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4

AAPD President Dr. Jessica Y. Lee Answers Some Critical Questions

Practice Management and Marketing News

**Seven Steps for Powerful
Performance Reviews**

32

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AAPD 2021

- 6 Registration Information
- 7 Recognition Awards
- 8 Virtual Exhibit Hall
- 8 AAPD 2021 Sponsors

Legislative, Regulatory and Legal Update

- 11 Federal News
- 12 Litch's Law Log
- 14 PAC Corner

Membership

- 22 Welcome New Members
- 22 Member Benefit Spotlight
- 24 Resident's Corner
- 25 Predoctoral Spotlight
- 26 Obituary

Education

- 28 AAPD Podcasts
- 28 CAPD / AAPD Joint Conference
- 29 Joint Academic Day
- 29 MATCH Statistics
- 30 Title VII
- 31 LEAP Program
- 31 Pediatric Dental Residency Program

Columns

- 27 Treloar & Heisel
- 32 [PMM—Practice Marketing and Management](#)
- 36 Policy Center
- 40 Coding Corner
- 44 Media Mix
- 45 ABPD

Opportunities

- 46 Seeking Pediatric Dentist
- 52 Faculty Positions
- 52 Practice for Sale



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AAPD President Dr. Jessica Y. Lee
Answers Some Critical Questions

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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



Staff Editorial Group

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John S. Rutkauskas
jrutkauskas@aapd.org

Chief Operating Officer and General Counsel

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slitch@aapd.org

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chansen@aapd.org

Senior Meetings and Continuing Education Director

Kristi Casale
kcasale@aapd.org

Vice President for Development and Charitable Programs

Paul Amundsen
pamundsen@aapd.org

Development and Marketing Manager

Michelle Hidalgo
mhidalgo@aapd.org

Senior Membership and Chapter Relations Director

Suzanne Wester
swester@aapd.org

AAPD President Dr. Jessica Y. Lee Answers Some Critical Questions

by Dr. Jessica Y. Lee

AAPD President



1. How has the COVID-19 pandemic changed pediatric dentistry in the short term and possibly in the long term?

It's amazing to me that it has been over a year that we have been living with this pandemic. In some ways, pediatric dentistry has changed and in others it has stayed the same. If I could generalize, pediatric dentists are social beings. We love being together. We are community minded. So early on, we did our part. We closed our offices. We offered up our precious PPE to our medical colleagues. We joined in the collective effort to address this pandemic. We did this willingly and felt good about being a part of the solution. However, as the months went by, we began to struggle with the isolation like so many Americans. I do think there are some changes to the practice of pediatric dentistry. We have always been focused on prevention, the age one dental visit and establishment of a dental home. These are more important now more than ever. We saw first-hand what happens when care is delayed. We are also seeing a shift toward managing dental disease in addition to restoring teeth as needed. In addition, we have always been excellent at infection control and PPE, but with novel viruses, we have just intensified those efforts. We have been able to address these changes with the work of both the AAPD Safety Committee led by Dr. Jade Miller and AAPD Research and Policy Center led by Chief Policy Officer Dr. Paul Casamassimo.

2. When will AAPD be able to resume holding in-person continuing education courses?

I am so proud of AAPD staff for making the pivot during this pandemic to provide quality, scientific-based CE offerings in the virtual format. I believe that some online virtual offerings are here to stay. It was convenient for many of us to receive CE on demand. Having said that, I really miss the in-person CE experience that AAPD offers. I am cautiously optimistic that we will have fall 2021 in-person CE course. We are also planning to resume the in-person Annual Session in 2022, with AAPD 2022 being the 75th Anniversary taking place in San Diego. I know our members are really looking forward to this!

3. With so many organizations focused on creating a welcoming environment as part of their diversity and inclusion efforts, what is the AAPD doing to make sure that women and minority pediatric dentists are welcome and encouraged into becoming volunteer leaders in the AAPD?

We have made this a top priority. Over the past year, we dealt with the pandemic but also social issues. The AAPD was a part of conversations occurring all over the U.S. and the world. In many ways, we are the model of inclusion. Our board of trustees is as diverse as any out there. I could also say the same for the members and alumni of our Kellogg School of Management/Northwestern University Leadership Institute. Our workforce is a broad and diverse community, with talented and caring people. But no one is perfect and there is room for improvement. That is why I announced the creation of the AAPD President's Task Force on

Equity and Inclusion. Under the leadership of Dr. Reneida Reyes, they have been working tirelessly to advance our efforts in the areas of advocacy, patient care, education, and leadership. I proud to say that they developed seven recommendations and the AAPD board of trustees has already acted on four of them!

4. Speaking of volunteer leadership, what advice do you have for early career pediatric dentists seeking to become more engaged with the AAPD?

When I was president-elect and working on council/committee assignments, we heard a lot from early career pediatric dentists (**ECPDs**) about how to get involved. At the beginning of my presidency, I set a goal of getting ECPDs more involved. I am proud to say that this past year, every council/committee has an early career pediatric dentist on it, but we need more. They were involved, engaged and very optimistic about the future of pediatric dentistry. The application process was streamlined, and you can submit your interest on the AAPD website. Please apply and get involved. This is your AAPD!

5. Many pediatric dentists are being denied OR times by their local hospitals. What is AAPD doing to address this?

We have heard from many pediatric dentists that their access to operating room and ambulatory surgery centers is being limited. We have made this one of our top three advocacy priorities. The AAPD and our COO and General Counsel Scott Litch have been working with CMS to express concerns regarding pediatric Medicaid patient access to dental rehabilitation surgery in hospital outpatient and ambulatory surgical center locations. We urged CMS to work with the dental community to establish a new HCPCS Level II Category G-Code for dental rehabilitation. We engaged a consulting/lobbying firm to pursue approval of this code and implementation for hospitals and ASCs and adoption by state Medicaid programs. The AAPD is jointly working on this effort with ADA and AAOMS. We are also providing guidance this spring to AAPD members on how to engage with ASCs, and strategies to negotiate OR time with your local hospital(s). I am very hopeful we will make great progress in this area.

6. What is the proudest achievement of your Presidential year?

Wow. Great question. There have been so many proud moments this year. We have had many challenges but with each one, I had the opportunity to see the real good in people. It makes me have so much hope and optimism for the future. It never ceases to amaze me at how giving, passionate and compassionate pediatric dentists are. I knew when the AAPD held its first town hall in April 2020, I was in the right place at the right time. I welcomed the opportunity to help this great organization navigate through this crisis with the help of AAPD CEO Dr. John Rutkauskas, and the amazing headquarters team. Pediatric dentistry and the AAPD has given me so much and this was my time to give back the best way I knew how and using the talents that I have. As we emerge from this pandemic, I could not be prouder of how the AAPD and pediatric dentists have weathered this storm and come out stronger and more together than ever.

7. Other than COVID, did you encounter unexpected surprises as President?

Do I need anymore surprises? Really. I think there were probably many but nothing to the level of COVID so I really cannot recall.

8. What advice do you have for future AAPD Presidents?

My advice to them will be that you have been entrusted with a great honor to lead a great organization and profession. Your job, as my good friend Dr. Heber Simmons would say...is to leave the woodpile higher than when you found it. Also, don't forget to enjoy the moment. I feel very fortunate and blessed that I had the opportunity to lead this great organization.

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Length of Access to Content	May 20, 2021 – May 31, 2026	May 20, 2021 – December 31, 2021	May 20, 2021 – May 30, 2021 10-day pass
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Student Member	\$250	\$0	Package not available
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*CE is available for three years for each session released. If in three years the content remains relevant, CE can be reissued for up to two additional years. Not all sessions will qualify.	Complimentary Office Staff are only offered with the Plus Pass until May 30, 2021**	Extended Pass: Only available for purchase until May 30, 2021	Fast Pass: Only available for purchase until May 19, 2021

**After May 30, 2021, Members, Student and Life Members will become \$995 for the Plus Pass. Non-members will be \$1500. No other packages will be available for purchase. The Plus Pass does not include 10 free office staff after May 30, 2021.

Register now at annual.aapd.org!

AAPD 2021 Recognition Awards

We are pleased to announce the AAPD 2021 awards recipients for those going above and beyond in our profession and in our community.



Distinguished Service Award

Dr. Reneida E. Reyes



Pediatric Dentist of the Year

Dr. Heber Simmons, Jr.

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Dr. Kevin J. Donly

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Merle C. Hunter Leadership Award

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Lewis A. Kay Excellence in Education Award

Dr. Marcio Guelmann



Suzi Seale Coll Evidence-Based Dentistry Service Award

Dr. Elizabeth Gosnell



Paul P. Taylor Award

A Systematic Review and Meta-Analysis of Nonvital Pulp

Therapy for Primary Teeth

by Coll JA, Vargas K, Marghalani AA, Chen C-Y, AlShamali S, Dhar V, Crystal YO. *Pediatr Dent* 2020;42(4):256-72. E11-E199.

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Manuel M. Album Award

NYU Oral Health Center for People with Disabilities



Virtual Exhibit Hall

Be sure to spend time in the Virtual Exhibit Hall in The Hub! The platform is entirely new and allows for more interacting and learning about exhibitor's great products and services. We know that the Annual Session is usually a time for you to purchase products before your busy season and now you will be able to do these transactions in the virtual exhibit hall! Enjoy one-stop shopping from the comfort of your home or office.

A benefit of the Virtual Exhibit Hall is that during the show the hall is open 24 hours for you to browse the companies. You will want to make sure you stop in during the live networking hours for exciting happenings and information about discount codes.

While we know attendees love getting the Annual Session bag and filling it with exhibitor information and giveaways, rest assured you will still be able to do that this year! Virtually, you will be able to have your own swag bag and collect exhibitor information, brochures, coupons and more. In addition, you can schedule or pop into the chat and have an individual video conference with a company representative in order to answer all your questions.

We are fortunate to have vendors and sponsors that want to connect with our members and support The American Academy of Pediatric Dentistry. The Virtual Exhibit Hall is a key component of The Hub and we can't wait to see you there!

Exhibit Hall Networking Hours

Thursday, May 27, 2021

9 – 10 AM CST

12 – 2 PM CST

Friday, May 28, 2021

9 – 10 AM CST

12 – 2 PM CST

Saturday, May 29, 2021

9 – 10 AM CST

12 – 2 PM CST

** The Hub show hours are 10 a.m. – 6 p.m.*

2021 Exhibitors

**American Association for
Accreditation of Ambulatory
Surgery Facilities**

**American Academy of Pediatric
Dentistry**

**American Board of Pediatric Dentistry
Convergent Dental**

**Dansereau Health Products
Fairfield Orthodontics
Kidzspace Interactive Inc.
LCP Dental Team Coaching
MPLC
Magnify Dental Marketing
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On the fence about registering?

What if I registered but I can't make it to the sessions live?

No worries! Attend what you can or can't and for those you missed, you can access them within 24 hours after the session ends.*

60+ CE Hours, really?!

Yep! You read that right. This is the most CE we have ever offered that you can claim in one year. Certain registration packages allow you to access it and claim CE for up to 5 years after!*

Any sessions that I won't be able to watch after the week is over?

Nope, all sessions will be recorded and available to watch as many times as you want.*

When can I claim my CE?

Starting Sunday, May 30, a link will be emailed to all attendees with instructions on how to earn their CE and you claim it in the year you view it!*



* In order to access content and CE, you must purchase the Extended or Plus packages.



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Continuing Education with RDH Panel Discussion Flattening the Misinformation Curve - Dental Hygiene During COVID-19
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Continuing Education by Dr. Jeanette MacLean The SMART Pediatric Dentist
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Continuing Education by Dr. Jeremy Horst Minimally Invasive Caries Treatments
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Self-Study

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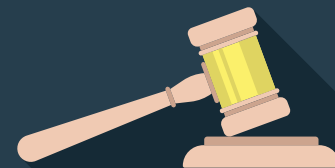
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Legislative, Regulatory and Legal Update

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.

FEDERAL NEWS

AAPD's 2021 Legislative and Regulatory Priorities

On the AAPD website, you can download the AAPD's 2021 Legislative and Regulatory Priorities as developed by the AAPD Council on Government Affairs and approved by the AAPD's board of trustees.¹

Dental Faculty Loan Repayment Tax Relief Bills Introduced in Congress

The AAPD is pleased that legislation to alleviate taxation on Dental Faculty Loan Repayment Program (**DFLRP**) awardees was introduced in the U.S. Senate and House on Feb. 24, 2021, to coincide with National Children's Dental Health Month. This is the top legislative priority for the AAPD in 2021. Unless the tax code is amended, individual recipients of DFLRP must pay income tax on their awards. Congressional leaders from the last Congress worked together to reintroduce this bi-partisan legislation.

The Senate bill (S. 449) was introduced by Senators Ben Cardin (D-Md.) and Roger Wicker (R-Miss.), and the House bill (H.R. 1285) was introduced by Congresswoman Yvette Clarke (D-N.Y. 9th), Congresswoman Grace Meng (D-N.Y. 6th), Congressman (and dentist) Mike Simpson (R-Idaho 2nd), and Congressman

(and dentist) Paul Gosar (R-Ariz. 4th). Senator Cardin, Congresswoman Clarke, and Congressman Gosar issued press releases; the Cardin and Gosar press releases included a quote from AAPD President Dr. Jessica Y. Lee.²

The DFLRP was created due to the significant difficulties in recruiting qualified individuals to fill faculty positions, especially acute in pediatric dentistry. As noted, this legislation exclude from gross income DFLRP awards under Title VII of the Public Health Service Act. By alleviating taxation of such payments to the individual, this legislation will make the program even more effective in recruiting and retaining pediatric dental faculty. During the AAPD's virtual Congressional advocacy week March 1-5, 2021, AAPD members asked additional Members of Congress to co-sponsor these bills.

¹<https://www.aapd.org/globalassets/2021-legislative-priorities-for-website-final.pdf>

²Senator Cardin's press release is available at: <https://www.cardin.senate.gov/newsroom/press/release/cardin-and-wicker-team-with-clarke-gosar-simpson-and-meng-to-promote-loan-forgiveness-to-recruit-more-dentists>

Congressman Gosar's press release is available at: <https://gosar.house.gov/news/documentsingle.aspx?DocumentID=4210>

Legal Issues Related to Dental Staff and COVID-19 Vaccine

by C.Scott Litch Chief Operating Officer and General Counsel



This column draws your attention to an ADA fact sheet¹ that answers a number of legal questions about dental employers and COVID-19 vaccines for employees. Excerpts from some of the key Q and As are included below. I encourage readers to review the entire document, which is available on the AAPD website² and on the ADA's website under their COVID-19 center.

"1. Can I as a health care employer require my employees to get COVID-19 vaccines?"

Answer: The answer is likely yes, at least with respect to practice staff with direct patient contact in the operatory, including any employed dentists. Yet, much remains to be determined, not the least of which includes how available vaccines are and will become (currently, the only vaccines authorized by the Food and Drug Administration are for emergency use and do not have final approval; in addition, they are not yet widely available) . . .

State health departments are in the process of prioritizing the classes of individuals to receive vaccines as and when they become available. And, even assuming a vaccine were widely available, the question raises a range of potential legal issues, and some practical challenges, you may wish to consider before making a business decision to require some or all of your staff to be vaccinated."

"2. What kind of disability/pregnancy-related accommodations should my practice consider in evaluating whether a reasonable accommodation is possible?"

Answer: It is generally assumed that COVID-19 in the health care setting might pose a significant risk of substantial harm to the health or safety of the individual or others, at least with respect to staff members who have direct contact with patients in the operatory setting. For those staff members with such close patient contact, the critical question may come down to whether measures taken before the vaccine became available (i.e., masks, gloves, gowns, shields, protective barriers, social distancing, etc.) would constitute a reasonable accommodation to continue with respect to a staff member with a disability or pregnancy-related condition that could be harmed by a vaccine. The same question would also apply to non-operatory adjustments made before a vaccine became available."

"4. If I require staff members to be vaccinated, what proof can I request them to provide?"

Answer: Practices should take care not to request any verification that reveals any medical condition of the employee aside from vaccination status, as further inquiries may run afoul of federal or state disability laws. You may wish to advise your staff prior to testing the employee not to submit such information. All the practice needs to know is the employee's name and whether a vaccine has been administered (completely in the case of multi-dose vaccines)."

"6. What should I do if a staff member refuses to be vaccinated? Can I terminate their employment or re-assign them to another position?"

Answer: If an employee refuses a required vaccination, you should gather information about and document why the staff member is refusing. If the reason for the refusal is a claimed disability or religious belief (and your practice has 15 or more employees), you will need to discuss and document efforts to determine whether a reasonable accommodation is possible . . . You cannot retaliate against a staff member who exercises their legal right to a reasonable accommodation, nor can you treat similarly-situated classes of employees differently because of their race, gender, etc. If the staff member resists vaccination for non-disability-related or non-religious, personal reasons, the practice may still wish to consider accommodation should the practice wish to retain the staff member rather than terminating their employment."

"7. What if I require a vaccination and a staff member suffers an adverse reaction?"

Answer: If a practice requires vaccination as a condition of continued employment, adverse consequences would be compensable to staff under state workers' compensation laws. Properly-classified independent contractors are not generally entitled to workers' compensation, in which case the practice may be liable if the vaccine was administered recklessly or negligently."

"8. May staff members who have been vaccinated refuse to wear a mask and socially distance?"

Answer: Not for a while. The reality is, it may take weeks for the vaccine to take full effect, particularly in the case of a multi-dose vaccine. If a person is vaccinated while already infected by COVID-19, the vaccine may not prevent the spread of the virus to others. The data also suggests that while the vaccines are seemingly highly effective, none of them have been shown to be 100% effective, meaning there still is a chance of contracting COVID-19. Moreover, we do not yet know how effective or long-lasting the vaccine will prove in the long term, or whether someone who receives the vaccine may nevertheless spread the infection to others."

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

This column presents a general informational overview of legal issues. It is intended as general guidance rather than legal advice. It is not a substitute for consultation with your own attorney concerning specific circumstances in your dental practice. Mr. Litch does not provide legal representation to individual AAPD members.

¹https://success.ada.org/~media/CPS/Files/COVID/COVID-19_Vaccine_FAQs_for_Practice_Owners.pdf

²<https://www.aapd.org/about/about-aapd/news-room/covid-19-status/>

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PAC Corner

2020 AAPD PAC Contributions



In calendar year 2020, 942 members contributed \$217,729. Members in the Southeastern district had the most participation. Members in the Southeastern district also contributed the most in hard dollars—those contributions that can be used for candidate support. Members in the Western District had the highest average donations.

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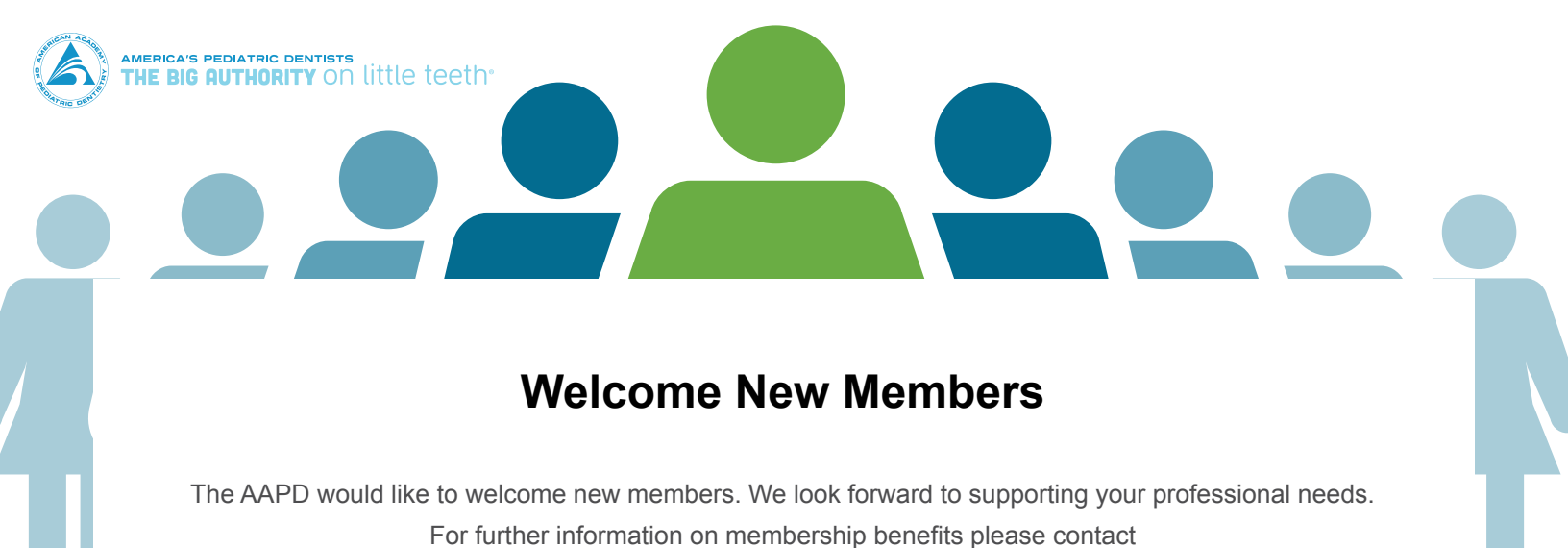
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Member Benefit Spotlight



Is Now the Time to Refinance your Private Student Loan?

Many borrowers are considering their student loan options in light of historically low interest rates, federal student loan payments on pause at least through September 2021, and discussion of student loan forgiveness by both parties.

With so many factors swirling around, it can be tough to decide how to handle your student loans. That's because there is no one "right" answer.

The era of low interest rates means that a holder of private student loans could get a lower rate than before, making refinancing attractive.

SoFi and AAPD partner to offer student loans resources and refinancing through [SoFi.com/AAPD](https://sofi.com/aapd). Here's what to consider about refinancing student loans.

Should Private-Loan Holders Refinance?

In September, the Federal Reserve pledged to keep interest rates near zero for the foreseeable future as an economic recovery aid. That led many private lenders to follow suit and lower their interest rates, but private lenders have slowly been raising rates since the start of 2021.

Borrowers can check current rates for refinancing—replacing multiple student loans with a single, new private loan with a single monthly payment. They'll save money if the new loan has a lower interest rate.

Refinancing may make sense if:

- You have private student loans or a combination of private and federal student loans and can gain a lower rate (just realize that refinancing federal loans to a private loan would remove the current pause in payments and interest accrual, and federal student loan forgiveness, if it comes to fruition, as well as federal income-driven repayment plans and forgiveness programs).

- You have a stable income.
- You have good or excellent credit.
- You have access to a co-signer who meets those criteria if you do not.

With refinancing, it's important to understand the fine print of the loan, including any hidden or stated fees, prepayment penalties, or other factors that may increase the cost of the loan over time.

You also may need to decide whether to choose a variable or fixed rate.

- Fixed-rate loans lock in the rate once you agree to the terms of the loan, so you'll pay the same interest rate for the life of the loan, regardless of how interest rates rise or fall.
- Variable-rate loans have a rate that changes based on the market. A variable rate may start low but climb, sometimes up to a cap. Your bill will change, making it more difficult to budget the payments. And providers may have a different schedule for changing rates: Some may be every month, some every quarter.

When deciding on a rate structure, considerations include the life of your loan (a longer loan term may mean more interest variation over time, including periods of higher interest), your budget, and what makes sense for your overall financial strategy.

Should Federal Loan Holders Refinance?

It's important for Federal borrowers to know that their required monthly payments have been paused and those loans are accruing zero percent interest through Sept. 30, 2021.

The Department of Education folks like a different word: consolidate. In general, federal consolidation may lower your payments by extending the loan term (up to 30 years), but the amount of interest you pay will increase.

A Direct Consolidation Loan consolidates multiple federal education loans into one federal loan, resulting in one monthly payment. It does not include any private student loans you have.

The interest rate on a Direct Consolidation Loan is the weighted average of your current federal student loan interest rates, rounded up to the nearest eighth of a percentage point. It's a fixed rate.

Will a federal consolidation loan approved during the COVID-related "administrative forbearance" be placed in the paused-payment, zero-interest program? Yes.

Could I Get Loan Forgiveness If I Refinance?

This is a big question that doesn't have a clear answer. President Joe Biden, as well as other politicians, support federal student loan forgiveness.

Biden has called on Congress to cancel \$10,000 in federal student loan debt, but he hasn't said whether he would expand that forgiveness to private student loan debt.

As of now, if you're refinancing just private student loans, federal loan benefits don't apply to your situation. If loan forgiveness did expand to private student loans, then refinancing may have allowed you to save money on interest in the meantime.

In other words: It can be a good idea for borrowers to look for windows of opportunity today instead of waiting for the future, when interest rates may rise.

The Takeaway

Is now a good time to refinance student loans? If you have private student loans and can get a lower rate, it may make sense to do so. Understand any fees, prepayment penalties, and protections such as forbearance before you sign an agreement.

Refinancing student loans with SoFi involves no application or origination fees and no prepayment penalties.

Plus, AAPD members receive a 0.125 percent interest rate discount when they start their applications through SoFi.com/AAPD.

Simply register and share a little information, and view rates you might qualify for. (Checking your rate will not affect your credit score.)*

Then use a student loan refinancing calculator to get an idea of how much you could save before you apply.

***Checking Your Rates:** To check the rates and terms you may qualify for, SoFi conducts a soft credit pull that will not affect your credit score. A hard credit pull, which may impact your credit score, is required if you apply for a SoFi product after being pre-qualified.

SoFi Loan Products

SoFi loans are originated by SoFi Lending Corp (dba SoFi), a lender licensed by the Department of Financial Protection and Innovation under the California Financing Law, license # 6054612; NMLS # 1121636. [Opens A New Window.](#) For additional product-specific legal and licensing information, see SoFi.com/legal.

SoFi Student Loan Refinance

IF YOU ARE LOOKING TO REFINANCE FEDERAL STUDENT LOANS, PLEASE BE AWARE OF RECENT LEGISLATIVE CHANGES THAT HAVE SUSPENDED ALL FEDERAL STUDENT LOAN PAYMENTS AND WAIVED INTEREST CHARGES ON FEDERALLY HELD LOANS UNTIL THE END OF SEPTEMBER DUE TO COVID-19. PLEASE CAREFULLY CONSIDER THESE CHANGES BEFORE REFINANCING FEDERALLY HELD LOANS WITH SOFI, SINCE IN DOING SO YOU WILL NO LONGER QUALIFY FOR THE FEDERAL LOAN PAYMENT SUSPENSION, INTEREST WAIVER, OR ANY OTHER CURRENT OR FUTURE BENEFITS APPLICABLE TO FEDERAL LOANS. [CLICK HERE FOR MORE INFORMATION.](#)

Notice: SoFi refinance loans are private loans and do not have the same repayment options that the federal loan program offers such as **Income-Driven Repayment plans, including Income-Contingent Repayment or PAYE**. SoFi always recommends that you consult a qualified financial advisor to discuss what is best for your unique situation.

Financial Tips & Strategies: The tips provided on this website are of a general nature and do not take into account your specific objectives, financial situation, and needs. You should always consider their appropriateness given your own circumstances.

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Starting the Big Job of Taking Care of Tiny Teeth

by Sarah Khan, D.D.S., M.P.H.

First and foremost, congratulations! Whether you are getting ready to graduate dental school in a few months or you are wrapping up cases for your patients in private practice as a non-traditional application – come the summer you will be immersed in pediatric dentistry. Looking back at the past 20 months, it is humbling to see how much I have grown since starting my residency in 2019. I graduated dental school in 2016, completed my General Practice Residency (GPR) in 2017, worked in private practice for two years and started my residency three whole years after graduating dental school. As you begin this next step in your career it is important to slow down and pause. Be proud of yourself and be excited! In a little more than 100 days, I will complete my residency at Maimonides Medical Center in Brooklyn, N.Y. Being Chief Resident in one of the busiest NYC hospitals during a global pandemic, has been interesting to say the least. Every program is unique and has its strengths and weaknesses. However, there are some universal truths about all pediatric dental residency programs.

In his book, *The Checklist Manifesto*, Atul Gawande said, “Good checklists... they provide reminders of only the most critical and important steps—the ones that even the highly skilled professional using them could miss.” While pediatric dentistry can be very unpredictable,

there are systems that can be developed to improve the flow of the day to day. Through the didactic curriculum in your program, you will learn about evidence based guidelines, treatment planning, behavior management techniques and clinical skills. Honestly, prior to starting my residency, I did attempt to read the AAPD guidelines in an effort to get ahead, however, I found that without a clinical context it was difficult to apply. In addition to the formal curriculum at your program, what I found more helpful was to follow-up specific clinical situations from each day with self learning. I recall one of my co-residents treating a patient with Noonan Syndrome and I went home that night and read about it. By developing a correlation with a clinical situation and evidence based literature the information is more likely to stick in your mind. As you develop your diagnosis and clinical skills create “checklists” and “systems” for yourself. In pediatric dentistry, every moment counts and establishing efficiencies in your daily routine will make you an excellent provider. One of my assistants while I worked in private practice, taught me to change the highspeed from a cutting to polishing bur while a restoration was being light cured. This seemingly simple step makes a huge difference at the end of a procedure when the patience of your patient is often decreasing. Expect to learn from everyone; your attendings, assistants and co-residents!

While that may sound cliché, as everyone has different backgrounds and education pathways, even patient encounters that are not your own can be educational. My co-residents and I have a WhatsApp group and we often share successes and failures on a daily basis (being mindful of HIPAA, of course). This will increase your exposure to clinical scenarios which, in turn, will make you more prepared when you face a similar situation in the future. Always remember that no one comes into a residency already a pediatric dentist – and that your bad days are as important to your professional and personal growth as are your great days. Just the other week, my patient spit Hydroxyzine in my face the one time I did not wear a face shield in addition to a mask during administration. Needless to say, the reminder of stickiness and the sheer embarrassment on the father's face will always remind me to wear a face shield going forward.

Expect to laugh, a lot! The only real advice I recommend before starting is keep up with pediatric pop culture. Spend time watching and researching shows, characters and songs that kids are listening to these days. Develop your own funny little antics. For example, when counting I like to throw in the occasional fruit or zoo animal. Most of the time the kid will look up at you with confused eyes but you will get a chuckle out of the parent. Remember Elsa and Anna are still cool (for now) but most kids don't know who Barney is.

Columbia University College of Dental Medicine's Predoctoral AAPD Chapter

The 2020-2021 executive board of Columbia University College of Dental Medicine's (CDM) Predoctoral AAPD Chapter assumed their positions with much excitement in mid-May 2020!

In June 2020, we published a list of book recommendations that was intended to begin meaningful conversations, spread awareness, and educate young readers about anti-racism, Black history, and the Black experience. This was developed in response to the Black Lives Matter movement and the demonstrations of racism and senseless violence that had recently taken place in our country. We partnered with EyeSeeMe, a Black-owned bookstore whose mission is to promote stories about African-American culture and history, to bring a collection of books from our list to CDM's pediatric dentistry clinic. We humbly asked the CDM community for donations to the effort and graciously received a total of 56 books, of 18 different titles. This was a strong start for the club's academic year and was followed by the recruitment of 43 members!

Our community outreach efforts have prevailed through the pandemic and allowed our chapter to continue its presence in the community. Members volunteered their time to speak with families at El Nido de Esperanza, a local community-based organization, for six virtual sessions on oral hygiene instruction. In addition, we secured a partnership with Colgate and were able to donate 600 toothpastes and toothbrushes to Homes for the Homeless in New York City, a non-profit organization whose mission is to break the cycle of homelessness. We also recorded a presentation on oral hygiene for all ages to be played across their centers.

Throughout the academic year, the club has harnessed the current virtual era to connect with engaging and expert speakers near and far from the New York area. Topics covered included: practicing pediatric dentistry in an academic setting vs. private practice, tips for nailing a Zoom interview, the impact of COVID-19 on pediatric oral health's present and future, emerging technology in pediatric dentistry, and the deep connection between the

fields of pediatric dentistry and orthodontics. Each event was well attended with an average of over 30 participants!

We would like to thank and acknowledge our AAPD student chapter faculty advisor, Dr. Shantanu Lal, for his gracious support and for sharing his passion and breadth of knowledge with us! We also appreciate the opportunity to collaborate with the CDM pediatric dentistry department's faculty, residents and staff!

CDM's AAPD chapter has always sought to schedule events that allowed its members to experience and expand their knowledge of pediatric dentistry and to provide guidance on pursuing a career in the field. As the 2020-2021 chapter president, I am grateful to have an enthusiastic member body to motivate an incredible executive board that was able to continue the trajectory from past leadership teams and find ways to adapt our organization's efforts to the restrictions imposed by the pandemic. I look forward to seeing the chapter reach even higher heights in the years to come!



Our chapter continues to connect, learn, and serve our community virtually throughout the pandemic.



The 2020-2021 executive board of CDM's Predoctoral AAPD Chapter.

Past President Dr. Lewis A. Kay

Moorestown, N.J.—Dr. Lewis Avrom Kay, of Moorestown and Harvey Cedars, N.J., died on March 26, 2021. Lewis is survived by his wife Jo Ann Kay; children Dana Kay Smith (Philip) and Stephen Kay (Piper); grandchildren Samantha, Lucy, Lilli and Reid and many loving sister-in-laws, nieces, nephews, cousins and friends. He is preceded in death by his daughter Meredith and his sister Barbara.

Dr. Kay was a graduate of Brown University and the University of Pennsylvania School of Dental Medicine. He also served our country as a member of the United States Army. For over 50 years, Dr. Kay's work as a pediatric dentist has touched generations of people. Up to his last days, past patients recognized him for his compassion, kindness and gentle spirit in the dental treatment of all, including many of the community's special needs children and adults.

As a professional, Dr. Kay has been affiliated with many prestigious hospitals and organizations, including Children's Hospital of Philadelphia (Senior Dentist), University of Pennsylvania School of Dental Medicine (Associate Pediatric Dentistry), Cooper Hospital Medical Center (Cleft Palate Team), Episcopal Hospital/Temple University (Clinical Director), Academy of Dentistry for the Handicapped (President and Board Member), New Jersey Dental Association (Delegate), New Jersey Foundation of Dentistry for the Handicapped (President), and American Academy of Pediatric Dentistry (President).

Dr. Kay was recognized for his outstanding service and extraordinary effort as a member of the Dental Identification Unit during 9/11. In 2011, Dr. Kay was the inaugural recipient of The Dr. Lewis A. Kay Excellence in Education Award. The eponymous award was established by Pediatric Dental Associates to be presented by The American Academy of Pediatric Dentistry to the director of a pediatric dental program who is determined to best exemplify the dedication, commitment and leadership of the late Dr. Kay.



Kay was a strong, loving, joyful husband, father, grandfather, friend and colleague. His spirit will continue to serve as an example of life well-lived and an inspiration for all those fortunate enough to have been able to share in his light.

Contributions in his memory can be made to The Dr. Lewis A. Kay Excellence in Education Award via The American Academy of Pediatric Dentistry Foundation, in Chicago, Samaritan Hospice of South Jersey or a charity of one's choice.

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Market Volatility and Retirement

If you're saving for retirement, you're probably used to seeing the value of your retirement accounts go up and down with the financial markets. However, once you retire, volatility may be a greater concern.

Taking withdrawals from your retirement accounts during market downturns can significantly reduce their value over the long term. This is why it's important to have alternate sources of retirement income that are not directly impacted by market conditions. To better understand this problem and how you can prepare for it, consider the following example.

A Potential Retirement Scenario

Imagine you're 65 and planning to retire. You have a substantial portion of your retirement savings in a traditional individual retirement account (IRA). Assume that the investment results for this account over the next 20 years of your retirement will mirror the annual returns of the S&P 500 Index¹ from 1973 to 1992. During this time period the average annual return was 12.75 percent. However, there were five years with negative returns. You may not have accounted for the effect withdrawing money from your investment account following a year with a negative return could have on the overall balance of the account.

Also, as you look to withdraw these savings over the course of your retirement, either because you need the funds for living or other expenses, or because you want to satisfy the required minimum distribution (RMD),² you may be advised by your accountant that your withdrawal will be taxed as ordinary income.

A Different Approach

Instead of taking out of your IRA the full amount you needed to cover your expenses every year, what if you avoided taking money out the following year after the portfolio produced a negative return. (You'd still withdraw at least the annual RMD² once you turned 72.)

Few people want to sell an investment that is lower this year compared to last year (due to a negative return). By avoiding a withdrawal the year after a negative return, you would be allowing your money to continue to work for you during the 'down' years, rather than being forced to take out money when your portfolio was experiencing a loss. Over the course of a 20-year retirement, even if this happens three or four times this alternative withdrawal strategy could have a significant effect on the overall portfolio's balance. In order to implement this type of strategy you would need to have some type of account or non-correlated asset available to access money following the years your investment account had negative returns.

Alternate Sources of Income

There are a number of ways to create sources of income that you can depend on during down markets. Bank products such as certificates of deposit and savings accounts are obvious choices. Investments such as money market funds and short-term government bond funds are also options. These and other near-cash investments should be part of every retiree's safe income sources. However, while they are low-risk investments, they also provide lower returns.

Another option to consider is participating whole life insurance. In addition to providing permanent life insurance protection, whole life accumulates guaranteed cash value that increases each year on a tax-deferred basis and never decreases in value due to market conditions. So, it can be a reliable alternate source of funds during financial downturns.³ Whole life insurance also offers some attractive income-tax advantages that allow the policyowners to access the cash value on a tax-advantaged basis. Overall, it can be an important part of your retirement income strategy and should be given consideration well before retirement as a piece of your overall insurance portfolio.



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¹The S&P 500 price index is a measure of common stock market performance in the U.S. It is an unmanaged index and does not reflect the fees or expenses associated with an actual investment. Individuals cannot invest directly in an index. Past performance is no guarantee of future results.

²The Required Minimum Distribution (RMD) is the minimum amount that must be withdrawn annually from a traditional IRA once the account owner reaches age 72 (age 70 1/2 for those who reached age 70 1/2 by the end of 2019), based on the account balance at the start of each year. If the full RMD is not taken as required, the short-fall will be subject to an excise tax.

³Distributions under the policy (including cash dividends and partial/full surrenders) are not subject to taxation up to the amount paid into the policy (cost basis). If the policy is a Modified Endowment Contract, policy loans and/or distributions are taxable to the extent of gain and are subject to a 10% tax penalty if the policyowner is under age 59 1/2.

Access to cash values through borrowing or partial surrenders will reduce the policy's cash value and death benefit, increase the chance the policy will lapse, and may result in a tax liability if the policy terminates before the death of the insured.

AAPD Podcasts

Did you know that AAPD has **TWO** free podcasts you can listen to? Whether you're an experienced dentist, early career dentist, resident, or office staff, you will find topics relevant to you and your pediatric dental journey!

Listen on aapd.org, Spotify, iTunes, Google Podcasts, Stitcher, TuneIn, Android, and more!

Newly Erupted



Are you a pediatric dental resident, early career pediatric dentist or an experienced dentist constantly seeking new information? If you feel like you're an expert on clinical topics, but want to know more about the ins and outs on how to start in the profession, **Newly Erupted** is the podcast for you! Join host Dr. Joel

Berg in AAPD's newest podcast and learn about topics such as loan repayment, negotiations/contracts, disability insurance, dental student debt options, differing career path perspectives, advocacy and more. Each topic and guest will be decided by a group of residents, so you can be sure the episodes are relevant to you and your career path. Join us every fourth Tuesday for a new episode!

Sponsored by:



Pedo Teeth Talk



Join AAPD leaders, experts in the field of pediatric dentistry and other professionals for **Pedo Teeth Talk**. We'll be discussing scientific, clinical and the most up-to-date, relevant information out there for anyone and everyone in the pediatric dental community. Topics include, but are not limited to SDF, behavior management,

practice management, trauma and much more. Tune in every second Tuesday for a new episode!

Sponsored by:



The Canadian Academy of Pediatric Dentistry and The American Academy of Pediatric Dentistry Joint Conference

Molar Incisor Hypomineralization: Everything You Need to Know

Sept. 23-25, 2021

Montreal, Quebec

This course will discuss the etiology and prevalence of Incisor-Molar Hypomineralization (MIH). Pain pathways associated with the pathophysiology of MIH will be presented, as well as ways to manage the pain short-term and longer-term. Restorative treatment options will be discussed and orthodontic special care considerations will be presented, including decision-making on whether to extract or not extract. Pulpal considerations will be discussed, including current evidence-based pulp therapy.

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.

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Bridging The Gap: Innovative Approaches to Nurturing Better Pediatric Dentists through Pre- and Post-doctoral Collaboration

Plan on meeting your colleagues for the 2021 Joint Academic Day (JAD) that will be held on *Tuesday, May 25, 2021, from 10 a.m. – 4 p.m. CST (*This is a change. The annual session preconference course will be held on Wednesday). The combined session for pre- and post-doctoral program directors will feature discussions addressing education, assessment and virtual interviews in this digital age we have been immersed in due to the corona virus pandemic.

Register in advance for this meeting at <https://tinyurl.com/3e878zy7>.

We are also looking for volunteer moderators for our small group breakout sessions. There will be a breakout after each topic (Education/Assessment/Interviews). You will be able to volunteer when submitting your registration.

Pediatric Dentistry Residency Continues to Soar in Popularity

Pediatric dentistry continues to be a popular specialty with graduates as evident by the continued growth in Match results for the 2020–21 academic year. This year proved to be very interesting, as all of the specialties and Advanced Education in General Dentistry (AEGD) had significant increases in applicants participating in the Match.

For the 2021–22 academic year, the number of positions offered and residency positions filled continued to surpasses all specialties and AEGD programs participating in the Match.

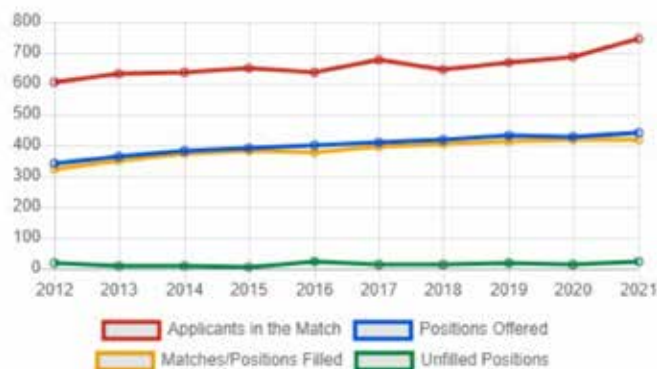
2021-22 Match Statistics

Program	Applicants Participating in the Match	Positions Offered	Matches/ Positions Filled	Unfilled Positions
Pediatric Dentistry	744 (+59)	440 (+11)	417 (+1)	23 (+10)
Adv. Education in General Dentistry	678 (+119)	326 (-30)	266 (+20)	70 (-50)
Orthodontics	608 (+106)	332 (+14)	322 (+14)	10 (0)
Oral and Maxillofacial Surgery	493 (+55)	236 (+1)	235 (+5)	1 (-4)
Periodontics	357 (+7)	137 (-15)	137 (-14)	0 (-1)
Prosthodontics	283 (+44)	130 (+7)	118 (+10)	12 (-3)
Dental Anesthesiology	71 (+23)	29 (+1)	29 (+3)	0 (-2)

The number in parentheses represents the changes (plus or minus positions) as compared to last year.

Dental Match Statistics

Postdoctoral Dental Matching Program for Positions Beginning in 2021



For complete results of the 2021–22 Match, please visit the National Matching Service website at www.natmatch.com/dentres.

Annual data on accredited programs and enrollment (Survey of Advanced Dental Education) is gathered and maintained by the Health Policy Institute of the American Dental Association (ADA). Data from the 2019–2020 academic year is the latest available. At that time, there were 82 pediatric dentistry residency programs accredited by the Commission on Dental Accreditation (CODA), enrolling a total of 973 postdoctoral students. There was first year enrollment of 479 and there were 460 graduates in 2019.

For the latest annual reports on accredited predoctoral, advanced and allied dental education program in the U.S., please visit <https://www.ada.org/en/science-research/health-policy-institute/data-center/dental-education>.

Title VII FY 2020 Grant for Postdoctoral Training in Pediatric, General, and Public Health Dentistry Spotlight

The Health Resources and Services Administration (**HRSA**) awarded 27 Title VII FY 2020 grants for postdoctoral training in pediatric, general, and public health dentistry. Six awards were directed solely to pediatric dentistry programs, and another ten include pediatric dentistry in collaboration with general dentistry and dental public health.

In this issue, we highlight Columbia University Irving Medical Center and UCLA Pediatric Dentistry.

Grantee Profile – Columbia University Irving Medical Center

Columbia University College of Dental Medicine's newest postdoctoral training grant prepares pediatric dentists to partner with general dentists and public health dentists in the care of people and populations living with special needs. Since 2007, the College has leveraged a series of HRSA-sponsored training grants to promote leadership skills, advance interprofessional care, network with community organizations, and prepare trainees for evolving care delivery and payment models.

While earlier grants were directed solely to pediatric dentistry, the current program, *"Building Future Capacity for Special Care Dentistry across the Lifespan,"* takes a cradle-to-grave approach that includes AEGD and Dental Public Health (**DPH**) Program trainees.

Columbia's postdoctoral grants have sponsored training of 82 pediatric dentists including 16 in an MPH Fellowship program. Over five years of Building Capacity, the grant will support training of an additional 15 pediatric and general dentists to pursue the College's MPH Fellowship. Dentists interested in this full- or part-time mentored MPH degree program can contact Program Coordinator Emily Byington at era2125@cumc.columbia.edu.

Building Capacity's multidisciplinary Training Team provides expertise to Columbia's AEGD, Pediatric Dentistry, and Dental Public Health Program Directors in nutrition, social work, health education, public policy, and educational technology. The Training Team develops new courses, hosts an annual regional primary care convocation, and trains primary care dentists in public health.

During the first year of *Building Capacity*, the Training Team is developing two new courses. The first, to be delivered as a hybrid (partly in-person and partly online), promotes understanding of the lived experiences of persons with sensory, cognitive, physical, medical, or behavioral disabilities. The second, delivered entirely online, addresses evolving models of care delivery and payment through the lens of healthy systems science.

The Program's clinical component builds medical-dental collaborations, multidisciplinary clinical rounds, clinical rotations, and communications training. It utilizes previously developed online learning modules on interdisciplinary care (<https://match.ctl.columbia.edu/>), vulnerable populations (<https://pass.ctl.columbia.edu/>), and opioid management (<https://ohcoe.ctl.columbia.edu/>).

This year, the Training Team will host its 14th annual HRSA-sponsored regional Convocation on Care of Underserved Popula-

tions for 26 regional postdoctoral programs. Delivered online for the first time because of the COVID pandemic, it will feature the special needs of persons with sensory disabilities through film, guided discussion groups, and a panel that includes a deaf actor.

Through a supplement to *Building Capacity*, pediatric dentistry residents' research projects this year focus on caries counseling to prevent or suppress disease through salutary health behaviors. Residents are using resources from the *MySmileBuddy* early childhood caries management program to assess the impacts of lay-health worker and resident delivered video and teledentistry interventions. These interventions aim to help parents of high risk children adopt healthy dietary, feeding, and oral hygiene behaviors.

The grant also supports a dynamic in-depth evaluation component that helps the Training Team and Program Directors assess the impact of these endeavors by tracking trainees long-term and implementing quality improvement strategies.

Burton L. Edelstein, D.D.S., M.P.H.

Professor of Dental Medicine (in Pediatric Dentistry) and Health Policy & Management at Columbia University Irving Medical Center

Grantee Profile – UCLA Pediatric Dentistry-UCLA School of Dentistry

Action is needed by primary care providers to expand access to quality oral health care and improve preventive oral health knowledge/skills among caregivers. There is still a need to increase the ability of primary care providers to care for the needs of all patients, especially those with special needs, and to address the social determinants of oral health. The purpose of the Community Access, Reach & Education in Pediatric Dentistry (**CARE-PD**) program is to expand the Community Health and Advocacy Training in Pediatric Dentistry (**CHAT-PD, 2010-2015**) and the Strategic Partnership for Interprofessional Collaborative Education in Pediatric Dentistry (**SPICE-PD, 2015-2020**) residency training programs to effectively prepare dentists and primary care providers to address disparities in prenatal and children's oral health.

Through CARE-PD, we will continue our existing curriculum, which includes nine innovative training modules, and introduce two additional community-based training goals. These goals involve partnerships with urban and rural/migrant Head Start/Early Head Start (**HS/EHS**) programs and Federally Qualified Health Centers (**FQHCs**). This project will address focus areas: underserved/ vulnerable populations, rural training site and dental public health.

Our project goals are to:

- Expand integrated oral and primary health care through interprofessional education/practice and expand our dentist dual degree (DDS/MPH) cohort. We will cross-train pediatric & family medical residents, and pediatric & family nurse practitioner students. In collaboration with the UCLA School of Public Health, we will sponsor a total of 3 dental residents to earn an MPH degree.
- Establish a Telehealth Project with a local FQHC and EHS programs focusing on the life course, Early Childhood Caries (**ECC**) prevention, and integrating a comprehensive caries disease prevention model focusing on the Age One Visit into their existing comprehensive family and child development services. We will design and pilot this telehealth process within a UCLA community-based clinic facility.
- Develop a tailored bilingual oral health curriculum focusing on the life course and ECC prevention for the Riverside County Office of Education Rural/Migrant HS/EHS program, to improve the oral health education and connection to dental homes for families receiving HS/EHS services.
- Enhance the CHAT/SPICE-PD policy and advocacy training module to train our providers to better understand the social determinants of health, systems-change approaches, and how to effectively advocate and be leaders for children's oral health. We will engage UCLA faculty and subject matter experts through the UCLA Center for Children's Oral Health and incorporate resources from multiple universities to collaboratively enhance this module.

We are excited to build on our past work, which includes a CHAT/SPICE PD cohort of 352 alumni (including pediatricians, pediatric nurse practitioners, general dentists and 19 DDS/MPH graduates) who are trained and committed to providing preventive oral health services to underserved families/children. We aim to take lead on identifying new directions forward in the era of COVID-19, where we are tasked with adapting children's oral health risk assessment and behavior management techniques for telehealth visits. To successfully collaborate with children and caregivers in this way, we also aim to find ways to effectively utilize motivational interviewing techniques through virtual communication platforms.

For additional details, please contact Dr. Francisco Ramos-Gomez at frg@dentistry.ucla.edu or Lauren Lauridsen at llauridsen@dentistry.ucla.edu.

Further details of these specific awards can be found at: <https://data.hrsa.gov/tools/find-grants>. Click on Program Name, scroll down and select, Postdoctoral Training in General, Pediatric and Public Health Dentistry. Then click on Year and select 2020.

For more information about AAPD's Title VII advocacy, contact Chief Operating Officer and General Counsel C. Scott Litch, Esq., C.A.E., at slitch@aapd.org.

For more information about HRSA Title VII dental grant opportunities, contact Education Development and Academic Support Manager Leola Royston, M.P.H., at lroyston@aapd.org.

Apply for the Leadership in Education and Administration Program (LEAP)*

***Formerly known as the Master Clinician Scholarship Program**

Building on the momentum of the program over the past several years, the Academy for Advancing Leadership's (**AAL**) Institute for Teaching and Learning (**ITL**) course will still be offered with this new scholarship program. However, now scholarships for AAL's Chairs and Academic Administrators Management Program (**CAAMP**) will also be awarded.

The difference between the two programs:

- **ITL Focus:** Educator proficiency, pedagogical theory, best practice applications for clinical and didactic education, IPE, faculty development, and trends in education
- **CAAMP Focus:** Best practices for leadership and management, professional development, team dynamics, and strategic planning topics

Both course are held in Atlanta, Ga. The scholarship covers tuition only.

The ITL course is designed as a program to help participants achieve better student outcomes by refining their teaching skills and enhancing the quality of their interactions with students. The CAAMP is an interactive program designed to address the unique challenges faced by new, current, and aspiring administrators.

Selected scholarship recipients will also receive complimentary registration to the AAPD Comprehensive Review of Pediatric Dentistry continuing education course. Scholarship applications are available under Awards and Fellowships/Leadership in Education and Administration (**LEAP**) on the AAPD website at <https://www.aapd.org/resources/member/awards-and-fellowships/>.

Do You Know About the Pediatric Dentistry Residency Seminar Series?

Presentations are held about once per month (sometimes more). With the aim to cover a broad range of topics to augment programs' regular curriculum. Sessions are geared toward enhancing residents' education, but are open and available to all members.

The Pediatric Dentistry Residency Seminar Series schedule (with registration links) is updated periodically, and can be accessed via the AAPD website at <https://www.aapd.org/resources/member/resident-resources/pediatric-dentistry-seminar-series/>.

We know that not everyone will be able to view these presentations live, so presentations are recorded and made available to AAPD members.

For further information, please contact the Education Development and Academic Support Manager Leola Royston at (312) 337-2169 or lroyston@aapd.org.



LCP Dental Team Coaching is recognized as the premier consulting firm specializing in pediatric dentistry since 1996.

Seven Steps for Powerful Performance Reviews

Effective performance reviews have many benefits for your team: improved communication, time to give and receive feedback, improved performance, goal setting and more. Most doctors avoid this necessary leadership tool or do it poorly because it feels confrontational. Sometimes, they do not have a format to follow, thus missing a valuable coaching opportunity with their employees.

The performance review creates the perfect setting to share verbal appreciation about the employee's unique strengths and constructive coaching about any behavior the doctor wants to see changed. Employees need to hear this type of feedback to perform at the level of the doctor's expectations. Research has shown that employees want to feel their presence is recognized and valued by their employer and contributes a positive difference.

By following the steps listed in this article, the performance review will become a positive learning experience for the employee and the doctor and take the employee's performance to the next level while also strengthening your practice's culture and reinforcing its values.

1. Schedule a Performance Review Meeting

- A performance review is a powerful communication tool and should not be done without preparation. When done correctly, the evaluation can be just as valuable as a day of training or continuing education.
- A performance review should be done annually, at the minimum, for employees who have been with the practice for more than one year. It is important to remember to check-in with your employees frequently throughout the year, not just at their annual performance review. Providing continuous feedback with your employees can lead to increased efficiency and engagement.
- A new employee should be given feedback on their performance once a week for the first month, then at 60 and 90 days, and again at six months. By sharing more frequent feedback, the new employee can be more successful in their position because the clarification of what is working well and what needs to be changed is made more clear.
- Treat the review like any other important meeting by scheduling a time and date to meet with the employee. Plan to meet in a quiet, private room to avoid interruptions and respect the privacy of the information that is being exchanged. Do not put the review off by rescheduling; this is a significant event on your employee's calendar. Rescheduling sends a message to the employee that spending this

time with them is not important to you. Be sure to schedule an adequate amount of time that allows both you and your employee to share feedback. No less than 45 minutes is recommended.

2. The Employee Reviews Themselves

- One week before the review date, give your employee a review form to evaluate their performance and then return it to the doctor. This allows the doctor to understand what level of performance the employee believes they have and how best to coach the employee in any needed area. In addition to the review form, give your employee a form to list goals for this year, improvements they want to make from the previous year, and things they need help with to achieve their goals. This information helps the doctor create an atmosphere for the employee to continue to grow and thrive. Many practice management consultants have forms available that list the areas that should be evaluated at a performance review.

3. Hold the Performance Review

- You will be more successful in communicating information about the performance review if you have the appropriate verbal skills. Think of the performance feedback as positive coaching of the employee to help them succeed in their position. Remember, the goal of the review is to improve understanding and performance, not just to list the problems.

- The wrong way: "We've got a problem here." The right way: "I want you to know that I am especially pleased with... Where I would like to see you concentrate for the next few months is... This is the next level I would like to see you take your performance to... I'm confident that you will do an outstanding job. Please let me know how I can help you achieve this goal." Treat the feedback you are giving your employee as an empowerment tool, not as a disciplinary action. Remember when discussing any changes that need to take place to be very specific.
 - When performance changes are requested of an employee, the doctor should ask questions to help gain insight into whether the employee will succeed with the request. Ask; "Is this a change you can make?", "Is this a change you want to make?", and "What kind of help do you need to make this change?"
 - It is beneficial to schedule a follow-up meeting to review the employee's progress in taking their skills to the next level. Ongoing, positive coaching is the best communication tool for helping your employees become high-performing members of your dental team.
4. **Set Benchmarks**
 - Each position should have understandable benchmarks of acceptable performance, which must be communicated to the employee. For example, the person in charge of collections should be collecting 98+ percent of production with an accounts receivable to production ratio of 1:1, and no more than 18-24 percent of the accounts receivable should be over 60 days. If any one of these criteria are not being met, the employee will know exactly where to concentrate their efforts to improve. Benchmarks can also be set for scheduling and clinical performance.
 5. **When to Discuss Compensation**
 - It should be made clear to employees that annual raises are given for making themselves more valuable to the practice through improved skills and a motivated attitude, not for just being there another year. A pay increase does not have to be attached to the annual review. It can occur at a set date after the review when the requested performance changes have been achieved. Be sure to use a Total Compensation Calculator to show the employee the total dollar amount of their benefits included in their base pay.

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6. Keep Accurate Documentation

- Document dates, times, and information exchanged at all meetings with employees when job performance is discussed. If there is a request for performance change, be sure to document what was communicated and the next steps and date for a follow-up meeting. This documentation is a crucial tool to refer to if the performance improvement requested has not been accomplished by the employee.

7. Enjoy the Benefits from the Review!

- You will know the review was successful if you both leave the meeting feeling that a new level of communication and trust has been established and you see the employee's performance improve. Improved employee performance leads to decreased stress and a higher functioning dental team, thus creating increased profits to support pay increases, benefits, practice improvements, and the doctor's bottom line!

Published four times a year, Practice Management and Marketing News is a featured column in Pediatric Dentistry Today.

“Always treat your employees exactly as you want them to treat your best customers.”

Stephen R. Covey



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Patient Relations Challenges Due to COVID-19

How do you help a family decode a conspiracy theory or misinformation? What do you say to families to get your young patients back into the dental chair when they are anxious about the coronavirus? For information about communication challenges related to the COVID-19 pandemic, visit the AAPD COVID-19 resource pages on patient relations. Learn about age-related reactions to traumatic events experienced by children, talking points for parents who need a little more information to create confidence in returning to your practice for routine care, and more. Visit <https://www.aapd.org/about-aapd/news-room/office-closures/limited-services/> to learn more.

Safety Committee Update

The Safety Committee is currently focused on three key avenues to help usher safety into the culture of pediatric dentistry: 1) Bringing members the information they need to create the safest environment for patients, staff and community; 2) Assessing how pediatric dentists learn about safety in dentistry; and 3) Reviewing emerging science on safety in pediatric dentistry.

In keeping with these goals, the Safety Committee has undertaken two notable online resources—the Safety Toolkit and Beyond Re-emergence: Pediatric Dentistry Practice Checklist, that offer members critical information for safe practices during COVID-19 and beyond. To reach as many members as possible on topics significant to safe dental practice, the Safety Committee is working with the AAPD Podcast Committee to bring the experts on safety directly to our members.

The Committee continues to engage collaborations that promote safe practices in dentistry.

- The recent Safety Survey to the directors of pediatric dentistry programs has brought up important insights about the areas of safety that need more consideration.
- The continued partnership between the AAPD and American Association for Accreditation of Ambulatory Surgery Facilities (**AAAASF**) promotes the highest standards of safest pediatric dental care through an accreditation program.
- The AAPD is working with the American Association of Oral and Maxillofacial Surgeons (**AAOMS**) to promote the reporting of anesthesia incidents through the Dental Anesthesia Incident Reporting System (**DAIRS**).

To learn more about safe practices, visit the Safety Toolkit under Member Resources at www.aapd.org.

Improved Medicaid Coverage = Improved Oral Health

One in three patients is covered by Medicaid or other public insurance programs in a typical pediatric dental practice. Strong, comprehensive Medicaid coverage is key to ensuring their access to oral health care. This article concisely summarizes the importance and breadth of Medicaid coverage (as of 2020) for a select group of insurance codes that address barriers to optimal oral health, beyond traditional procedures most commonly covered by dental insurance plans. This analysis has been shared with the AAPD state Public Policy Advocates to help them address code coverage issues of highest importance in their state Medicaid dental programs.

Code D0145 – Oral Evaluation

This code covers diagnostic services, including recording the oral and physical health history, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver. Coverage for Code D0145 is imperative to ensuring that the oral evaluation components most relevant to very young children are included in a comprehensive dental visit. This code is covered by 42 states (82 percent): Alabama, Alaska, Arizona, California, Colorado, Delaware, Florida, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, West Virginia and Wyoming, as well as the District of Columbia (D.C.).

Code 1310 – Nutritional Counseling for Control of Dental Disease

This code covers counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries. Nutritional counseling is of utmost importance in caries prevention and overall health of children, and coverage of code D1310 would help ensure that dentists make nutritional counseling a routine and integral part of their practices. Three states (six percent) cover this code: Montana, New Hampshire and Wyoming.

Code D1320 – Tobacco Counseling for the Control and Prevention of Oral Disease

This code covers tobacco prevention and cessation services to reduce patient risks of developing tobacco-related oral disease and conditions, and improves prognosis for certain dental therapies. Coverage for tobacco counseling will help reduce the disastrous health consequences and astronomical health care costs of treating chronic diseases associated with tobacco use. Currently, 13 states (25 percent) cover this code: Arkansas, California, Connecticut, Maine, Montana, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Vermont, West Virginia and Wyoming.

Code D1354 – Interim Caries Arresting Medication Application

This code covers conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure. When restorative services

are not accessible in a timely fashion, caries management with non-invasive techniques such as SDF may be an appropriate and effective interim treatment while also preserving conventional proven approaches to caries prevention and management. Code D1354 is covered by 35 states (69 percent): Alabama, Arizona, Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming.

Code D9920 – Behavior Management, by Report

Through behavior guidance, dentists can help patients identify appropriate and inappropriate behavior, learn problem-solving strategies, and develop impulse control, empathy, and self-esteem. This process can aid in the development of a positive, trusting relationship between the patient and provider, as well as the successful completion of clinical dentistry on young children without the need for sedation or general anesthesia. Currently, 29 states (57 percent) cover this code: Alaska, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Idaho, Indiana, Kansas, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Montana, New Jersey, New York, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming.

Code D9311 – Consultation with Medical Health Care Professional

This code covers communication regarding medical issues that may affect dental treatment. It is crucial to dentists' ability to provide the best possible care. For example, when patients with special health care needs require treatment beyond periodic recall visits, other care providers may be consulted regarding medications, sedation, general anesthesia and any concerns regarding the safety of oral health care. Coverage for D9311 would enable providers to treat more children with complex health care needs confidently and comprehensively. Three states (six percent) cover this code: Colorado, Kansas and Nevada.

Code D9991 – Addressing Appointment Compliance Barriers

Compliance barriers for children enrolled in Medicaid include lack of reliable transportation, difficulty in scheduling appointments, finding childcare for siblings of patients and getting

permission from employers to miss work hours to take their children to the dentist. Coverage of code D9991 may result in a shift away from urgent, invasive dental treatments to a higher frequency of preventive and minimally invasive dental care among children. Currently, Nevada is the only state covering this code.

Code D9992 – Care Coordination

This code covers the process of obtaining health care from multiple providers/different specialists, and through various health care settings and payment channels. Care coordination allows dentists to dedicate additional time and resources necessary to aid their patients in receiving comprehensive, individualized oral health care, which has been effective in increasing treatment adherence and care engagement among patients in other health care settings and can result in reduced hospital admission rates, emergency room visits, and harmful misuse of medications. Four states (eight percent) currently cover this code: Colorado, Montana, Nevada and Vermont.

Code D9993 – Motivational Interviewing

Motivational interviewing (MI) is the practice of using patient-centered, individualized counseling to identify behaviors that are detrimental to oral health outcomes, and to help patients determine how they can accomplish changes in this behavior to reach their oral health goals. Coverage for this code helps patients acknowledge and understand the personal obstacles preventing them from achieving optimal oral health. One state, Nevada, currently covers this code.

D9994 – Patient Education to Improve Oral Health Literacy

Oral health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic oral health information and services needed to make

appropriate health decisions. Customized communication of information to assist the patient in making appropriate health decisions, explained in a manner acknowledging the patient's full context, and adapting information and services to that context, is key in providing quality care. This code is covered by two states (four percent): Nevada and Virginia.

Code D9995 – Teledentistry – Synchronous; Real-Time Encounter

Teledentistry refers to the use of virtual services and systems to provide patients with dental care and education; synchronous teledentistry occurs when there is live interaction using audiovisual technology between the patient and dental provider. It allows for patients to access oral health care when they are not able to be in the same location at the same time as their provider, and providers can see what is happening and communicate in real time. Sixteen states (31 percent) currently cover this code: California, Colorado, Florida, Georgia, Iowa, Maine, Minnesota, Missouri, Montana, New Jersey, New Mexico, New York, North Carolina, Oregon, Utah, Virginia, Washington and West Virginia.

Code D9996 – Teledentistry – Asynchronous; Information Stored and Forwarded to Dentist for Subsequent Review

Asynchronous teledentistry does not occur in real time, but rather involves delivery of recorded health information to a practitioner to use at a later time. It has the benefit of providing extra flexibility in scheduling and time. Unfortunately, real-time communication cannot occur in this format. Currently, nine states (18 percent) cover this code: Colorado, Florida, Georgia, Maine, Minnesota, Missouri, Montana, New York, North Carolina, Oregon, Virginia and Washington.

Interested in more information? Want to share it with policy leaders in your state? Check out the full brief at <https://www.aapd.org/research/policy-center/technical-briefs/>.

Evidence-Based Dentistry: Timeline for Clinical Practice Guidelines

Clinical Practice Guideline Topic	Systematic Review Publication Date	Guideline Publication Date
Sealants (completed)	08/2016	09/2016
Vital pulp therapy (completed)	01/2017	09/2017
Silver diamine fluoride (completed)	N/A	09/2017
Non-vital pulp therapy (completed)	07/2020	09/2020
Behavior guidance (in progress)	2021	2021
Frenectomy and lactation (in progress)	2022	2023
Vital pulp therapy (revision in progress)	2022	2022
Permanent tooth vital pulp therapy in children and adolescents (in progress)	2022	2023

Staying Safe and Sedating with a Smile

by S. Thikkurissy, D.D.S., M.S.

“During my pregnancy, I became hysterical and frightened and begged for sedation. And that was just the first prenatal visit.”

Erma Bombeck



Erma Bombeck, the domestic equivalent of Will Rogers in the late 1970s, regaled middle America with stories of household peril, typically in *Reader's Digest*, and my mother swore by the woman. I'm going to extrapolate from the quote above to summarize the perils of procedural sedation in dentistry: It's perceived a panacea by many, the “end all, be all” to anxiety and pain. Pediatric literature is consistent in the notion that procedural sedation ultimately is about 60-70 percent effective. It is important to note that this end point is often independent of the cocktails used, and the doses applied.

However, in my travels and teaching, I do find a consistent segment of Pediatric Dentistry who swears by the reliability of certain medications, regimens or dosing. It is imperative to understand the fallacy in this assumption. Pharmacologic-driven dental care of an individual child with individual fears, needs and coping strategies requires case-by-case evaluation of each patient. More often the “never-fails” are a product of a practitioner with flexible definitions of success, or very specific criteria for who gets sedated. Some thoughts on specific pitfalls we may find ourselves include:

1. The Cocktail Approach. James Bond, beware. Whether “shaken or stirred,” multiple medication cocktails are susceptible to multiple medication latencies, onsets and durations. Each component has the potential to prey upon the fact that approximately 20 percent of children can be either hypo-responders (not feeling the effect at all) or hyper-responders (moving into a “deep moderate” sedation with a small dose). Typically, if I recommend polypharmacy, I will require the child is of optimal health with a visible/good airway history, and I tend to reduce cumulative doses. Cote has noted that “there was a marked increased risk of events when three or more medications were used for sedation”¹ Remember, we need to count local anesthetic and nitrous oxide as medications used, so even just the “versed” sedation is open to adverse events. Many of our newer cocktails have limited evidence and should be approached with caution.

- 2. Successful and Effective.** Do you define success as a satisfied parent? The treatment getting done? No protective stabilization employed? Something else? Unquestionably, your definition of success will impact how you dose, and what you tolerate in a patient's behavior. Entering my 15th year of teaching sedation, I have learned that some residents tolerate movement and sing “Frozen” songs through it all, and others demand absolute silence like a master magician. I don't try to break those expectations, but work them into the regimen and the idea of what is “successful.” I always start with the thought of whether we are doing behavior modification (tweaking what is there) or behavior suppression (looking to rely more on sleep to get through).
- 3. Process Is as Process Does.** Much of dental sedation safety efforts are based on checklists and protocols, mirroring the airline industry. This is critical indeed. The dosing and medications are always secondary to a good, reproducible process. When I teach my residents, a versed sedation is the same as a chloral hydrate combo. We approach it the same way, a methodical approach to assessment, monitoring and discharge. Hyper-responders mean about 10 percent of versed sedations will get deeper than planned. Are you ready to rescue them when they do? It's not if, it's when. The work of Charles Cote is seminal in understanding how things can go wrong in sedation. His classic 2012 article noted factors associated with adverse events during sedation as drug interactions, high dose/drug overdose, premature discharge, prescription, and inadequate understanding of administered medications (pharmacokinetics/pharmacodynamics, administration by parents or family members).²

In conclusion, I will admit here for all pediatric dental posterity: I still get nervous when I do or cover a sedation. We are introducing a medication into an immature physiologic machine with a poorly positioned anatomic airway and lungs that can either scream your ears off, or completely close up. Fear is something that should focus us and make us increase our attention to detail and safety. Often experience is the best teacher, and methodical process improvement and attention to outcomes are key guides. For those who bemoan when a sedation doesn't go as planned, I'll close with Erma again, “I'm not a failure. I failed at doing something, there's a big difference.”

References

1. Cote CJ, Karl HW, Notterman DA, et al. Adverse sedation events in pediatrics: analysis of medications used for sedation. *Pediatrics*. 2000;106:633-644.
2. Cote CJ, Daniel A, Notterman HW, et al. Adverse sedation events in pediatrics: a critical incident analysis of contributing factors. *Pediatrics*. 2000;105:805-814.

Coding Corner

Primer on Evaluations Codes

When comparing CDT evaluation codes and assessment, screening, and consultation codes, there are several nomenclatures that seem similar to one another. Some providers struggle in choosing the appropriate code when the nomenclature varies only slightly.

Another consideration to note is which of these evaluation codes are subject to a payer's limitation period and how those restrictions apply.

Payer Limitation Periods

Most plans (plan documents) limit the number of oral evaluations the payer will reimburse during a set period. Generally, these limitations fall under two different categories:

- One evaluation reimbursed every six months
- Two evaluations per twelve months

Payers are firm on these timeframes for both limitation period types. This means that a denial due to a frequency limitation cannot be appealed and any denial will not be reconsidered or overturned. Payers with "one evaluation reimbursed every six months" will only reimburse one evaluation within a given six-month period, and any subsequent evaluations performed during this same six-month limitation period will not be reimbursed. Payers that use a six-month limitation period track it to the day. For example, if an evaluation is completed on July 1, 2021, another evaluation will not be reimbursed until after Jan. 1, 2022.

Unlike the "one evaluation reimbursed every six months," payers who follow the "two evaluations per twelve months" will consider any two evaluations performed during that twelve-month period for reimbursement, even if both evaluations are performed only one day apart.

Both limitations types disallow a third (or more) evaluation during the given timeframe and will not consider any additional evaluations for reimbursement, period, no exceptions. If the dentist deems any additional evaluations necessary, thus exceeding the plan's allowable number of evaluations, there will be no reimbursement. Additionally, if the provider is in network, any "additional" evaluations may be disallowed in some cases and cannot be billed to the patient.

Evaluation Codes

Traditional codes that may describe a first or subsequent patient encounter include D0150, D0180, and D0145:

D0150 Comprehensive oral evaluation – new or established patient

Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

There can be some confusion regarding D0150. Some mistakenly believe this code can only be reported with a new patient. This is likely because many plans have a “once per lifetime” limitation. Although many plans will only reimburse D0150 for a new patient, it may also be used when established patients have had a significant change in their health status or other unusual circumstances, by report, or for established patients who have been absent from active treatment for three or more years. If reporting D0150 for an established patient that meets the criterion established in the description and the claim is denied due to frequency, request an alternate benefit of D0120.

D0180 Comprehensive periodontal evaluation – new or established patient

This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient’s dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.

D0150 and D0180 are similar with a couple of distinct variations. D0150 lists several assessments that “may” be included during the evaluation, particularly the “periodontal screening and/or charting.” D0180 states that this comprehensive evaluation may be indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. Code D0180 indicates the evaluation “includes evaluation of periodontal conditions, probing and charting” and mandates the patient has periodontal disease or has risk factors and that periodontal probing and charting be completed.

Confusion arises as to when one can report D0180, mistakenly thinking D0180 may only be reported by a periodontist. However, if the aforementioned criteria are met, a general dentist may report D0180. This code can be submitted for every evaluation performed for the patient with periodontal disease or who has risk factors, if a full periodontal chart is completed in addition to the other necessary services described by D0180. While it might be appropriate to report D0180 at recall to describe this comprehensive periodontal evaluation, some plans may limit the reimbursement of D0180 to once per lifetime. If D0180 is denied, request an alternate benefit of D0120.

D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver

Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child’s parent, legal guardian and/or primary caregiver.

D0145 describes an oral evaluation for a patient under three years of age. D0145 requires the doctor to record the oral and physical health history, evaluate for caries susceptibility, and develop an appropriate preventive oral health regimen and specifically includes preventive counseling with the child’s parent, legal guardian and/or primary caregiver. In the patient’s clinical record, the dentist should record and describe what the counseling consisted of. For patients under three years old, D0145 may be reported for the first and any subsequent evaluations until the child reaches the age of 3.

Additional Evaluation Codes

D0120 Periodic oral evaluation – established patient

An evaluation performed on a patient of record to determine any changes in the patient’s dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.

The periodic oral evaluation (D0120) includes “periodontal screening, where indicated.” A periodontal screening may be performed at a D0120 visit. This does not mean complete periodontal probing and charting is required at each periodic oral evaluation in order to report the periodic oral evaluation code. There is no separate (stand-alone) code for full mouth periodontal probing and it is included (when performed) in all oral evaluation procedures. Some patients may not need a periodontal screening (e.g., young children or edentulous patients). Additional diagnostic procedures should be reported separately. Although generally not covered by dental plans, it is considered appropriate to bill caries susceptibility tests (D0425), viral cultures (D0416), etc., separately.

D0140 Limited oral evaluation – problem focused

An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

Limited oral evaluation – problem focused (D0140) should not be used to report a routine periodic hygiene oral evaluation (D0120); however, should a routine periodic oral evaluation turn into a more complex problem focused evaluation requiring additional diagnostic time, D0140 may be reported.

Reporting a single bitewing (BW) image taken at a D0140 appointment may potentially exhaust the annual “once per year” BWX allowance. Periapical (PA) diagnostic images exposed at the emergency evaluation typically do not count against the annual BWX limitation. PAs are generally considered separate stand-alone procedures. Periapical radiographs may have a deductible, as well as a maximum fee limitation.

Some dentists perform a minor procedure at the emergency visit, but erroneously report this procedure as a problem focused limited oral evaluation (D0140). D0140 is an oral evaluation code, not a treatment code. If a minor procedure was performed due to discomfort, sensitivity, or pain, D9110 (palliative) may be reported.

In some cases, D9110 and D0140 are not reimbursed if reported on the same service date. Likewise, the problem focused oral evaluation D0140 may be denied if reported on the same service date definitive treatment is performed. Sometimes a practice will not report D0140, in order to save the evaluation allowance for a comprehensive oral evaluation (D0150/D0180) or periodic oral evaluation (D0120) visit. This billing/ coding decision is sometimes influenced by the fact that D0150 and D0180 have a higher UCR (usual, customary and reasonable) fee. However, D0140 is a stand-alone code and may be reported in addition to any other treatment procedures rendered on the same service date, i.e., extraction, restoration, or palliative (D9110), etc.,—but remember the reimbursement is subject to the plan’s limitations.

D0160 Detailed and extensive oral evaluation – problem focused, by report

A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.

D0160 is intended to describe a problem focused, in depth, comprehensive evaluation of a patient’s problem, including more extensive diagnostic modalities that can be used to diagnose and direct treatment to address complex dental conditions. This code describes an evaluation that goes well beyond what could be considered diagnosing and directing care of a simple condition. D0160 should not be considered a routine procedure that follows the D0150/D0180 comprehensive oral evaluation.

D0170 Re-evaluation – limited, problem focused (established patient; not post-operative visit)

Assessing the status of a previously existing condition. For example: A traumatic injury where no treatment was rendered but patient needs follow-up monitoring; evaluation for undiagnosed continuing pain; soft tissue lesion requiring follow-up evaluation.

D0170 describes the re-evaluation of a patient previously seen when a follow-up evaluation is indicated. The patient may have initially presented for a D0150, D0140, D0120, D0180, or D0170, and needs to be seen again for the dentist to arrive at a definitive diagnosis or to confirm/contradict the impression suggested at the previous evaluation. For instance, a follow up to trauma or the further evaluation of a lesion. This would not describe a routine post-op check where the patient had been seen for operative treatment, healing of an extraction, etc.

D0171 Re-evaluation - post-operative office visit

D0171 may be reported when “assessing the status of a previously performed procedure,” such as grafts, oral surgery, periodontal surgery, implants, or endodontics which may require a follow-up post-operative visit. In most situations D0171 is a “no charge” follow up visit and is not reported and is considered a global part of the procedure.

Based on the nomenclature language, the re-evaluation – post-operative office visit (D0171) could be reported following definitive treatment (i.e., periodontal, graft, root canal, extraction post-op) or palliative D9110 treatment. The fee for any initial periodontal treatment, such as scaling and root planing (SRP), usually includes any post-operative evaluation associated with said procedure. Likewise, a post-operative (within thirty days) routine evaluation after oral surgery or a root canal would generally be considered inclusive in the global surgery fee.

The nomenclature for D0171 specifically indicates this code reports a post-operative office visit. D0171 could also be used to report a post-operative office visit to check the stability of an implant after placement. D0171 would include the use of technology such as Osstell IDX to check stability. Checking stability as a stand-alone procedure is considered inclusive to the global fee of the implant placement and is not reported as a separate procedure.

All of these evaluation codes are subject to the patient’s plan limitation periods for evaluations.

Codes Similar to Evaluations

D0190 Screening of a patient

A screening, including state or federally mandated screenings, to determine an individual’s need to be seen by a dentist for diagnosis.

These screenings are typically performed by a hygienist or trained ancillary that cannot diagnose but has observed an issue warranting further evaluation by a licensed dentist.

D0191 Assessment of a patient

A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.

D0191 is more detailed than D0190 and may be provided by a dentist or auxiliary individual. D0190 suggests a referral to a dentist is needed should anything of concern be observed during the basic screening. D0191 suggests there is a particular area needing follow up by a licensed dentist.

D0190/D0191: Screenings and Assessments are seldom reimbursed except by some government plans such as Medicaid.

D9310 Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician

A patient encounter with a practitioner whose opinion or advice regarding evaluation and/or management of a specific problem; may be requested by another practitioner or appropriate source. The consultation includes an oral evaluation. The consulted practitioner may initiate diagnostic and/or therapeutic services.

If the purpose of the visit is for a case presentation on a subsequent visit, after the comprehensive evaluation (D0150/D0180), report case presentation (D9450), not consultation (D9310).

Consultation code D9310 should only be reported if the dentist is giving an opinion or advice for a patient specifically referred by a physician, dentist, or other appropriate source (e.g., licensed professional). The consulting dentist may initiate diagnostic and/or therapeutic services under D9310, which always includes an oral evaluation related to the specific request for the opinion or advice. The dentist should consider reporting D9310 for second opinion requests. The dentist providing

the consultation should send (and maintain a copy of) written communication to the referring dentist or physician about his/her findings during the consultation.

If the purpose of the visit is to provide a second opinion, at the patient's request—not at the request of a dentist or physician—report D0140 (oral evaluation, problem focused) for a particular patient complaint or report D0150/D0180 (comprehensive evaluation) for a general second opinion. The self-referred patient is classified as a new patient and the appropriate traditional comprehensive oral evaluation should be reported, not D9310, which specifically requires a referral from a dentist, physician, or another appropriate source.

D9450 Case presentation, detailed and extensive treatment planning

Established patient. Not performed on same day as evaluation.

D9450 describes the scenario when a patient is evaluated at one appointment, then returns for a detailed treatment plan presentation at a subsequent appointment. A case presentation is rarely reimbursed by payers and is typically considered part of the original oral evaluation service. Do not report D9450 for an evaluation of self-referred patients.

When selecting the proper code to describe an evaluation and any related service, it is important to understand how each of these evaluation codes differ and how to select the proper code based on these differences.

It is also important to note that the period limitations established by payers that may directly affect reimbursement. Any evaluation type is considered “one” evaluation from the payer's perspective in terms of reimbursement. Also, remember every oral evaluation will be subject to either the “one evaluation reimbursed every six months” or “two evaluations per twelve months” limitation.

For questions or comments, please contact Dental Benefits Director Mary Essling at messling@aapd.org.

AAPD Releases New Guidance on the Use of CDT 2021 Code D1355

With the release of the CDT-2021 dental coding manual on Jan. 1, 2021, the CDT code **D1355 – caries preventive medicament application, per tooth** – was approved. A recent analysis by experts from the AAPD's Councils on Clinical and Scientific Affairs, and Committee on Dental Benefit Programs concluded that, although Silver Diamine Fluoride (**SDF**) has proven efficacy as a secondary preventive agent (i.e., arrest of carious lesions) in numerous clinical studies, evidence of its efficacy as a primary preventive agent on children is insufficient at present. Therefore, without solid scientific evidence, the AAPD does not support the use of the code D1355 for use of SDF as a primary preventive agent in children. Accordingly, the AAPD recommends D1354 as the appropriate code for SDF when used as a caries arresting agent on cavitated carious lesions in primary teeth.

Media Mix

AAPD President, Dr. Lee Interviewed by MediaPlanet for their Oral Health Campaign

Improving Kids' Oral Health Habits During a Pandemic

"Our routines kind of went out the door, and rightly so, because we're dealing with a pandemic."

"Same time, every day, let's make brushing our teeth a habit," Lee said. "And if you do that, you'll soon find that your kids are reminding you that it's time to brush."

<https://www.futureofpersonalhealth.com/oral-health/improving-kids-oral-health-habits-during-a-pandemic/#>

National Children's Dental Health Month-FOX59

"Riley Children's Health pediatric dentist, Dr. LaQuia Vinson, shares the precautions in place at dental offices during the pandemic."

<https://fox59.com/morning-news/national-childrens-dental-health-month/>

AAPD Referenced in Article, 10 Mistakes Parents Make with their Kids' Dental Health

The AAPD was referenced in an article celebrating Children's Dental Health Month in regard to the age one dental visit.

"So many parents think they should wait until age 3 for their child's 1st dental visit... OOPSIES!

The American Academy of Pediatric Dentistry, The ADA, and the American Academy of Pediatrics ALL recommend your child sees the dentist by Age One!

The age one visit is THE most proactive step a parent can do to lower the potential of their child getting early childhood caries.

Bringing your child to the dentist at an early age will allow them to see that our office is a safe environment and will create a positive experience for future visits. An age one visit is the best way to prevent tooth decay. The goal for every pediatric dentist is to PREVENT decay before it begins! Research has shown that if a child has 4 preventive visits by age of 3, early childhood caries is greatly reduced. At this 1ST visit I will do a quick, but thorough exam that will detect any potential concerns and help educate you and your child on oral hygiene instructions and healthy eating habits. Dependent on your child's need, I may recommend a cleaning and/or fluoride. So just remember, Get it DONE by age One, it's the most proactive step a parent can do prevent cavities for their child!"

<https://www.wishtv.com/indy-style/10-mistakes-parents-make-with-their-kids-dental-health/>

Stay up-to-date on AAPD Latest News by visiting the News Room on the AAPD website under the About section.



ABPD Leadership Development: A Strategy to Strengthen our Organization Governance

Much of the American Board of Pediatric Dentistry (ABPD) examination subcommittees' work is carried out by a team of dedicated volunteer examiners who are invaluable to the existence and success of our organization. Without them, there is no board certification, and ABPD is deeply grateful for their selfless contributions and hard work in advancing our mission.



Dorothy Pang, DDS, MS
Vice President, ABPD
Board Certified 2006
San Francisco, CA

As one of our strategic goals is to strengthen our organization governance, the Board is committed to leadership development not only for the directors, but

also for the chairs, vice-chairs and part leaders of our three examination subcommittees. At the end of January, in conjunction with our annual Item Writing Workshop, we engaged a team of experts in non-profit association management to lead our second annual Leadership Development Session. Although the ABPD Leadership Team would much rather meet and work in person, our tech-savvy headquarters staff were able to navigate us successfully on a virtual conference platform, teleporting us between large group meetings and small breakout sessions seamlessly. The Leadership Session was informative and productive, and the camaraderie was uncompromised by the virtual platform. Leaders of the three examination subcommittees

aligned their purpose statements with the strategic plan of ABPD and drafted their subcommittee strategies.

Our next leadership development activity is a 360-evaluation process among the directors, subcommittee leadership and key staff members. The primary goals are to increase self-awareness and offer feedback on behavior to improve performance and build stronger leaders. The Board sincerely hopes that through the participation in ABPD leadership development activities, our dedicated subcommittee team will find additional leadership tools to apply to their daily personal and professional lives.

Examination Committee Updates

ABPD would like to thank the following Diplomates for completing their term of service on the Examination Committee:

Qualifying Examination Subcommittee

Chair

Anupama Tate, Washington, DC

Part Leader

Janice Townsend, Columbus, OH

Members

Neeta Chandwani, Boston, MA
Matthew Geneser, Iowa City, IA
Janice Jackson, Birmingham, AL
Sally Sue Lombardi, Issaquah, WA

Oral Clinical Examination Subcommittee

Member

Richard Cohen, Niles, MI

Renewal of Certification Process Subcommittee

Chair

Andrea Gonzales, Flower Mound, TX

ABPD is proud to present the following Diplomates as new leaders on our 2021 Examination Committee:

Qualifying Examination Subcommittee

Chair

Rochelle Lindemeyer, Philadelphia, PA

Vice Chair

Leslie Tanimura, Lafayette, CA

Part Leaders

Vineet Dhar, Ellicott City, MD
Thomas Tanbonliong, San Francisco, CA

Oral Clinical Examination Subcommittee

Part Leader

Autumn Hurd, Littleton, CO

Renewal of Certification Process Subcommittee

Chair

Nancy Rajchel, Mechanicsburg, PA

Vice Chairs

Craig Hollander, St. Louis, MO
Michael Roseff, Wellington, FL

Part Leaders

Kavita Kohli, Dobbs Ferry, NY
Hans Reinemer, Salt Lake City, UT

Opportunities

For information regarding placing a listing in *PDT* or *Pediatric Dentistry* please visit the AAPD Career Center at <http://jobs.aapd.org> or call (312) 337-2169.

SEEKING PEDIATRIC DENTISTS

ARIZONA—PHOENIX. Want to join one of the top dental groups in the nation? Risas Kids Dental is looking for a fun, caring and motivated pediatric dentist. Are you interested in having a referral network from 13 established Risas offices? Joining a group that has a 4.7-star rating and 14,000+ online reviews? Having clinical autonomy while being supported by other pediatric dentists? In house dental anesthesiologists to offer the best in patient care and safety? Getting paid significantly higher than your pediatric dental colleagues (300,000-500,000)? Getting paid to train and mentor general dentists to assist in the treatment of children? If you like what you read, come check us out, because we are the real deal at RisasKids Dental. Why Risas? At Risas Kids Dental, our focus is providing quality and affordable dental care and braces for families everywhere. Unlike many health care options, our goal is to think and speak a language that patients understand. For this reason, our company statement is: We Speak Patient & trade. The result is happier, healthier patients, and better opportunities for our doctors and team members. Quality of Life: We're open 7 a.m. – 6 p.m., six days a week, so you get the hours you want. Risas Doctors rarely work more than a three-day work week which gives them plenty of time to spend with their family, traveling and more. Working at Risas you'll share expenses, ideas and the tasks of managing an office as if it were your own. For more information, please contact https://workforcenow.adp.com/mascsr/default/mdf/recruitment/recruitment.html?cid=e7324ef3-8c0f-4d2d-b97e-eaf49f10900c&cclid=449763726_7166&type=MP&lang=en_US.

ARIZONA—PRESCOTT. KidZaam Dentistry is looking to add another wonderful pediatric dentist to their fun and crazy team! Please join our KidZaam Dental Klubhouse as we deliver excellent dental care in a unique and fun environment. We call it "DENTALTAINTMENT" and we look forward to sharing our secrets with you! We are located in northern Arizona where the weather is great, the brilliant sun sets are amazing and the people are friendly. Come live in the cool pines of Prescott, Arizona, or live in the world renowned Sedona, Arizona, and hike the beautiful red rock canyons! We offer a minimum 4-day fun week. Ownership opportunities are be available! Please send your resume to drhiggins@kidzaam.com or give us a call at (928) 445-8033. Graduation from a recognized AAPD Pediatric Resident program.

ARKANSAS—LITTLE ROCK. Arkansas Children's Hospital (ACH) and the University of Arkansas for Medical Sciences (UAMS) in Little Rock, Arkansas, seek a full-time craniofacial orthodontist to join a hospital-based academic practice. Seeking an orthodontist to join a dynamic team of pediatric dentists, orthodontists, oral surgeons, periodontists, outreach dentists, hygienists and dental assistants. Faculty appointment on clinical non-tenure track. Competitive salary commensurate with experience with an excellent

benefits package. Ample opportunity to participate in and create collaborative multidisciplinary clinics. Active involvement in educating medical/dental residents and fellows, and additional opportunity in community and educational outreach as well as clinical research. Partnership with established team to create exceptional work-life balance. Enjoy a 4-day work week including 1/2 day of administrative/research time. Immediate availability with negotiable starting date. Excellent facilities with state-of-the-art equipment. Practice is based at Arkansas Children's Hospital: only pediatric health system in Arkansas. With a population of over 3 million, ACH is the major pediatric referral center for Arkansas serving children from birth to age 21. Staff consists of more than 500 faculty, 200 residents (95 pediatrics), and 4,400 support staff. As one of the largest children's hospitals in the country, the ACH campus spans 36 city blocks and includes a 336-bed hospital, 3 intensive care units, a research institute, and a USDA-ARS nutrition center. Focused on excellence in child health, ACH is a MAGNET recognized hospital, a level 1 children's surgery center, and is ranked in 4 specialties by US News and World Report. Little Rock metro area has a population range of 730,000. The downtown River Market, South Main and Argenta (North Little Rock) areas provide a walking district for dining, shopping, sports, museums, libraries, night life, concerts, festivals and a host of other activities. Thriving community with many neighborhood options to suit a variety of lifestyles with excellent public and private school options. Large enough to be culturally diverse and small enough to encourage a feeling of community. Little Rock is the state capital and home of the William Clinton Presidential Library. Qualified candidates ideally will be fellowship-trained in cleft palate and craniofacial orthodontics and be board certified but must be eligible for licensure in Arkansas. For more information, please contact amhickman@uams.edu.

CALIFORNIA—PASO ROBLES AND SAN LUIS OBISPO. Tolosa Children's Dental Center is hiring for the position of a pediatric dentist. Full-time and part-time will be considered based on applicants availability. Experience is preferred but new grads, this is a wonderful opportunity to join a very busy professional, compassionate team with a mission of delivering quality dental care to the underserved children in San Luis, Obispo County. If you are interested in working in a great, collaborative environment as well as living in a beautiful part of California, you should apply for this position. Relocation expenses to be negotiated for qualified applicants. Compensation negotiated based on experience. Currently, we have offices in Paso Robles and San Luis Obispo as well as a school site program that utilizes teledentistry to implement the virtual dental home model. Learn more at www.tolosachildrendental.org and watch our video at <https://www.facebook.com/tolosachildrendental/videos/1910332628999878>. Qualified applicants will possess a license to practice dentistry in California and will have graduated from an accredited pediatric dental residency program. Experienced dentists and recent graduates are equally encouraged to apply. If you are interested

in joining our team, please contact Suzanne Russell, Executive Director, at (805) 238-2216 or suzanne@tolosadental.org.

FLORIDA—NAPLES. Healthcare Network is seeking a pediatric dentist to join our team. Since 1977, our private, non-profit federally qualified health centers have broken barriers to provide healthcare to our neighbors in need. Today, we proudly serve as a medical and dental home to approximately 50,000 patients throughout Collier County! Our pediatric dental team is responsible for providing dental services to nearly 2/3 of the children of Collier County. Through the Ronald McDonald Mobile Unit program we go into elementary schools and take care of our youth. This pediatric dentist will be heavily involved in training student/resident dentists through our higher learning affiliations. As a patient-centered medical home, Healthcare Network is a resource for prevention, wellness and quality healthcare. Committed to treating the whole person in both mind and body throughout the life cycle. Our services include family care, children's care, HIV/AIDS treatment, senior care, women's care, dental care, pharmacy and integrated behavioral health. We are accredited by the Association for Accreditation of Ambulatory Care (AAAHC) and are certified by AAAHC as a medical and dental home. Healthcare Network is accredited by AAAHC and certified as a Federally Qualified Health Center by the Health Resources and Services Administration (HRSA). Healthcare Network offers our care team members a competitive wage, comprehensive benefit package and the opportunity to serve in a mission-minded organization. For more information on our community organization, visit our website at www.healthcareswfl.org. Job Summary: This position will provide comprehensive pediatric dental care to patients in a primary health care delivery system. The pediatric dentist assumes the responsibility of providing the best care possible for all of patients. Provide preventive and restorative treatments for problems affecting the mouth and teeth. High moral character, ethics, and conduct are mandatory. This position has a teaching opportunity as an important component of our Pediatric Dental Program. Responsibilities and Standards: perform oral examinations of hard and soft tissue while working with patients to maintain and restore quality health to everything within the mouth. Examine teeth and diagnose patients' dental conditions by using tools such as X-rays, dental instruments, and other diagnostic procedures. Clean, restore, extract, and replace teeth using rotary and hand instruments, dental appliances, medications, and/or surgical equipment. Evaluate the current health and condition of the patient's teeth to determine diagnosis of dental condition, if any. Complete treatment planned procedures that are agreed upon by patient and parent/guardian such as restoring teeth affected by decay and treating gum disease. Perform pediatric dentistry services including the diagnosis and treatment of diseases, injuries, and malformations of teeth, gums, and related oral structures. Consults with the patient, parent and/or guardian and advises them of their dental status. Prescribes the treatment

needed, provides risks, benefits and alternatives. Perform oral cancer examinations including taking and interpreting radiographs. Provide dental services at any and all HCN dental facilities as necessary, to meet department needs. Supervise and evaluate dental students and residents during their rotations at HCN's dental facilities. Performs other related duties as indicated or when requested by a supervisor. Job Specifications: This position requires a high degree of responsibility, excellent interpersonal skills, organizational ability, problem-solving skills, and written communication skills. Position requires the ability to work independently and within a team to meet goals. Position requires the ability to interact with all departments and all levels of staff effectively. May be required to perform the duties of other employees, including supervisors/managers, in their absence. May be required to perform duties and responsibilities not listed in this description, on a temporary or long-term basis. Experience: Education/Training Level Graduation from an accredited school of dentistry (D.M.D. or D.D.S.) Must maintain required CE credits to maintain licensure Experience with nitrous oxide, oral sedation, IV sedation and/or general anesthesia preferred. Licenses & Certifications : Possession of a current Florida license to practice dentistry, Board Eligible/Board Certified in Dentistry, Board Certification in Pediatric Dentistry (or in current Residency for), Current CPR Certification in Basic Life Support, DEA License, Additional Certifications such as MPH, Ortho, Oral Pathology preferred. Communication Skills: Strong verbal and written communication skills, bi-lingual in Spanish/English and/or Creole/English preferred, and technology skills For more information, please contact yediaz@healthcareswfl.org.

FLORIDA—PANAMA CITY. Thriving well-established pediatric practice seeking a new associate to join our team in a gorgeous Northwest Florida Gulf Coast setting! Pediatric dentistry pledges to provide all children with outstanding dentistry in a caring, efficient, and enthusiastic manner. We pride ourselves on our state of the art facility and our caring well-trained staff members, who create an incredible family friendly work environment for the entire dental team as well as our patients. We are located in Northwest Florida with offices in Niceville, Panama City and Santa Rosa Beach. Our economic anchors are tourism, military and a diverse group of local industries ranging from call centers of nationally known companies to major manufacturers. Our community is especially proud of our number one industry, tourism. Florida is home to the world's most beautiful beaches. You will find over 27 miles of sugar white sandy beaches to enjoy, along with plenty of sun, surf and activities to keep you busy. If you are interested in a rewarding career, in a team-oriented environment, please send your C.V. to Eric Berry, D.M.D. at dericberry@hotmail.com. Desired Qualifications: Graduate of a Pediatric Dental Post-graduate program, Board Eligible or Diplomate. Must have exceptional technical skills and possess excellent interpersonal and communication skills, as well as a strong sense of ethics and the ability to act with integrity. Must be a team player.

FLORIDA—PLANTATION. Jacaranda Smiles is looking for a dynamic pediatric dentist to join their team in Broward county. We are a team of 2 orthodontists and 2 pediatric dentists. You will be working independently with your team caring for your own pool of patients in the way you feel most comfortable. At the same time you will have doctors you can call on for discussion. Our offices

have been established for over 15 years so we have a strong reputation in the community. We offer a competitive package. Florida dental license is required. Benfits: competitive pay scale, great lifestyle in the area, 20 mins to Ft. Lauderdale beaches and 40 mins to downtown Miami. Huge variety of outdoor activities and restaurants to choose from. Email us at drmilan1999@yahoo.com. Requirements: Florida dental license, bilingual is a plus but not a necessity. Must be open to working with people from all over the world. Email us at drmilan1999@yahoo.com.

GEORGIA—BRASELTON. Privately-owned pediatric practice seeking an immediate opening in the northern suburbs of Atlanta. People are drawn to this area for the amazing balance of outdoor activities, along with great school districts. This combination has led to our practice experiencing amazing growth between our two locations. We are a fun office that truly believes in presenting an experience for each patient that enters our facilities. We truly feel it's our privilege that families choose us and we strive to never allow our office to feel like a mill or dental factory. We are seeking a confident candidate that wants to find a practice to call home, with exponential growth potential! This is truly a special opportunity for the right individual with a very competitive compensation package! Please send C.V. to amber@startlifessmiling.com.

GEORGIA—DACULA. Be part of a very reputable pediatric dental practice in the community! We are looking for a part-time/full-time pediatric dentist. Candidates must love what they do! We have a great working atmosphere where our highest priority is to make every patient and every parent happy. We offer every form of behavior management from oral conscious sedation, IV sedation to out-patient hospital, to provide the best care for our patients. We compensate very well, with a guaranteed annual salary. Please email your cover letter, along with your C.V. and professional references to pa.kpdental@yahoo.com (attention: Liz Sanders). Contact telephone is (678) 714-7575, ext 109. For more information, please visit our website at <http://www.kwonsmiles.com>.

GEORGIA—SUWANEE. Our private practices is in need of a pediatric dentist/dentist who loves to take care of children. We are seeking for excellence in oral health care of infants, children & adolescents in Forsyth & Gwinnett counties. We offer a signing bonus and/or moving expense for a deserving associate. Our compensation program is generous and promotes long-term associate relationships. Practices are privately owned and our goal is to provide the best possible care to patients in a 'family oriented' environment. As you integrate into the community, your practice days will provide you with a full-time schedule of four or more days per week, if you desire. This position creates a supportive peer group for ongoing training, growth and vacation coverage. Please feel free to call us at (470) 310-3305 or send your resume to kidsdentist2021@gmail.com. Required: License to practice dentistry in State of Georgia.

GEORGIA—WOODSTOCK. Seeking full time pediatric dentist for our Woodstock office. Dental Town is a dentist owned practice with multiple locations in the north Atlanta suburbs. We offer pediatric dentistry, orthodontics, general dentistry, and oral surgery. We are large enough to enjoy the benefits of a great team but small enough to avoid many of the pitfalls of corporate dentistry. We provide a strong infrastructure of support in marketing, finance, insurance, billing and HR that

allows you to focus and give excellent care to your patients. At Dental Town, we believe in putting patients first and trust the profits will follow. We actively give back to the community in a variety of ways and continue to adjust to the needs around us. Led by core values which guide and shape our vision, we are in need of another pediatric dentist to join our team. We invite you to come and see how joining our small group provides not only great camaraderie and professional growth and development, but increased opportunities for growth, leadership, and peace of mind. We are currently looking for a full-time pediatric dentist. We offer: competitive daily rate or a negotiable percentage of collections (whichever is higher), an opportunity to become partner after one year, a starting bonus, \$2,000 CE allowance/year, company contribution to health insurance 401k with matching contribution and paid malpractice insurance. Will have to acquire GA Dental licensure if not already licensed in the state of Georgia. For more information, please contact alih@dentaltownsmiles.com.

ILLINOIS—PARK RIDGE AND GLENVIEW. We are seeking a board certified or board eligible and licensed, team oriented, energetic pediatric dentist to join our team in Park Ridge and Glenview. We have a positive and cheery atmosphere. We are an ultra modern and high technology office. No HMO or public aid. Compensation includes health insurance, disability and life insurance, 401k, paid time off, malpractice insurance and a very competitive compensation. www.kidsmym.com.

ILLINOIS—ST. CHARLES. We are a well established, fee-for-service pediatric dental practice seeking an associate to join our team and be a part of our growing practice. We have been serving our community for twenty years and our goal is to provide exceptional pediatric dental care in a gentle and playful environment. The ideal candidate would demonstrate excellent communication and clinical skills with confidence. Candidate must be motivated, personable, and possess a positive team focused attitude. Please e-mail resumes to: frontdesk@dayspringpd.com.

MARYLAND—BOWIE. Great opportunity for a pediatric dentist to join our fun and amazing team of pediatric and orthodontic specialists. We are looking for an equally fun, energetic and compatible pediatric dentist who is personable, enthusiastic, caring and loves treating children and special needs patients. We offer: 100% clinical autonomy over patient care and schedule template, mentorship from our highly experienced board certified doctors, state-of-the-art technology and resources that will foster and facilitate our doctors and compensation that is very competitive with industry standards (guaranteed daily minimums, plus commission). Our doctors are earning between \$185,000 to \$245,000 annually. Responsibilities include: Quality patient care for all our pediatric and special needs patients, hospital dentistry and sedation dentistry. For more information please contact berrychildsdenal@comcast.net.

MARYLAND—FREDERICK. The Pediatric Dental Center of Frederick is looking for a pediatric dental associate to join our fabulous team and well established, thriving practice in Frederick, Maryland. The practice has recently been fully renovated to accommodate growth. Just 45 minutes from DC! This exiting, full time opportunity would suit a charismatic, energetic and personable Doctor. We have been voted "Best of Frederick"

by our community as a result of our care and philanthropic ethics. Our Doctors enjoy the income of the average pediatric practice owner, without any of the administrative responsibilities. Current associates earn between \$320,000 and \$530,000 annually, with a guaranteed daily minimum rate of \$1,200.00. Further earning potential is possible for doctors who are either dual trained in pediatrics and orthodontics or who have experience in both. Benefits include paid holidays and vacation time, 401K, malpractice insurance, cell phone monthly allowance, 90 minute lunch breaks, gym membership, reimbursement of monthly health insurance premiums and reimbursement to attend the annual AAPD meeting. We are offering 4-5 days per week with no evening or weekends. Interested candidates should email Tina Strowman, Practice Manager, at tstrowman@mykiddsmiles.com.

MICHIGAN—GROSSE POINTE WOODS. Toothworks is an established, fast growing, busy pediatric dental practice. We currently have 4 pediatric dentists on staff and are looking for a 5th. Toothworks is located on the campus of a level 1 trauma center. The practice is located in a family oriented community with top ranked schools, amazing parks and access to water sports that are unique to Michigan. We are located 30 minutes from Detroit and 45 minutes from Ann Arbor, home to the University of Michigan. Toothworks serves a diverse clientele. The office has a robust restorative practice balanced with an established continuing care system. We believe in giving back to the community. The practice is affiliated with the Pediatric Dentistry Residency program at the Children's Hospital of Michigan. There are optional teaching responsibilities for the interested qualified candidate. We are offering a full time position to an energetic, hard working professional, to complement our motivated team. Partnership is available for the right candidate. This position offers an excellent pay and benefit package. Send resume to: info@toothworkspc.com. Check out our community at: <https://www.pbs.org/video/whats-your-painte-if77ja/>.

MISSOURI—COLUMBIA. Our three-location, fee-for-service mid-Missouri practice is actively searching for an associate. This is a wonderful opportunity for a hardworking, personable, well-trained pediatric dentist. We have been serving families in our community for over twenty years and our mission is to provide the finest quality dental care in a safe, caring, and fun environment for each child. We provide surgical care both in office as well as three local hospitals. Columbia, MO, has a lot to offer both young professionals and families, with its strong economy and easy access to restaurants, entertainment, parks, and trails. We are willing to consider full or part-time. For a full-time provider, we are offering the greater of a \$225k guarantee or 35% of collections from all services (including X-rays, exams, fluoride, etc). Please e-mail resumes to kristin@comosmiles.com. Must have completed a pediatric dental residency, board certification preferred.

MISSOURI—KANSAS CITY. Exciting practice opportunity for a full-time pediatric dental specialist to join our growing multi-specialty dental group. Practices are doctor-owned and managed, with a team of pediatric dentists, orthodontists and general dentists working together to form this well-established and successful group. Great service and existing marketing strategies averaging over 150 new patients per month. Offering 32-

35% of collections, based on provider's ability to manage overhead. Average pediatric dentist works 4 days/week-2 in newly remodeled, state of the art multi-specialty office and 2 in OR for general anesthesia cases. Earning \$420k/year, not including ownership profit distributions from all other practice profits, including orthodontics. Incredible growth potential, with room for expansion to additional locations. Investment and ownership opportunities available for the entrepreneurial-minded individual. Call us at (913) 601-4413 or email us at info@compassdental-services.com for more details about this exciting opportunity.

NEW JERSEY—LAKEWOOD. Children's Dental Health is the leading provider of pediatric dental medicine in the region. Continuing a proud tradition that began with one Philadelphia area practice in the 1970s, we now operate 30 practices and four surgery centers in the PA/NJ/DE marketplace. Our organization was recently recognized as one of the fastest-growing small businesses in America by Inc. Magazine! Due to this continued growth, we are excited to announce a new opportunity for a Pediatric Dentist in our New Jersey practice locations! Our New Jersey affiliate, Dentistry for Children, has served the Shore Region of Central New Jersey for several decades. We have enjoyed tremendous growth in this area, and now have five pediatric practices operating in the region. Later this year we will also be breaking ground on a brand new pediatric surgery center, which will be open for rotations as well! Our dentist compensation and benefit package is designed to attract and retain talented pediatric dentists who want to grow professionally and personally while building a long-term career with our company. The members of our organization are passionate about pediatric dental care, and share a common mission to make children's dental health the leading provider of pediatric dental services. Our pediatric dentists enjoy unparalleled support and autonomy to practice and provide dental services to the children in our care. Please visit our website at <http://www.childrensdentalhealth.com/> for more information on our organization's philosophy and vision. Compensation/Benefits: Healthcare coverage: medical, dental and vision insurance, additional tax-savings, Healthcare Flexible Spending Account (HC FSA) and Dependent Care Flexible Spending Account (DC FSA), Group Life Insurance and Accidental Death and Dismemberment Coverage (AD&D). Disability Coverage: Short-Term Disability (STD) and Long-Term Disability (LTD), 401(k) retirement savings program with 4% company match, uniforms, reimbursement for CEs and professional dues, company-paid liability insurance, sign-on/relocation allowance available in many locations, potential profit sharing plans for tenured dentists (D.D.S. or D.M.D.) accredited by the Commission on Dental Accreditation Certificate in Pediatric Dentistry, accredited by the Commission on Dental Accreditation NJ Dental Licensure, or other certifications as required by state to include: DEA, CPR, DEA, PALS, etc. No sanctions for Medicare, Medicaid or any licensing board. For more information, please contact mshaffer@childrensdentalhealth.com.

NEW YORK—CLIFTON PARK. The Smile Lodge is located in Clifton Park, N.Y., and is looking to grow its team of dental marvels! Offering six weeks of vacation and a starting salary of \$350k, this job not only offers very competitive benefits but also exponential growth for the right leader. Avenging dental disease and serving the underserved is what

we do. Working as a high-functioning, passionate team is how we do it. One can only appreciate our "hows and whats" once they have experienced our passion for our "why". We invite you to visit The Smile Lodge at your convenience! Benefit Highlights: \$350K Yearly Salary, 4 days/week, 6 Weeks of Vacation, licenses, dues, MLMIC, and CE reimbursement, Healthcare insurance stipend, 401K contribution and Long-term Disability Insurance. For more information contact, The Smile Lodge at avengers@smilelodge.com.

NEW YORK—LONG ISLAND. Pediatric dentist wanted for our growing state of art practices in Commack, Medford, and Garden City locations. Our offices are true pediatric dental practices fully equipped with N2O, digital radiographs and paperless charts. Highly competitive salary/bonus package. This is an excellent opportunity for a caring, skilled, and highly motivated Pediatric Dentist looking to grow in our Long Island practices. The practices are high energy, fun family like atmospheres with excellent reputations for providing A-class pediatric dental care. We are looking for associates with excellent interpersonal and social skills, that are looking for long term relationships with our patients, parents and offices. Opportunity for future partnership is available. Part-time and full-time positions available. Must have pediatric dental residency completion and licensed to practice in State of New York. For more information, please contact mikeioannou@hotmail.com.

NEW YORK—RONKONKOMA. Growing pediatric group, with multiple offices, needs pediatric associates with potential of partnership in our expanding offices. We are looking for full- or part-time associates in our Central Suffolk locations. Excellent salary and percentage is being offered. Completion or soon to be completed pediatric residency program required. For more information, please contact 2align@gmail.com.

NORTH CAROLINA—ASHEVILLE. There is something about Western North Carolina that draws people to the region. This pediatric dentist is interested in bringing on a partner to accommodate the incredible growth the practice has experienced! Currently located in a large office building, there is a physical expansion opportunity as well. Already, the practice sees over 40 new patients per month and will therefore more than accommodate two doctors. Here is an overview of this fantastic pediatric practice: Six fully equipped operatories, large physical expansion opportunity, collections of \$1.87 million Adj., EBTIDA of \$300,000+ 3,000 active patients, real estate opportunity. Ready to learn more and review the prospectus for this amazing pediatric dental opportunity? Please contact Kaile Vierstra with Professional Transition Strategies: kaile@professionaltransition.com or give us a call: (719) 694-8320. We look forward to hearing from you! <https://professionaltransition.com/western-north-carolina-pediatric-dental-practice/>.

NORTH CAROLINA—CHARLOTTE. We are a new, privately owned pediatric dental practice in Charlotte, N.C., looking for a North Carolina licensed pediatric dentist. Charlotte, N.C., is one of the fastest growing cities in the country. Our new office is focused on: patient-centered clinical care, community involvement, team-work and building a strong foundation for the practice. We are looking for a candidate that is hard-working, looking for a long-term position, energetic and focused on treating each patient to the highest standards of

clinical care. We believe that the position offers a great balance of autonomy and opportunity for mentorship. Both new graduates and experienced providers are welcome to apply. Compensation for the position will be a combination of a base salary between \$1200-1500 per day, 32-35% of the adjusted production, and an annual bonus. The exact compensation will be determined based on the practitioner's experience and skill level. If you are interested in this type of opportunity, please send your bio and resume to creeksidesmiles1@gmail.com.

NORTH CAROLINA—WILKESBORO. We are a high quality, multi specialty practice in the triad and foothill areas of North Carolina, seeking a talented pediatric dentist to join our rapidly growing practice full time. We offer a generous minimum salary and a quick pathway to partnership. Current associate earning \$350,000/year with opportunity for more. New grads welcome. Send your C.V. to Dr. Chad Shobe at chadshobedds@gmail.com or visit our website at www.southerndentalinc.com.

OHIO—OREGON. Seeking a pediatric dentist for Oregon Pediatric Dentistry (near Toledo, Ohio). Offering a sign on bonus, relocation bonus and student loan repayment. If you're looking to make your professional mark on a community, this is your chance. Build valuable relationships with patients and get involved with the greater community of Oregon, Ohio, while providing top-notch dental care. This is a well established practice with long term team members and a great location! Our talented and dedicated support team will work alongside you to help ensure your success. Mentorship is available working along

side an experience pediatric dentist. Office is a very stable and busy practice with long term employees. Option to add EFDA to team if wanted. As an associate pediatric dentist you'll enjoy the following: Base salary with performance incentives to earn more, a sign-on bonus of \$10,000 (Full-time, partial for part-time), relocation package, student loan repayment and assistance program. Full time benefits include yearly CE allowance, paid professional liability, 401K with company match and group health/wellness plans. Practice 2-5 days per week with family friendly days/hours. Job Link: <http://puredentalbrands.com/careers/?gmk=job&gni=8a7887a8688e28cf0168aa78c0682efc&gns=Company+Website>. Equal Opportunity Employer/Drug Free Workplace. Candidates must be licensed to practice in the State of Ohio with no board reprimands or issues. New residency grads welcome to apply!

OREGON—HERMISTON. Have a passion for helping others have a wider and brighter smile? Join our team at Advanced Pediatric Dentistry of Hermiston. Where patient interaction is focused on Happy Kidz, Healthy Smiles, for a lifetime! At Advanced Pediatric Dentistry of Hermiston our main focus is providing an inviting environment for all our patients and their families through a caring staff and exceptional integrated dental care. Advanced Pediatric Dentistry of Hermiston has an immediate opening for an experienced, compassionate and motivated pediatric dentist interested in opportunities to provide care for children in the community. Advanced Pediatric Dentistry of Hermiston has been in practice for 13 years. We are located on the corner of the busy and convenient intersection of, W Elm Ave and

11th St., where our patients can easily access care. We are in an area where the community is rapidly growing with new businesses and neighborhoods. Our surroundings include a small commute north to the Tri-Cities, where you can find shopping centers and restaurants, or enjoy a commute to Walla Walla for the winery experience. Hermiston is known for our watermelon farms and many small owned businesses. As our community is rapidly growing, we continue to enjoy our small-town friendliness. At Advanced Pediatric Dentistry of Hermiston we believe that every patient deserves quality dental care. We work hard to ensure that all the children in the communities that we serve have access to specialized dental care and strive to become an integral part of the community that we serve. Why should you apply? Competitive compensation, signing bonus, production bonus and potential top benefits including: Health Insurance, 401K Retirement Plans, Profit Sharing, and Health Savings Account, paid professional liability Insurance, paid vacations, continuing education and reimbursement opportunity for future partnership. We are a team that focuses on family and individuals. Advanced Pediatric Dentistry of Hermiston is committed to maintaining a drug-free and safe workplace. A post-offer drug test to detect the use of illegal drugs is a part of our hiring process. Advanced Pediatric Dentistry & Orthodontics does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. For more information, please contact sue@akidzdentalzone.com.

OREGON—HOOD RIVER. Have a passion for helping others have a wider and brighter smile? Join our team at A Kidz Dental Zone, where patient interaction is focused on Happy Kidz, Healthy



How Would You Like To Have The Best, The Happiest, And The Most Competent Pediatric Dental Assistants **Who Actually Make You Money?**

The Pediatric Dental Team Association is proud to accept memberships from qualifying pediatric dental offices. Take a look at everything that is included in your exclusive membership:

- The Annual PDAA Conference* - an excellent place to keep your PDAs connected and excited to be part of bigger community of high-performing PDAs.
- Pediatric dental assistant video training modules in key practice areas with optional Q&A assessments.
- Email support from Dr. Haugseth personally.
- 24/7 access to videos and training modules to allow learning during downtime at the office, at the house, or even from a tablet.
- Opportunity to request new training modules to be developed.
- A bi-monthly newsletter filled with fun, helpful news and information.

...and so much more!

As a PDTA member, your practice receives terrific benefits. Your dental assistants gain valuable knowledge and training. Their increased abilities help grow and develop your practice. And overall communication and patient care are greatly improved. Learning new skills and sharpening the skills of your existing assistants is the key to keeping your practice happy, productive, and profitable.

Maximize your PDA's value to your practice!
Call (770) 823-3534 or visit www.thepdta.org to join today!





*additional fee

WWW.THEPDТА.ORG

Smiles, for a Lifetime! At A Kidz Dental Zone our main focus is providing an inviting environment for all our patients and their families through a caring staff and exceptional dental and orthodontic care. A Kidz Dental Zone has an immediate opening for an experienced, compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement. At A Kidz Dental Zone we have been in practice since 1999 in the heart of Hood River, and opened our doors to The Dalles community in 2013. We are surrounded by mountains, rivers, streams, biking and hiking trails and all of the outdoor adventures The Gorge brings. At A Kidz Dental Zone we believe that every child deserves quality dental care. We work hard to ensure that all the children in the communities that we serve have access to specialized dental care and strive to become an integral part of the community that we serve. Why should you apply? Competitive compensation, signing bonus, production bonus, potential top benefits including: Health Insurance, 401K Retirement Plans, Profit Sharing, and Health Savings Account, paid professional liability insurance, paid vacations, continuing education and reimbursement opportunity for future partnership. We are a team that focuses on family and individuals. A Kidz Dental Zone of Hood River is committed to maintaining a drug-free and safe workplace. A post-offer drug test to detect the use of illegal drugs is a part of our hiring process. A Kidz Dental Zone of Hood River does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. For more information, please contact sue@akidzdentalzone.com.

OREGON—SALEM. "Be the change you want to see in the world" Mahatma Gandhi. My name is Dr. Tim, and we are that change! I started Acorn Dentistry for Kids in 2017 with the vision to fill a significant void in our area of Oregon, and change the way pediatric dentistry is done. With personal investment, a lot of sweat equity, and more great doctors coming on board, we have grown to five great clinics within 3 years, and we are not close to being done yet. We are a group of entrepreneurial-minded doctors that value the group practice model, maintaining ownership by doctors who are actually seeing the patients, not private equity firms. We are looking for more entrepreneurial-minded pediatric dentists to help create a legacy group dental practice together, here in the Pacific Northwest. Acorn Dentistry for Kids is leading the way in creating the ultimate patient and family experience for all families in the community. We choose to take care of every child in our community regardless of which insurance they have (or lack thereof, and have our own in-house membership plan to help). Most dentists around here - including pediatric dentists - got into school claiming they want to help the underserved Medicaid population, yet close their doors to those most in need of their help and compassion once they get into practice. We choose to grow rather than exclude (we expect a 50% growth in production this year alone), and stand for equal access and quality treatment for all kids in the communities we serve. We believe employees are our number one asset and have zero tolerance for poor treatment of employees who help us serve our community. We pay them well, provide benefits and do not see them as "disposable" like many offices do. We spend a lot of time and resources on developing our team, starting with off-site culture and communication

training upon hire. Doctors take the lead role in cultivating that positive culture we all want to have. A common comment from visitors that I hear is "everyone seems so happy". That positive work environment is the result of our cumulative efforts. Together we have developed our core values that provide the framework for the Acorn Culture: 1. Team loyalty, honesty and respect; 2. Lead with empathy 3. Choose your attitude 4. Make it personal 5. Be a lifetime learner 6. Be a little Acorny; 7. Ask "What If" and celebrate the possibilities of tomorrow; 8. Create magical moments; 9. Be humble; 10. Be grateful. We train as a team each month on these values, and performance reviews use our values as the framework for our discussions and decision making. These are led by the doctor, not an office manager. We have created a unique business model that does away with the traditional corporate hierarchy, and instead use a shared leadership model that creates an inside-out approach to accountability, rather than top-down, and gets rid of the micro-management feel of typical corporate structures. No one wakes up in the morning and says, "I can't wait to be managed today." But we do wake up and say, "I want purpose to my work" and "I want leadership opportunity." This is the environment we are creating. If you seek to be a leader for good in every aspect of your life, this is the opportunity you are looking for. Come join an incredible group of doctors and team members that love and support each other and our patients each and every day, as we continue to grow and serve. Mentorship from and comradery with other doctors is built-in, and is great for both a new doctor right out of school, as well as an experienced provider to jump right in and add to the momentum we now have. We all help each other be the best doctors and leaders we can be. To get a summary of what we are working on, please watch this Simon Sinek video: <https://www.youtube.com/watch?v=RFxlm7fcB7c>. This is a very special doctor-owner model (not a private equity/corporate model) and we offer equal equity ownership after only one year. I am not keeping majority ownership as the founder like most others do. This is truly a legacy project for me, to be passed on to other doctors over the years. Associates are guaranteed a fantastic pay during their first year of associateship while working toward ownership after that first year. All professional fees and CE covered, with medical/dental/vision plan in place. Relocation stipend also provided if needed. Oh, and by the way, you also get to live in the pristine Pacific Northwest where all sorts of outdoor adventures await. The Pacific Ocean, snow sports, water sports, hiking, biking, farm tours, city life and quaint small towns are all at your fingertips. The foodie culture's not too bad either. Come discover why Oregon is such a desirable place to live. Please respond to this ad to find out more about this incredible opportunity. We look forward to sharing it with you. Must be entrepreneurial minded, be a long-term thinker, and want to be a team leader in addition to a great clinician. For more information, please contact timrichardsondds@gmail.com.

PENNSYLVANIA—BEAVER. Our practice is looking for a pediatric dentist full time/part time that wants to grow and potentially become a partner and future owner. We are a big practice in a small town. This is a great place to raise children. We are on staff at the local hospital and do OR's. We offer many benefits including health, retirement and vision. The staff is very experienced and always willing to help. Required: Dental license

and graduated from a pediatric dental program. For more information, please contact rj6davis@gmail.com.

PENNSYLVANIA—PITTSBURGH. We are seeking an upbeat, positive pediatric dentist to join our growing and doctor-owned practice. We have three state-of-the-art, fully digital facilities alongside our highly motivated team with a great patient base. The office is equipped to provide nitrous oxide and IV Sedation with dental anesthesiologists. The owner, doctors and staff are highly trained and supportive. The position can be full or part-time. We are located 15-20 minutes south of Downtown Pittsburgh, Pa., in Jefferson Hills. Our comprehensive compensation and benefits package includes a signing bonus, permanent daily guarantee of \$1000 and a bonus based on collections, 401K, CE Allowance, Professional Dues, and Malpractice Insurance coverage. We are seeking a candidate to join us between July-Dec. of 2021 and are excited to have the right person to grow with us. New Graduates welcome. We are looking forward to hearing from you! Please contact Dr. Brittany Kinol at dr.kinol@miracledentalcare.org or text (412) 716-0796. Required: Completion of a Pediatric Dental Residency in the United States.

RHODE ISLAND—CRANSTON. Well established pediatric dental office serving the Rhode Island community for over 35 years is seeking a motivated and caring pediatric dentist. Our practice, which is non-corporate, is owned/managed by three Diplomates of the American Board of Pediatric Dentistry who have a passion for treating children. The position is initially part time or full time, with goal of full time leading to partnership track. Experience is welcome, mentorship available. We offer a very competitive salary and benefits package for the right person including health care, CDE allowance, malpractice insurance and more. If moving from out of state, we will reimburse packing/moving fees. We have two modern offices equipped with the latest digital technology including all digital radiographs. Our offices are located near the beaches, a major Ivy League institution, and the culture and diversity of Providence, RI. To find out more information about our office, please contact Nicole Robbio at nrobbio@peddenti.com. Required: Board eligible or board certified pediatric dentist who has completed a pediatric dentistry training program and received a certificate in pediatric dentistry.

SOUTH CAROLINA—ANDERSON. Located in Anderson, S.C., we are half way between Atlanta and Charlotte. We are surrounded by amazing lakes and the mountains and beach are a short drive in either direction. We are a thriving, busy, and growing office. We are looking for a part time or full time pediatric dental associate to join our team. High energy, compassionate, and quality driven dental care is a must! We are fully digital and have a Biolase Waterlase in the office. We provide in office oral sedation, in office IV sedation and general anesthesia at our local Children's Hospital. If your interested in learning more please email us! Required: graduate of an accredited Pediatric Dental Residency program. For more information, please contact kevinnetzerdmd@gmail.com.

SOUTH CAROLINA—LEXINGTON. Seeking a pediatric dentist for an established, privately owned dental practice. Competitive Salary up to 250K + benefits. Please email resumes to jessica@sunsetchildrens.com.

TENNESSEE—KINGSFORT. Looking for a energetic, motivated, hard-working, full-time (or part-time) super star pediatric dentist to add to our team. Our mission at Kingsport Pediatric Dentistry is to provide excellent patient centered care involving parents/guardians to ensure the best and healthiest results with outstanding customer service. The practice sees children as young as one day old for tongue/lip tie release procedures to age 18 for total oral health care. We take pride in the brand that we have built in our community and surrounding areas and are exciting to add to our team so we can continue to grow. Kingsport is centrally located to Asheville, N.C., Johnson City, Tenn., and Bristol, Va. These beautiful East Tennessee communities are family-oriented areas surrounded by mountains and lakes with a variety of outdoor activities! If you ever dreamed of living on a lake, this is the place to do it! Please contact or send C.V. to: aleigha_barker@hotmail.com. Offer includes: \$250K salary, 4-day workweek, not DSO or thirty-five percent [35%] of employee's collections, 4 weeks vacation plus holidays, no Medicaid, all private insurance or cash-paying, malpractice insurance, relocation bonus, optional Health Insurance and continuing education reimbursement. Required: Tennessee Dental License or eligible for licensure completion or soon to be completed Pediatric Residency Program.

TENNESSEE—MURFREESBORO. Are you looking for a fast-paced, quality office with southern charm and hospitality? Wild About Smiles! Pediatric Dentistry & Orthodontics is a multi-generational office (not a DSO) in the greater Nashville area (Murfreesboro) that has been serving the local community for over 37 years. Guaranteed 4 days/week practice with hospital time at least once a month. Must be comfortable with oral sedation in their treatment regimen. We offer mentorship, an experienced staff, a partnership track if interested and work/life balance. Our team is currently comprised of 4 pediatric dentists and an in-house orthodontist to serve the needs of our awesome patients. Compensation: Daily guarantee or % of collections, relocation stipend, malpractice insurance, continuing education. Requirements: active or able to obtain dental license for state of Tennessee, Pediatric Dental Certificate from an accredited program, DEA Certificate, CPR/BLS/PALS Certificate. New grads and experienced pediatric dentists welcome! For more information, please contact DavidStanleyDDS@gmail.com.

TEXAS—AUSTIN. We are a pediatric dental practice, located in and around the Austin area with multiple locations to fit the needs of our diverse population. Our commitment is to provide the highest quality comprehensive dental and orthodontic care to the children and teens of the Austin community in a compassionate and caring environment. We truly believe that each patient is unique. We take the time to develop the perfect treatment plan for each child that sits in our chair, treating everyone on a case-by-case basis. Austin is consistently rated one of the best cities to live in and for good reason. It is a hub for live music, the food is amazing, and there are more outdoor activities than you could ever get to. One of the keys to long term happiness and success is the ability to work and live in a city you love. We know you will love your time in Austin! We offer a comprehensive compensation package: full medical benefits, company paid Life Insurance, company paid Long Term Disability Insurance and 401K with up to 3.5%

company matching. New grads welcome to apply. Required: TX License. For more information, please contact Joinourpractice2010@gmail.com.

TEXAS—GARLAND. Growing pediatric dental family located 15 miles from downtown Dallas is ready to grow. Looking for a friendly and team-oriented pediatric dentist, board certification preferred. For more information, please contact bbaghai@gmail.com.

TEXAS—KATY. We are centered in a pediatric-rich, growing community and there is exceptional opportunity for personal and professional growth under our mature, owner doctor. Here you will find some highlights about our amazing airway/sleep focused, laser, pediatric dental practice. For the right candidate, we believe we offer an incredible and unique pediatric dental associateships. We have a strong vision, an inspiring mission and 4 commitment statements that govern our interactions with each other and our community. This is why we celebrate a unified, engaged and joyful team. Our practice is an interdisciplinary practice, combining: D.D.S., DO, IBCLC, RN, RDA, RDH, OM on staff. We have a strong reputation and connected relationships across the disciplines in our community resulting in powerful, effective collaborations for our patients. We are deeply rooted in our community as related to involvement and giving back. We provide all team quarterly enrichment meetings with our seasoned consultants to grow individuals and our team. You will have guidance on choosing and compensation towards high impact quarterly CEs. You will have personalized monthly meetings with our lead doctor who teaches nationally on many of the procedures done in our practice. You will be working in one of most technologically advanced pediatric dental practices anywhere. You will be working with a doctor who will teach you procedures that are in high demand and that you likely never learned in residency, that are powerful and incredibly rewarding. Technology used: Zeiss Microscope for infant surgeries, Fotona Lightwalker Fox ARC 1064 Biolase Waterlase (2) and diodes (3), Lightsalpel CO2 Flex iCat-lowest radiation, high quality 3D image on the market, Canary-non-radiation cavity detection system, Digital Impressions Procedures Practiced All laser pediatric operative dentistry (3 hard tissue and 8 soft tissue lasers). Minimally Invasive Dentistry: SDF, Icon, SMART, Disking; Identifying and treating oral restrictions, birth to adult Identifying and treating airway dysfunction as young as birth Neonatal ALF MyoBrace System MyoMunchee ALF Invisalign LAFT/Oralasertherapy/Smilelase/Babylase/HINSLR. Sedation dentistry offered: oral, IM, IV, general anesthesia D Termined Program for Special Needs Children. Compensation: Entirely PPO and fee for service practice for over 6 years. Daily guarantee for the first 6 months or percentage whichever is more, health insurance and retirement plan for full time associates. Our practice has grown significantly and consistently since opening. We are looking for a new associate because our current, well-loved associate will be moving out of state for family reasons in a few months. We hope to find someone who is humble, eager to learn and quick to implement new technologies and treatments they will learn. We hope to find this person soon, so that our current associate can also mentor, endorse trust and seamlessly transition her current patients to their care. If you are interested in this position, please submit your complete resume, a

letter about yourself and references (2 professional and 1 personal, please.), Texas compatible dentist license, pediatric dental residency training in U.S. accredited school and sedation permit for mixed oral sedation and nitrous. For more information, please contact info@kidstowntdentist.com.

VIRGINIA—PURCELLVILLE. We are a modern, well established and thriving pediatric dental practice located in Purcellville, Va., and we are looking to hire a part-time associate pediatric dentist. This position has the opportunity to grow and is open immediately. We are an 8-year-old, state-of-the-art pediatric dental office seeking the right candidate for making diagnoses and caring for our children's dental needs. We require someone who is not only competent but personable, a team player, dependable and will help grow our commitment to the children we serve and to our community. Principals only, Recruiters please do not contact this job poster or contact us with unsolicited services or offers. COVID-19 precautions: personal protective equipment provided or required, plastic shield at work stations, temperature screenings, social distancing guidelines in place, sanitizing, disinfecting or cleaning procedures in place. For more information, please contact smiles@novatoothfairym.com.

WASHINGTON—RENTON. Are you a pediatric dentist who would like more? Are you ready for practice ownership? We can help you transition from your residency program, your associate position, or from your current situation, to our newly constructed pediatric office in Renton, Washington. Washington is a beautiful state to live as an individual or family. It has hiking, biking, beautiful parks, coastline activities, water sports, shopping, dining, concerts, professional sports and anything you can imagine. The quality of life here is amazing! Your new state of the art pediatric facility is ideally situated for traffic visibility and is demographically advantageous. We are confident you will find our partnership buy-in to be reasonably priced. You will be supported with our practice management systems, marketing, and fellowship support from the other partners. Our group currently has a network of ten general practices and two orthodontic practices in the Tacoma-Seattle area, with more growth in the future and the possibility of passive income. As a group, we feel it is time to have a pediatric dentist we can refer to within our own organization. Call or email to explore this unique opportunity! Travis Probst DDStprobts@dentonline.biz bizmobile: (719) 352-5773.

WYOMING—LARAMIE. Do you love the outdoors? Laramie is rich with outdoor opportunities. World class mountain biking at Curt Gowdy state park in summer, and alpine and nordic skiing is less than 45 minutes in the Medicine Bow National Forest. There is lots of great hiking, camping, fly-fishing, hunting and outdoor activities nearby in the surrounding mountains. Laramie is a college town as well so if you enjoy college sports, it is fun to be able to enjoy all that community brings. Josh Allen the current Buffalo Bills quarterback calls the University of Wyoming his alma mater. We are a growing privately owned group pediatric dental practice. We are looking for a great doctor to join us in our Laramie Wyoming office. We are currently expanding our Laramie location to better accommodate the communities needs. You will be working in a brand new beautiful office that will

be completed in the next few months. Our office is focused on: patient-centered clinical care, a fun environment, a great team and dynamic and hard work. We really have created a work family of long term team members. We are looking for a candidate to join this work family that is hard-working, energetic, looking for a long-term position, and focused on treating each one of our superkids to the highest standards of clinical care. We believe that this opportunity offers a great balance of autonomy, work life balance and space for mentorship. Both new graduates and experienced providers are welcome to apply. Compensation is competitive and will be determined based on your experience. Lets talk! <https://pediatricdentistryofwy.com/>.

FACULTY POSITIONS AVAILABLE

SOUTH CAROLINA—CHARLESTON. The Medical University of South Carolina, James B. Edwards College of Dental Medicine, invites applications for a full-time tenure-track faculty position as the Pediatric Dentistry Graduate Program Director. Located in the historic peninsula of Charleston, SC, the Medical University of South Carolina is the State's only comprehensive academic health science center. MUSC also recently inaugurated the Shawn Jenkins Children's Hospital, a free-standing, state-of-the-art facility with over 27 pediatric specialties. The Program Directors' primary area of responsibility is to lead the Pediatric Dentistry Graduate Program, including active participation in all the aspects of the program's teaching and patient care components. Other expectations include teaching pediatric dentistry in the D.M.D. program and scholarly activities in pediatric dentistry. The ideal candidate must have excellent teaching, leadership, mentorship, administrative, and organizational skills. Additional qualifications include the capacity to motivate staff/residents, ability to provide a positive working and learning environment, and work effectively in a team setting. Candidates must have recent experience in a pediatric residency program (minimum of three years, but five years is favored). Candidates with hospital-based residency program experience, extensive operating room and sedation experience, and experience managing medically complex patients are also preferred. Additionally, the committee will also favor previous experience as a Program Director, dual specialty training, or additional academic degrees. Candidates must possess a D.D.S. or D.M.D. degree or equivalent and a certificate or master's degree from a CODA-accredited graduate pediatric dentistry program. Candidates must be eligible for licensure in South Carolina and must possess Board Certification in Pediatric Dentistry. The academic rank and salary will be based on the candidate's qualifications and commensurate with experience level. Review of candidates will begin immediately. A start day on or before June 1 is preferred. The Medical University of South Carolina is an Equal Opportunity/Affirmative Action employer. Please submit a letter of interest, including a statement of career goals and curriculum vitae online through human resources - <https://web.musc.edu/human-resources/university-hr>.

INTERNATIONAL – CANADA

ALBERTA—CALGARY. We are currently seeking a part-time or full-time pediatric dentist to join a single office, single doctor practice located in inner city SW Calgary, Alberta, Canada. We are a warm, friendly and family-centered 6-chair neighbourhood practice made up of an amazing team of caring staff. We would love to find someone with similar values who has excellent bedside manner and communication skills while providing compassionate and high quality care. This is a great practice for trying to establish a work-life balance (with the beautiful Rocky Mountains in our backyard!). New grads welcome. Please email C.V. to admin@smalltotal.ca if interested.

ONTARIO—TORONTO. Long-standing and established pediatric dental practice in Toronto, ON, Canada is looking for a full-time or part-time pediatric dentist. Centrally located in a vibrant, growing, and thriving neighborhood with close access to two subway lines and a major highway, Toronto Children's Dentist has steady new patient flow. A great chance to work alongside and be mentored by a senior, very progressive pediatric dentist. Retain true clinical autonomy while performing pediatric dentistry in a supportive environment. Clinic is equipped for oral and nitrous sedation with potential for Hospital privileges or in-office GA. Work Monday-Friday for a healthy work-life balance. Applicants should be ethical, hard-working and focused on providing high-quality patient care. The ideal candidate will have a positive attitude, strong communication skills and exceptional skill in working with children. Candidates must be eligible for board certification in Ontario. As part of one of the largest dental networks in Canada, our supportive and experienced team is ready to support your transition. Competitive compensation packages, relocation assistance, and a \$10,000 sign-on bonus for applicable candidates. You will also have access to mentorship programs and continuing education. This is an associate dentist position with partnership opportunities for those interested. For more information or to apply for the position, contact tochildrendcm@altima.ca or visit www.careers.altimadental.com. Required: Board Certified Pediatric Dentist OR in process of graduation.

PRACTICE FOR SALE

MINNESOTA—DULUTH. The hidden gem cities along the shores of Lake Superior are constantly topping the lists of Best Places to Live. This family dental practice for sale is ideal for a pediatric or general dentist, as the practice sees a strong mix of both. The practice is located in a large free-standing building and the real estate is also for sale should the buyer be interested. We have 5 fully equipped ops, collections of \$1.1 million, EBITDA \$350,000, Seller's Discretionary Earnings \$537,000, 2,200 active patients and 10-12 new patients per month. The current doctors are interested in exploring their options, with retirement in mind. There is a massive opportunity for growth with additional days in office and marketing. The communities along the shores of Lake Superior are often an eclectic mix of people. Amazing outdoor recreation opportunities, lower cost of living and great career opportunities certainly encourage young families to stick around. To learn more about this practice, including the exact location, please contact Kaile Vierstra with

Professional Transition Strategies via email: kaile@professionaltransition.com or give us a call: (719) 694-8320. We look forward to speaking with you! <https://professionaltransition.com/properties-list/minnesota-pediatric-general-practice-for-sale/>.

MINNESOTA—INVER GROVE HEIGHTS. Affordably priced, well established pediatric dental practice for sale in suburban Twin Cities of Minnesota. 2020 collections were \$476,000 on a 4 day work week, in a 10 month year (closed for 2 months due to Covid). Practice is located in a building with pediatricians and a daycare. 4 operatories, 1500+ sq. ft. with expansion to additional 1200 sq. ft. that is already plumbed. Hospital affiliation is available. Owner wishes to retire and would like the practice to go to a young, energetic, and caring pediatric dentist. Text (651) 500-7217 or email dghlenn@comcast.net.

NEW YORK—NEW YORK. Pediatric Dental Office in Coop building on the Upper East Side. NYC Office can be purchased separately from practice and used for specialty or general practice location. Practice can be purchased at minimal cost when purchased with Coop sale. Office is fully digital and networked with 5 chairs. Doctor and associates will stay if necessary. For more information please contact: shmadg@aol.com.

SOUTH CAROLINA—AIKEN COUNTY. If you are looking for a great opportunity with a lot of upside potential then our office would be a great choice. We have a stand-alone pediatric office in the western midlands of SC. A very affordable place to live and/or raise a family. A quaint southern town with lots to do and close to major cities, also only a couple of hours or so to the beach. We are easily accessible from all surrounding areas and very close to the downtown area. We have a broad patient base across 8-9 counties, so there is room for growth. Our staff is excellent and well-trained. They are willing to stay and work for the new owner. Our selling dentist is willing to work an adequate period of time to ensure a smooth successful transition if desired. Our practice is predominantly a Medicaid practice. We do have private insurance-based patients as well. The office has 2 restorative operatories and 3 hygiene rooms plus 1 infant/toddler exam/pre-cooperative parent/child consultation room. Also, the real estate is for sale. Our lot and building are in great shape. We are working with Neal McFadden at ddsmatch.com. Please contact: nmcfadden@ddsmatch.com.

TEXAS—ODESSA. If you've been searching for the ideal pediatric practice in West Texas this is the one! Located in an office building with over 2,700 square feet, the office was recently remodeled in 2017. The current doctor is open to staying on for a smooth transition or will also consider a straight buy out. With an impressive referral base, the practice is only seeing continued growth! For an overview of this outstanding Pedito-Practice, continue reading: 6 fully equipped operatories, collections of \$1 million Adjusted, EBITDA \$167,000, SDE \$500,000, 4,000 active patients 85 and new patients per month. Ready to learn more and review the prospectus? Please email Kaile Vierstra with Professional Transition Strategies: : kaile@professionaltransition.com or give us a call: (719) 694-8320. We look forward to speaking with you! <https://professionaltransition.com/properties-list/west-texas-pediatric-dental-practice-for-sale/>.

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Brian.Friedman@D4C.com | 678.923.4466

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