs. Paul A. Reggiardo, Janice A. Townsend, Charles E. "Bud" Conklin, Sara L. Filstrup, Lynn K. Fujimoto and Arthur J. Nowak.

"The vision and mission of the American Academy of Pediatric Dentistry and its 9,500 members is optimal oral health for all children, and we work every day toward achieving that goal," stated Dr. Edward H. Moody, Immediate Past President of the AAPD. "Whether it be treating patients in a clinic or hospital, teaching or mentoring those who represent our future, or taking active leadership roles in organized dentistry, the individual pediatric dentists we are honoring this year have all demonstrated outstanding dedication and devotion to the children we serve."

## MEDIA SPOKESPERSON TRAINING



Left to right: Erika Hoefft, Dr. Leila Younger, Dr. Mira Albert, Dick Helton, Dr. Robin Wright, Rebecca Lenard, Dr. Jade Miller, Dr. John Rutkauskas, Dr. Robert Delarosa, Dr. Amr Moursi, Dr. Bruce Weiner, Dr. Maria Jose Cervantes, Dr. John Gibbons and Dr. Joseph Castellano.

On June 19-20, 2015, 10 spokespeople were trained in Chicago to address a variety of topics within pediatric dentistry, ranging from fluoride to social media/reputation management to our Mouth Monster and Ad Council campaigns. Presenters Dr. Robin Wright (AAPD) and Dick Helton, Morning Show Host and Senior Political Correspondent with KNX1070, CBS Newsradio, provided insights on how to best address the media, especially when controversial topics arise in the pediatric dental industry. This year marked the 30th anniversary of our media relations program, which has built credibility for us organizationally, given us a voice, raised our visibility and awareness as the leader in children's oral health care information and resources, and has promoted the specialty of pediatric dentistry as a unique care provider within the dental community.





and information security policy, estimates the average cost per jeopardized patient record is about \$200. So if a practice has 1,000 patient records put at risk, the cost could rise to \$200,000! This is in addition to the practice's damaged reputation and potential civil suits from patients.

Risk assessment is a critical first step in identifying areas of vulnerability. Although this can be performed internally, hiring a qualified professional may be a sound investment. Next, the doctor should oversee preventative measures to minimize both the risk and impact of a breach.

Although these measures will vary from practice to practice, implementing secure password procedures is a basic first step. Each employee should have his own, private password when logging on to office computers. Passwords should be changed at regular intervals. Also, servers should be stored in a protected environment and all patient data should be encrypted.

Another tool doctors should consider is cyber liability or data breach insurance. This type of coverage is not included in professional liability or business owner's policies, but can be obtained as a stand-alone policy or via endorsement to an existing business owner's policy. There are two major components to this insurance:

Part one, known as first-party response, assists with the practice's financial responsibility in the event of a breach. It provides coverage for legal and forensic services, as well as crisis management and public relations. Perhaps most importantly, it includes assistance with notifying the impacted patients, as well as services such as credit monitoring. Limits for first-party response range from \$10,000 to \$100,000. Deductibles on this portion range from \$1,000 to \$2,500.

The other component is third-party response, which provides coverage for judgments and legal fees associated with civil lawsuits brought by impacted patients as a result of a

breach. Fines, penalties, and/or punitive damages are not included. Limits for third-party response range from \$50,000 up to \$500,000 and deductibles tend not to apply.

Note that these policies are relatively inexpensive. Premiums range from \$300-\$3,000 per year, but the average cost hovers around \$600<sup>6</sup>. Given the burden of both time and money a breach represents, this is a small price to pay.

As with most risks facing pediatric dentist practices today, the best strategy is multifaceted. Assessment, prevention and transference through insurance won't eliminate data breaches, but they'll certainly assist in protecting the assets and reputations doctors work so hard to build and maintain.

For more information on insurance planning and other financial service needs, contact Treloar and Heisel, Inc. at (800) 345-6040 or visit <http://www.treloaronline.com>.

1. The Hartford. "Data Breach: Just The Facts"
2. <http://www.dentistryiq.com/articles/2015/02/cyber-security-new-necessity-for-dental-practices.html> ; Ponemon Institute
3. <http://www.njbiz.com/article/20141203/NJBI01/141209906/Doctors%27-offices-must-be-wary-of-data-breaches-as-use-of-electronic-records-grows>
4. California Dental Association. <http://www.cda.org/news-events/dentist-has-patient-data-held-for-ransom>
5. FTC. [http://ftac.ed.gov/sites/default/files/checklist\\_data\\_breach\\_response\\_092012.pdf](http://ftac.ed.gov/sites/default/files/checklist_data_breach_response_092012.pdf)
6. Ponemon Institute



Advanced Pediatric Dentistry, located in Pasco Washington and Hermiston Oregon, has an immediate opening for a compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement.

We offer a competitive salary, quarterly bonus potential, health savings account, 401(K) retirement plan, company paid professional liability insurance, paid vacations, continuing education reimbursement and signing bonus. The opportunity for future partnership is an option as well.

For inquiries contact Dr. J. Kyle House (541) 387-8688 or send resume to [jobs@akidzentalzone.com](mailto:jobs@akidzentalzone.com)

## What is the Value of Board Certification and Renewal of Certification?

Board certification is an important initial step in professional development, representing a personal commitment to providing quality patient care. An incredible 70% of eligible American Academy of Pediatric Dentistry (AAPD) members in 2015 are Diplomates of the American Board of Pediatric Dentistry (ABPD)! This is even more amazing given that ten years ago, fewer than 25% of eligible AAPD members were. Clearly, pediatric dentists have come to highly value board certification as a personal and professional achievement!

As our professional practice grows and changes over time, we should be interested in acquiring new knowledge and skills, and adapting our clinical practice to the changing needs of our patients and to the evolving standards of care. At the same time, we have to be accountable for the quality of care we deliver to our patients and to acquire skills to be able to critically evaluate our practice and the patient care we are providing.

“Quality” has been defined by the Institute of Medicine as the “degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” The US Department of Health and Human Services established the National Strategy for Quality Improvement in Health Care, which adopted the triple aim of improving the patient care experience, improving the health of populations and reducing the cost of health care. Development and implementation of measures is ongoing for the purpose of program management, to motivate providers and purchasers of plans to track higher risk patients and induce them toward improve outcomes.

A barrier to quality improvement in oral health care has been the lack of oral health quality measures in order for dentistry to be able to measure what works, what does not, and to implement changes to improve health outcomes. In 2010, the Dental Quality Alliance (DQA) was established by the American Dental Association, with the AAPD and ABPD among the major stakeholders, to lead the development of evidence-based oral health core performance measures on multiple levels. The DQA’s initial measurement efforts have been focused on pediatric oral health performance measures.

With increased public attention on quality, maintenance of certification has become recognized as an important quality marker by hospitals, credentialing organizations and insurers, including the federal government. It is no longer considered acceptable that a health care professional passes an exam once, early on in their career, be designated as “board-certified” for life, with no requalification or re-testing ever again. In fact, insurers have increasingly embraced continued competency, have crafted incentives for network providers to pursue maintenance of certification, and in some cases, are cooperating with certifying bodies to share outcomes and quality data on providers.

The renewal of certification process (ROC-P) provides opportunities for pediatric dentists to demonstrate that we are staying current with didactic and clinical knowledge by participating in continuing education and recertifying exams. Completing the Continuous Quality Improvement (CQI) modules of the ROC-P helps to show that we provide appropriate care for our patients according to evidence-based guidelines and standards of care set by our specialty. Additionally, the ROC-P allows our specialty to evince accountability to the public by ensuring that pediatric dentists are committed to improving the quality of patient care experiences and the oral health of our patients.

In summary, the vision of the ABPD is that every pediatric dentist is inspired to provide high quality oral health care to all children and maximize patient outcomes through continuous participation in the certification process. The ABPD’s current board certification and recertification processes, along with its active, robust engagement with other organizations, such the AAPD, our sponsoring professional organization, and the DQA, are designed to support the ABPD’s vision.

Questions and comments may be directed to Dr. Ng at:  
[Manwai.ng@childrens.harvard.edu](mailto:Manwai.ng@childrens.harvard.edu)

**Man Wai Ng, DDS, MPH**  
Boston MA  
Diplomate since 1997

Director, ABPD



## Addressing Adversity to Improve Lifelong Oral Health for Children

By Robert Block, M.D., F.A.A.P., American Academy of Pediatrics Past President

Beginning in the 1990s with the Adverse Childhood Experiences (ACE) studies, and with continuing emphasis on the effect of childhood adversities on many aspects of a child's life, it is now known that toxic stress—which is unrelenting and often associated with abuse, neglect, and family dysfunction—can have lifelong effects on health. It is becoming increasingly clear that health professionals who interact with children and their families have a new responsibility to assess and identify possible adversities. This responsibility has been recognized for a number of years in the dental community through the PANDA (Prevent Abuse and Neglect through Dental Awareness) program.

New information released by the British Dental Health Foundation reports, “children exposed to adverse experiences were more than twice as likely to develop tooth decay and gum disease and suffer from conditions such as unfilled cavities, missing teeth and toothache, all of which can have serious implications for overall health.”

It is important to consider dental health in addition to other health areas as contributing factors to the link between adversities and increased risk for serious health issues, not only in childhood, but continuing into adult life. New discoveries in neuroscience and genetics are now providing some explanations on the physiology of stress as it relates to brain health and other health conditions. The American Academy of Pediatrics (AAP) has been focusing its efforts on early childhood development for many years, and is now adding resources to help pediatricians, dentists, and other professionals who work with children to identify and provide community, and professional services to families with children who otherwise might have an unhealthy future.

Through the emerging Center on Healthy, Resilient Children, the AAP hopes to provide education, practice suggestions, and resources for pediatricians to help discover and screen for adversities a child may be experiencing. The work of the Center will build on several existing initiatives within the Academy. Through its strategic priority on Early Brain and Child Development (<http://www.aap.org/ebcd>), the Academy developed numerous educational resources for pediatricians and others, as well as practice-level tools. In addition, a project started with funding from the Department of Justice, the Resilience Project (<http://www.aap.org/theresilienceproject>), provides resources for the medical home to identify and care for children who have already been exposed to violence.

Stronger connections between the medical home and community partners—such as the dental home and others—will help families find the support they need. Together, pediatricians and dentists can use their position as trusted resources for children to identify children at risk, increasing the chance that children's adverse situations might be identified early enough to be remediated. The existing resources—combined with ongoing collaboration with the members of the Section on Oral Health—provide a strong foundation to move these efforts forward.

The ACE studies focused on problems within a child's family such as physical, sexual, or emotional abuse, domestic violence, drugs and alcohol, and similar issues. More recent exploration has led to the addition of many social determinants of health, such as poverty and generational adversity to the risk factors for child and adult health issues. Even with today's advanced medical environment, not every child is able to become an adult. But it is certainly true that every adult was once a child. Every dentist, pediatrician, and other health professionals are becoming more aware that preventing, screening for, and finding resources to reverse toxic stress will have life changing effects on children, families, communities, and even states and nations. Developing and sustaining a healthy future workforce is one example of the far-reaching implications of mitigating toxic stress through resiliency.

One way to identify children at risk, and to foster resiliency, will be the strengthening of medical and dental homes. Exchange of information between a child's dentist and pediatrician can expand the reach of the “health home,” increasing the chances for finding adversities that might be amenable to amelioration thorough professional and community-based resources. The results may be instrumental in changing the health trajectory and not only improving a child's health, but also creating a foundation for a healthier, more resilient adult. We believe that is a laudable goal.



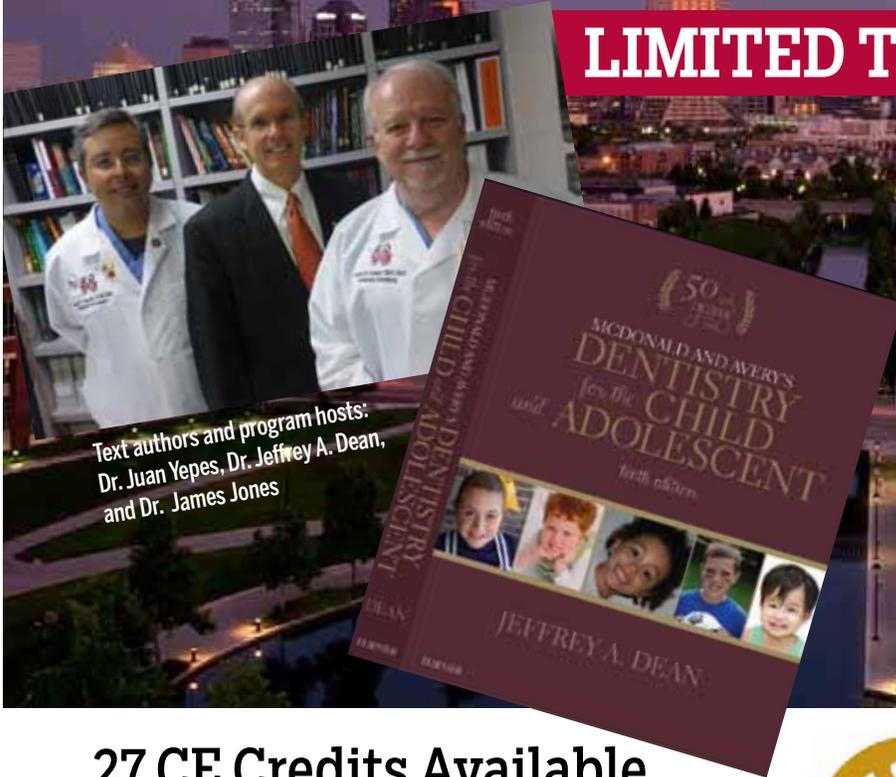
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Simulation Laboratory at IU School of Dentistry



From left, authors Jeffrey A. Dean, DDS MSD, Ralph E. McDonald DDS MS LLD (sitting) and David Avery DDS, MSD.



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## Who Really Makes it Happen

There's a scene toward the end of "The Wizard of Oz" when Toto pulls back the curtain to a booth containing a man pulling the levers and pushing the buttons that created the wizard's awesome special effects. Once exposed, he implores Dorothy and company to "ignore that man behind the curtain," as he struggles to maintain the wizard's illusion of greatness.

During an August meeting in Chicago with the team of AAPD members who review hundreds of applications for Healthy Smiles, Healthy Children (HSHC) grants each year, I got to thinking about all of the people "behind the curtain" who make possible everything HSHC does.

Since 2010, we've issued more than \$3.1 million in grants and commitments to 70 organizations in 26 states who have helped more than 290,000 kids get Dental Homes. And each of the people below pulled the buttons and pushed the levers that make it all happen:

**Grant reviewers.** HSHC receives approximately 300 grant applications every year and we have 24 dedicated volunteers who, in teams of two, review every application we receive. First, they review letters of inquiry (LOI) from around the country. Applicants whose LOIs pass muster are invited to submit full proposals and our grant reviewers review those—as many as 130 proposals. Those deemed worthy for funding are forwarded to our Grants and Programs Committee and then to our Board for acceptance or rejection.

It's a process that none of us take lightly. We are allocating the valuable assets that HSHC donors entrust to us so we can help children across the country receive the dental care they need.

**Grantees.** The people who apply for the grants are nothing short of remarkable. Grant writing is a competitive process (fewer than 10 percent of all applicants ultimately receive funding each year) and our applicants and grantees help identify for us emerg-

ing trends and needs each year. Applicants and grantees alike provide us with direction that we use each year to improve the application process that, in turn, improves our ability to identify and fund projects that show the greatest potential for helping children.

Pediatric dentists, residents, dental students, hygienists and assistants. HSHC grantees have an array of service delivery models featuring the spectrum of the dental team. Many of them are professionals volunteering their time to help children in need while demonstrating to dental students and pediatric dental residents the importance of "doing well by doing good." A common thread among all grantees are dental professionals who love their work. I'm grateful that compassion is hard-wired into pediatric dentists' DNA.

**Donors.** Yes, donors at every level are recognized by HSHC in all the ways common to most charitable enterprises. Yet, thousands are generous with their financial support each year who do so with recognition no greater than their names listed in our annual report. In my travels I hear from members all the time how they don't want to be fussed over. They just want to help kids. That desire to help is what fuels everything HSHC does.

Of course, we have our dedicated Board and Committee members, plus a staff that helps us every step of the way, but the nature of our jobs puts us in out front more often than the thousands who are the embodiment of our mission working quietly behind the scenes.

So, like the Wizard of Oz, these dedicated people comprise the collective passion and expertise that works "behind the curtain" on behalf of HSHC and the children served by our grantees. But, unlike the wizard, our people behind the curtain don't create an illusion of greatness—it *is* greatness ... 290,000 Dental Homes and counting.



## Meet our Trustees!

Thank you to the leaders, volunteers and staff who make Healthy Smiles, Healthy Children an emerging presence in child oral health philanthropy.

First Row, from left to right:

Dr. Beverly A. Largent, Dr. Angela M. Stout, Dr. Anupama R. Tate, and Dr. Douglas B. Keck.

Second Row, from left to right:

Dr. Neal R. Benham, Dr. John S. Rutkauskas, Dr. Courtney Alexander, and Ms. Diane Johnson Krueger

Third Row, from left to right:

Dr. Edward H. Moody Jr, Dr. Jerome B. Miller, Dr. Neophytos (Ned) L. Savide, and Dr. Richard Chaet

Fourth Row, from left to right: Dr. Nick Rogers, and Dr. Charles S. Czerepak

Not pictured: Dr. David K. Curtis, Dr. Robert L. Delarosa

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**Every child deserves a Dental Home.**

Tooth decay is the most common childhood disease and is more rampant among children living in poverty. Your contribution today will help HSHC add to the 290,000 children in 26 states who now have Dental Homes thanks to 70 HSHC grantees.

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### CONTACT:

DR. CHARLES COULTER, Owner, Pediatric Dentist  
[DrCharlie.Coulter@SmilesForLifeNetwork.com](mailto:DrCharlie.Coulter@SmilesForLifeNetwork.com)  
770-695-4530

BRIAN FRIEDMAN, Chief Development Officer  
[brian.friedman@SmilesForLifeNetwork.com](mailto:brian.friedman@SmilesForLifeNetwork.com)  
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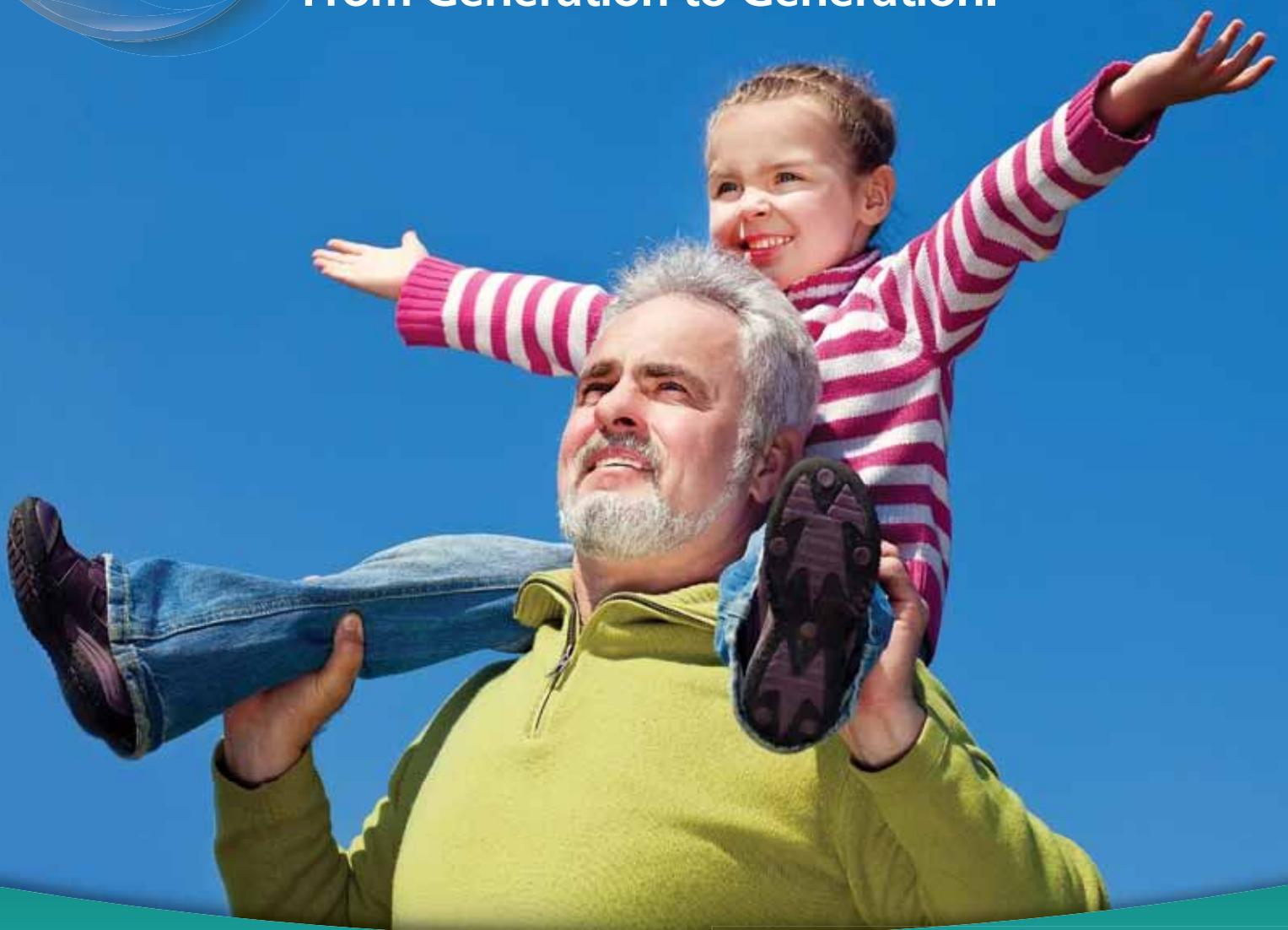
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**NEW JERSEY—PRINCETON.** Multiple Location Pediatric practice, looking for a new Pediatric Dental associate to work in our Central New Jersey location. This candidate would be the sole practitioner for this new location recently acquired from an existing Pediatric Dentist of 20+ years. For more information please contact [wendell.holdbrook@holdbrookdental.com](mailto:wendell.holdbrook@holdbrookdental.com).

**NEW JERSEY—WEST DEPTFORD AND SEWELL.** Seeking an associate pediatric dentist interested in a path to partnership in our well established (over 40 years) pedo/ortho practice. We are looking for a passionate and caring practitioner to be a leader for the pediatric practice, team and community. We treat children from many backgrounds serving both the private insurance sector to State Insurance plans. Our office utilizes digital radiographs & state-of-the-art equipment in a beautiful comfortable environment. Comprehensive benefit package, with licensure and malpractice insurance provided. Salary is based on production, NOT collection. Join our team for a rewarding lifestyle and the knowledge that you will be secure in a job which will fulfill you and provide a solid future for yourself and your family. For more information please contact [tuds1985@att.net](mailto:tuds1985@att.net).

**NEW JERSEY—HAMILTON SQUARE.** Outstanding opportunity for a Pedodontist looking to join a well established multidisciplinary dental practice that specializes in pediatric dentistry. Located in beautiful Hamilton Square, New Jersey, just outside historic Princeton, New Jersey. Hamilton Dental Associates has been serving the greater Mercer County area for over 50 years. We are a highly respected private practice in search of a recent graduate or an established practitioner for a full time or part time position with potential for partnership. Applicants should be highly skilled, ethical and compassionate. We offer a comprehensive full benefits package. Please email: [Drdjeng@hamiltondental.com](mailto:Drdjeng@hamiltondental.com) and/or telephone (609) 586 - 6603.

**NEW YORK.** Busy Pediatric Dental office in Flushing and New Rochelle, New York looking for part-time to full time pediatric dentist. Must be honest, hard-working, and a team-player. If interested, please send resume to [suetdds@hotmail.com](mailto:suetdds@hotmail.com) or fax to (718) 281-2898.

**NEW YORK—CAPITAL DISTRICT/ALBANY AREA.** Our highly respected, multi-doctor practice seeks an associate after recent expansion into a beautiful, newly constructed second location. Our practice has a well-established patient base, while also rapidly expanding with over 150 new patients monthly from consistent referral sources, which include pediatricians and general dentists. We are located 15 miles south of Saratoga Springs and the Adirondack Mountains, and also less than three hours from New York City and Boston. The Capital District

is a great place to raise a family with its strong public school systems, reasonable cost of living, and four seasons that offer all outdoor recreational activities. Perform excellent dentistry with all the latest clinical modalities, including hard and soft tissue lasers. Confidently treatment plan high quality dentistry with all necessary behavior management modalities: nitrous oxide, oral conscious sedation and off-site general anesthesia. Work with a trusted, well-trained and highly motivated team. Be proud of your abilities in helping children attain a lifetime of healthy smiles in a comfortable, fearless, and safe environment. Contact Drs. Decker, Cavotta, Charlesworth at (518)785-3911.

**NEW YORK—MALONE.** Pediatric Dentist and Orthodontist opportunities available in upstate New York! We are a rapidly growing, pediatric dentistry company with multiple locations in New York and New Jersey! We are currently seeking talented, driven individuals to provide uncompromised dental services to the children in our communities. We are dedicated to providing access to high quality care to those in need and also investing in the latest technology and innovations for the benefit of our patients. We provide a positive, comfortable and fun dental experience for all children. We believe in offering care of the highest quality with rigorous compliance. Training available! We offer pediatric ceramic crowns, IV sedation and general anesthesia, and hard/soft tissue lasers. Salary Base is 200k - 500k per year with a quality based bonus incentive. Medical, Malpractice, CE, and 2 weeks paid vacation. For more information please contact [queens@99smile.net](mailto:queens@99smile.net).



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- Interest in an innovative teaching environment
- Eligibility for dental licensure in the State of the training site location

**PLEASE SEND C.V. VIA EMAIL OR CALL WITH QUESTIONS IN CONFIDENCE TO:**

DAVID OKUJI, DDS, MBA ASSOCIATE DIRECTOR, PEDIATRIC DENTISTRY <a href="mailto:drokuji@gmail.com">drokuji@gmail.com</a> Phone: 617-903-7177	NEAL A. DEMBY, DMD, MPH SENIOR VICE PRESIDENT, LUTHERAN HEALTHCARE <a href="mailto:nealdemby@gmail.com">nealdemby@gmail.com</a> Phone: 718-630-7177	MARGARET K. MASON, DMD DIRECTOR, SCHOOL ORAL HEALTH PROGRAM <a href="mailto:mmason@lmcmc.com">mmason@lmcmc.com</a> Phone: 718-630-8524
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**NEW YORK—SARATOGA SPRINGS.** We have fun every day! We are a rapidly growing Pediatric Dental Practice located in historic Saratoga Springs, NY looking for an exceptional Pediatric Dentist to join our team! We offer a flexible schedule of 2-4 days per week and a compensation starting at \$1000 per day. Our practice is well known for providing individualized care for each of our families, creating a fun and positive environment and setting the foundation for a lifetime of dental health for our patients. If you are looking for a fun and stress free environment where you positively impact the lives of children every day give us a call! To find out more about our office please visit our website at [www.bymekidsdental.com](http://www.bymekidsdental.com). Please send resume to [nbyrne16@gmail.com](mailto:nbyrne16@gmail.com).

**NORTH CAROLINA—CHARLOTTE AREA.** Outstanding opportunity in Charlotte area for pediatric or dual pedo/ortho specialist. Our busy, growing practice seeks that special, motivated, personable, well-trained individual to join in our success and quick track to partnership. Our pedo/ortho group has served this area for over 30 years and the future is bright. Please call or fax a resume to Dr. Bill Connor (704) 865-6425; fax(704)865-2568; or visit <http://www.peddent.com>.

**NORTH CAROLINA—FAYETTEVILLE.** We have an outstanding opportunity for two motivated Pediatric Dentists to join our progressive, high-quality, and rapidly expanding multi-specialty group practice in Southeastern North Carolina. This area is desperately underserved. There are only 176 pediatric dentists in the state to serve a population of 8,186,268 of which 1,424,538 are school-aged children. Of these children, 46% are on Medicaid. In our coverage area, more than 65% of the children are on Medicaid. North Carolina remains in the top 10% of Medicaid reimbursement rates. The high ratio of lower socio-economic families in the surrounding counties contributes to the poor quality of dental health of the children in this area. A Pediatric Dentist in this area can be assured he or she will actually use the skills learned in his/her specialty and contribute a much-needed service. Our practice offers the unique opportunity to have four hospitals with which we are credentialed so we have OR block time every day. In addition, as a family practice, serving this area for more than thirty years, family referrals are always available. Visit us on the web at <http://www.vfdental.com>.

**PENNSYLVANIA.** Come join a practice with 3 locations that are state of the art offices with a fun, kid friendly environment. All dental hygienists and assistants have expanded duty functions and are highly trained to make your job easier and more efficient. Compensation package includes: guaranteed base of \$225,000 working 5 days a week or 25% paid on PRODUCTION ON EVERYTHING. Associates can easily make \$400,000 after their first year. Offer also includes: 2 weeks paid vacation, 1 week paid CE of up to \$2,000, paid malpractice and 5 paid personal/sick days. This town offers plenty of fun family activities, great public and private schools, a major airport for ease of traveling and a large Private University and area colleges. This opportunity offers a prosperous long term future with an established well respected team. Call today if you would like to learn more about this opportunity. I look forward to speaking with you. Due to the nature of my business I am on the phone a lot with candidates and clients. If you call and reach my voicemail please leave a message. Evening call times to talk if arrangements are made in advance. Peds Exclusively Web Page/National OMS job board: [www.PEDS-Exclusively.com](http://www.PEDS-Exclusively.com).

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**OKLAHOMA.** Oklahoma Associate to Partnership Opportunity Beautiful, new, State of the Art busy Peds practice is needing an associate. Practice has 4 quiet rooms and 4 center bay chairs with the latest in technology and provides a fun child friendly environment. The large, dedicated and highly trained staff provide a caring and welcoming atmosphere for both children and parents. Practice has very little Medicaid serving mostly private insurance and cash patients. The office is located in a town that has a thriving economy and is headquarters to several large Energy Industry Companies. With an extensive park and trail system, world class festivals, ballet, theatre, live concerts, museums and more, there is always something to do. A great place to raise a family with an excellent school system and 2 private Universities. The compensation package includes: guaranteed base of \$1000 per day or 35% on collections whichever is higher, paid CE, health insurance, paid malpractice, 401K plan and a partnership opportunity after 1 year. This opportunity will provide a Peds dentist a stable and secure future having NO other Competition in the area. Call today if you would like to learn more about this practice. I look forward to speaking with you. Due to the nature of my business I am on the phone a lot with candidates and clients. If you call and reach my voicemail please leave a message. Evening call times to talk if arrangements are made in advance. PEDS Exclusively Web Page/National PEDS Job Board: [www.PEDS-Exclusively.com](http://www.PEDS-Exclusively.com). RuthPractice Transition/Consultant/Recruiter Toll Free: (866) 533-5899 E-Mail: [ruth@PEDS-Exclusively.com](mailto:ruth@PEDS-Exclusively.com)

**SOUTH CAROLINA.** South Carolina Pediatric Dentists Associate to Partnership Opportunity Enjoy an extremely busy, highly respected and well established pediatric dental office serving several surrounding towns. This new themed practice has all updated technology and provides a fun, kid friendly environment with a large and caring staff. The compensation package includes a guaranteed base salary or 35% on collections which ever is greater, paid malpractice, vacation, CE and health insurance for associate. Partnership offered after working as an associate for 1 year. The office is located close to metro. This region is a wonderful place to live, work and raise a family. Low cost of living, welcoming communities, affordable residential areas, top rated schools and colleges, large beautiful lake for boating and water sports and close to beaches and the Blue Ridge Mountains. This opportunity offers a prosperous long term future with an established referral source to keep you busy. Call today if you would like to learn more about this practice. I look forward to speaking with you. Due to the nature of my business I am on the phone a lot with candidates and clients. If you call and reach my voicemail please leave a message. Evening call times to talk if arrangements are made in advance. PEDS Exclusively Web Page/National PEDS Job Board: [www.PEDS-Exclusively.com](http://www.PEDS-Exclusively.com). RuthPractice Transition/Consultant/Recruiter Toll Free: (866) 533-5899 E-Mail: [ruth@PEDS-Exclusively.com](mailto:ruth@PEDS-Exclusively.com).

**SOUTH CAROLINA—LEXINGTON.** We are seeking a highly motivated, compassionate pediatric dentist. This is a great opportunity to join our growing, state-of-the-art children's dental practice. We are a privately owned, non-corporate children's dental practice with sedation and hospital opportunities. If you are looking for a fun-filled, team motivated working environment in which we believe that every child should have an excellent dental

experience...you should contact our office. For more information contact [dentalinfo@gmail.com](mailto:dentalinfo@gmail.com).

**SOUTH CAROLINA—MYRTLE BEACH.** Our pediatric dental office is looking for an energetic, personable, and highly skilled pediatric dentist to join our expanding team as a long-term associate in Myrtle Beach, SC. We are a well-established practice with a vision of providing excellent pediatric care. We provide comprehensive pediatric dentistry, limited orthodontics, oral sedation and hospital dentistry. Located 10 minutes from the Grand Strand and 5 minutes from the heart of Myrtle Beach. Competitive salary and benefits available. Please call (843)-236-7500 and ask to speak to office manager, or email [sawgrass.pedo@gmail.com](mailto:sawgrass.pedo@gmail.com).

**TENNESSEE.** Great Opportunity for a pediatric dentist in a well-respected practice with a great team. Our philosophy is simple: fabulous customer service with excellent care. Looking for a great talent with long term potential. Flexibility in compensation and schedule. Seeking a compassionate personality with the ability to grow as a leader. The successful candidate will be supported and encouraged -- the long term goal is to forge an excellent relationship fostering growth personally, professionally and financially. For more information please contact [tnpediatricdentist70@gmail.com](mailto:tnpediatricdentist70@gmail.com).

**TENNESSEE.** Cumberland Pediatric Dentistry and Orthodontics is a doctor-owned, non-corporate group practice. We currently have 5 locations in Tennessee and growing. Currently we have the following opportunities available: Part-time associates Full-time associates Partnership opportunities All our locations are state-of-the-art; fully utilizing digital imaging and management software. We offer competitive compensation as well as malpractice and health insurance, CE allowance, and potential sign-on bonus. New grads welcome. Our pediatric dentists are happy to help ease your transition from residency into practice. Our training program will equip you with full competency in hospital based dentistry and oral sedation. Come live in Nashville! One of the countries hottest and fastest growing cities in the U.S. For more information please contact [jennhouse15@gmail.com](mailto:jennhouse15@gmail.com).

**TEXAS.** Texas Pediatric Dentist Associate to Partnership Opportunity This is a great opportunity for a Peds dentist who is looking for a stable and secure future. Owner Peds dentist is well respected and is a native of the area. The office is State of the Art with all updated technology and has a dedicated staff that provides a caring and fun experience for each of their patients. Practice has very little Medicaid serving mostly private insurance and cash patients. The office is located in a city that is headquarters to several large companies that employs many of the area residents for a prosperous economy. The compensation package includes a guaranteed base of \$1000 per day or 35% of collections whichever is greater, health insurance, vacation, 401K plan, CE, and licensure. Partnership offered after 1 year as an associate. The city offers a fun and active lifestyle providing family activities and an excellent private and public school system with several small colleges and Universities nearby. Call today if you would like to learn more about this practice. I look forward to speaking with you. Due to the nature of my business I am on the phone a lot with candidates and clients. If you call and reach my voicemail please leave a message. Evening call times to talk if arrangements are made in advance. PEDS Exclusively Web Page/National PEDS Job Board: [www.PEDS-Exclusively.com](http://www.PEDS-Exclusively.com). RuthPractice Transition/Consultant/Recruiter

Toll Free: (866) 533-5899 E-Mail: [ruth@PEDS-Exclusively.com](mailto:ruth@PEDS-Exclusively.com).

**TEXAS—AUSTIN.** AUSTIN PEDIATRIC DENTIST - Progressive Pediatric Dental Practice in Austin is looking for an energetic Pediatric Dentist to join our team. We offer a comprehensive compensation package. New grads welcome to apply. Please e-mail CV to [dentalresume27@yahoo.com](mailto:dentalresume27@yahoo.com).

**TEXAS—CORPUS CHRISTI.** Pediatric dentist needed for multidiscipline group practice. Nice environment, minimal responsibilities, high earning potential. Contact Dr. Paul Kennedy (361)992-9500 office, or (361) 960-6484 cell, or email to [pakjr68@gmail.com](mailto:pakjr68@gmail.com).

**TEXAS—DALLAS.** We offer a generous percentage with a minimum guaranteed income of \$300,000/year (\$25,000/month), a five day work week, and two weeks of vacation. Bear Creek Family Dentistry is a dentist owned, growing, family oriented, multi-disciplinary private dental practice that has been serving the Dallas-Fort Worth metroplex for over 25 years. We have nine beautiful offices with state of the art equipment. In our offices, we have an abundance of patients of all ages, thus representing an outstanding pediatric dentist practice opportunity. Because of our growth, we have an opportunity for a pediatric dentist to join our five other pediatric dentists. Come join our team of board certified specialists in pediatric dentistry, oral surgery, orthodontics, prosthodontics, and endodontics as well as our team of in-house general dentists. This opportunity provides for a great depth and breadth of experience early in a practice career. Our specialists and general dentists often practice at our offices at

the same time, offering a collegial and supporting professional environment. If you believe that you are a good candidate for Associate in Pediatric Dentistry, please contact our founder, Dr. Robert E. Tafel at [DrBob@bearcreekfamilydentistry.com](mailto:DrBob@bearcreekfamilydentistry.com) or by phone at (214) 883-4285. Please see our website at [www.bearcreekfamilydentistry.com](http://www.bearcreekfamilydentistry.com). We look forward to hearing from you. The ideal general dentist candidate for our practice is personable, energetic, has a positive attitude, relates well to patients, wants to work hard, and has a skill level in a top tier for their level of dental training and experience.

**TEXAS—HUMBLE.** Well established fee for service private pediatric practice seeks a quality driven pediatric dentist. The practice offers the option of a full or part time position. Our philosophy is focused on high quality compassionate care in a warm environment. Please email your curriculum vitae to [pedodent1@aol.com](mailto:pedodent1@aol.com).

**VIRGINIA—FREDERICKSBURG / MANASSAS/FALLS CHURCH.** Well established multi-location, pediatric/orthodontic practice with highly trained support staff in Northern Virginia area. Seeking energetic, quality oriented pediatric dentist to help us meet the demands of our multiple location practice. We offer excellent compensation and benefits. This position can be part time or full time. For more information please contact [PEDIATRICDEN@YAHOO.COM](mailto:PEDIATRICDEN@YAHOO.COM).

**VIRGINIA—NORTHERN.** General Dentist. Dental office in Northern Virginia seeking an energetic, motivated and experienced part/full time dentist to join our dynamic team. The Ideal candidate must have a current Commonwealth of Virginia

license and a minimum of 3-5 years of experience. The candidate should be passionate to serve. For more information please contact [PEDIATRICDEN@YAHOO.COM](mailto:PEDIATRICDEN@YAHOO.COM).

**VIRGINIA—MIDLOTHIAN.** Virginia-Midlothian. Excellent opportunity for a full time position in an organized, respected Group Pediatric Dental Practice located in the Greater Richmond area. Be a part of a well-established, extremely successful Pediatric Dental Practice with potential for ownership. Please email your Curriculum Vitae/Resume to [dttbbs@kidsdentists.com](mailto:dttbbs@kidsdentists.com). Feel free to visit our website at [kidsdentists.com](http://kidsdentists.com).

**WASHINGTON—LAKEWOOD.** Washington-Lakewood. Established pediatric dental practice is seeking an associate. The ideal candidate must possess an ownership ready mentality, ability to work with multiple doctors, and commitments to the local community. Visit [www.pdalakewood.com](http://www.pdalakewood.com) to find more information about the practice. Please forward CV to [orthopedocare@gmail.com](mailto:orthopedocare@gmail.com) or mail to 6015 100th ST SW, Lakewood, WA, 98499. Contact Dr Chen at (917) 374-6220.

## FACULTY POSITIONS AVAILABLE

**FLORIDA—FT. LAUDERDALE.** The College of Dental Medicine at Nova Southeastern University, seeks a full-time Director to oversee the administration of our Postgraduate Pediatric Dentistry program. Position available July 1, 2015. Primary responsibilities include mentoring all postgraduate Pediatric Dentistry residents in their

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didactic course work, clinical treatment of patients and research. Opportunity exists for research activities, participation in continuing education and intramural faculty practice. Must apply online. To apply, visit [www.nsujobs.com](http://www.nsujobs.com) and apply to position #992809. For additional information about this position, contact Dr. Romer Ocanto, Associate Professor and Chair, Pediatric Dentistry Department, Nova Southeastern University College of Dental Medicine, 3200 S. University Drive, Ft. Lauderdale, FL 33328. Email: [rocanto@nova.edu](mailto:rocanto@nova.edu). Requirements: DDS/DMD or equivalent; Certificate of graduate studies in Pediatric Dentistry from an ADA-accredited American or Canadian dental school; American Board of Pediatric Dentistry Certification; prior full-time academic dental teaching and administrative experience. Florida Dental License in good standing preferred.

**ILLINOIS—CHICAGO. SEARCH EXTENDED**  
The Department of Pediatric Dentistry in the College of Dentistry at University of Illinois at Chicago is seeking a qualified candidate for a full-time faculty non-tenure track position of Clinical Assistant / Associate / Professor. The Department seeks an excellent educator, mentor, and clinician with an interest in research to teach in both the pre-doctoral and post-graduate programs. The Department has a history of strong interaction with Public Health; thus, the ideal candidate should be able to work well within that environment. Duties: Responsibilities will include resident, dental student, physician and medical student education and training, delivery of dental care for children under general anesthesia and sedation, professional service and scholarly activity, including mentoring of graduate student research projects. Participation in intramural or extramural practice is

available. Qualifications: 1. D.D.S./D.M.D. degree; 2. Completed an accredited specialty program in Pediatric Dentistry by the time of hire; 3. Currently hold or be eligible for dental licenses in Illinois; 4. Be board certified or board eligible; (a) If board-eligible, the candidate will be expected to complete the board certification process within three years of the date of hire; 5. Have experience utilizing conscious sedation and general anesthesia. **PREFERRED:** 1. A strong background working with diverse patient populations; 2. Experience or training in the care of medically compromised and/or special needs patient. For fullest consideration, go to: <https://jobs.uic.edu/job-board/job-details?jobID=49088&job=clin-asst-assoc-professor-pediatric-dentistry>, click "apply for position" below, complete application, and submit a letter of intent, current C.V., and the names of three references through the close of business on Monday, Sept. 14, 2015. The position will remain open until filled. The University of Illinois is an Affirmative Action/Equal Opportunity Employer. The College encourages applications from minorities, women, and persons with disabilities.

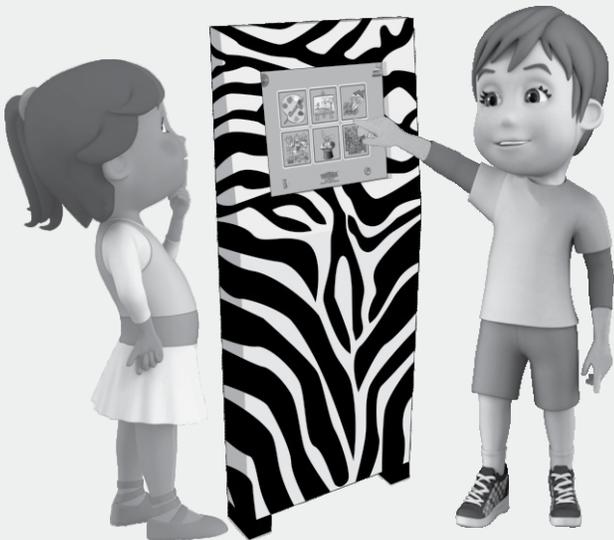
**MASSACHUSETTS—BOSTON.** Boston Children's Hospital, a major teaching affiliate of the Harvard Medical School, is accepting applications for full-time faculty positions in Pediatric Dentistry. The Department of Dentistry is academically within the Department of Developmental Biology at the Harvard School of Dental Medicine. Major responsibilities include patient care in clinic and in the operating room, and teaching pediatric dental residents at Boston Children's Hospital. Research and scholarly activities are encouraged. Applicants must have a DDS/DMD degree or equivalent, be board certified or candidate for board certification

in pediatric dentistry and be able to obtain a Massachusetts dental license. Experience with treating children with special health care needs, including children who have complex medical conditions, developmental disabilities, cleft lip/palate, craniofacial abnormalities, and dental care in a hospital setting are highly desirable. Academic rank at the level of Instructor/Assistant Professor/Associate Professor and salary are commensurate with qualifications and experience. Boston Children's Hospital is an Equal Opportunity Employer. Please send a CV with the names and addresses of three references to Man Wai Ng, DDS, MPH, Department of Dentistry, Boston Children's Hospital, 300 Longwood Avenue, Boston, MA 02115. Email: [Manwai.ng@childrens.harvard.edu](mailto:Manwai.ng@childrens.harvard.edu). Applicants must have a DDS/DMD degree or equivalent, be board certified or candidate for board certification in pediatric dentistry and be able to obtain a Massachusetts dental license.

**INTERNATIONAL CANADA—NEWFOUNDLAND ST. JOHN'S.**  
Fly in - Fly out / Pediatric Dentists / St. John's-Canada. St. John's, Newfoundland and Labrador, Canada Fly-in / Fly-out - 1500 \$ per day or more. Flight and accommodation included. Very busy office providing services in Pediatric dentistry and Orthodontics. We are now looking for passionate pediatric dentists to join our team. Digital x-rays (pan-ceph-3-D), paperless office, Nitrous oxide and Sedation are offered. Large operatory rooms available (14"X16"). The office has an easy going atmosphere, a well trained staff and modern equipment. Schedule is flexible. Part-time or full-time would be considered.

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Serious inquiries only. [Drylanaseri@gmail.com](mailto:Drylanaseri@gmail.com). Must fulfill the following: Certified specialist (or in the process) in Pedodontics from accredited program. Fellowship of Royal College of Dentists of Canada in Paediatric Dentistry. Eligible for obtaining a license from the Newfoundland Dental Board.

**CANADA—NOVA SCOTIA—HALIFAX. PAEDIATRIC DENTIST, IWK HEALTH CENTRE** The IWK Health Centre is actively seeking a Paediatric Dentist to complement our 4 Paediatric Dentists on staff with the Department of Dentistry, IWK Health Centre and the Division of Paediatric Dentistry, Department of Dental Clinical Sciences, Faculty of Dentistry, Dalhousie University. The IWK Health Centre is a teaching hospital affiliated with Dalhousie University Faculties of Dentistry, Medicine and Allied Health Sciences. The Paediatric Dentist should have training and demonstrated competence in provision of multidisciplinary care both in the hospital clinic and operating room to tertiary care paediatric hospital patients including those who are medically compromised, or have intellectual and physical disabilities. In addition to the clinical activities described, the successful candidate will provide care to paediatric dental patients referred to the Paediatric Dental Unit in the Children's Health Program, from communities within the Province of Nova Scotia. Active Staff Paediatric Dentists are involved in education through the Division of Paediatric Dentistry, Faculty of Dentistry, Dalhousie University, teaching dental and dental hygiene students and our one-year postgraduate Paediatric Dental General Practice Residency, on an assigned basis. A graduate training program in the specialty of Paediatric Dentistry is under active development. Paediatric dentists also participate in teaching of graduate periodontics and OMF and undergraduate and graduate medical students at the IWK and Dalhousie. Applicants must have a Fellowship with the Royal College of Dentists of Canada and must be able to obtain licensure in the province of Nova Scotia. Please send a cover letter and curriculum vitae along with two letters of reference to: Dr. Ross D. Anderson, Chief of Dentistry IWK Health Centre 5850/5980 University Avenue, PO Box 3070, Halifax NS B3J 3G9 Tel: (902) 470-8678, (902) 428-8012, Fax: (902) 420-6612 [ross.anderson@iwk.nshealth.ca](mailto:ross.anderson@iwk.nshealth.ca) The IWK Health Centre and Dalhousie University are equal opportunity employers and educators.

## PRACTICE TRANSITIONS

**PEDS Exclusively—Practice Sales/Transition, Retirement Transition, Associates/Partnerships.** Leader since 2004 in the recruitment of Pediatric Dentists nationwide working with Clients and Candidates coast to coast. We understand Pediatric Dentistry, this is our specialty coast to coast. Time to sell, transition into retirement, add an associate, looking for a partner? Looking for a Job or a practice to purchase? Are services are no cost to all Candidates. Let us help you explore your options. We work with all residents, military and confidential Pediatric Dentists in practice today. Practice Sales and Retirement Transition—We are not practice brokers, do not charge 10%, do not sign exclusive agreements and no-risk. We have Buyer's, Associates, jobs and practices for sale. Tremendous success! You have seen us at the AAPD every year and we have over 40 years experience.

To learn more about us, visit our web page and exclusive National Pediatric Dentists Job Board, [www.PEDS-Exclusively.com](http://www.PEDS-Exclusively.com). Toll free 866-533-5899, [Ruth@PEDS-Exclusively.com](mailto:Ruth@PEDS-Exclusively.com).

## PRACTICE FOR SALE

**CALIFORNIA—CENTRAL COAST.** Pediatric Dental Practice for Sale—Located on the highly desirable coastal side of central California. Beautiful “wow factor” office with nearly 20 years of goodwill. Grossing over \$1.5 million per year. Forced sale due to sudden health issue. Recent buildout at new and improved location. Turnkey office. For full information package please contact Ken Rubin at 619-299-6161 or [ken@kenrubincpa.com](mailto:ken@kenrubincpa.com).

**LOUISIANA—OPELOUSAS.** A great opportunity for a pediatric dental associate, with a very well-established patient-oriented practice. The practice is located in the heart of South Louisiana, an outdoors sportsman's paradise. The practice is 100% private and is open three days a week; Thursday is for out-patient dental rehab cases. This is a completely paperless practice, with better than average net. Twenty minutes from large metropolitan city with many choices in schools. Hospital privileges are available with an excellent medical community. Doctor wants to expand his teaching at L.S.U. dental and will assist in transition for as long as needed. Please email: [nicky.dejean@yahoo.com](mailto:nicky.dejean@yahoo.com).

**LOUISIANA.** Louisiana Pediatric Dental Practice For Sale Well established and highly respected pediatric dentist is ready to retire after 41 years. Extensive referral base from within the community and Pediatric Physicians. Orthodontist already in place. The practice has no Medicaid with 56% collections in cash and 43% insurance. Office is 2965 sq. ft. and has a total of 6 chairs (3 open bay and 3 quiet rooms). Many updates have been done in the office with new computers in 2013, 6 new dental units, recovered treatment chairs, new stools, new carpet and tile done in 2009. Collections in 2014 exceeded \$750,000. The office is located in a free standing building on a busy road with great visibility. Building available to purchase with the sale of the practice. Estimated appraised value is \$350,000. Highly trained staff consists of four full time dental assistants with expanded functions, two full time front desk, a full time accounting and insurance person and one full time office manager. This is a turn-key practice that will provide a new Pediatric Dentists a secure future. Sale price is only \$299,000. Easy loan available for both the building and practice. Live in a city that is part college town, part natural landscape and part lively urban center. The city is filled with Victorian architecture, unique shops, public art and the best southern Cajun food around. You can enjoy year around outdoor activities due to the mild climate. Ruth Recruiter/Practice Transition/Consultant Web Page/National Job Board: [www.OMS-Exclusively.com](http://www.OMS-Exclusively.com) Toll Free: 844-241-2829 . Email: [ruth@OMS-Exclusively.com](mailto:ruth@OMS-Exclusively.com).

**NORTH CAROLINA—GREENSBORO.** North Carolina- Greensboro. 30+ year full service pediatric dental practice for sale. Practice is full range, with restorative, preventive, orthodontics, and hospital treatment. Hospital is Level 2 Trauma Center with 2 day op facilities, and full services. Large referral area. Production average for last 5 years-\$1,810,000

- 98% collection rate and 48% overhead. 950+ new patient exams per year. Well trained staff, 4-4 1/2 day work week currently. Very efficient 2950 square foot Pride-THE Design building with 6 operatory bay and 1 private treatment room. Recently rededicated. Building is in campus setting with another building site that could be developed or sold. ScanX digital xrays. Greensboro is home to 2 branches of the UNC University system with numerous other colleges. School system is excellent. Easy transportation throughout city. Close to mountains and beaches. Excellent opportunity for experienced Pediatric Dentist wishing to relocate or 2 Pediatric Dentists wishing to partner or dual trained Pediatric Dentist. Contact Dr Bryan Cobb at (336) 288-9445 or email [bcobbdeacs@aol.com](mailto:bcobbdeacs@aol.com) for more details.

**VIRGINIA—TIDEWATER Area.** Well established, active practice with room to grow in the beautiful Hampton Roads area. Close to beaches, Chesapeake Bay, and historic areas with easy travel to nearby mountains. This is the oldest Pedo practice in Tidewater. Second owner is looking to retire. Offices in both Hampton and Norfolk. Live and work where everyone else comes to vacation. Email inquiries to [falkirk3538@yahoo.com](mailto:falkirk3538@yahoo.com).

**OHIO.** Ohio Pediatric Dental Practice For Sale A beautiful and well respected pediatric dental practice that provides a fun and kid friendly environment for quality patient services is for sale. This is a large office with 4400sqft having the latest in technology. The professional building is also for sale, estimated value of \$400,000, is a free standing one story building located in the suburbs near schools and residential neighborhoods, on a major road with high visibility. Turn-key operation with 4 quiet rooms, 3 treatment chairs in center bay, Dentrix software, digital x-ray and panorex and 7 new computers with all updated software. Collections in 2014 were over \$700,000 with NO MEDICAID, 65% insurance base and 35% cash. Hospital privileges are 1 day a week for OR cases. Friendly and experienced staff include; 1FT and 1PT hygienist, 1FT front desk, 1FT and 1PT expanded duty assistants and 1FT office manager. This highly respected and extensive referral base practice is being offered at \$440,000. This practice will offer a prosperous long term future and a large growth potential to add an additional associate. Live in a lively city with world class attractions, arts and culture and historical sites, a thriving downtown area, beautiful parks, 300 plus miles of bike trails, a variety of sporting venues and events and fabulous shopping and dining. This city has the largest healthcare in the area that are consistently ranked for clinical excellence. An excellent public and private school system with several large public and private Universities will provide a wonderful education for your children. There is also an International Airport nearby for ease of traveling. Call today if you would like to learn more about this opportunity. I look forward to speaking with you. Due to the nature of my business I am on the phone a lot with candidates and clients. If you call and reach my voicemail please leave a message. Evening call times to talk if arrangements are made in advance. Peds Exclusively Web Page/ National OMS job board: [www.PEDS-Exclusively.com](http://www.PEDS-Exclusively.com) Ruth Dulin Practice Transition/Consultant/ Recruiter Toll Free: (866) 533-5899.

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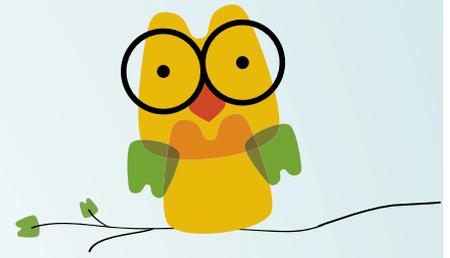
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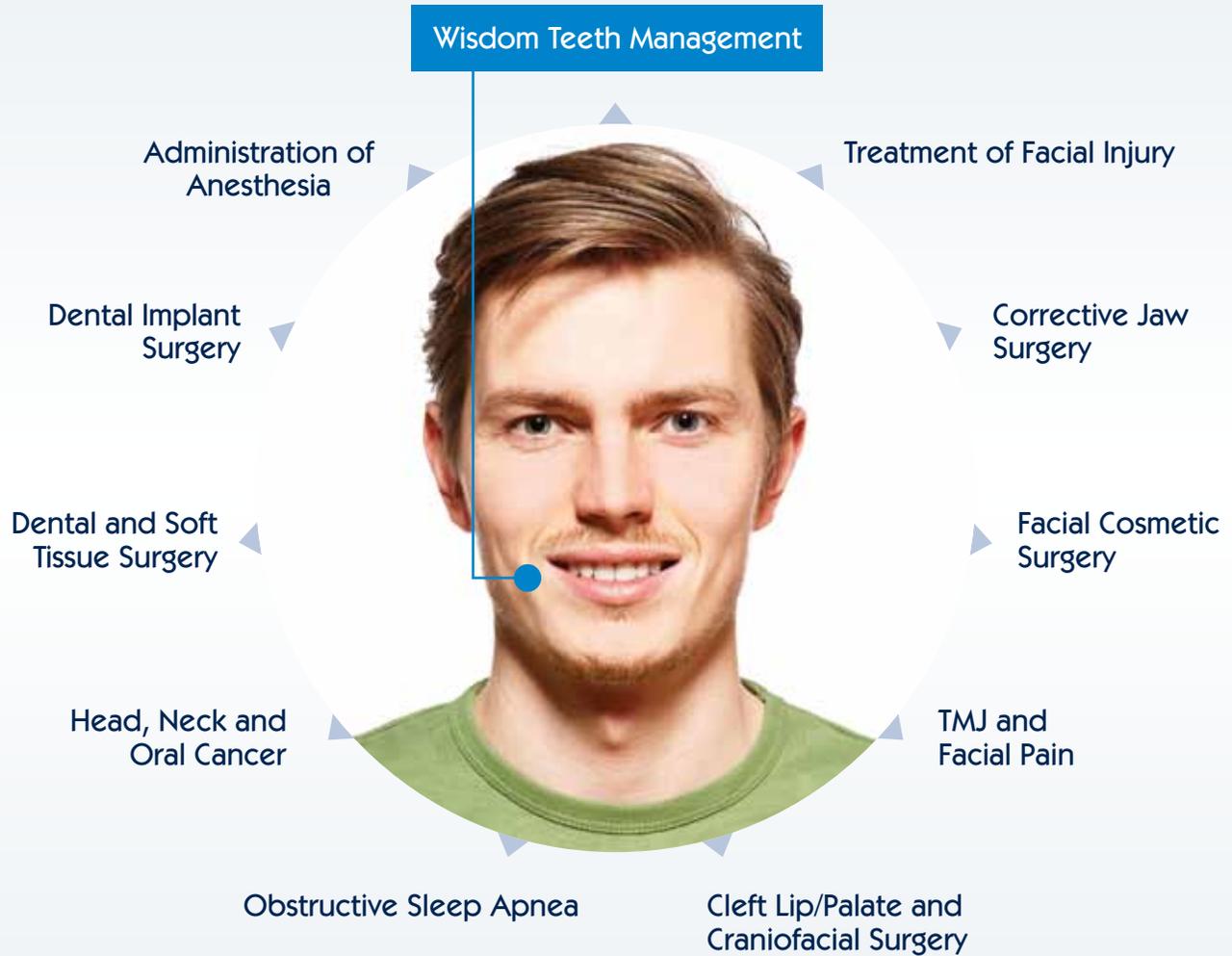
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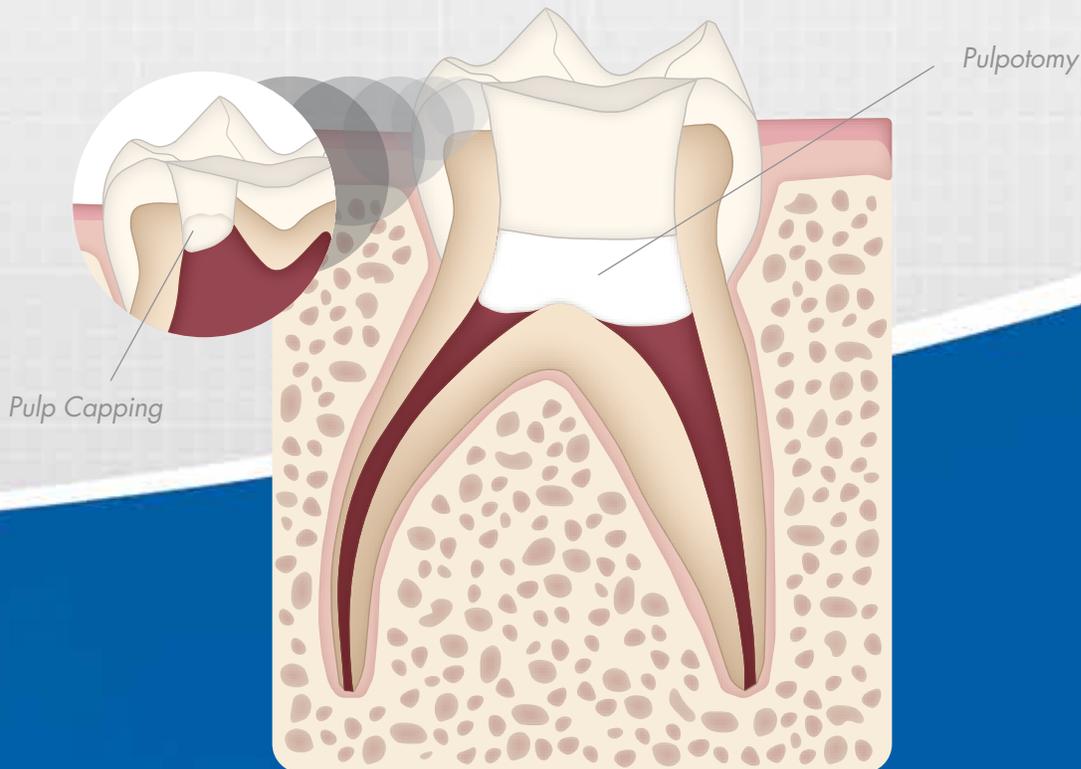


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