

# PDT



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AAPD BITES INTO new initiatives **32**  
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**Dr. Rob L. Delarosa**

*AAPD President*

## The Dental Home Revisited...Again

December was a busy time for us beyond the holiday season activities. It began with a media tour in New York where I had the opportunity to meet with several news outlets, including the *New York Times*. These interviews were held at the respective offices of the publications, and included AAPD Public Relations Senior Manager Erika Hoeft as well as our Weber Shandwick team and me. We discussed many pediatric dental issues, but first and foremost was the Dental Home concept. Not surprisingly, the age one dental visit was virtually unheard of among the individuals we met. The reactions were varied from “do children have teeth at that age?” to “how do you keep them still for the appointment?”

# THE BIG AUTHORITY on little teeth® Dental Home

Needless to say, we gave them plenty of information on the Dental Home and the importance of the age one dental visit. This experience gave me the chance to reflect upon a topic that is one of the top priorities of the Academy, and yet barely raises a blip on the radar of other stakeholders in pediatrics. I guess for some of us, this is what we preach every day so it seems to be second nature. But when you speak to the public, there isn't a sense of awareness, much less acceptance of our AAPD recommendation. This should concern us and create specific activities that we need to do to change the culture for the age one visit.

In our practice, we try to cover our bases by educating our colleagues and legislators, going directly into the communities with the message of the Dental Home, teaching infant oral health care in our hospitals that deliver babies, and getting our families to be ambassadors for our message. Given the fact that the definition of the Dental Home has been part of our literature since the 1990's, and we developed the concept jointly with the American Academy of Pediatrics, you'd think it would be an easy task to get everybody on board. Unfortunately, it hasn't been.

Far from dismayed, we embrace the challenge that lies ahead of us. Our Academy has never been in a better position to communicate with our stakeholders, either in D.C., New York or in your hometown. Our ability to reach the audience we need to reach is at an all-time high. The experience in New York provided the opportunity for us to explain to media our unique experiences and perspective for the age one visit. I see this as a huge opportunity to effect change. There are several other media engagements in early 2016, especially during National Children's Dental Health Month. We'll be delivering our message loud and clear.

Along with Congressional Liaison Heber Simmons Jr.'s efforts, the growing number of public policy advocates has allowed us unprecedented access to more and more policy makers. These relations are critical to our success in getting our message to those who are in charge of programs and assets. From the successes we've had in securing more slots for residents, faculty loan repayment, etc.; we should be able to have equal success in making the age one visit a cornerstone of any federal policy for pediatric dentistry.

**If we want to realistically approach a cavity-free generation, it has to start somewhere. I can't think of a better place than in our Dental Homes.**



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

## Pediatric Dentistry at the 2015 ADA Annual Session

During the ADA's 2015 Annual Session in Washington, D.C., the AAPD hosted a reception for members serving as delegates in the ADA House, pediatric dentistry speakers, and representatives from other dental partner organizations. The AAPD Executive Committee also held meetings with leadership of the Academy of General Dentistry and the American Association of Oral and Maxillofacial Surgeons. We also reviewed resolutions of interest to pediatric dentistry being considered by the ADA House of Delegates.

# THE BIG AUTHORITY on little teeth® ada annual session



### Revision of Sedation/Anesthesia Guidelines

This year there was much discussion over Resolution 77, which was ultimately referred back to the Council on Dental Education and Licensure (CDEL). The AAPD commented both in writing and in testimony presented in a “town hall” meeting plus reference committee meeting, highlighting the following points:

Contrary to the CDEL background report, the AAPD did not suggest that separate guidelines for provision of sedation and anesthesia to children 12 and under be developed for dentists who are not pediatric dentists or dental anesthesiologists. The AAPD strongly supports the joint American Academy of Pediatrics/AAPD Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures as the best practice for all pediatric sedation. Note that the current ADA sedation/anesthesia guidelines defer to the joint AAP-AAPD guidelines for children 12 and under.

The AAPD supported the inclusion of our suggested revisions for preoperative sedatives and other prescription medications, which was stated as follows:

“For children age 12 and under, the use of preoperative sedatives for children (aged 12 and under) prior to arrival in the dental office, except in extraordinary situations, must be avoided due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

Prescription medications intended to accomplish procedural sedation for children age 12 and under must not be administered without the benefit of direct supervision by a trained dental/medical provider. Source: the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures).”

The AAPD opposed the proposed required use solely of capnography for moderate sedation. We urged its inclusion as a choice within ventilatory parameters. The AAPD suggested that two of the following three parameters may be used in monitoring ventilation with moderate sedation:

- breath sounds by precordial stethoscope;
- verbal communication with patient; or
- capnography.

Our written statement explained that if a patient's level of consciousness allows the patient to vocally communicate to the dentist (i.e., talk or cry), there would be adequate ventilation whereby EtCO<sub>2</sub> monitoring is not necessary. If the patient is not vocally communicating when prompted (i.e., talk or cry), it is a likely indicator of a deeper level of sedation and EtCO<sub>2</sub> monitoring would be required. The CDEL proposal seemed to only allow a deviation if patient movement is the issue.

We urged a clearer rationale for the use of body mass index (BMI). While it was proposed that BMI be charted, there was no indication of what the dentist should do with that information. It is unclear there is any known threshold of safety related to sedation and BMI.

As noted, the House voted to refer the proposed guidelines back to CDEL. **The House recommendations accompanying the referral were:**

“Elimination of the mandate for monitoring end tidal CO2 for moderate sedation to allow for the choice of options such as: continuous use of a precordial or pretracheal stethoscope, continuous monitoring of end tidal carbon dioxide, and continual verbal communication with the patient.

Reconsideration of the section “Moderate Sedation Course Duration” (hours and content), as proposed by level of sedation, or a possible option of separate course requirements for enteral and parenteral routes of sedation.

Making patient evaluation provisions consistent throughout the document, including but not limited to, rationale and guidelines for the use of body mass index, and the timing of medical history review.”

## Medicaid Reform

The AAPD strongly supported Resolution 85H, which originated from CAPIR and was approved by the ADA House of Delegates. This resolution encourages “all state dental associations to work with their state Medicaid agency in hiring a Chief Medicaid Dental Officer, who is a member of organized dentistry” and “encourages all state dental associations to actively participate in the establishment or continuation of an existing Medicaid dental advisory committee that is recognized by the state Medicaid agency as the professional body to provide recommendations on Medicaid dental issues.”

## Dental Benefits-MLRs

The AAPD supported Resolution 12H, which was approved by the House.

“Resolved, that the ADA supports the concept of a “Medical Loss Ratio” for dental plans defined as the proportion of premium revenues spent on clinical services and quality improvement versus administrative services and company profits, and be it further

Resolved, that the ADA support legislative efforts to require dental benefit plans to file a comprehensive MLR report annually and to establish a specific loss ratio for dental plans in each state.”

## AAPD Member Speakers



The following AAPD members made CE presentations during the ADA Annual Session:

- Jessica Y. Lee presented the AAPD sponsored course in the “Specialty Pavilion” on Management of Permanent Tooth Dental Trauma in Children.
- Joel H. Berg co-presented on The Prevention of Oral Disease: Meta-Analysis on Essential Oil Mouthrinses.
- James J. Crall co-presented on Quality Measurement in Dentistry.
- Charles S. Czerepak co-presented on Maintaining Your Viability as a Medicaid Provider.
- Gregory L. Psaltis presented on Primary Pulp Therapy and Stainless Steel Crowns are a Snap.
- Francisco Ramos-Gomez co-presented on Help I Have a One-Year-Old in My Chair.
- Jane A. Soxman presented on Restoration of Primary Maxillary Incisors, Simplified Technique for Primary Molar Vital Pulp Therapy and Crowns, and Pedito Pearls.
- Sidney A. Whitman co-presented on Maintaining Your Viability as a Medicaid Provider.

## AAPD Member Delegates and Alternates

We also thank those AAPD members who served in the 2015 ADA House of Delegates:

### 2ND DISTRICT (N.Y.)

#### Delegates

*Lauro F. Medrano-Saldana (Brooklyn, N.Y.)*

*Reneida Reyes (Brooklyn, N.Y.)*

#### Alternate Delegates

*Margaret Madonian (Liverpool, N.Y.)*

*Jay Skolnick (Weber, N.Y.)*

### 4TH DISTRICT (AIR FORCE, ARMY, DEL., D.C., MD., NAVY, N.J., PHS, P.R., VETERANS AFFAIRS, VIRGIN ISLANDS)

#### Delegate

*Sidney A. Whitman (life member) (Hamilton Square, N.J.)*

## 7TH DISTRICT (IND., OHIO)

### Alternate Delegates

*Henry W. Fields Jr. (Columbus, Ohio)*

*Terry G. Schechner (Valparaiso, Ind.)*

## 8TH DISTRICT (ILL.)

### Delegates

*Susan Bordenave-Bishop (affiliate member) (Peoria, Ill.)*

*Victoria A. Ursitti (Arlington Heights, Ill.)*

### Alternate Delegate

*Mary J. Hayes (Chicago, Ill.)*

## 9TH DISTRICT (MICH., WIS.)

### Delegate

*Martin J. Makowski (Clinton Township, Mich.)*

## 10TH DISTRICT (IOWA, MINN., NEB., N.D., S.D.)

### Delegate

*Eric D. Hodges (Omaha, Neb.)*

### Alternate Delegates

*David C. Johnson (life member) (Iowa City, Iowa)*

*Valerie B. Peckosh (Dubuque, Iowa)*

## 11TH DISTRICT (ALASKA, IDAHO, MONT., ORE., WASH.)

### Delegates

*Linda Edgar (affiliate member) (Federal Way, Wash.)*

*Hai T. Pham (Aloha, Ore.)*

### Alternate Delegates

*Jane Gillette (affiliate member) (Bozeman, Mont.)*

*Bernard J. Larson (Mount Vernon, Wash.)*

## 12TH DISTRICT (ARK., KAN., LA., OKLA.)

### Alternate Delegates

*Timothy R. Fagan (Enid, Okla.)*

*John T. Fales Jr. (Olathe, Kansas)*

*Nick Rogers (affiliate member) (Arkansas City, Kansas)*

## 13TH DISTRICT (CALIF.)

### Delegates

*Oariona Lowe (Corona, Calif.)*

*Claudia Masouredis (San Francisco, Calif.)*

*Joseph P. Sciarra (Woodland Hills, Calif.)*

### Alternate Delegate

*Sharine V. Thenard (Alameda and Pleasanton, Calif.)*

## 14TH DISTRICT (ARIZ., COLO., HAWAII, NEV., N.M., UTAH, WYO.)

### Delegates

*James H. Bekler (Sandy, Utah)*

*Karen D. Foster (Aurora, Colo.)*

*Jeffrey A. Kahl (Colorado Springs, Ariz.)*

*Kirk J. Robertson (Flagstaff, Ariz.)*

### Alternate Delegates

*Lynn Fujimoto (Aiea, Hawaii)*

*Michael LaCorte (Tucson, Ariz.)*

## 15TH DISTRICT (TEXAS)

### Delegate

*Rita M. Cammarata (Houston, Texas)*

### Alternate Delegate

*Paul A. Kennedy, III (Corpus Christi, Texas)*

## 16TH DISTRICT (N.C., S.C., VA.)

### Delegates

*Scott W. Cashion (Greensboro, N.C.)*

*Roger E. Wood (Midlothian, Va.)*

*Ronald D. Venezie (Apex, N.C.)*

### Alternate Delegate

*Rocky L. Napier (Aiken, S.C.)*

## 17TH DISTRICT (FLA.)

### Alternate Delegate

*Suzanne Thiems-Heflin (Gainesville, Fla.)*

## 1ST VICE PRESIDENT (EX-OFFICIO)

*Jonathan D. Shenkin (Augusta, Maine)*



## New York City Consumer Press Deskside Meetings

In an effort to fully maximize AAPD's time in New York during the Greater New York Dental Meeting, deskside consumer press briefings were organized for AAPD President Dr. Robert Delarosa, including meetings with the *New York Times*, *Family Circle*, *Parents*, *American Baby* and *NY Metro Parent*. Additionally, he fielded an interview from *Ser Padres* while in New York City via email, and also had *Reuters* express an interest in a future interview.



## THE BIG AUTHORITY on little teeth® staff update



The AAPD is very excited to welcome **Ken Berry** who officially joined AAPD as Publications Associate in December. Berry will work on a variety of design projects in the publications department. He is a graduate of DePaul University.

Congratulations to Meeting Services Senior Manager **Kristi Casale** for being awarded the Professional Convention Management Association (PCMA) GEM Award. Casale was nominated by her committee chairs for going above and beyond in making the 2015 GMC PCMA Bowl-a-Thon, the association's largest fundraiser of the year, a phenomenal success.

**Mary Essling** was promoted to *Dental Benefits Director*, effective January 1. Essling has been with the AAPD for eight years, a time in which third party insurance and coding issues have become even more critical for AAPD membership given the Affordable Care Act (which includes a Medicaid expansion) and closer interaction between medicine and dentistry. Congratulations to Mary!

**Thomas P. Jurczak**, M.B.A. joined the AAPD as Business Services Director. Jurczak previously served as Director of Finance with the Accreditation Council for Graduate Medical Education, and as Director of Finance and Administration with the Society of American Archivists. He received both his undergraduate degree and M.B.A. from Loyola University of Chicago.

**Kelly Katona** joined HSHC as Grants and Program Assistant. Katona is a 2015 graduate of the University of St. Francis in Joliet, Ill., and has previous intern experience with PAWS Chicago and work experience with the Downtown Development Partnership of Morris, Ill.

**Christine McDowell** joined HSHC as Donor Relations Assistant. McDowell is a 2013 graduate of Western Illinois University, and has prior work experience with Nationwide Insurance and Blue Cross and Blue Shield of Illinois.

**Lily Snyder** joined AAPD on Feb. 2., as Web and Social Media Coordinator. Snyder is a 2015 graduate of Gonzaga University (Spokane, Wash.), with a major in international relations and European studies and a minor in Italian. She has worked as a media director for a large summer camp in Maine, a marketing communications intern for a company in Oconomowoc, Wisc., and at Gonzaga as an ESL teacher, staff writer for the school paper and marketing and PR intern for a sports website.



## NOTICE TO ACTIVE AND LIFE MEMBERS

### Constitution and Bylaws Amendment before the 2016 General Assembly

These amendments will be considered the AAPD Annual Session in San Antonio during the Reference Committee hearings and the General Assembly.

*Note to readers: All line numbers reference the current AAPD Constitution and Bylaws as printed in the 2016 Membership Directory.*

~~Strikethrough~~ words are to be removed; **bold underlined** words are to be added.

#### CREATION OF LEADERSHIP DEVELOPMENT COMMITTEE OF BOARD OF TRUSTEES

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the board of trustees.

**Background:** In 2015 the Talent Pool Task Force delivered its final report to the AAPD Board of Trustees. Among a number of recommendations, this task force recommended that the AAPD establish a permanent committee of the Board of Trustees solely focused on leadership development opportunities for AAPD members. The Board agreed and directed the Constitution and Bylaws Committee to draft a Bylaws amendment that would add such a committee under the listing of other standing board committees in Chapter V, Section 18 of the Bylaws. Among other duties, this committee would evaluate the current AAPD programs, the Leadership Institute at the Kellogg School of Management/Northwestern University and the Advanced Leadership Institute at the Wharton School of Business/University of Pennsylvania, and make recommendations for their future continuation and direction. The committee would also actively work to identify volunteer leaders to assist the President-elect in the annual process of making appointments to the various AAPD councils and committees.

The amendment would be inserted after the following paragraph under Chapter V, Section 18 (Committees of the board of trustees), after paragraph F (Strategic Planning Committee):

876 **F. STRATEGIC PLANNING COMMITTEE:**

877 *Composition:*

878 The Strategic Planning Committee shall consist of four (4)  
879 members: two (2) elected members of the Board of Trustees  
880 appointed by the President; the President-Elect; and the Execu-  
881 tive Director, who shall serve ex officio without a vote. The  
882 President-Elect shall serve as chair.

883 *Duties:* The duties of this committee shall be to:

- 884 1. Review and update the strategic plan annually in order to  
885 maintain currency with the established direction of the Acad-  
886 emy.  
887 2. Monitor and analyze trends and issues of the external  
888 macro environment that are significant to pediatric dentistry.  
889 3. Recommend measures which maintain the Academy's role  
890 as the authority on matters related to pediatric dentistry.

891 **G. LEADERSHIP DEVELOPMENT COMMITTEE:**

892 **Composition: The Leadership Development Committee**  
893 **shall consist of four (4) members: three (3) pediatric**  
894 **dentist current or past members of the Board of Trustees**  
895 **appointed by the**  
896 **President, and the Chief Executive Officer, who shall serve**  
897 **ex officio without a vote. The President shall appoint the**  
898 **chair. The committee may also utilize outside consultants**  
899 **who have an understanding and knowledge of the best**  
900 **practices in development of volunteer leadership in**  
901 **professional membership associations.**

902 **Duties:**

- 903 **1. Evaluate results and outcomes from existing Academy**  
904 **professional leadership programs. The committee shall**  
905 **make recommendations to the Board of Trustees**  
906 **regarding continuation or modification of such**  
907 **programs.**  
908 **2. Analyze other leadership training opportunities and**  
909 **make recommendations to the Board of Trustees.**  
910 **3. Identify potential future leaders and provide such names**  
911 **to the President-elect during the annual appointments**  
912 **process for AAPD councils and committees.**  
913 **4. Regularly report to the Board of Trustees concerning**  
914 **such activities.**  
915 **5. Perform such other duties as assigned by the President**  
916 **or the Board of Trustees.**

*Re-letter paragraph G (Nominations Committee) as paragraph H.*

## 1. TECHNICAL CORRECTIONS

The following proposed changes to the Constitution and Bylaws were prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees.

### Constitution Article II (Purposes and Objectives)

40 8. The Academy shall strive constantly to enhance the quality  
41 of graduate training in pediatric dentistry particularly through  
42 its availability in a consultative capacity to the Commission on  
43 Dental Accreditation of the American Dental Association.

### Bylaws Chapter V (Board of Trustees)

#### 713 Section 12. MEETINGS:

714 A. Regular Meetings: There shall be ~~three (3)~~ **four (4)** regular meet-  
715 ings of **each cadre of** the Board of Trustees: one (1) ~~immediately prior~~  
716 ~~to~~ **on** the ~~final day of the~~ annual session, ~~one (1) within forty-five (45) days~~  
717 ~~following the~~ annual session, and one (1) ad interim meeting as determined  
718 by the Board of Trustees, ~~one (1) winter planning meeting as~~  
~~determined by the Board of Trustees, and one (1)~~  
~~immediately prior to and in the same city as the annual~~  
~~session.~~

751 Section 17. **OFFICERS:** The elected Officers of the Board of  
752 Trustees shall be the President, who shall be Chair, ~~the President-Elect, the~~  
~~Vice President, and~~  
753 the Secretary-Treasurer of the Academy, ~~who shall be Secre-~~  
754 tary ~~and the Immediate Past President.~~

### Section 18. COMMITTEES OF THE BOARD OF TRUSTEES:

#### 876 F. STRATEGIC PLANNING COMMITTEE:

##### 877 *Composition:*

878 The Strategic Planning Committee shall consist of ~~four (4)~~ **five (5)**  
879 members: ~~two (2)~~ **three (3)** elected members of the Board of Trustees  
880 appointed by the President, ~~who shall designate a senior, junior,~~  
~~and freshman Trustee;~~ the President-Elect; and the Chief Execu-

881 tive Director Officer, who shall serve ex officio without a vote. The  
882 President-Elect shall serve as chair.

883 *Duties:* The duties of this committee shall be to:

- 884 1. Review and update the strategic plan annually in order to
- 885 maintain currency with the established direction of the Acad-
- 886 emy.
- 887 2. Monitor and analyze trends and issues of the external
- 888 macro environment that are significant to pediatric dentistry.
- 889 3. Recommend measures which maintain the Academy's role
- 890 as the authority on matters related to pediatric dentistry.

### Bylaws Chapter XV (Official Academy Publications)

#### 1388 CHAPTER XV. OFFICIAL ACADEMY PUBLICATIONS

1389 *Pediatric Dentistry—The Journal of the American Academy of*  
1390 *Pediatric Dentistry* shall be the official scientific journal of the  
1391 Academy. The "*Journal of Dentistry for Children*" shall be the  
1392 official clinical journal of the AAPD. The Academy Newsletter  
Magazine  
1393 *Pediatric Dentistry Today* shall also be an official publication  
1394 of the Academy.

# NOTICE TO ACTIVE AND LIFE MEMBERS

## (1) Reference Committee Hearing and Reports & (2) General Assembly Meeting

**Constitution and Bylaws amendments, proposed changes/additions to oral health policies and clinical guidelines of the American Academy of Pediatric Dentistry and the proposed dues increase (see page 36) will be the subject matter for the Reference Committee hearings at the Annual Session.** Recommendations from the Council on Clinical Affairs concerning oral health policies and clinical guidelines will be posted as a Members-only document on the AAPD website ([www.aapd.org](http://www.aapd.org)) no later than sixty (60) days prior to the General Assembly. All members will be alerted to this availability via AAPD E-News.

The Reference Committee hearing will take place on Saturday, May 28, 2016, from 10 to 11 a.m. in Room 304 of the Henry B. Gonzalez Convention Center. Members are strongly encouraged to attend. Non-members may attend, but will be polled and asked to identify themselves by the chair, and are not allowed to comment. The Reference Committees are intended to be the venue for member discussion on any formal resolutions that will be proposed before the General Assembly. This is an opportunity for members to present testimony on proposed oral health policies and clinical guidelines, the proposed dues increase and other business to come before the General Assembly.

Reference Committee reports will be available in the back of Room 304 of the Henry B. Gonzales Convention Center beginning at 8:30 a.m. on Sunday morning May 29, 2016, prior to the beginning of the General Assembly and Awards Recognition at 9:30 a.m. If available in time, copies will also be provided at District Caucuses on Saturday, May 28, 2016, from 1 to 2 p.m.

The Awards Recognition and General Assembly will take place on Sunday, May 29, 2016, from 9:30 to 11:30 a.m. in Room 301 of the Henry B. Gonzalez Convention Center. The General Assembly is a meeting of Active and Life members for the purposes of conducting the business of the AAPD. Final action on recommendations from Reference Committees takes place at the General Assembly. An agenda for the General Assembly meeting will be posted under "Latest News" in the Members-Only section of the AAPD website ([www.aapd.org](http://www.aapd.org)) approximately one month prior to the meeting. All members will be alerted to this availability via AAPD E-News.

# AAPD Nominations

## James D. Nickman

### PRESIDENT ELECT NOMINEE



**Dr. Jim Nickman** (North Oaks, Minn.) earned his D.D.S. and Master's Degree from the University of Minnesota. He has been a member of the AAPD since 1999 and a diplomate of the ABPD since 2002.

Nickman currently serves as the Minnesota Academy of Pediatric Dentistry Public Policy Advocate. He has served on the AAPD board of trustees as the then-District IV (now Northcentral District) trustee, Council on Government Affairs, Council on Dental Benefit Programs, the Committee on the Adolescent and the Council on Membership. He is the past president of the Minneapolis District Dental Society and serves as the chair of the Minnesota Dental Association Barriers to Care Committee and MINDENPAC Board. He also is the past-president of the North Central Society of Pediatric Dentistry, Minnesota Academy of Pediatric Dentistry, and the University of Minnesota School of Dentistry Alumni Society. He is a fellow of the American College of Dentists, International College of Dentists and the Pierre Fauchard Academy. Nickman maintains a private practice in the Twin Cities and teaches part-time at the University of Minnesota.

## Joseph B. Castellano

### VICE PRESIDENT NOMINEE



**Dr. Joe Castellano** attended the University of Texas Dental Branch in Houston and received his D.D.S. degree in 1990. He completed an Advanced Education in General Dentistry residency and later his specialty training in pediatric dentistry, both at the University of Texas Health Science Center in

San Antonio, Texas (UTHSC-SA). He is board certified in pediatric dentistry. Castellano is an assistant clinical professor for the Department of Developmental Dentistry at UTHSC-SA Dental School and has authored and co-authored several publications in the dental literature. He is active in the AAPD and currently serves on the board of trustees as Secretary-Treasurer. He has served on the Council on Continuing Education, Ex-Officio on the Council on Governmental Affairs and has served on and chaired the Council on Clinical Affairs, and its Committees on the Adolescent, Perinatal Oral Health, and Behavior Guidance. He has also served on the Task Force on Strengthening the Science in AAPD's Guidelines and Journals, the task force on General Dentists, and on the Advisory Board for the AAPD Pediatric Oral Health Research and Policy Center. He is a graduate of the AAPD Leadership Institute and the AAPD Advanced Leadership Institute. He is active with his state component, has served in all its offices including as president of the Texas Academy of Pediatric Dentistry. Castellano is in private practice in Laredo, Texas.

## Kevin J. Donly

### SECRETARY-TREASURER NOMINEE



**Dr. Kevin Donly** is currently a professor and chair in the Department of Developmental Dentistry and professor in the Department of Pediatrics at the University of Texas Health Science Center at San Antonio. Previous positions include professor and associate director of the Center for Clinical Studies at the University of Iowa; associate professor, Pediatric Dentistry at the University of Texas Dental Branch at Houston; and associate professor, The University of Texas Medical School. He received his D.D.S. in 1984, certificate in pediatric dentistry in 1986, and M.S. in 1986 from the University of Iowa.

Donly is a Diplomate of the American Board of Pediatric Dentistry, was on the board of trustees for the American Academy of Pediatric Dentistry, was on the board of directors for the American Academy of Pediatric Dentistry Foundation, is the previous chair of the American Academy of Pediatric Dentistry Council on Post-doctoral Education, is past president of the American Society of Dentistry for Children and past chair of the Public Information Committee for the American Academy of Pediatric Dentistry. He completed his four year term as the Pediatric Dentistry Commissioner for the Commission on Dental Accreditation. He has published over 300 chapters, manuscripts and abstracts associated with pediatric dentistry and dental restorative materials research and clinical utilization. He has received grants or research support from the National Institute of Health/National Institute of Dental and Craniofacial Research, Health Resources and Services Administration, 3M, ESPE, Premier, Bisco, GC, Dentsply, Ivoclar, Kerr, NuSmile, Procter and Gamble, Church and Dwight, Optiva, Oral-B, Enamelon, Atrix Laboratories, Inc. and Guidor companies.

## Paula L. Coates

### AT-LARGE TRUSTEE NOMINEE



**Dr. Paula L. Coates** was born in Washington, D.C., and reared in Riverdale, Md. She received her bachelor's degree in biological anthropology and anatomy from Duke University, Durham, N.C. In May 2000, she received her doctor of dental surgery degree from Meharry Medical College School of Dentistry, Nashville, Tenn. Pursuing her love of working with children, Coates attended the University of Illinois at Chicago College of Dentistry (UICCOD), where she received her certificate in pediatric dentistry in 2002. While attending her residency program, she began work on her masters of science degree which was completed in 2003. After completion her training, Coates served as a clinical assistant professor for the Department of Pediatric Dentistry at the UICCOD and worked as an associate for a private practice in a Chicago suburb. In September 2003, she relocated to Atlanta, Ga. For ten years, Coates worked in several pediatric dental practices throughout the Atlanta metropolitan area. In September 2013, she pursued her desire to teach and relocated to Nashville, Tenn. She

joined the faculty at her alma mater as an assistant professor in the Department of Pediatric Dentistry in October 2013. Currently, Coates serves as part-time faculty in the Pediatric Dentistry Department at Meharry Medical College as well as working in private practice in the Nashville area.

In 2007, Coates was accepted in to the American Academy of Pediatric Dentistry's Leadership Institute II Program. In March of 2008, Coates was awarded her diplomate status with the American Board of Pediatric Dentistry. In May of 2014, she was selected to be a recipient of the American Academy of Pediatric Dentistry/HSHC's Master Clinician Scholarship (2014-2015).

## Deven V. Shroff

### NORTHEASTERN DISTRICT TRUSTEE



**Dr. Deven V. Shroff** was born in India and moved to Philadelphia as a child. He graduated with honors from both Temple University and Temple University School of Dentistry. He was awarded the Health Professions Scholarship by the U.S. Army, which led to a nine year career in U.S.

Army Dental Corp, including service in Washington State, Germany, Bosnia, Korea and Washington D.C. While stationed in Heidelberg, Germany, Shroff served as chief of general dentistry. He returned to the U.S. to complete his specialty training in pediatric dentistry at the Baylor College of Dentistry in Dallas, Texas. As a pediatric dentist, Shroff was stationed in Seoul, Korea, where he served as chief of pediatric dentistry. In 2003, he completed his military service at the Walter Reed Army Regional Medical Center as Chief of Pediatric Dentistry in Washington, D.C., and as residency mentor at Fort Meade.

Shroff is a diplomate of the American Board of Pediatric Dentistry, a fellow of the American Academy of Pediatric Dentistry and a fellow of the Academy of General Dentistry. In 2010, he was inducted as a fellow into the American College of Dentists and in 2014, he was inducted as a fellow of the International College of Dentists (ICD). The ICD is the oldest and largest international honor society for dentists in the world.

Shroff is a 2009 recipient of the ARC of Howard County, Celebration of Excellence Award for Outstanding Service to Individuals with Intellectual and Developmental Disabilities. In 2015, he completed the AAPD Leadership I Institute program at Kellogg School of Management and in 2016, will begin the AAPD Advanced Leadership Institute program at Wharton School of Business.

He is a past president of the Maryland Academy of Pediatric Dentistry, and he currently serves a member of the Maryland State Board of Dental Examiners Sedation Committee, the American Academy of Pediatric Dentistry Council on Government Affairs, and the Grant Review Committee of the Healthy Smiles Healthy Children Foundation. Shroff serves as a pediatric dentistry consultant and guest lecturer to the U.S. Army Dental Corps. He is a volunteer, dean's faculty member at the University of Maryland Dental School, where he enjoys teaching pediatric dentistry to future dentists.

## Jessica A. Meeske

### NORTHCENTRAL DISTRICT TRUSTEE



**Dr. Jessica Meeske** practices in south central Nebraska where she is a partner with Pediatric Dental Specialists of Greater Nebraska. Meeske is a graduate of Hastings College and the University of Missouri-K.C. College of Dentistry. She completed further training in pediatrics and public health at the University of Iowa College of Dentistry's Leadership in Pediatric Dentistry and Dental Public Health Program where she received her master's in dental public health. Meeske is board certified by the American Board of Pediatric Dentistry.

Meeske's professional activities include serving on the Legislative Committee and she currently chairs the Medicaid Committee of the Nebraska Dental Association (NDA), the Council on Government Affairs and Medicaid-CHIP Advisory Committee of the American Academy of Pediatric Dentistry. She is also part-time faculty at UNMC College of Dentistry where she teaches dental students and residents in pediatric dentistry. She has given numerous lectures throughout the state on children's oral health issues with specific emphasis on ensuring that all children have affordable access to dental care.

Meeske's awards include the NDA's 2003 New Dentist of the Year, the ADA's 2002 Golden Apple Award for New Dentist Leadership, the Nebraska Rural Health Association's 2002 Health Care Provider of the Year, the University of Missouri, School of Dentistry's 2003 Young Alumnus of the Year, the Edward Shils National Award for outstanding dental public health service. In addition, Meeske was selected by the UNMC's Chancellor to receive the Jack G. Elliot Award for Outstanding Service in Health Care to Nebraskans.

Meeske is active in the Hastings Community through her involvement as a member and past president of the school board for Hastings Public Schools and on the Board of Trustees at Hastings College.

## E. Laree Johnson

### ABPD DIRECTOR



**Dr. E. LaRee Johnson** graduated with honors from the University of Tennessee, College of Dentistry in 1996. She completed a three year pediatric dentistry residency and received a master of science degree at the University of North Carolina in 1999. After her board certification in 2001, Johnson mentored many colleagues to pursue board certification, helped review cases and prepare for site visits. In 2006, she became an Examination Committee member for the American Board of Pediatric Dentistry's Oral Clinical Examination. Working on both Parts A and B of the exam, she has helped in the construction of the exam for several years, as well as serving as an examiner. She took two years away from the OCE to teach an OCE prep course. Johnson has been in full-time private practice for over 16 years. She is a part-time faculty member at the University of North Carolina and guest speaker in a variety of venues.

# Legislative and Regulatory Update

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

## FEDERAL NEWS

### Final FY 2016 Appropriations Legislation Includes \$10 Million for Title VII Pediatric Dentistry Training and \$875,000 for Dental Faculty Loan Repayment Program

As Congressional negotiations on the FY 2016 federal budget continued throughout the fall of 2015, the AAPD, ADA, ADEA, and AADR send a joint letter to Labor-HHS-Education Appropriations Subcommittee chairs and ranking minority members reminding them of the dental community's funding requests, including \$10 million for Title VII pediatric dentistry. Once again budget negotiations went down to the wire towards the end of the year, after passage of short term continuing resolutions to fund the federal government (since the new fiscal year 2016 started on Oct. 1, 2016). In mid-December 2015 Congress finally approved an Omnibus appropriations bill. The \$1.15 trillion spending package was approved by a margin of 316-113 in the House (150 Republicans joined with 166 Democrats to vote yes, while 95 Republicans and 18 Democrats voted no) and 65-33 in the Senate. The President signed the bill on Dec. 18, 2015, making it Public Law No. 114-113.

The AAPD was delighted to see the following report language which supports the AAPD's top federal appropriations priority, Title VII pediatric dentistry training:

#### HEALTH RESOURCES AND SERVICES ADMINISTRATION HEALTH WORKFORCE

**“Oral Health Training.-The agreement includes not less than \$10,000,000 for General Dentistry programs and not less than \$10,000,000 for Pediatric Dentistry programs. The agreement provides \$875,000 for section 748 authority for the Dental Faculty Loan Repayment Program. The Health Resources and Services Administration (HRSA) is directed to publish a new funding opportunity and then award grants in fiscal year 2016 from the funding provided.”**

The AAPD thanks all of those advocates who attended the Public Policy Advocacy Conference in Washington, D.C., in March 2015, which included advocacy for this program. The AAPD especially thanks Congressional Liaison Heber Simmons Jr. and Mike Gilliland and Kate McAuliffe at Hogan Lovells in Washington, D.C., for all of their efforts throughout the long budgetary process. The AAPD also acknowledges our joint efforts with ADA, ADEA, and AADR.

**Background:** *The authority to fund Pediatric Dentistry residency training under Title VII was first enacted under the Health Professions Education Partnerships Act of 1998. This expanded the existing General Dentistry training authority, providing “start up” funds to either increase Pediatric Dentistry positions at existing programs or initiate new programs. **This has resulted in \$70 million plus supporting over 60 Pediatric Dentistry programs, including 10 new programs.** Under the Affordable Care Act (ACA), Title VII authority was expanded to create a primary care dental funding cluster under Section 748 of the Public Health Service Act. Authority was broadened to allow use of funds for faculty development, predoctoral training, and **faculty loan repayment.** The latter initiative had long been advocated by the AAPD, on account of the significant difficulties in recruiting qualified individuals to fill faculty positions.*

### AAPD Successful in Push for New Dental Faculty Loan Repayment Grant Cycle

The AAPD met with HRSA Acting Administrator Jim Macrae and his staff in early November 2015 to push for a re-start of the dental faculty loan repayment program under Section 748 (the primary dental section of Title VII). In correspondence with HRSA earlier in 2015 (from AAPD, ADA, and ADEA), HRSA had expressed little interest in issuing new grants in this area. However, as a result of this face-to-face meeting and the language included in the omnibus FY 2016 appropriations law (as described above), HRSA is preparing to announce a new grant program in FY 2016. The AAPD will work with postdoctoral and predoctoral pediatric dentistry program directors to assist them in applying for this funding opportunity.

## Health Care Reform: Recent ACA Regulatory Comment Letters

On Sept. 30, 2015, the AAPD and ADA sent a joint letter to the Center for Consumer Information and Insurance Oversight (CCIIO) on proposed Affordable Care Act (ACA) essential health benefit benchmark plans regulations. The AAPD and ADA asked CCIIO to require states to make the 2017 benchmark plans more transparent in regards to pediatric dental benefits. ADA President Maxine Feinberg and AAPD President Robert L. Delarosa expressed the need for more details in places where the plans called for “Dental Check-ups for Children” and “Basic Dental, Children.”

“With limited information on the specifics of each plan’s benefit design, we can only hope that the pediatric oral health services offered by these plans are comparable to those offered in plan years 2014-2016 through either CHIP or FEDVIP supplementation.”

The ACA requires non-grandfathered health plans in the individual and small group markets to cover essential health benefits, including pediatric oral health services. For plan years 2014-16, most states selected to supplement using a benefit package modeled from either a separate Children’s Health Insurance Program (CHIP) or from a benefit package offered through the Federal Employee Dental and Vision Program (FEDVIP).

The letter also recommended that CCIIO include the AAPD periodicity schedule in the definition of preventive oral health services provided in a dental plan without cost-sharing implications. The AAPD Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents recommends:

- Clinical oral examination and adjunctive diagnostic tools;
- Oral hygiene and dietary counseling for parents;
- Removal of supragingival and subgingival stains or deposits as indicated;
- Systemic fluoride supplements, if indicated;
- Caries risk assessment;
- Topical fluoride treatments every six months or as indicated by the individual patient’s needs (ages 12 months and above);
- Scale and clean the teeth every six months or as indicated by the individual patient’s needs (ages 2 years and above);

- Pit and fissure sealants for caries-susceptible primary and permanent molars, premolars, and anterior teeth (ages 2 and above);
- Substance abuse counseling (e.g. smoking, smokeless tobacco) (ages 12 years and above).

A copy of the letter is available at: [http://www.aapd.org/aapd\\_and\\_ada\\_urge\\_transparency\\_for\\_aca\\_pediatric\\_dental\\_benefits/](http://www.aapd.org/aapd_and_ada_urge_transparency_for_aca_pediatric_dental_benefits/).

On Dec. 18, 2015, the AAPD and ADA filed a joint comment letter with CMS regarding proposed regulations on ACA benefit and payment parameters for 2017. Again greater clarity of dental coverage provisions for both SADPs and embedded plans was urged, plus an exemption for co-payments or other cost-sharing for preventive services as described in AAPD’s periodicity schedule. **One positive is that CMS is codifying that EHBs must include state-mandated benefits passed on or before Dec. 31, 2011, which means all state general anesthesia laws will have a positive impact on ACA plans (expect for Pennsylvania which passed their law after this date).**

## STATE NEWS

### New State-by-State Dental Analysis from ADA HPI

The AAPD has informed our state Public Policy Advocates about the availability of new state-by-state oral health data analysis from the ADA's Health Policy Institute (HPI). The report, entitled "The Oral Health Care System: A State-by-State Analysis," includes data on all 50 states and the District of Columbia, as well as the nation as a whole.

This report should prove useful on a number of issues, especially workforce. Contrary to assertions by the Pew Charitable Trust and the Kellogg Foundation, the supply of dentists has been increasing and the dentist workforce has the capacity to accommodate additional demand. Also, dental insurance coverage for children and utilization of dental care by Medicaid-insured children has been increasing. In 39 of 50 states the gap between dental utilization of children covered by Medicaid as compared to children covered by private dental insurance has narrowed. This finding is consistent with CDC data released earlier this year showing a slight decline in ECC among preschool children. At that time the AAPD's Pediatric Oral Health Research and Policy Center pointed out that the increase in the number of pediatric dentists over past 15 years is likely a contributing factor to such improvements.

Among the key findings:

- The percentage of Medicaid-enrolled children who visited a dentist within the past year increased from 29 percent in 2000 to 48 percent in 2013. As a result, the gap in dental care use between Medicaid enrolled children and children with private dental benefits narrowed significantly over this same timeframe in the vast majority of states.
- The trend for adults differs dramatically from that for children. Dental visits by adults with private dental benefits are declining in most states. (A separate HPI analysis shows that the gap in dental care use between Medicaid and privately insured

adults is much wider than it is for children.)

- Ninety-five percent of adults say they value keeping their mouth healthy. Routine dental care is seen as a key part of overall wellness, with 93 percent of adults agreeing that regular visits to the dentist "help keep me healthy."
- Fifty percent of adults responded correctly to a set of general-knowledge questions about oral health.
- The supply of dentists per capita increased from 57.3 dentists per 100,000 people in 2001 to 60.5/100,000 in 2013. Other HPI research suggests this trend is likely to continue through 2033.

Each state report includes the most current available information on:

- Trends in dental care utilization (dental visits) for Medicaid-enrolled children, as well as for children and adults with private dental benefits;
- Trends in the supply of dentists, including the percentage who participate in Medicaid;
- Trends in reimbursement rates for dental care services in Medicaid and private dental benefit plans; and
- Percentage of the population with access to optimally fluoridated drinking water (among people on community water systems).

Each state report also includes results from an innovative survey of nearly 15,000 U.S. adults, measuring their "dental IQ," self-reported oral health status, and attitudes toward the importance and value of good oral health.

The entire report is available at [www.ada.org/statefacts](http://www.ada.org/statefacts).





## **AAPD PAC** STEERING COMMITTEE

Invites All 2015 AAPD PAC Donors  
to the

# **PAC Donors' Reception**

**FRIDAY, MAY 27, 2016**  
5:00 – 6:00 P.M.

## **AAPD 2016**

*Grand Hyatt, Lone Star A*

**BRING A FRIEND!**

*Donors at the Patriot Level will be recognized during the reception.*

**Watch your inbox for the official invitation!**





## C. Scott Litch

Chief Operating Officer and General Counsel

### Litch's Law Log

# Legal Guidance for Phoning and Texting Parents/Guardians Plus Sending PHI Via E-mail

As highlighted in the September 16, 2015 issue of AAPD *E-news*, the ADA has released excellent legal guidance related to the very common dental practice action of phoning or texting patients (or in the case of pediatric dentistry, parents/guardians). Unfortunately there is increased legal risk under the Telephone Consumer Protection Act, and dental practices have been sued for violating this law. A dental practice should be aware of the rules, the small carve-out or “safe harbor” under HIPAA, and how to obtain appropriate written consent to send phone or text communications. **The ADA guidance includes a sample consent form.**

Key tips are to:

- Call or text only with health care and collection messages, not marketing or advertising messages.
- Ask parents/guardians to sign a consent form before making a phone call or sending a text.
- Frequently ask for updates from parents/guardians, since cell phone numbers change frequently. Calling the old number more than once can violate the law.
- Stop calling or texting the number immediately if consent is revoked.

If your practice makes calls or sends texts that are marketing or advertising, either directly or through a firm, you must be compliant with the Federal Trade Commission's Telemarketing Sales Rule (TSR). This rule established the national Do-Not-Call Registry to prevent unwanted telemarketing calls. While there are exceptions for an “established business relationship”, it does not automatically mean the same thing as being a “patient of record.” See more information at <https://www.ftc.gov/tips-advice/business-center/advertising-and-marketing/telemarketing>

If the dental practice is covered by HIPAA<sup>1</sup>, you generally do not need prior written consent before sending a “health care” message to a patient or parent, even if you

send automated calls or texts. However, you should limit the message content to health care treatment purposes (such as scheduling), include the name and contact information of the dental practice, stay concise (under one minute for a voice message), and send no more than one message a day and no more than three per week.

*Note that ADA membership log-in is required to view the full guidance, available at <http://success.ada.org/en/practice/operations/regulatory/follow-the-rules-when-phoning-patients>.*

HIPAA also comes into play when transmitting protected health information (PHI)<sup>2</sup> via e-mail, for reasons others than electronically submitting a health care transaction (such as to an insurer).

The PHI disclosed should be limited only to that information reasonably necessary to accomplish the purpose of the disclosure. In many cases it may be a better idea to simply convey the information via phone call versus an e-mail message. HIPAA does not require encryption of e-mails containing PHI in all circumstances. However, if you are communicating with a parent/guardian with an unencrypted e-mail, you can protect against legal liability by notifying the parent/guardian of the risks of third party disclosure. If they still prefer to receive PHI via an unencrypted e-mail, they have that right. Disposal of e-mails containing PHI, both in electronic form and those printed out, is also required.

Last but not least, here is a disclaimer that this column is presenting a general informational overview of legal issues rather than providing legal advice. Reading the column is not a substitute for consulting with your own attorney concerning specific circumstances in your dental practice.

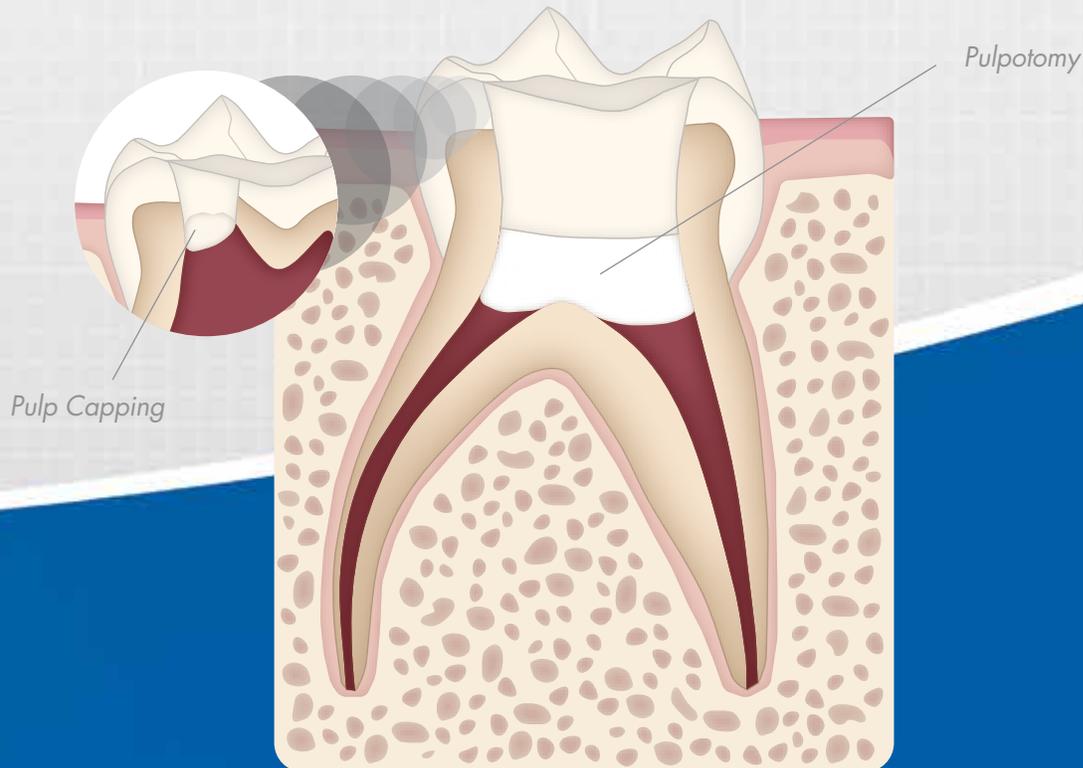
For further information contact Chief Operating Officer and General Counsel C. Scott Litch at 312-337-2169 ext. 29 or [slitch@aapd.org](mailto:slitch@aapd.org).

<sup>1</sup>Every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a covered entity under HIPAA, the Health Insurance Portability and Accountability Act.

<sup>2</sup>HIPAA protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. This is called “protected health information (PHI).” “Individually identifiable health information” is information, including demographic data, that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number). Source: <http://www.hhs.gov/sites/default/files/privacysummary.pdf>



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## Keynote Address and Opening Ceremony

# UNThink: The Art of Leadership Erik Wahl

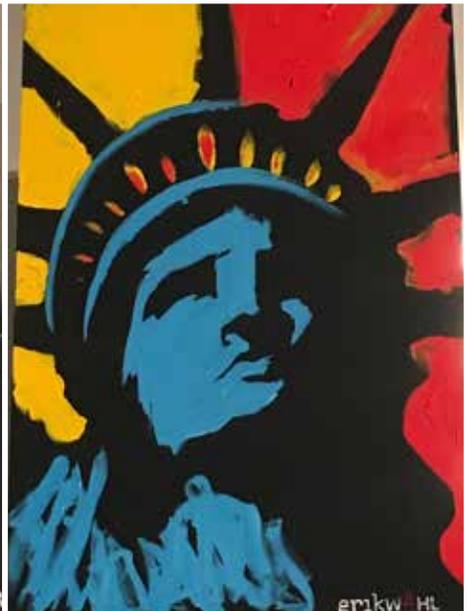
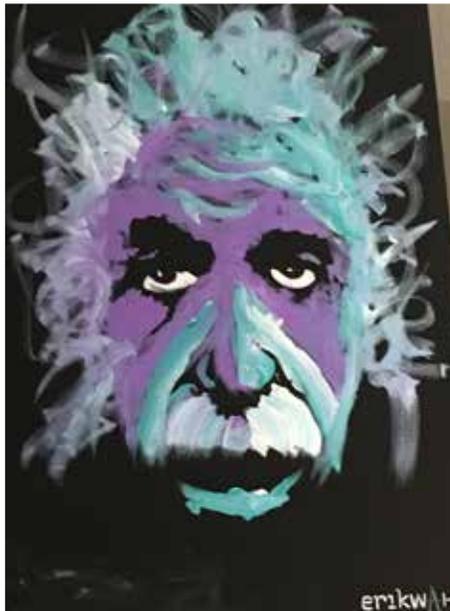
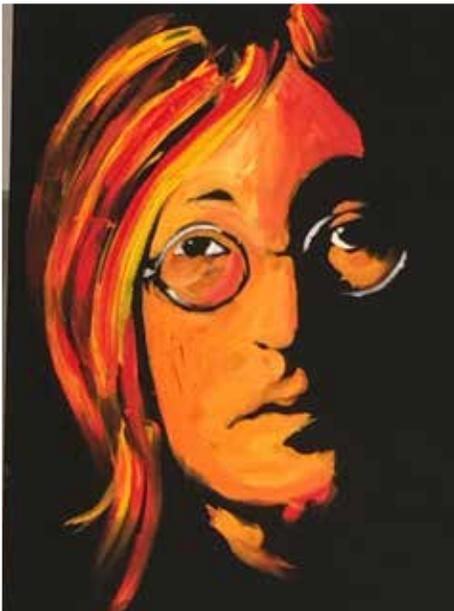
**Friday, May 27**

7:30 – 9 AM

Start AAPD 2016 off with an inspiring start by celebrating and honoring the best in the pediatric dentistry community with its highest honors. Join us throughout the morning to hear from AAPD leadership share highlights of the year. Top the session off with an uplifting, intelligent and emotional presentation by Erik Wahl. All of your senses will be touched.

Maintaining a successful growing brand in today's ever-changing market is difficult. Your team is working exceptionally hard, but could potentially be worn out, confused or maybe even heading down the wrong path. You hired them because they seemed perfect for the job, but over time their focus has lost its laser-like precision. There are days when, as their leader, you simply wish you could push the restart button. You know your group is talented but in desperate need of new motivation, a tool to realign your troops and revitalize them to perform their jobs as you both originally envisioned.

If this is your reality, Erik Wahl offers his high-energy onstage performance as your inspiration. This presentation is equivalent to yelling CLEAR as the paddles are positioned to shock the fading pulse of your workforce and enliven their hearts to pursue their jobs as you both originally intended.



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# 16 SAN ANTONIO

## Preconference Course

# Esthetic Pediatric Restorative Dentistry

Thursday, May 26

8:30 AM – 4:30 PM

Kevin J. Donly, D.D.S., M.S., William F. Waggoner, D.D.S., M.S.,  
Theodore P. Croll, D.D.S., M.S., Nasser Barghi, D.D.S.

This course is designed to offer the most current esthetic pediatric restorative dentistry techniques with data available to support restorative regimens. Indications and contraindications will be presented.

**Dr. Kevin J. Donly** is currently a professor and chair in the Department of Pediatric Dentistry and professor in the Department of Pediatrics at the University of Texas Health Science Center at San Antonio. He received his D.D.S., Certificate in Pediatric Dentistry, and M.S. from the University of Iowa.

**Dr. William Waggoner** will discuss the esthetic restoration of primary anterior teeth, including resins, strip crowns, pre-veneered stainless steel crowns and zirconia crowns. He will include cases for examples of restorative indications and techniques for restoring teeth.

**Dr. Ted Croll** will discuss posterior primary teeth restorative techniques with a number of restorative materials, including resin-based composites, resin-modified glass ionomer cement and zirconia crowns.

**Dr. Nasser Barghi**, an internationally respected esthetic dentist, will present permanent teeth esthetic restorative materials and techniques, including resin-based composites, porcelain and zirconia anterior and posterior restorations with numerous case presentations to present indications, preparation design and placement techniques.

Sponsored by NuSmile



DONLY



WAGGONER



CROLL



BARGHI

## Call for Applications Due April 4, 2016

# New! Sunstar and AAPD Postdoctoral Research Fellowship

The Sunstar and AAPD Postdoctoral Research Fellowship Program was established for the purpose of promoting and supporting prospective research by postdoctoral students and residents in pediatric dentistry. The Sunstar Research Fellowships are possible through the generous support Sunstar Americas, Inc. Up to three pediatric dentistry postdoctoral students/residents are selected each year to receive a yearlong research fellowship. The AAPD Committee on Scientific Affairs selects the recipients on a competitive basis from eligible submissions. Each award will be made by July 5, 2016, and will provide up to \$7,500 of funding. **Recipients are required to present their research results at the AAPD 2017, May 25 - 28, in Washington, D.C.**

### ELIGIBILITY

Applicants must be 1) a student member of AAPD, 2) currently enrolled in an advanced educational program in pediatric dentistry.

Interested individuals are encouraged to apply for the Sunstar Research Fellowship early in their training. Once the award is commenced, on July 5, 2016, at least one year must remain to complete the fellowship.

Individuals with graduate student research projects currently in progress are eligible to apply for this program, if all criteria are satisfied.

**Applications should be sent via email to Jessica Parra at [jparra@aapd.org](mailto:jparra@aapd.org), by April 4, 2016, by 11:59 p.m. CST.**

Generously Supported by Sunstar

SUNSTAR



# Social & Networking Events

## First Timers' Reception

**Thursday, May 26**

5:30 – 6:30 PM

Join other first-time attendees to make new acquaintances from your district or mingle with old friends. The AAPD board of trustees welcomes you to the AAPD 2016!

*Sponsored by NuSmile*



## 5k Fun Run

**Friday, May 27**

6:30 – 7:30 AM

*(Ticketed Event)*

A new location is being determined due to construction areas near the convention center.

*A portion of the funds are donated to Healthy Smiles, Healthy Children.*

## Career Opportunities Fair

**Friday, May 27**

3:30 – 5:30 PM

The Career Opportunities Fair is a great opportunity for a new pediatric dentist seeking their first practice position or the more experienced dentist who is looking for a change to network with hiring organizations.

For more information on exhibiting or to download the Career Fair form, visit <http://www.aapd.org/annual> or contact Meetings and Exhibits Associate Colleen Bingle at (312) 337-2169 or [cbingle@aapd.org](mailto:cbingle@aapd.org). The cost for AAPD Members is \$150; recruitment companies may exhibit at the price of \$500.

*Sponsored by NuSmile*



## New Pediatric Dentist Happy Hour: Howl at the Moon

**Friday, May 27**

5:30 – 7:30 PM

*(Ticketed Event)*

Located on the historic Riverwalk, Howl at the Moon is in the heart of nightlife in San Antonio! Part bar and part concert, the scene is sure to be alive. Howl at the Moon prides itself on their high-energy dueling pianos interactive music atmosphere. You will hear everything from current pop music to old school Rock N'Roll. Come prepared, as they accept song recommendations! Bring back those songs that were popular hits during your time in Dental School.

Meet and connect with fellow new pediatric dentists while also having the option to dance and sing along to the lively music from the dueling pianos.

This is not your average bar, don't miss out on a fun time on the Riverwalk at Howl at the Moon. Transportation will be provided to the AAPD Welcome Reception.

*Sponsored by Treloar & Heisel and Medical Protective*



## Office Safety and Toxicities

**Friday, May 27, 2016**

*Paul Casamassimo, D.D.S., M.S. & Kara Morris, D.D.S., M.S.*

This course will identify common office hazards and sources of toxicity with a focus on minimizing preventable harm during pediatric dental care. For more information, visit that AAPD Online Itinerary Planner at <http://www.eventscribe.com/2016/AAPD/>.

**New Course  
Just Added!**

## AAPD Welcome Reception: Texas Revolution in the River City, San Antonio Style!

**Friday, May 27**

7 – 10 PM

Deep in the heart of AAPD 2016, it's Fiesta time San Antonio style! We got all the fixin's tonight. Come on down to a place where the experience of San Antonio flavors, sights and sounds flow; from Tex-Mex to, Native American heritage, to the German roots that run deep in local culture. In Tejano Town, Mariachis set a festive mood, while the best in local street food and gourmet versions of classic Mexican fare is paired with custom Margaritas and tequila tastings.

For a true Texan BBQ experience, look for the Hoe-Down Hall where line dancing meets the best slow smokin' in the state! Follow the Oompah band to the Bratwurst Grill-Off, where the steins overflow with the spirit of Oktoberfest all year round. A club with a DJ spinning dance tunes all night is not to be missed.

AAPD kids and families will be a dancing at the county fair environment plus all the fun rides you would expect on a Memorial Day Weekend.

Come! Let's celebrate the spirit of the Alamo City—deep in the heart—all just minutes down the road at historic Sunset Station! It will be something to remember.

*Sponsored by Sunstar Americas, Inc.*

**SUNSTAR**

**GUM BUTLER GUIDOR**



## International Reception

**Saturday, May 28**

5:30 – 7:30 PM

This reception began in 2010 at the Annual Session and has continued to be a popular event for international members and attendees. Join members of the AAPD board of trustees, learn more about the AAPD and network with fellow international attendees before enjoying your evening in San Antonio.

## Presidents' Farewell Dinner

**Sunday, May 29**

6:30 – 10:30 PM

*Tobin Center for the Performing Arts*

### President's Ball: Laissez Les Bons Temps Rouler

Alright, alright, alright! Mask up AAPD revelers, and come on down to the Delarosa Krewe Ball! Let's turn up the volume on this year's lavish affair, all with the same sophistication and elegance of past but infused by the irresistible spirit of our President, Rob Delarosa. The Spirit of Bacchus at Mardi Gras takes over this grand May fête, with Carnival sights, tastes and sounds, while paying homage to the Greco-Roman roots of this grand feast day. Hosted at the magnificent riverside Tobin Center for Performing Arts, this venue in itself a dazzling architectural treasure transformed for a modern day world class performance center.

Every ball needs its mask, and don't forget to bring your best gown and dancing shoes ... because tonight's festivities includes New Orleans's own amazing Bucktown Allstars, a multi-year winner of Gambit Reader's Poll, "Best Band that Doesn't Fit Any of these Categories" with raspy vocals, rollicking piano, and a corrupt horn section fueling the unorthodox mix of second line funk and Motown soul, the main ingredients that have entertained thousands of hip-shaking fans across Louisiana and the country for 23 years strong and going.

*Reception is sponsored by Treloar & Heisel*

*Dinner is sponsored by MAM*

**Treloar  
& Heisel, Inc.**



# Council & Committee Meetings

## Monday, May 23

NOON – 5 PM

Executive Committee Meeting

## Tuesday, May 24

8:30 AM – 5 PM

Board of Trustees Meeting

## Thursday, May 26

8 – 10 AM

Interprofessional Relations  
Committee

10 AM – NOON

Fellows: Pediatric Oral Health  
Research & Policy Center

NOON – 2 PM

HSHC Board Meeting

8 AM – 5 PM

Pulp Therapy Workgroup

1 – 5 PM

Advisory Board: Pediatric Oral Health  
Research & Policy Center

## Friday, May 27

9:30 AM – 12:30 PM

Council on Membership,  
Communications Committee,  
New Dentist Committee & Residents  
Committee

9:30 AM – 1:30 PM

Council on Scientific Affairs

9:30 AM – 2:30 PM

Council on Clinical Affairs

12:30 PM – 1:30 PM

Section Editors Meeting

Scientific Program Committee

1:30 PM – 4:30 PM

Council on Post-doc Education

Committee on Special Health Care  
Needs

Editorial Board Meeting

## Saturday, May 28

7:30 AM – 9:30 AM

Council on Government Affairs and  
Pediatric Dental Medicaid and CHIP  
Advisory Committee

8:30 AM – 11:30 PM

Council on Pre-Doc Education

Committee on Sedation and  
Anesthesia

8:30 AM – 5 PM

Evidence-Based Training Workshop

9 AM – NOON

Council on Continuing Education

10 – 11 AM

Reference Committee Hearings

1 – 5 PM

Post-doc Inservice Exam Committee

1 – 2 PM

Northeastern Society of Pediatric  
Dentistry District Caucus

Southeastern Society of Pediatric  
Dentistry District Caucus

North Central Society of Pediatric  
Dentistry District Caucus

Southwestern Society of Pediatric  
Dentistry District Caucus

Western Society of Pediatric  
Dentistry District Caucus and WSPD  
Board Meeting

2 – 3 PM

Affiliate Member Caucus

Federal Services Society of Pediatric  
Dentistry

2 – 3:30 PM

AAPD Leadership Caucus

3 – 4 PM

Committee on Dental Benefit  
Programs

## Sunday, May 29

7:30 – 9 AM

Board of Trustees Meeting

9:30 – 11:30 AM

General Assembly and Awards  
Recognition

NOON – 4 PM

Board of Trustees Meeting



# Affiliate & Alumni Meetings

## Thursday, May 26 – Saturday, May 28

Indiana University Pediatric Dentistry  
Alumni Association

### Thursday, May 26

4:30 – 6:30 PM

ABPD Recognition Reception

### Saturday, May 28

7 – 10 AM

College of Diplomates Annual Breakfast Meeting &  
Symposium

1 – 2 PM

ABPD Certification Overview

Diplomates and other interested AAPD members are invited to attend the American Board of Pediatric Dentistry (ABPD) Overview Session on the initial certification process as well as the Renewal of Certification Process (ROC-P).

2 – 3:30 PM

AAPD Leadership Caucus

2 – 4 PM

Foundation of the College of Diplomates of the ABPD  
Board of Trustees Meeting

5 – 6 PM

Jacobi Medical Center Pediatric Dentistry  
Alumni Reception

5 – 6:30 PM

Howard University

University of Michigan, Pediatric Dentistry—Eastlick  
Alumni Society

5 – 7 PM

Canadian Academy of Pediatric Dentists

Children's Hospital of Wisconsin

Louisiana State University School of Dentistry

NYU College of Dentistry Alumni Reception

University of Tennessee Pediatric Dentistry Alumni

UNLV Advanced Education Program in Pediatric Dentistry

UW and Yakima Alumni Reception

5 – 7:30 PM

University of Iowa Pediatric Dentistry Alumni

University of Louisville Pediatric Dental  
Residency Program

5 – 8 PM

CSPD/WSPD Reception

5:30 – 7 PM

Children's National Medical Center Alumni

Nova Southeastern University Pediatric Dentistry Alumni  
Reception

Ohio State University Alumni Reception

Paul P. Taylor Association of Pediatric Dentists

Tufts University School of Dentistry

UNC Alumni and NC Academy of Pediatric Dentistry

University of Illinois at Chicago, Pediatric Dentistry

UT Houston Pediatric Alumni

5:30 – 7:30 PM

Columbia University College of Dental Medicine  
Pediatric Dentistry Alumni Reception

UConn Alumni Reception

University at Buffalo School of Dental Medicine

VCU/MCV Pediatric Dentistry Alumni and Friends

6 – 7:30 PM

Boston Children's Hospital Alumni Reception

6 – 8 PM

Boston University School of Dental Medicine

Case Western Reserve University School of  
Dental Medicine

Cincinnati Children's Hospital Alumni Reception

Kornberg School of Dentistry

NYU Lutheran Dental Medicine

University of Nebraska Medical Center

University of Rochester Eastman Institute for Oral Health

6:30 – 8:30 PM

Geisinger Medical Center Alumni

## Satellite Symposia

### Wednesday, May 25

3 – 6 PM

Zirconia Ceramics—New Horizons in Pediatric Dentistry  
Hands-On Workshop

To register, please call (713) 861-0033 or (800) 346-5133, or register online at [www.nusmile.com/aapd2016](http://www.nusmile.com/aapd2016).

Sponsored by NuSmile

**NuSmile**

Smiles ahead.

### Sunday, May 29

NOON – 1:30 PM

Lessons Learned: How Simple Changes Can Improve  
Your Practice

Sponsored by Dental Synetics

DENTAL  
**synetics**

# Registration Information

Please review the following information to avoid delays in the processing of your registration or housing request.

## Who Needs to Register

Anyone (member or non-member dentist, dentists' staff or dental student) who wants to attend any portion of the Scientific Program must register. All registration categories for AAPD 2016 include all education sessions (except those specified), the Welcome Reception, complimentary beverages and continental breakfast in exhibit hall and the Scientific Proceedings. The guest registration is additional and must accompany that of an attendee; children are complimentary to the meeting, but tickets must be purchased for Social Events. Guests do NOT earn any continuing education credit; if seeking CE Credits, spouses/guests must register as Office Staff.

- Tickets to the Presidents' Farewell Dinner are an additional fee and must be purchased separately; see the Social Events section of the registration form and make the appropriate notation.
- Additional tickets to all Social Events must be purchased during registration; onsite tickets for these functions may be limited and are subject to availability.

**The cutoff for the advance fee is Monday, April 4, 2016.** All registration forms submitted must be postmarked or date stamped on or before Monday, April 4, 2016, to qualify for advance registrations and receive the discounted rates.

*Note: To receive the member registration rate for the 2016 Annual Session, your 2015-16 membership dues must be paid in full.*

## Residents

- Registration is complimentary if you register on or before April 4, 2016.
- Residents registering after April 4, 2016, or onsite are charged \$150 in registration fees; no exceptions will be made.
- Student registration includes tickets to the Welcome Reception; please indicate your intent to attend on the registration form.

Residents are encouraged to attend the New Dentist Happy Hour on Friday, May 27. Make the appropriate notation on the form and include payment to attend this fabulous networking event.

## Registration Materials: What You Receive Onsite

Again this year, badges will not be mailed. Attendees who register in advance will bring their email confirmation to a Badge Pickup counter at registration to receive their badge(s), ticketed scientific sessions and social event tickets at self-serve kiosks. Upon confirming the details of your registration, you will be directed to a counter to pickup tote bag and Program Book.

## Registration Methods

Registrations are processed on a first-come, first-served basis. Complete all sections of the form and include proper payment. Each registrant must complete a separate registration form.

**Online:** <http://www.aapd.org/annual>

**Phone:** (800) 974-3084

**Fax:** (301) 694-5124

**Credit card only. Allow five days for processing and receipt of registration confirmation.**

*NOTE: Please do not mail after faxing.*

**Mail:**

**AAPD 2016  
5202 Presidents Court, G100  
Frederick MD 21703**

Credit card or check (drawn on U.S. bank in U.S. funds) must accompany a completed registration form. No wire transfers or purchase orders will be accepted. Allow 7 – 10 days for processing and receipt of registration confirmation. **Make checks payable to AAPD/Experient.**

## Registration Hours

Please pick up your badge and materials at Registration at the Henry B. Gonzales Convention Center (HBGCC). Registration is available during the following days/times:

<b>Thursday, May 26</b>	<b>7:30 AM – 5 PM</b>
<b>Friday, May 27</b>	<b>7 AM – 5 PM</b>
<b>Saturday, May 28</b>	<b>8 AM – 5 PM</b>
<b>Sunday, May 29</b>	<b>8 AM – NOON</b>

## Registration Instructions

- Type or print all information on the registration form and housing form in black ink (please print legibly). To avoid completing the forms, register online at <http://www.aapd.org/annual> for the meeting and hotel.
- AAPD Registration and Housing Services Center is not responsible for faxes not received due to mechanical failure or circumstances beyond our control.
- Due to the volume of forms received, AAPD Registration cannot confirm receipt of faxed or mailed forms.
- Attendees must be registered for the Annual Session (via form or online) in order to make hotel reservations within the AAPD hotel block using the official AAPD Registration and Housing Form or online.
- Most educational sessions do not require tickets. Seating is on a first-come, first-served basis. Many optional sessions, activities and events require additional fees and must be indicated on the registration form; applicable tickets will be included in your meeting materials.
- The Preconference Course, Breakfast Rounds, PALS and Evidence-Based Education Workshop require additional fees; please indicate session choice and include fees.
- Registration forms must be submitted **on or before April 4, 2016**, to qualify for the discounted fees. Registrations received after April 4, 2016, will be automatically charged the higher registration fees.

## Cancellation and Refund Policy

All cancellations postmarked on or before May 6, 2016, will be refunded less a \$150 processing fee (\$50 for office staff and guests).

All cancellation requests must be made in writing to AAPD Registration and Housing Services for processing on or before May 6, 2016.

No refunds will be given after Monday, May 6, 2016. After this date, any extenuating circumstances must be submitted in writing to the AAPD c/o Vice President of Meetings and Continuing Education Tonya Almond at 211 E. Chicago Avenue, Suite 1600, Chicago, IL 60611. Those refunds approved are processed after the Annual Session.

Refunds are not granted for no-shows.

## Registration Confirmation

Every effort is made to provide all advance registrants with a confirmation of their registration. This notice will verify whether we received your registration prior to the deadline, and if the tickets requested will be issued.

Please check your registration and fee calculations carefully to avoid unnecessary delays in processing. If you are using American Express®, MasterCard® or Visa®, provide complete credit card information, including each digit of your credit card number, expiration date, security code number and signature.

## Name Badges

Name badges must be worn at all times by all registered attendees, including children, in order to gain access to any portion of the Scientific Program, Welcome Reception, access to the Exhibit Hall, hospitality areas and all social events.

Children's badges are provided without charge up to the age of 20; their names and ages must be listed on the registration form.

## Questions

If you have any questions regarding registration or housing, contact AAPD Registration and Housing Service Center at (800) 974-3084 Toll-free U.S. and Canada (Monday – Friday, 9 a.m. to 8 p.m. EST), (847) 996-5876 International (Monday – Friday, 9 a.m. to 8 p.m. EST), or [aapd@experient-inc.com](mailto:aapd@experient-inc.com).

# Housing Information

Please read this information carefully. You must register for the Annual Session prior to booking your hotel reservation. All housing reservations must be made through the AAPD Registration and Housing Service Center. Only one reservation allowed per form.

## Housing Reservation Methods

**Online:** <http://www.aapd.org/annual>

**Fax:** (301) 694-5124

*Credit card only. Allow 7-10 days for processing and receipt of registration confirmation.*

*NOTE: Please do not mail after faxing.*

**Mail:**

**AAPD 2016  
5202 Presidents Court, G100  
Frederick MD 21703**

A credit card guarantee with a credit card expiration of June 2016 or later is required in order to confirm a hotel reservation. No wire transfers or purchase orders will be accepted. Allow 7 – 10 days for processing and receipt of registration confirmation.

## Reservation Deadline

All housing requests must be submitted by Wednesday, April 27, 2016, by 5 p.m. PST in order to receive the AAPD discounted room rate. After April 27, 2016, rooms and rates are subject to availability.

## Housing Information and Change/Cancellation Policies

Reservations are processed on a first-come, first-served basis.

A credit card guarantee with a credit card expiration of June 2016 or later is required in order to confirm a hotel reservation. A one night plus tax deposit will be charged by your confirmed hotel on May 4, or later.

Acknowledgement of reservation request is sent after each reservation form is processed, as well as each time a reservation is modified/changed and or cancelled. For online reservation housing, acknowledgement is immediate. For fax/mailed forms, acknowledgement will be sent within two business days of completion of processing. Please review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days of submission, please call AAPD Registration and Housing Services Center at (800) 974-3084.

All hotel room rates are subject to applicable state and local taxes in effect at the time of check-in (currently 16.75 percent).

AAPD discounted room rates are applicable May 23 – May 30, 2016, subject to availability.

Changes must be made on or before May 11, 2016, at 5 p.m. (PST) and online by accessing your registration/housing record or in writing via e-mail to [aapd@experient-inc.com](mailto:aapd@experient-inc.com).

**All cancellations must be received a minimum of 72 hours prior to arrival in order to receive a refund of your deposit.** No refunds will be given for cancellations within 72 hours of arrival or for no shows.

A portion of the room rate is used to offset the expense of registration and housing services.

## Hotel Block

### Marriott Rivercenter (Headquarters hotel)

\$219—Single \$229—Double  
\$20 Additional Person

### Marriott Riverwalk

\$219—Single \$229—Double  
\$20 Additional Person

### Grand Hyatt

\$179—Single \$199—Double  
\$25 Additional Person

### Hilton Palacio del Rio

\$172—Single/Double  
\$20 Additional Person

### Residence Inn by Marriott

\$169—Single/Double  
\$20 Additional Person

### Westin Riverwalk

\$199—Single/Double  
\$20 Additional Person

*Rates are subject to a current tax of 16.75 percent; tax is subject to change.*

# 2016 Annual Session Exhibitors

<i>3M ESPE</i>	400	<i>HealthFirst</i>	712	<i>Practice Financial Group, LLC</i>	834
<i>Accurate Manufacturing, Inc.</i>	431	<i>Heartland Dental</i>	726	<i>Practice Genius / Patient Rewards</i>	
<i>Acero Crowns</i>	725	<i>Henry Schein Dental</i>	607	<i>Hub</i>	218
<i>Air Techniques</i>	630	<i>HQRC Management Services, LLC</i>	524	<i>Practicon, Inc.</i>	210
<i>Alger Equipment Company, Inc.</i>	636	<i>Hu-Friedy</i>	318	<i>Premier Dental Products Company</i>	604
<i>American Board of Pediatric Dentistry</i>	612	<i>Imagination Dental Solutions (IDS)</i>	409,415	<i>Preventech</i>	306
<i>American Express OPEN</i>	734	<i>Infinite Therapeutics</i>	332	<i>Professional Sales Associates, Inc.</i>	632
<i>Aseptico, Inc.</i>	421	<i>Infinite Trading</i>	433	<i>Prophy Magic</i>	426
<i>Ashtel Dental</i>	608	<i>Isolite Systems</i>	519	<i>Prophy Perfect</i>	710
<i>Bank of America Practice Solutions</i>	328	<i>Ivoclar Vivadent, Inc.</i>	214	<i>Pulpdent Corporation</i>	213
<i>Benevis, LLC</i>	230	<i>Joey Board USA</i>	326	<i>Quintessence Publishing Company, Inc.</i>	232
<i>Biolase</i>	309	<i>Kidsworx</i>	723	<i>RGP Dental</i>	115
<i>Boyd Industries, Inc.</i>	331	<i>Kidzpace Interactive Inc.</i>	518	<i>SDI (North America) Inc.</i>	229
<i>BQ Ergonomics, LLC</i>	235	<i>Kilgore International Inc.</i>	127	<i>Second Story Promotions</i>	226
<i>Brasseler USA</i>	714	<i>Kinder Krowns</i>	219	<i>Sedation Resource</i>	707
<i>Burkhart Dental Supply</i>	325	<i>KSB Dental</i>	500	<i>Shofu Dental Corporation</i>	611
<i>Case in Point</i>	404	<i>Lares Research</i>	305	<i>Smile Savvy! Dentists4Kids</i>	100
<i>Centrix, Inc.</i>	125	<i>Lighthouse 360</i>	222	<i>Smile Spotters, LLC</i>	720
<i>Cheng Crowns</i>	319	<i>LightScalpel</i>	606	<i>Smiles for Life Network</i>	501
<i>Cloud9Pedo</i>	525	<i>Lips Inc.</i>	620	<i>SML Space Maintainers Lab</i>	401
<i>Colgate</i>	706	<i>LumaDent, Inc.</i>	631	<i>Snap on Optics</i>	322,722
<i>College of Diplomates</i>	613	<i>MacPractice</i>	131	<i>Social Dental</i>	225
<i>Convergent Dental, Inc.</i>	418	<i>Main Street Children's Dentistry and Orthodontics</i>	435	<i>Sofi</i>	820
<i>Cumberland Pediatric Dentistry and Orthodontics, PLLC</i>	822	<i>MAM USA Corp.</i>	101	<i>Solutionreach</i>	818
<i>Denovo Dental</i>	419	<i>Marketing by SOS</i>	541	<i>Specialized Care Co Inc</i>	207
<i>DentaGard</i>	422	<i>MD Brands Inc.</i>	623	<i>Sultan Healthcare, Inc.</i>	211
<i>Dental Tribune</i>	713	<i>Medco Instruments</i>	642	<i>Sunstar Americas</i>	315
<i>DentalSynetics</i>	719	<i>Medical Protective</i>	208	<i>Surgitel/General Scientific Corp.</i>	807
<i>DentistryPlanet.com</i>	801	<i>Motion Picture Licensing Corporation</i>	427	<i>Televox</i>	805
<i>Designs for Vision, Inc.</i>	614	<i>My Kid's Dentist</i>	601	<i>Tess Oral Health</i>	534
<i>Directa Inc</i>	324	<i>Myofunctional Research Co.</i>	313	<i>Treasure Tower Rewards</i>	543
<i>DMG America, LLC</i>	119	<i>Nanova Biomaterials Inc.</i>	106	<i>Treloar &amp; Heisel</i>	206
<i>Dolphin Imaging and Management Solutions</i>	640	<i>Nowak Dental Supplies, Inc.</i>	731	<i>Ultradent Products Inc.</i>	405
<i>Doxa Dental, Inc.</i>	526	<i>NuSmile</i>	201	<i>Ultralight Optics</i>	116
<i>Dr. Fresh LLC</i>	307	<i>Orascope</i>	812	<i>United Community Bank</i>	424
<i>EA Beck &amp; Co</i>	735	<i>Orista</i>	406	<i>US Jaclean, Inc</i>	530
<i>Ecoclean USA, Inc.</i>	634	<i>Otto Trading, Inc.</i>	323	<i>VOCO America, Inc.</i>	715
<i>Elevate Oral Care</i>	412	<i>P&amp;G/ Crest Oral-B</i>	301	<i>Wand Dental</i>	633
<i>Elsevier</i>	826	<i>PBHS Inc.</i>	327	<i>Water Pik Inc.</i>	312
<i>EZ Floss</i>	708	<i>PDT, Inc.</i>	724	<i>WEAVE</i>	610
<i>EZ-Pedo</i>	701	<i>Pediatric Appliance Laboratory</i>	310	<i>WePayAnywhere</i>	425
<i>Fotona</i>	531	<i>PEDS Exclusively</i>	618	<i>Worlds of Wow</i>	619
<i>GC America Inc.</i>	314	<i>Plak Smacker</i>	733	<i>XLDent</i>	537
<i>GlaxoSmithKline</i>	233	<i>Planmeca USA, Inc.</i>	814	<i>Yapi</i>	535
<i>GumChucks</i>	600	<i>Plaque HD</i>	711	<i>Yodle</i>	224
<i>Hawaiian Moon</i>	730	<i>Porter Royal Sales</i>	625	<i>Zoll Dental</i>	615
				<i>Zooby</i>	727

# 2016 Annual Session Sponsors

The AAPD and Healthy Smiles, Healthy Children gratefully acknowledge the generosity of the following organizations for their annual support of AAPD 2016.



## Strategic

*My Kid's Dentist*

*NuSmile*

*Sunstar Americas, Inc.*

## Gold

*3M ESPE*

*KSB Dental/DOX Pedo*

*MAM*

*Treloar & Heisel / Med Pro*

*Zooby*

## Silver

*Cheng Crowns*

*Dental Synetics*

*DoxaDental*

*EZ Pedo*

*Preventech*

*Procter & Gamble Oral Health: Crest and Oral-B*

*Smiles for Life Network*

## Bronze

*Album Society*

*Baylor Pediatric Dentistry Alumni Fund*

*Indiana University Pediatric Dentistry Alumni Association*

*KinderKrowns*

*MacPractice*

*Miller Family Foundation*

*Practicon*

*SML Space Maintainers Laboratories*



# The Gateway to Your Professional Development



### Comprehensive Review: 22 CE

This course will provide you with an expansive, contemporary and in-depth summary of pediatric dentistry. Topics to be discussed include Growth and Development, Assessment and Prevention, Oral Pathology, Care for

Special Needs Patients, Restorative Dentistry and Materials, Trauma, Behavior Management, Pulp Therapy and Hospital Dentistry.



### Safe & Effective Sedation: 13 CE

This course includes lectures, audience-interactive case presentations, while enhancing clinically driven considerations, still retaining relevant topics associated with safe sedation of children such as the pre-sedation assessment, sedation and post-sedation period, patient monitoring and future trends. Additional materials are presented about the child's personality, drug selection and a reference list.



### Oral Pathology Symposium

This symposium is designed to update the practitioner on the diagnosis and management of common and important orofacial and cutaneous disorders and lesions. Dental anomalies, soft tissue and jaw lesions and specific skin disorders will be

presented. This multidisciplinary discussion will also include newly defined lesions and the latest diagnostic and therapeutic approaches.



### 2015 Annual Session: 39 CE

For the first time ever, AAPD is offering CE for those courses at Annual Session you could not attend. In the Education Passport, you will have the opportunity to purchase and earn up to 39 CE hours. Get the entire Annual Session package

or just a few sessions, the choice is yours!



### Dental Assistant's Course: 7 CE

This course is specially designed for the pediatric dental assistant to increase their knowledge and understanding of sedative related and medical emergencies. A review of the pharmacology and clinical application of oral sedation and the use of

nitrous oxide/oxygen will be included. Participants will learn how to organize and prepare the office for an organized response to a medical emergency and the important role of the dental assistant in the dental team.

## AAPD Education Passport

The AAPD Education Passport was created to fit your busy lifestyle! With the Education Passport, we've made it easy for you to fulfill your continuing education needs. Access recorded courses and virtual lunch breaks at your own pace and earn continuing education from the office, on the road, or even in the comfort of your own home.

Visit the Education Passport at:  
[www.conferencepassport.com/aapd](http://www.conferencepassport.com/aapd)



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U.S. Patent 8,911,232. D734851.

Other patents pending in the U.S. and worldwide.



## THE BIG AUTHORITY on little teeth® AAPD BITES INTO new initiatives For A Third Year Of Monster-Free Mouths

As *the* Big Authority on Little Teeth, AAPD has reached thousands of parents and caregivers to educate about the importance of children’s dental health and establishing a Dental Home by age 1. This past year, AAPD participated in several new, exciting initiatives to raise awareness of the critical importance of children’s oral health issues.

### AAPD TALKS TEETH WITH THE *NEW YORK TIMES* AND KEY TOP-TIER PARENTING PUBLICATIONS

AAPD established relationships with several prominent New York City-based media outlets during deskside interviews. AAPD President Dr. Robert Delarosa introduced editors to AAPD and reinforced the Academy as the go-to resource for any pediatric dental story needs.

Deskside interviews are more casual in nature than a typical media interview, with the conversation taking place at an editor’s desk, hence the name. Conversations can range from focusing on a specific topic to a timely news story, or be a broader introduction of a product or resource.

During each of his deskside meetings, Delarosa reinforced the importance of establishing a Dental Home by age 1 and highlighted several recent articles from the hub, including the recent fluoride infographic. One of the highlights was meeting with a reporter at the *New York Times* who has a seven-year-old child and expressed personal interest in AAPD and early pediatric dental care. She was also particularly interested in the role AAPD is taking in establishing international dental care. Delarosa also met with reporters at *Family Circle*, *Parents Magazine*, *American Baby*, *NY Metro Parents* and *Ser Padres* to discuss the importance of early dental health for children.



### Advice from a Parent: Join the Monster-Free Mouths Movement

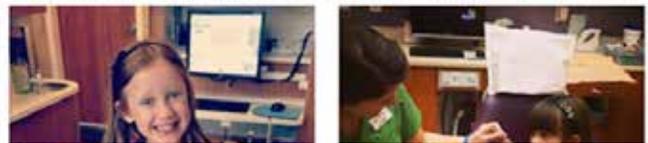
October 9, 2015

"This parenting gig is tough and we can be tempted to let stuff slide."

As a parent, how do you ensure your child's oral care is a priority? Susan of 5 Minutes for Mom shares tips from personal experience, and why parents should introduce their children to the Monster-Free Mouths Movement at an early age.

See how Susan helps her two daughters fight the Mouth Monsters here: <http://www.5minutesformom.com/1002/monster-free-mouths-movement-mouthmonsters/>

Susan is a mother of two young girls and co-founder of 5 Minutes for Mom, named among top parenting blogs by Techcrunch and The Wall Street Journal.



## MOUTH MONSTER HUB LAUNCHES NEW SERIES AND EXPANDS CONTENT

The Mouth Monster hub ([mouthmonsters.mychildrensteeth.org](http://mouthmonsters.mychildrensteeth.org)), launched in late 2014, continues to grow and feature new, engaging pieces for members, parents, caregivers and media alike that educate about optimal dental care for children. Some recent highlights include:

- “Little Teeth Truths” – Parents often have burning questions on growing teeth. This new series features common questions parents have on the health of little teeth and an answer from an AAPD pediatric dentist.
- “Fluoride Infographic” – An educational and visual piece highlights the benefits of fluoride and the best sources to find it. Stats included highlight its cost-effectiveness in preventing tooth decay and best sources of fluoride.
- “A Day of Dental Health” – This interactive timeline chronicles a fictional young character during a typical day. The pieces allows parents, caregivers and kids to follow his routine and test their oral health knowledge as they help the young boy navigate potentially tricky and sometimes tempting choices.
- “5 Minutes With Tooth Decay” – In this lighthearted piece, readers are introduced to one of the Mouth Monsters, Tooth D.K. Parents and caregivers learn about his hobbies, places he likes to hang out and how to keep this pesky character away from little teeth.
- “Halloween Around the Country With the Mouth Monsters” – This article features the Mouth Monsters haunting Halloween traditions around the country. A Mouth Monster coloring sheet also reminds kids to brush and floss their pearly whites.

## AAPD SOCIAL MEDIA COMMUNITIES GROW

Social media continues to help AAPD engage with parents in a meaningful way. By posting short, “bite-sized” tips and information on children’s dental health, parents and caregivers are able to easily share their favorite posts with other parents on their own social pages. AAPD continues to grow its presence and communities on both Twitter and Facebook.

Popular posts this year highlighted tips that are easily digestible and interesting facts parents and caregivers might not be aware of.

The coming year will feature more exciting developments as AAPD continues efforts to support its members and fulfill its mission of healthy teeth for all children.

## PARENT THOUGHT LEADERS RAISE AWARENESS OF AAPD MESSAGES

This year, AAPD is partnering with influential online parent bloggers to educate parents and caregivers about the importance of dental health for children and setting up regular visits to the pediatric dentist. By working with parents who are seen as trusted thought leaders within their established online networks, AAPD is able to reach a vast number of parents with important information from a resource parents already know and trust.

Susan Carraretto of “5 Minutes for Mom” wrote about why children’s dental health is a priority in her family, sharing a personal story of how her daughter had two fillings by age 9 and what parents could do to learn from Susan’s mistakes. Within her blog post, Susan used images, fact sheets and tips from the AAPD Monster-Free Mouth campaign to help parents better understand the importance of preventing tooth decay.

Ellen Seidman of “Love That Max” interviewed AAPD Member Dr. John Hendry to develop a blog post with 5 tips for helping children with special needs brush their teeth. Within the post, she wove in personal anecdotes about helping her son Max, who has cerebral palsy, brush his teeth each day.

Both Susan and Ellen leveraged their Facebook and Twitter communities to share the blog posts, ensuring their extensive network of like-minded parents and caregivers saw the blogs posts.





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

## Welcome New Members

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

### Active Membership

*Dr. Ramya S. Kamath*  
*Dr. Evelina Kratunova*  
*Dr. Wen Pui Bein Lai*  
*Dr. Kathleen W Mann*  
*Dr. Sulabh Himansu Shroff*

### Affiliate Membership

*Dr. Danielle Claudia Alarcon*  
*Dr. Lalit Bhardwaj*  
*Dr. Don R Boren*  
*Dr. Kurt Christensen*  
*Dr. Colin J. Cicchetti*  
*Dr. Vanesa Guerra Clements*  
*Dr. John A. Collier*  
*Dr. Norma Evelyn Cortez Pacheco*  
*Dr. Thomas F. Cwalina*  
*Dr. Debleena Dash*  
*Dr. Kathleen Adley Darnall*  
*Dr. Aaron Madion Duffy*  
*Dr. Afsoon Elmore*  
*Dr. Saudamini Gadgil*  
*Dr. Larissa G. Hammer*  
*Dr. Antonina Holmes*  
*Dr. Darin Knudson*  
*Dr. Kambiz Koosha*  
*Dr. Daniel C Linford*  
*Dr. Ambrose M. Martin, III*  
*Dr. Shivvaun Jamie McArtor*  
*Dr. Trang Ngo*  
*Dr. Keira Lynn Nicholson*  
*Dr. Robert Nielson*  
*Dr. Rasika Patel*  
*Dr. Sean Sebourn*  
*Dr. Terry Sorenson*  
*Dr. Nathan Sprenger*  
*Dr. Fareea Surtie*  
*Dr. William A. Taylor*  
*Dr. Joshua Wagner*  
*Dr. James Walker*  
*Dr. Nawkiran Warya*

### Allied Membership

*Peeyush Ranjan*

### Associate Membership

*Dr. Vinodh Bhoopathi*  
*Dr. Thomas L. Herrera*

### Friends of AAPD

*Mr. Scott Childress*

### International Membership

*Dr. Hisham Hassan Tabbara*

### Post Doctoral Membership

*Dr. Zorah Zerin Ahmed*  
*Dr. Sara Fatima Ahmed*  
*Dr. Kristen Elisabeth Ainsley*  
*Dr. Hesham Alhazmi*  
*Dr. Armin Aliefendic*  
*Dr. Yasmin Allayyouri*  
*Dr. Hanadi A. Al-Wafi*  
*Dr. Nida Amir*  
*Dr. David Mark Anderson*  
*Dr. Dania Yaseen Bahdila*  
*Dr. Lindsey Leigh Behrman*  
*Dr. Melissa Kathleen Blake*  
*Dr. Sarah Martin Boyles*  
*Dr. Amanda K. Brown*  
*Dr. Amanda Haley Buff-Lindner*  
*Dr. Eliza Maria Callwood*  
*Dr. Mudrika Chhabra*  
*Dr. Ursula Anne Diehl*  
*Dr. Diana Do*  
*Dr. Stanislaus Dydya*  
*Dr. Shannon Fitzpatrick*  
*Dr. Anne-Sophie Fortin Page*  
*Dr. Stephanie Lynn Freudenthal*  
*Dr. Miriam Malka Friedman*  
*Dr. Dina G. Ghaly-Habib*  
*Dr. Christopher Walter Gibson*  
*Dr. Patrick Ray Gilbert*  
*Dr. Vishajjeet S Gira*  
*Dr. Jessica Goodman*  
*Dr. Diana Marie Haerr*

*Dr. Huda Hussain Alkuhl*

*Dr. Anas Hakimeh*  
*Dr. Don He*  
*Dr. Fahad Mohammed Hegazi*  
*Dr. Magdalena Jaramillo*  
*Dr. Yang Heon Kang*  
*Dr. Ann Douglas Kennedy*  
*Dr. Azita Khanbodaghi*  
*Dr. Divya Khara*  
*Dr. Jee-Eun Kim*  
*Dr. Ana Marie Lavermicocca*  
*Dr. Chul Won Lee*  
*Dr. Jennie Young-Eun Lee*  
*Dr. Stephany P. Liu*  
*Dr. Raj Lotwala*  
*Dr. Matthew Anthony Lucero*  
*Dr. Charis YK Luk*  
*Dr. Elliot Lutz*  
*Dr. Elizabeth Kelty McLaurin*  
*Dr. Camilla Liz Miskovich*  
*Dr. Jeffrey Monaco*  
*Dr. Lila Niah*  
*Dr. Lila Ninh*  
*Dr. Edgar L. Perales De Anda*  
*Dr. Jessica Thuy Phan*  
*Dr. Adam Scott Priestwood*  
*Dr. Glenda L Rodriguez-Aguir*  
*Dr. Gabriela Salcedo*  
*Dr. Kruti K Sanghavi*  
*Dr. Peter Jaehee Shim*  
*Dr. Solmaz Shir*  
*Dr. Randa Soussou*  
*Dr. D. Michael Tobler*  
*Dr. Lance T. Vernon*  
*Dr. Laura Vertullo*  
*Dr. Yili Wang*  
*Dr. Bradley D. Wyatt*  
*Dr. Dexter K Yee*  
*Dr. Jessica Jill Zucker*

### Predoctoral Membership

*Ms. Kersten Ackinclose*  
*Ms. Hira Akbar*  
*Ms. Sarah Albani*  
*Ms. Ashley Rebecca Anderson*  
*Ms. Lacey Andrews*  
*Ms. Julia Ariola*  
*Ms. Cristina Armbruster*  
*Mrs. Kimberly S. Barrett*  
*Ms. Tiana Mane Barsness*  
*Ms. Christina Anne Becco*  
*Ms. Mary Catherine Bender*  
*Mr. Martin Thomas Berger*  
*Ms. Beverly Bowan*  
*Mr. William Peter Buis*  
*Mr. Joshua Benjamin Bullock*  
*Mr. Micheal Campbell*  
*Ms. Melissa Campbell*  
*Ms. Alexis Capou*  
*Mr. Byong Soo Timothy Chae*  
*Ms. Ching-Ern Chang*  
*Ms. Claire Hyunjin Cho*  
*Ms. Amber Renee Clark*  
*Mr. Jonathan Luke Current*  
*Ms. Olivia Czajkowski*  
*Mr. Jonathan Derlath*  
*Mr. Jonathan Derlath*  
*Ms. Amanda S Dewundara*  
*Ms. Grace Michelle Diehl*  
*Ms. Boryana Lubenova Dimitrova*  
*Mr. Stevan Djordjevic*  
*Ms. Min Yan Dong*  
*Ms. Danielle Dunn*  
*Ms. Claire Elizabeth Dupuy*  
*Mr. Peter Durbin*  
*Ms. Elizabeth Elner*  
*Ms. Kimberly Noel Engols*  
*Ms. Valerie Esho*  
*Mr. Paul Fortanasce*  
*Ms. Katherine Frimenko*  
*Ms. Shruti Gandhi*  
*Ms. Allison Christine Gerlach*

Ms. Meredith Murray Ghivizzani  
Mrs. Elaria Ghobrial  
Mr. Mark Jeffrey Gilstrap  
Ms. Sneha Reddy Godi  
Ms. Catherine Jane Graham  
Mr. Noam Moshe Greenbaum  
Mr. Thomas Guinall  
Ms. Jennifer Marie Hadra  
Mr. Michael Jordan Halcomb  
Mr. Robbie Harrell  
Ms. Nikki Ray Harrold  
Ms. Melanie Jordan Hebert  
Ms. Nina Michelle Hernando  
Mr. James Hulderman  
Mr. Jin Hwang  
Mr. Jose Jacas  
Mr. Zakai Jacobson  
Mr. Gaurav Jain  
Ms. Elena Johnston  
Mr. Aaron Kahen  
Mr. Jared Karstetter  
Ms. Cara Kennedy  
Mr. Andrew Kim

Ms. Lauren C. Kinser  
Mr. Richard Klarck  
Ms. Erin Knepper  
Ms. Maryia S. Kwasenka  
Mr. Gabriel Le Gras  
Ms. Nina Lelic  
Ms. Sydneu Lenhart  
Mr. Matthew Thomas Lettre  
Ms. Sarah Lipkin  
Ms. Kristianne Vidal Macaracag  
Mr. Kevin Malerman  
Ms. Lauren Mammima  
Ms. Chloe Sophia Anne Meyer  
Mr. Kian Zabi Momeni  
Ms. Andrea Montoya  
Ms. Morgan Nicole Morrow  
Ms. Brianna Munoz  
Mr. Michael Nykamp  
Ms. Ogorchukwu Gladys Olele  
Mr. Spencer W Olson  
Ms. Stephane Marie Oska  
Ms. Nicole Ostro  
Ms. Devin Parambo

Ms. Sunyoung Park  
Mr. Joon Woo Park  
Mr. Thomas Paron  
Mr. Jay Patel  
Mr. Michael John Pawlowski  
Ms. Linh Phan  
Mr. Marco Pilotta  
Ms. Miranda Pingree  
Ms. Kathryn Polin  
Mr. Robert Price  
Ms. Madelyn Rea  
Ms. Nitya G. Reddy  
Ms. Voandrea Renfrow  
Mr. Ben David Clarke Robinson  
Mr. Daniel Jose Rodriguez  
Ms. Jasmine Samani  
Ms. Natasha Sethi  
Ms. Shanelle Hana Shahery  
Mr. Jason Sherbel  
Mr. Alex Shore  
Ms. Jenna Rose Shuman  
Ms. Ruth Michelle Simeon  
Ms. Samantha Marie Southwell

Ms. Sabrina Alexa Stewart  
Ms. Katelyn Strobel  
Mr. Peter Sulaiman  
Mr. Faraz Tarhbi  
Mr. William Bradley Thayer  
Ms. Aimee Tribold  
Ms. Victoria N Tran  
Ms. Jamie Lee Udell  
Ms. Ellen Grace Vice  
Ms. Kimberly Renee Vinson  
Ms. Anna Vishneletsky  
Ms. Erin Walker  
Ms. Cherie Danielle Walsh  
Ms. Brianna Webb  
Mr. Jackson Whitcomb  
Ms. Isleen Wride  
Ms. Haley Young  
Mr. Farhad Zonoozi  
**International Student  
Membership**  
Dr. Amjad Saleh Almalki  
Dr. Saima Yunus Khan

The New Pediatric Dentist Committee invites you to  
**Interactive Learning on Pediatric Dental Hot Topics**  
*You don't need to be a new dentist to attend.*

Would you like an opportunity to have interactive dialogue between the AAPD's leaders and your colleagues? We would too! This year the new dentist committee is shaking things up with our CE course. Discover what the best of the best know—and will tell, during these bite-sized, fast-paced sessions. We will have multiple learning labs with facilitators covering various topics ranging from political updates to team building to clinical dentistry and so on. Join us and our all-star cast of facilitators on Friday May 27, from 1:30 – 3:30 p.m. during AAPD 2016 in San Antonio.

**TOPICS AND SPEAKERS**

Jessica Meeske and Heber Simmons: Political Update  
Brian Beitel and Lois Jackson: The hard nocks of private practice  
Ann Bynum and Robert Elliot: Team Building

Jason Luse: All aspects of financial planning  
Charlie Czerpak and Lori Barbeau; Behavior Management  
Anupama Tate: Clinical Dentistry Update  
Beverly Largent: AAPD update  
Scott Childress: Social Media  
Maritza Morell and Oshmi Dutta: Building a successful practice; SoFi- Student Loan Refinancing





## AAPD Membership Needs Survey Results

We know time doesn't stand still and neither do pediatric dentists. To guarantee we are providing services and benefits members want and will use, AAPD surveys the entire membership every five years. This survey was sent out in October 2015. High drivers for membership continue to be supporting the organization that represents pediatric dentistry and advocating on the behalf of children's oral health.

### TOP ISSUES FACING PEDIATRIC DENTISTS

- Access to affordable dental care due to changes in cost and coverage of insurance plans
- Decreasing insurance/Medicaid reimbursement
- Increasing government intervention in the dental industry

### ANNUAL SESSION

AAPD members love to go to the Annual Session: 87 percent of our members have attended at least one annual session in the last five years. Top reasons for attending are session topics and location.

### FAVORITE AAPD PRODUCTS AND SERVICES

- *www.aapd.org* – 99 percent member usage
- *AAPD Reference Manual* – 92 percent member usage
- *The Handbook of Pediatric Dentistry* – 80 percent member usage

### DEMOGRAPHICS

AAPD membership is becoming younger and more women are in the profession than ever before.

- 65 percent of members who responded were under the age of 45
- 56 percent of members who responded were women

Very impressive **80 percent** of our membership have provided pro bono work to children domestically. Among these community volunteers members reported **53 hours annually, treating an average of 68 children and provide an average value of nearly \$8,100 in service.**

AAPD will use this survey to plan for the next five years. For any questions regarding the 2015 Membership Needs Survey please contact Membership and Marketing Director Suzanne Wester at [swester@aapd.org](mailto:swester@aapd.org).

## First Dues Increase in 10 Years

This year for the first time in 10 years, AAPD is proposing a dues increase. This will be voted on at the General Assembly in San Antonio. Ten years seem to have flown by in a minute, but think about how much the world has changed (the iPhone was still an idea in Steve Jobs' brain). AAPD has made great efforts to stay current, and continue fighting for children's oral health. AAPD continues to make advocacy one of its primary goals. In the last 10 years, to meet the needs of our members, we have added staff positions to grow our services. For example, we have staff solely dedicated to coding procedures and educating members on the ACA. The Pediatric Oral Health Research and Policy Center was created to help the AAPD be more effective in the public policy arena by analyzing research data and relevant policy on such issues such as Medicaid coverage, non-dental providers and fluoridation. The Mouth Monster Campaign was launched to teach children the importance of good oral health care. AAPD is committed to keeping this high level of service to our members. The dues increase will continue to support your professional needs.

This serves as the official notice to membership concerning a proposed increase in membership dues to be considered by the 2016 General Assembly. The Board of Trustees during its January 2016 meeting unanimously proposed a dues increase from \$590 per year to \$690 for Active members. Per the Bylaws the same percentage increase will apply to those other categories that are based on a percentage of the Active member rate. These changes are being considered pursuant to the AAPD Bylaws, Chapter X. Finances, Section 1. Dues. Lines 1105 – 1110:

“A. The amount of the annual dues of Active members shall be proposed by the Board of Trustees and may be revised at any annual session by an affirmative vote of a majority of the members present, entitled to vote and voting, provided the membership is informed of the pending proposal no later than thirty (30) days prior to the first day of the annual session.”



## AAPD Predoctoral Chapter Spotlight

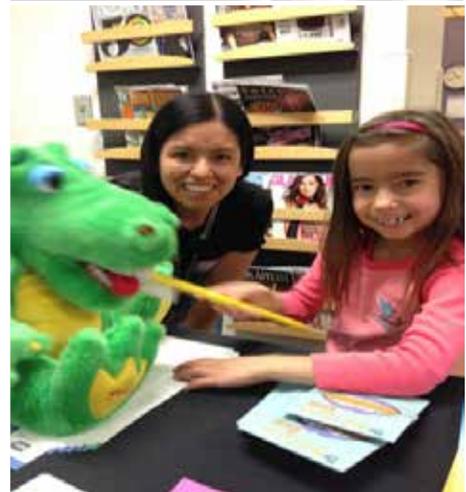
# University of Colorado

The University of Colorado AAPD Student Chapter is a newly founded organization with the purpose of encouraging students to pursue a career in pediatric dentistry and to promote appreciation of dentistry for children among dental students. We have grown as an organization from just a few members in 2013, to over 50 active members in 2015. The president, vice president, secretary and treasurer plan activities together throughout the year. They are responsible for organizing lunch and learns with pediatric dentistry faculty and residents; conducting community service activities and motivating students to participate on them; collecting funds and presenting reports; holding quarterly meetings and collaborating with other student organizations.

### ACTIVITIES

- Open enrollment for new members (June-July)
- Introductory meeting (06/23)
- Pediatric Dental Residents Q&A Session (07/16)
- Incoming class Welcome BBQ (08/06)
- Cookie and learn presented by Karen Gutierrez (08/26)
- Outreach event: St. Pius X Family Health Fair (09/13)
- “The Road to Specialty” presented by Dr. Ulrich Klein (10/09)
- Outreach event: Anschutz Medical Campus Family Health Fair (11/01)
- “Pediatric Oral Health in Southwest Guatemala” presented by Dr. Elizabeth Shick (11/13)
- “Applying to Residency: PASS/MATCH Workshop” presented by Kristin Haun (03/04)
- “To Specialize or Not: Working with Kids as a General Dentist” presented by Dr. Anne Wilson (04/17)
- Student travel to the 2015 AAPD Annual Session: 2nd Place My Kids Dentist Research Poster Competition

Please let Adrienne Brown know any exciting activities your chapter has accomplished to be featured in an upcoming *PDT* magazine at [abrown@aapd.org](mailto:abrown@aapd.org)



Several AAPD Past Presidents recently participated in the convocation ceremonies of the American College of Dentists. Pictured are Drs. Charles Hall, Heber Simmons Jr., John Liu, Jerry Miller and Jasper Lewis Jr. Jerry Miller served as President of the College for the past year.

## Affiliate Article

# Belonging Better, Belonging Deeper

By Kerry Maguire, AAPD Affiliate Trustee

Affiliate members of the American Academy of Pediatric Dentistry are a nationwide group of general practitioners who are diverse in every aspect but our dedication to kids. Whether we came to AAPD through the American Society of Dentistry for Children, participated in AAPD student chapters during dental school or discovered the organization on our own, we share a commitment to children's oral health and well-being with all other AAPD members.

We also bring a unique perspective to the Academy that is valued at all levels of involvement. According to the most recent Affiliate member survey, nearly 70 percent of respondents indicated they would be willing to expand their participation in AAPD by serving on a Council or Committee. The AAPD Bylaws support such participation, and at the October 2015 board of trustees meeting, an action item specifically designed to increase representation of Affiliate members on Council and Committees was approved.

Take a look at the administrative *Policy and Procedures Manual*, or the or the Council and Committee membership in the *Membership Directory*. There is a host of groups addressing a wide variety of essential efforts of the AAPD to which the diversity of the Affiliate membership can contribute. Duties and time commitments vary, as do the choices of how and where to get involved. Currently, seven Affiliate members serve on seven Councils and Committees of the 23 listed below.

**Council on Annual Session**  
**Scientific Program Committee**  
**Council on Clinical Affairs**  
**Committee on Behavior Guidance**  
**Committee on the Adolescent**  
**Committee on Perinatal Oral Health Care**  
**Committee on Sedation and Anesthesia**  
**Committee on Special Health Care Needs**  
**Council on Continuing Education**  
**Journal-Based Continuing Education Committee**  
**Council on Government Affairs**

**Committee on Dental Benefit Programs**  
**Pediatric Dental Medicaid and CHIP Advisory Committee**  
**Council on Membership and Membership Services**  
**New Pediatric Dentist Committee**  
**Pediatric Dental Resident Committee**  
**Committee on Communications**  
**Committee on Interprofessional Relations**  
**Council on Post Doctoral Education**  
**Post -Doctoral Inservice Examination Committee**  
**Council on Pre Doctoral Education**  
**Council on Scientific Affairs**  
**Consumer Review Committee**

Interested? Watch for the call for 2017 volunteers later this year, and plan to do some homework at the Annual Session in May. With permission, most committees allow any Academy member to attend a meeting to observe and/or assess future interest. Not ready to branch out into broader AAPD governance? Then plan on getting involved in our own Affiliate member group at our annual Caucus meeting on Saturday afternoon. It's a terrific way to belong better and deeper.



## Resident's Corner

# Change Will Happen

By Aaron Bumann, 2nd Year Resident, Geisinger Medical Center

The air is full of politics these days. From the upcoming presidential primaries to the slow relent of congressional gridlock, politics are hard to avoid. With so many changes happening so fast, there are undoubtedly issues that each of us have strong feelings about. One thing is for certain, change will happen. Whether or not we are involved in that change is up to us. Recently, I had the pleasure of speaking with some residents who have been involved in dental advocacy efforts and what it means to them as we enter the profession of pediatric dentistry.

Raya Abu-Zahra, Alexandra Frank, and Sarah Severson are residents at Children's Hospital of Wisconsin. Through an opportunity at their program they were able to attend the state lobby day in Wisconsin, learning how to advocate for our patients and the profession. For Abu-Zahra and Severson, it was their first time being involved in the political process. For Frank, this was her third time advocating for dentistry. I asked them each about their experiences

### What made you interested in dental advocacy during residency?

*Abu-Zahra:* The opportunity to visit the state capital in Madison to understand the legislative system and advocacy arose, and I was excited to attend. As a future pediatric dentist, I felt that understanding the legislative process would be a critical aspect of furthering objectives beneficial to the future of the field. Dentistry is constantly changing, oftentimes due to various legislative changes. I thought that learning to navigate the legislative system would allow me to better understand these changes when they do occur, and learn to become an advocate in my community on certain issues. We learned a great deal, and were proud of the experience.

*Severson:* Residency offers a unique experience where you treat a wide spectrum of children of varying demographics, health statuses and overall needs. You become really aware of the health care disparities that exist amongst various patients. Being in residency has given me the desire to be an advocate for the patients whom otherwise would likely not have access to dental care if it wasn't for our residency program providing them that care. I feel

strongly about advocating on behalf of these patients and try to mitigate any further health care disparities for children of low SES families or children with special needs particularly. Being a resident has given me a unique perspective and insight to such issues, and has instilled in me a desire to want to improve overall access and quality of dental care for all children...What better way to do this than to get involved with the legislative and advocacy process!

*Frank:* After graduating from dental school and now in a residency program, I feel that it is important to be informed and knowledgeable about the legislative system and the crucial role a dentist can have in advocating for particular dental issues. We are fortunate that our residency program provided us with a unique opportunity to visit the capital and learn about the legislative system, including how to lobby. I think that as a health care provider, it is helpful to have some type of foundation of knowledge of the legislative process, as there is always potential for the field to change due to political action.

We also discussed what they advocated for during their time in Madison at the capital. As we are all aware corporate dentistry is everywhere. Many of our dental school colleagues and some of us are looking into these practices as they are advertised as a jump start out of dental school or residency. The highest concern of the profession is the safety of our patients and to ensure this calling, Abu-Zahra, Frank, and Severson advocated for a change in the dental practice act in Wisconsin to give the Dental Examining Board (DEB) the legal ability to oversee non-dentist owners of dental practices through the creation of a registration process and giving the DEB authority to discipline non-dentist owners for violations under the same regulations that dentist owners are mandated to follow.

Protecting the patients we serve is a huge responsibility We do it every day in the clinic and operating room and I encourage you to do it in the halls of your state capitols and in the halls of Congress! It is a truly wonderful thing to advocate for those who have few opportunities to advocate for themselves.

Do you know any recent residency graduates working in dental education? Send their names and contact information to [cgreene@chw.org](mailto:cgreene@chw.org) for a chance to be featured in a future *PDT* article.

# AAPD Resident Recognition Awards

The AAPD Pediatric Dental Resident Committee developed the Resident Recognition Award to recognize pediatric dental residents doing innovative and interesting activities in their training programs. Selected residents are awarded with a monetary prize, featured on the AAPD website, featured in *PDT (Pediatric Dentistry Today)*, and recognized at the awards ceremony during the annual AAPD meeting.

Nominations are reviewed by a panel of at least three reviewers from the Pediatric Dental Resident Committee, New Pediatric Dentist Committee, and the Council on Membership and Membership Services.

Winners are chosen based on activities during residency that contribute to one or more of the following fields: patient care, education (i.e., teaching), research and community service. Innovation, time commitment and significance of service to others are the primary factors considered in the selection process.

Please join us in recognizing the two winners for the 2015 Fall/Winter cycle!



**JAMES LIPON**

**University of Minnesota**  
*Expected graduation June 2016*  
*Teaching*

James Lipon, D.D.S., a senior resident enrolled in the University of Minnesota Pediatric Dentistry Residency Program, brings significant expertise in sedation, general anesthesia and emergency rescue to the program with 13 years of experience as a general dentist as well as specialty training from a Commission on Dental Accreditation approved dental anesthesiology program. His experience prior to the pediatric dentistry residency program includes more than 5,000 office-based intravenous or oral sedation cases as the sedationist-dentist and more than 900 intubated or monitored anesthesia cases serving as the anesthesia provider. Lipon's clinical expertise coupled with his focused, structured, mature approach to didactic courses and evidence-based practice enriches peer learning for his co-residents and expands the knowledge and capabilities of our faculty and staff.

Lipon has worked with residency program faculty to improve our clinic's pre-, intra-, and postoperative moderate sedation workflows. He also took a resident leadership role to assist in improving our clinic's emergency rescue training materials. Lipon has served on the planning committee and as workshop faculty for the annual Academic Health Center (AHC) Sedation Emergency Rescue Simulation Workshops. In this capacity, Lipon works with program faculty and the AHC simulation center team to host a full day schedule of lectures, hands-on immersive simulation cases, and group-based problem solving sessions for his participating co-residents and the clinic staff using SimMan® patient simulators, advanced in-room monitoring equipment, and video streaming of the simulation cases to the residency program conference room for group discussion and participant debriefing sessions.

In our May 2015 workshop, Lipon provided a thorough yet concise, nicely formatted lecture on sedation rescue medications and led the conference room discussion and debriefing activities for the day. He played an integral part in improving this annual workshop and his work supported its relocation from the non-dental environment of the AHC simulation center to an in-situ activity in the residency program clinic, the University of Minnesota Pediatric Dental Clinic made possible by Delta Dental of Minnesota. In doing so, the residents and staff improved their patient assessment and rescue capabilities in the actual environment where they will rescue emergencies.

Over the past year, Lipon has worked closely with the course director for the School of Dentistry's conscious sedation course to update course materials and ensure that they continue to meet the sedation teaching guidelines of the American Dental Association. He currently serves as course faculty and delivers two lectures on cardiac and respiratory physiology as part of this semester-long university course. Lipon, through this activity, supports quality training of dentists to deliver safe, office-based sedations across several disciplines in dentistry within Minnesota and elsewhere.



**NATALIE LAUCIUS**

**Yale New Haven Hospital**  
*Expected graduation June 2016*  
*Community and Public Service*

Dr. Natalie Laucius has been an exemplary resident since the day she began her two-year program in July 2014. Immediately, she requested to become involved with research and community service. Fortunately, she was provided both in the same package. Dr. Suher Baker wished to complete a study of the New Haven Board of Education Head Start program and the effects the residency was having by providing these students with a Dental Home. Laucius jumped at the chance to become involved.

Laucius graduated as Valedictorian from the University of Pennsylvania School of Dental Medicine in 2014. While a student there, she was the community service chair of the Class of 2014 where she organized weekly oral health screenings and education for children at local homeless shelters, coordinated visits from the PennSmiles bus to homeless shelters, developed and started an oral health outreach program for refugees and was also the coordinator for Give Kids a Smile Day during her time at the University of Pennsylvania.

At her residency program, she has not only completed her data collection and evaluation as well as writing her research paper on the establishment of a Dental Home for the New Haven Board of Education Head Start children, but also donated multiple hours giving oral health education to Head Start parents, Head Start teachers and social workers. She has also volunteered to examine children at the local Head Start facilities and get them referred to the Yale-New Haven Hospital Residency Program. Laucius' caring touch has helped provide a Dental Home to well over 100 Head Start children in Connecticut.

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### Policy Center Staff

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**Dr. Robin Wright**  
**Laurel Graham**  
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## Pediatric Oral Health Research and Policy Center

### Robert Wood Johnson Foundation Grant Awarded

The Policy Center received its first grant from the Robert Wood Johnson Foundation in partnership with the National Maternal and Child Oral Health Resource Center, American Dental Association and other dental organizations. Running from November 2015 to October 2016, the grant will fund Policy Center activities in developing and conducting surveys of pediatric dentists and general dentists about their knowledge, skills and strategies related to reducing the consumption of sugar-sweetened beverages and preventing childhood obesity. In addition, the AAPD will serve on the steering committee and participate in subsequent activities of the project.

### Harris Fellows Conduct Original Research

The research project of Dr. Benjamin Curtis is analyzing the efforts of the AAPD Public Policy Advocates regarding their levels of training in advocacy skills, knowledge of particular health reform issues, and empowering change at national, state and local levels. He is being mentored in this project by Dr. Paul Reggiardo.

Dr. Scott Schwartz is surveying AAPD members to analyze how the oral health provisions and insurance regulations related to the Affordable Care Act have affected practicing pediatric dentists and the utilization of dental care services by their patients. His mentor for the project is Dr. Jessica Lee.

### Policy Center Webpages Offer More Resources

The Policy Center webpages have undergone extensive revision and expansion, thus offering more valuable information for members. The enhanced pages can be accessed at [aapd.org](http://aapd.org) by selecting the “Public Policy and Advocacy” tab and then clicking on “Pediatric Oral Health Research and Policy Center.” The long-standing favorite pages, such as the “Expanded Function Dental Toolkit,” “School Oral Health Entrance Exam Toolkit” and “State Dental Periodicity Schedules” remain, featuring up-to-date material. New topics include “Practice Characteristics Data,” “Children’s Health Data,” “Medicaid/CHIP Reform Issues,” and “Non-Dental Provider Issues.”

### Article Published in the Oklahoma Dental Association Journal

In conjunction with National Children’s Dental Health Month, Drs. Casamassimo and Wright authored an article in the *Journal of the Oklahoma Dental Association*. The article, titled “Building a Community of Dental Homes for Children,” recommends a pathway for local action to comprehensively address the significant public health problem of early childhood caries. It includes a checklist for communities to provide relief from dental caries and bring improved outcomes for children, as well as suggestions for individual dental practices to address the larger issues of dental caries and oral health disparities.

For further information, please contact AAPD Policy Center Assistant Director Robin Wright at (312) 337-2169 or [rwright@aapd.org](mailto:rwright@aapd.org).



## Interprofessional Study of Oral Health in Primary Care: Common Risk Factor Study

Beginning in 2014, the AAPD Policy Center began conducting a series of translational studies to explore pediatric medical providers' perceptions and practices surrounding oral health. Major outcomes of the first year revealed that almost all pediatric providers considered oral health screening and education an integral part of children's overall health, yet providers' adoption of available formalized caries-risk assessment tools was low due to competing time demands at the well-child visit and minimal financial reimbursement.

### Study at Nationwide Children's Hospital

The next phase in 2015 was to conduct a study to identify global, medical-office specific factors that correlate to caries risk at Nationwide Children's Hospital (NCH) in Columbus, Ohio. Nationwide Children's Hospital utilizes an EPIC electronic health record (EHR) system that fully integrates dental with general pediatrics and pediatric specialties. A cross-sectional analysis of NCH's electronic health record system was conducted to identify children who had one or both 12-month and 15-month well-child visit(s), and at least one dental visit. A total of 1,736 patients met the criteria.

More than 40 independent variables pertaining to nutrition, safety, development, and other screenings already embedded within the 12- and 15-month well-child examination templates were identified for analysis. In addition to well-accepted risk factors such

as a positive history of nighttime feedings ( $P=0.04$ ) or mothers' own poor oral health status ( $P=0.02$ ), new risk factors were identified. These include delayed immunization status ( $P<0.001$ ), a low appointment show-rate ( $P<0.001$ ), and still breastfeeding at 12 and/or 15 months of age ( $P=0.03$ ).

### Semi-Structured Interviews with Pediatric Health Professionals

Semi-structured interviews with five Year 1 practice observation sites were also conducted during this year of the project to gain feedback on the most useful and feasible construction of an electronic health records-based caries-risk assessment tool for medical provider use. The interviews not only indicated a high level of provider interest in building such a medically-specific caries-risk assessment tool, but further supported that these significant variables already exist in providers' electronic health records. They

considered this approach a practical solution for improving the engagement and participation by primary care providers in early oral health promotion and referrals.

### Results Support Further Research

In consideration of DentaQuest's goals of eradicating dental disease in children, we proposed a next step of this project and applied for continued grant funding. The 2016 phase of the study is to further test the identified factors – and explore other potentially significant variables – through an analysis of electronic medical and dental records of additional U.S. child populations.

One outcome of validation of the accuracy of these predictive factors would be the generation of a caries-risk screening alert in the electronic health record at the end of a well-baby visit for moderate and high risk children which could assist in increasing oral health promotion and referral to a Dental Home.

**THIS RESEARCH HAS BEEN SUPPORTED THOROUGH GRANTS FROM THE DENTAQUEST FOUNDATION.**

For further information, please contact AAPD Policy Center Leola Mitchell-Royston at (312) 337-2169 or [lroyston@aapd.org](mailto:lroyston@aapd.org).

## Ask the Policy Center

### Parent-Friendly Answers on New Fluoridation Guidelines

The Policy Center hears from members on a variety of research-related issues, frequently prompted by questions from parents in their practices. Our goal is to provide you with parent-friendly responses based on the latest scientific data to questions and issues getting public attention. For example, you may have received queries from parents regarding the change in recommended fluoridation levels.

**Question:** “I read online that the CDC changed its mind and now recommends a lower amount of fluoride in water. Does that mean fluoride isn’t as safe as you thought?”

#### Talking Points:

Thank you for taking the time to research this. As a parent myself (or as a specialist in children’s oral health), I have learned it’s wise to confirm what is best for our children’s health.

Water fluoridation is proven to be just as safe and effective now as when it started nearly 70 years ago. It is important to the dental health of your child, as well as the other children of (your town).

Last April, the U.S. Department of Health and Human Services announced its recommendation for the optimal fluoride level in drinking water to prevent tooth decay at 0.7 milligrams per liter, or 0.7 parts per million.

Back in the day, recommendations for fluoride levels varied from 0.7 to 1.2 milligrams per liter based on geography, because water intake for children varied based on the temperature of the place where the child lived. Children living in cooler places drank less water than those living in warmer places. With more air conditioning and less active lifestyles, there is no longer a difference across the country in the amount of water children drink. Making water fluoridation levels consistent across the country takes into account these changes.

Sound science shows cavities can be reduced by about 25 percent when community water is fluoridated at an optimal level. (And by optimal, I mean the amount that provides the best balance of protection from dental decay while limiting the risk of dental fluorosis.)

Tooth decay is the most common chronic early childhood disease in the country. In fact, as many as six in ten children have had cavities by the time they start kindergarten. The pain from tooth decay hinders many children from eating, speaking, playing, learning, and even getting a good night’s sleep.

Water fluoridation is still fully supported by this office, along with the CDC, the American Academy of Pediatrics, the American Academy of Pediatric Dentistry, and hundreds of other health organizations.

One of the things I value most about water fluoridation is that it serves our entire community and can have the strongest impact on financially disadvantaged families, especially those children most at risk of dental disease.

#### Resources

Gooch, BF. *U.S. Public Health Service Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries*, *Public Health Reports*, July–August 2015, 130: 1–14.

U.S. Department of Health and Human Services. *Oral health in America: A report of the Surgeon General*. Rockville, M.D.: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research website. <http://www.nidcr.nih.gov/DataStatistics/Surgeongeneral/sgr/home.htm>. Accessed Dec. 12, 2015.



# Evidence-Based Dentistry Workgroup Updates

The AAPD has been working concurrently on three evidence-based systematic reviews: vital pulp therapy, non-vital pulp therapy and sealants (co-sponsored by the ADA). The pulp therapy workgroup has been working on two evidence-based systematic reviews: vital pulp therapy and non-vital pulp therapy.

## Pulp Therapy Systematic Reviews

The pulp therapy workgroup (Drs. Coll, Marghalani, Seale and Vargas) met for two days at headquarters in November to review the meta-analyses of over 50 randomized controlled trials of pulp therapy. The studies have been statistically analyzed and the workgroup has produced evidence tables from their findings. The workgroup assessed the quality of evidence across studies for each important outcome using GRADE.<sup>1</sup> Transparent, repeatable and explicit processes have been used to make judgments about the quality of evidence for important outcomes; clinical and radiographic success of pulp therapies are the outcomes of interest.<sup>2</sup>

In March, a draft of the report will be submitted to CCA and CSA per the stated process. A final report will be presented to the Board at Annual Session and the full systematic review will be published in the 2016 September/October issue of Pediatric Dentistry. Progress is being made in the production of the non-vital pulp therapy review; protocol will be published and registered in early 2016.

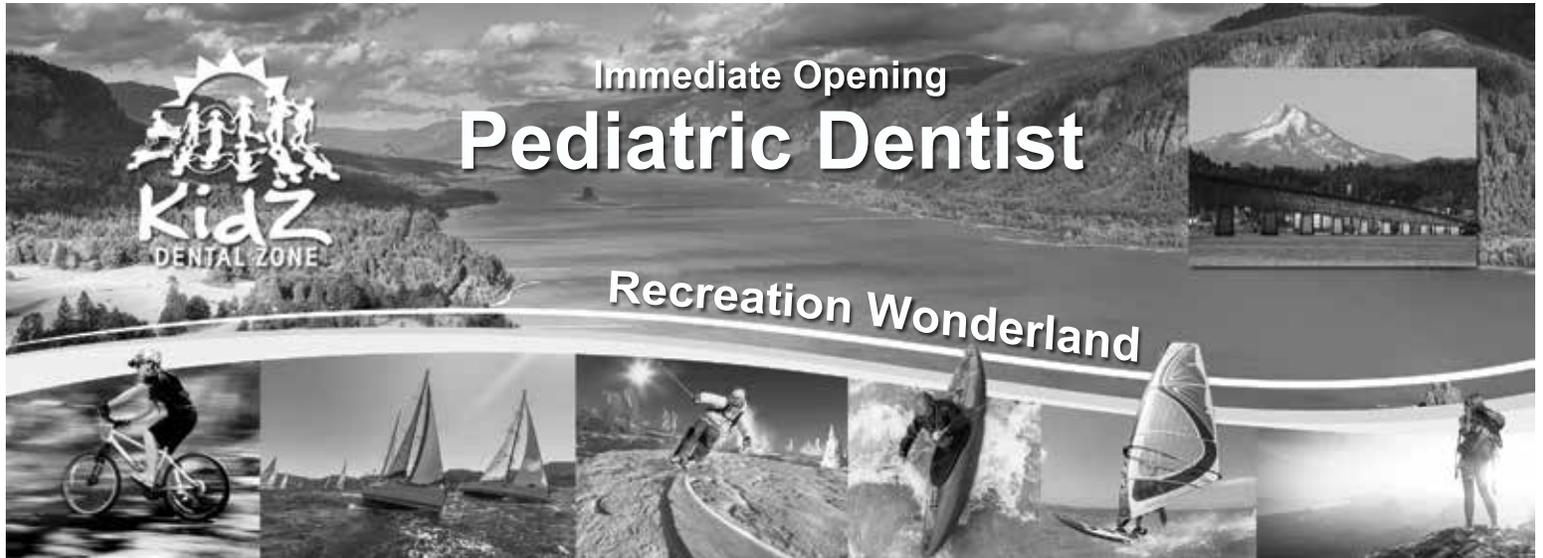
## Sealant Guidelines

The sealant systematic review panel, a joint project of the ADA and AAPD, met in August to review the findings of the meta-analysis, the synthesis of data from randomized-controlled trials selected for inclusion in review. The panel is currently formulating the evidence statements. Evidence statements explain whether or not there is a benefit to using the intervention or diagnostic technique and the level of certainty in the estimate of the effect.<sup>3</sup> Once these statements are finished, the review will be written. Publication is slated for spring of 2016.

<sup>1</sup>Grading of Recommendations Assessment, Development and Evaluation- working group [www.gradeworkinggroup.org/](http://www.gradeworkinggroup.org/)

<sup>2</sup>GRADE Working Group. "Grading quality of evidence and strength of recommendations." *BMJ: British Medical Journal* 328.7454 (2004): 1490.

<sup>3</sup>ADA Clinical Practice Guidelines Handbook [http://ebd.ada.org/~media/EBD/Files/ADA\\_Clinical\\_Practice\\_Guidelines\\_Handbook-2013.aspx](http://ebd.ada.org/~media/EBD/Files/ADA_Clinical_Practice_Guidelines_Handbook-2013.aspx)



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# Non-Covered Benefits Legislation

Lawmakers in many states have passed new legislation that no longer allows insurers to require dental providers to give discounts for services not covered under an insured dental plan.

While this legislation applies only to discounts on non-covered services under insured plans, and does not affect the policyholder's current insured benefit plan(s), members in these states may no longer receive discounts on non-covered services and should discuss any available discounts with their dental provider.

As the legislation continues to progress in other states, please check back for any updates, especially for policyholders with members located in multiple states.

If a dentist signs a participating provider agreement with a dental plan that has this provision, and there are no state statutes to prevent it, then he/she may be contractually bound to only charge the patient the carrier's maximum allowable fee for the non-covered procedure. AAPD staff has been continually working with state dental societies on non-covered services legislation and 35 states have passed legislation preventing third party carriers from capping what a doctor can charge a patient for a non-covered service. This means that the doctor could charge his or her full fee in this situation. If your state has not passed this type of legislation, it is recommended you contact your state dental society for assistance.

Visit [http://www.aapd.org/noncovered\\_services\\_laws/](http://www.aapd.org/noncovered_services_laws/), to see the states that have passed this legislation and links to the actual laws.

For further information, please contact AAPD Dental Benefits Director Mary Essling at (312) 337-2169 or [messling@aapd.org](mailto:messling@aapd.org).

## A 2016 CDT Revision to Classification of Materials

### Resin

Refers to any resin-based composite, including fiber or ceramic reinforced polymer compounds and glass ionomers.

*Rationale for revision:* Currently, glass ionomers as a restorative material are separately addressed in the "Resin-Based Composite Restorations..." descriptor. Adding this information to the Classification of Materials fills a documentation gap to aid in the selection of a procedure code applicable to the service provided.

# Step-by-step Guide to the ACA Grace Period

The American Academy of Pediatric Dentistry wants to remind our members of the Affordable Care Act's grace period rule, which provides a three-month grace period for consumers who receive tax subsidies to purchase their health insurance through the ACA insurance exchanges and who have paid their first month's full premium.

This grace period is not be applicable to coverage furnished under stand-alone dental plans but could apply to dental benefits that are embedded in ACA medical coverage.

Insurers are mandated to pay claims for the first month of the grace period but they are allowed to delay paying claims for services rendered during the second and third months, if the insured stops making premium payments. This potentially leaves dentists vulnerable for services provided during day 31 to day 90 of the grace period.

In 2014, 85 percent of the more than 8 million people who signed up for the health exchange plans received financial assistance, according to the U.S. Health and Human Services Office of the Assistant Secretary for Planning and Evaluation. That number is expected to increase in the near future.

It is very important for dentists to monitor these patients as they may not pay their plan premiums after the first month. Be sure to call the carriers and verify coverage for the second and third months to protect yourself.

Insurance companies are required to notify physicians of patients' grace period status. The ADA Practice Institute has developed the following tips for dentists on how to handle this situation in their practices:

- Always check and document a patient's benefit eligibility status before he or she comes into the office, especially patients who purchased dental benefits through the ACA Marketplace.
- Watch for communications regarding the grace period. The ACA requires plans to notify dentists that there's a possibility the claims may be denied when a patient is in the grace period. But regulations do not specify when and how this should be done. The general expectation is that the payer would send a notification to the dentist as soon as practical when an enrollee enters the grace period. It could be through fax, mail, email or through a notification on the website or a standard electronic transaction.
- Find out how the plan will handle grace period issues. For example, a payer could delay paying claims during the second or third month of the grace period and deny those claims if the patient's coverage is terminated retroactively because the premiums were not paid by the end of the grace period.
- Be prepared to discuss grace periods with your patients along with alternate financial arrangements.
- Check for state law protections to guard against the third-party payer seeking refunds, especially if the payer fails to provide accurate information.
- Ensure a collection policy exists for the practice and is sufficient to address potential grace period issues.
- Document everything.

If you have further questions, please contact AAPD Dental Benefits Director Mary Essling at (312) 337-2169 or [messling@aapd.org](mailto:messling@aapd.org).

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# Pediatric Dentistry Residency Continues to Soar in Popularity

Pediatric dentistry continues to be a popular specialty with graduates as evidenced by the continued growth in the Match results for the 2016–17 academic year.

For the 2015–16 academic year, the number of positions offered and residency positions filled surpasses oral and maxillofacial surgery, orthodontics, advanced education in general dentistry and anesthesiology.

<b>2016-17 Match Statistics for:</b>	<b># of Applicants</b>	<b>Positions Offered</b>	<b>Matches / Positions filled</b>
<b>Pediatric Dentistry</b>	<b>636</b>	<b>399 (+ 9)</b>	<b>378 (- 6)</b>
Orthodontics	494	261 (- 9)	260 (- 8)
Oral and Maxillofacial Surgery	374	227 (+ 3)	221 (+ 6)
Adv. Education in General Dentistry	502	356 (+10)	238 (+10)
Anesthesiology	50	32 (- 4)	32 (+ 7)

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

Annual data on accredited programs and enrollment is gathered by the Health Policy Institute of the American Dental Association (ADA) and maintained by the ADA. The most recent data available is from the 2014-2015 academic year. At that time, there were 77 pediatric dentistry residency programs accredited by the Commission on Dental Accreditation (CODA), enrolling a total of 933 postdoctoral students. There were 408 graduates in 2014.

The following chart may be used as a comparison of the 2015–16 Match results to the 2016–17 academic year.

<b>2015-16 Match Statistics for:</b>	<b># of Applicants</b>	<b>Positions Offered</b>	<b>Matches / Positions filled</b>
<b>Pediatric Dentistry</b>	<b>648</b>	<b>390 (+ 8)</b>	<b>384 (+10)</b>
Orthodontics	514	270 (+14)	268 (+15)
Oral and Maxillofacial Surgery	369	224 (- 4)	215 (- 8)
Adv. Education in General Dentistry	519	346 (+37)	228 (+33)
Anesthesiology	34	36 (+ 2)	25 (- 6)

For complete results of the 2016-2017 Match, please visit the National Matching Service website at [www.natmatch.com/dentres](http://www.natmatch.com/dentres).

## Samuel D. Harris Research and Policy Fellowship

*Sponsored by Preventech*

The American Academy of Pediatric Dentistry (AAPD) is accepting applications for the Samuel D. Harris Research and Policy Fellowship sponsored by Preventech. Pediatric dental residents and individuals in their first five years post-residency are eligible and encouraged to apply. The AAPD and Past President Dr. Paul S. Casamassimo initially created this opportunity for individuals to participate in supporting research and advocacy activities of the Academy. The winning fellow will participate in research addressing one of the priority areas of interest as identified by the AAPD Pediatric Oral Health Research and Policy Center advisory board and approved by the AAPD board of trustees. A deliverable project such as a published article in a peer reviewed journal or presentation at a national meeting is required at the end of the Fellowship. A cash stipend and payment for travel to relevant meetings is provided. The AAPD and the selected applicant/program director will agree upon exact fellowship dates.

The Harris Fellow will serve as a research assistant for a specific research project of the AAPD Pediatric Oral Health Research and Policy Center, whose goals are to:

- Conduct oral health research, including but not limited to health services research that advances children’s oral health issues and supports AAPD public policy and public relations initiatives at the national, state, local and international levels with legislatures, government agencies, professional associations and other non-governmental organizations.

- Develop and implement special project activities that advance children’s oral health issues and public understanding of such, in accordance with AAPD policies and guidelines.
- Produce timely and high quality policy analysis on critical issues impacting children’s oral health.
- Produce useful studies and analysis to further the understanding of practices that will contribute to the oral health of all children.

Applications are available from the AAPD website at <http://www.aapd.org>; click on the Awards and Fellowships link under the Member Resources tab. Applications are due **April 15, 2016**.

For additional information, please contact AAPD Educational Affairs Manager Scott Dalhouse at (312) 337-2169 or [sdalhouse@aapd.org](mailto:sdalhouse@aapd.org).



*The AAPD gratefully acknowledges its sponsor for the Samuel D. Harris Research and Policy Fellowship.*

# University of Rochester's Eastman Institute for Oral Health Awarded a \$3.5 Million Title VII Grant from HRSA

The University of Rochester's Eastman Institute for Oral Health has been awarded a \$3.5 million grant for an innovative educational initiative—a major step in reducing the health disparities among people with special needs.

Funded by the Health Resources and Services Administration, part of the U.S. Department of Health and Human Services, the five-year program will train more than 100 pediatric and general dentists and staff in treating the unmet oral health needs of adults with intellectual and developmental disabilities and other conditions they've contracted since childhood—such as Type I diabetes, congenital heart defects, cystic fibrosis, muscular dystrophy—across their lifespan.

Advances in medicine have led to increases in life expectancy for patients with childhood congenital or acquired diseases. The current system is unequipped to provide high quality dental care for this growing population of patients as they enter adulthood.

Lack of access is the biggest barrier for this patient population to achieve oral health in underserved communities, primarily because 75 percent of dentists do not treat patients with Medicaid, nor do they have adequate training or facilities. As a result, the number of Dental Health Professionals Shortage Areas has increased from 1,895 in 2001 to 4,900 in 2014.

Led by EIOH Pediatric Dentistry Interim Chair Sean McLaren, D.D.S., the new program provides four different options for postdoctoral training. Similar to medical residents who can specialize in Internal Medicine and Pediatrics, pediatric and advanced general dentistry residents can now—for the first time—achieve proficiency in treating patients with special health care needs from birth through advanced age.

The training will take place at UR Medicine's new Center for Adults with Special Health Care Needs and Eastman Institute for Oral Health, beginning in July 2016. Hans Malmstrom, D.D.S., chair, EIOH's Advanced Education in General Dentistry and YanFang Ren, D.D.S., Ph.D., M.P.H., EIOH professor and clinical chief of Eastman Dental's urgent care clinic will also have integral roles in this new training program.

"The dental residents will gain valuable exposure to adult medically complex patients while interacting with the medical faculty and residents throughout the program," said Dr. McLaren. "This will provide the physicians and dentists valuable collaboration, which will in turn, greatly enhance patient care."



*Sean McLaren, D.D.S.*

A collage of five black and white images. At the top, a large cable-stayed bridge spans a body of water. Below the bridge, from left to right, are: a man in a hoodie holding a large fish on a boat; a person riding a horse; a wine glass filled with white wine next to a bottle; and a golfer in mid-swing on a golf course. In the center of the collage is the logo for 'Advanced PEDIATRIC DENTISTRY', which features a stylized sunburst above silhouettes of children holding hands.

## Immediate Opening Pediatric Dentist

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

- Competitive Salary
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- Opportunity for Future Partnership

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# AAPD Continuing Education Courses

## Register Now!

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



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Participants will have the opportunity to be part of numerous mock examinations and will learn skills to deliver an impressive performance. Learn about the various domains contained in the American Board of Pediatric Dentistry examination, successful test taking techniques and how to be prepared for this type of high-stakes clinical examination. Additionally, participants will learn how to organize, remember and present pediatric dentistry information and literature.

At the conclusion of the course, participants will have gained a better understanding of how to prepare for the exam including:

- Topical areas of the exam.
- American Academy of Pediatric Dentistry guidelines.
- The examination process.
- Suggested readings for exam preparation.
- How cases are designed and graded.

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## Comprehensive Review of Pediatric Dentistry

**SEPTEMBER 9-11, 2016**  
**RITZ CARLTON, ST. LOUIS, MO.**

This highly acclaimed course provides a comprehensive review of pediatric dentistry. It may be helpful to AAPD members in their preparation for the American Board of Pediatric Dentistry (ABPD) examinations, although participation in this course does not guarantee successful completion of board exams. The curriculum is also designed to serve as a comprehensive and in-depth review of pediatric dentistry to those attendees who may be either board certified already or not planning on taking the exam.

Topics to be discussed include growth and development, assessment and prevention, oral pathology, care for special needs patients, restorative dentistry and materials, trauma, behavior management and pulp therapy.

Expert clinicians presenting this course utilize a lecture format to review the subjects included in the board examinations. Participation in this course does not guarantee successful completion of board exams.

The curriculum is also designed to serve as a comprehensive and in-depth review of pediatric dentistry to those attendees who may either be board certified or not planning on taking the examination.

### **COURSE CHAIR AND SPEAKER**

*Kevin J. Donly, D.D.S., M.S.*

### **SPEAKERS**

*Catherine M. Flaitz, D.D.S., M.S.*  
*Andrew L. Sonis, D.M.D.*  
*Amr M. Moursi, D.D.S., Ph.D.*

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

*Sponsored by NuSmile*



## small beginnings, **BIG OUTCOMES**



AMERICA'S PEDIATRIC DENTISTS  
THE BIG AUTHORITY ON little teeth™



RCSI  
FACULTY OF  
DENTISTRY



### Small Beginnings, Big Outcomes

OCTOBER 27-29, 2016

DUBLIN, IRELAND

The AAPD is joining the Royal College of Surgeons Ireland in hosting their Annual Scientific Meeting. We are working closely with Dr. John Walsh, dean of the dental faculty, along with Drs. Jessica Y. Lee and Amr Moursi for the AAPD plus AAPD Headquarters staff.

Highly acclaimed international experts will provide a comprehensive overview in the treatment and management of dental conditions in children. The course will provide a contemporary, scientific and in-depth discussion about international approaches to clinical pediatric dentistry. Topics to be discussed include assessment, communication, prevention, restorative dentistry and pulp therapy, behavior guidance and sedation, trauma, and orthodontic management. The curriculum is designed to provide short one-hour overviews of the emerging therapies and approaches citing the current literature along with clinical cases. Attendees will learn the best scientific approaches to pediatric dental conditions. Global expert clinicians will provide a discussion about international variations to management planning and treatment planning approaches. The limited attendance will create an environment, which will allow for stimulating interactions with the speakers and fellow attendees.

The specific objectives of this course are to:

- 1) Understand the latest scientific evidence in caries risk assessment, prevention, restorative dentistry and pulp therapy in children.
- 2) Learn the emerging therapies and approaches in trauma and orthodontic management in children.
- 3) Discuss new approaches to communication, behavior guidance and sedation in children.

#### INVITED SPEAKERS

*Ebrahim Al Awadhi, B.Dent.Sc., M.F.D., M.Sc., M.Orth., F.F.D., Ph.D.*

*Marielle Blake*

*Paul Casamassimo, D.D.S., M.S., F.D.S.R.C.S. Ed.*

*Patrick Cleary, B.Dent.Sc., M.S.D. (Indiana U.), F.I.C.D., F.A.C.D., F.F.D.R.C.S.I.*

*Dymphna Daly, B.Dent. Sc, M.Sc. (Paed.)*

*Jeff Dean, D.D.S., M.S.D.*

*Billy Fenlon, B.Dent.Sc., M.Dent.Sc., M.R.C.D. (C)*

*Jessica Lee, D.D.S., M.P.H., Ph.D.*

*Amr Moursi, D.D.S., Ph.D.*

*Ann O'Connell, B.A., B.Dent.Sc., M.S. (Univ Roch)*

*Arun Sharma, M.Sc., D.D.S.*

*Professor Helen Whelton, B.D.S. (NUI), Ph.D. (NUI), M.D.P.H. (NUI),*

*D.T.L.H.E. (NUI)*

*Tim Wright, D.D.S.*

Sponsored by NuSmile



## ENHANCED COURSE AND WORKSHOP: Sedative and Medical Emergencies in the Pediatric Dental Office for the Dental Assistant

NOVEMBER 4-5, 2016

POINTE HILTON SQUAW PEAK, PHOENIX, ARIZ.

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

**NEW:** This four hour workshop on Saturday morning allows hands-on training for the dental assistant. Participants will rotate through multiple stations to include airway management; intubation; airway equipment; papoose board and monitor placement. This will also allow them to interact with the speakers in a smaller setting.

#### SPEAKERS TO BE ANNOUNCED

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

## NEW COURSE: Safe and Effective Sedation of the Pediatric Dental Patient

NOVEMBER 4-6, 2016

POINTE HILTON SQUAW PEAK, PHOENIX, ARIZ.

This is a newly created course featuring the recognized leaders in the field, both in dental anesthesia as well as pediatric dentistry. This course offers didactic lectures, case studies, film clip sessions, panel discussions and hands-on breakouts with personalized attention. There will be dedicated forums to ask questions and talk about specific issues with course faculty, discuss techniques for effective communication with the patient and parent to address unusually challenging and complex situations. This course will offer opportunities to gain hands-on experience while learning airway techniques to rescue patients and will include breakout sessions with manikin practice with face masks, ambu bags and the insertion of nasal and oral airways; all in a personalized setting with real equipment and monitors.

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

#### COURSE CHAIR AND SPEAKER

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

#### COURSE VICE-CHAIR AND SPEAKER

*Sarat Thikkurisyy, D.D.S., M.S.*

#### SPEAKERS TO BE ANNOUNCED

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

Sponsored by My Kid's Dentist



# Media Mix

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

## AAPD IN WASHINGTON POST ARTICLE

Christie Aschwenden interviewed AAPD national spokesperson **Dr. Sarat Thikkurissy** for a story on sedation dentistry that appeared in the health and science section of the *Washington Post*. According to the article:

“Sedation dentistry is generally safe for kids, but you should ask lots of questions before allowing a dentist to sedate your child, says Sarat Thikkurissy, a spokesman for the American Academy of Pediatric Dentistry who practices dentistry in Cincinnati. The AAPD and the American Academy of Pediatrics have a joint set of guidelines for sedation in children, and you will want to make sure your dentist is familiar with them, Thikkurissy says. Also, some states require a special permit for giving sedation to children younger than 12. Any practitioner should be prepared to rescue the child from an adverse reaction. That’s where an emergency plan comes in,” Thikkurissy says.”

## PHILLY.COM FEATURES DR. CONNIE KILLIAN ON HALLOWEEN

Today’s guest blogger is **Connie Killian**, D.M.D., a national spokesperson for the American Academy of Pediatric Dentistry. She is in private practice in Doylestown, Penn. Killian is also an adjunct associate professor of pediatric dentistry at the University of Pennsylvania and is an attending pediatric dentist at The Children’s Hospital of Philadelphia.

Halloween is one of the most anticipated holidays of the year for kids, and although it’s spooky, it doesn’t need to be scary for little teeth. Each year, Americans spend nearly \$9 billion on candy, and approximately 41 million trick-or-treating children across the country will collect a large portion of those goodies. When enjoying treats this year, remember the best trick to scare away Mouth Monsters (the bacteria that cause cavities), is moderation and proper oral hygiene. Read more at [http://www.philly.com/philly/blogs/healthy\\_kids/What-are-some-better-sweets-for-my-childs-teeth.html#7jVubv5tEGCMEXuF99](http://www.philly.com/philly/blogs/healthy_kids/What-are-some-better-sweets-for-my-childs-teeth.html#7jVubv5tEGCMEXuF99).

## AAPD NOTED ON SAFE BEE.COM FOR TEETHING STORY

Jennifer Geddes interviewed AAPD President Elect **Dr. Jade Miller** and AAPD member **Dr. Alice Lee** for a story that appeared on this site on Nov. 4.



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## Weber Shandwick Consumer Hub Articles

### THE #1 MOST COST-EFFECTIVE WAY TO PREVENT TOOTH DECAY

Preventing tooth decay can cost as little as a few cents per day. Find out how in our infographic: <http://mouthmonsters.mychildrensteeth.org/the-1-most-cost-effective-way-to-prevent-tooth-decay/>.

### TEST YOUR TEETH I.Q.—A DAY OF DENTAL HEALTH

Help your child make healthy choices and test your teeth I.Q. with our interactive quiz: <http://mouthmonsters.mychildrensteeth.org/a-day-of-dental-health/>.

### LITTLE TEETH TRUTHS: AAPD PARLIAMENTARIAN DR. SARA FILSTRUP

#### Question: Should parents help pull out a child’s wiggly tooth or let it fall out on its own?

Answer: My best advice is to let nature take its course! Parents should encourage kids to gently wiggle the tooth with their finger or tongue until it naturally falls out on its own. Pulling the tooth out before it is ready may actually cause unnecessary bleeding and pain, which could be upsetting. Although it is rare, if you see a permanent tooth coming in and the baby tooth won’t fall out, call

your pediatric dentist to see if help is needed to remove the baby tooth. The best approach is to keep an eye out for any problems and let the tooth fall out on its own. And then, you and your little one can celebrate with your very own tooth fairy tradition to mark this big-kid milestone!

### LITTLE TEETH TRUTHS: AAPD SECRETARY-TREASURER DR. JOE CASTELLANO

#### Question: Can cavities be spread through saliva?

Answer: It’s common knowledge that illnesses such as the flu and the common cold are contagious. But many parents might be surprised to find out the bacteria that causes cavities is also contagious, and can be passed along through saliva! As a parent or caregiver, this is important to keep in mind when going about your day with your little one. It’s best to avoid activities such as sharing a plate or blowing on your child’s food in order to help prevent sharing saliva that might carry cavity-causing bacteria. While it’s important to be aware of this, remember, the number one way to prevent cavities is to brush and floss each morning and night. Don’t forget to supervise your little ones during these daily dental routines until they are seven or eight years of age, or able to tie their own shoes, in order to ensure healthy little teeth.

<b>MEDIA OUTLET</b>	<b>AAPD EXPERT(S)</b>	<b>DATE FEATURED</b>	<b>TOPIC</b>
LSU School of Dentistry	Dr. John A. Hendry (La.)	September 2015	Dr. John Hendry Named Distinguished Alumnus
<i>Birmingham Post-Herald</i>	Dr. Stephanie H. Steinmetz (Ala.)	Sept. 30, 2015	Halloween Candy: To Eat or Not Eat?
<i>Grand Forks Herald</i>	Dr. Brent L. Holman (N.D.)	Oct. 9, 2015	Dental Therapist Experiment Isn't Working
<i>Northwest Herald</i>	Dr. Kathleen A. Schroeder (Ill.)	Oct. 18, 2015	On the Record With: McHenry County's First Woman Dentist
<i>Al Dia Dallas</i>	Dr. Maria-Jose Cervantes Mendez (Texas)	Oct. 19, 2015	Caring for Children's Teeth
<i>Baltimore Sun</i>	Dr. Warren A. Brill (Md.)	Oct. 20, 2015	Brushing With Fluoride Prevents Tooth Decay
<i>El Planeta</i>	Dr. Maria-Jose Cervantes Mendez (Texas)	Oct. 20, 2015	Halloween: Meet the Best and Worst Kinds of Candy for Children's Teeth
<i>Discovery News</i>	Dr. Robyn R. Loewen (Minn.)	Oct. 23, 2015	8 Amazing Things You Didn't Know About Teeth
<i>WEAR TV-3</i>	Dr. Stu Bonnin (Fla.)	Oct. 23, 2015	Good and Bad Halloween Treats
<i>Rutland Herald</i>	Dr. Charles A. Bookwalter (Vt.)	Oct. 25, 2015	Fluoride Builds Strong Teeth
<i>WDBO Radio</i>	Dr. Carlos A. Bertot (Fla.)	Oct. 29, 2015	Halloween
<i>ThisisReno.com</i>	Dr. Whitney Garol (Nev.)	Oct. 29, 2015	Trick-Or-Treat: Reno Dentist Answers Questions About Halloween Candy
<i>WTNH.com</i>	Dr. Doug B. Keck (Conn.)	Oct. 30, 2015	How Much is Too Much When it Comes to Halloween Treats
<i>St. George Daily Spectrum</i>	Dr. Cody C. Hughes (Nev.)	Nov. 23, 2015	Brush up on Dental Hygiene
<i>Web MD News</i>	Dr. Paul V. Crespi (N.Y.)	Dec. 9, 2015	Dentistry Without the Drill? New Study Offers Hope
<i>Thurston Talk</i>	Drs. Gregory L. Psaltis & Scott Rowley (Wash.)	Dec. 10, 2015	Hard Work Becomes Heart Work

## Ad Council Update

### AD COUNCIL'S NATIONAL BRUSH DAY CELEBRATION

The Partnership for Healthy Mouths, Healthy Lives and the Ad Council created awareness by promoting healthy mouths and the importance of brushing your teeth. On National Brush Day, November 1 (and every day), parents and caregivers are encouraged to make sure their kids brush their teeth for two minutes, twice a day. The holiday aims to reinforce the importance of children's oral health and promote good tooth-brushing habits.

National Brush Day is part of the Kids' Healthy Mouths campaign, a national initiative launched by The Partnership for Healthy Mouths, Healthy Lives and the Ad Council in 2012. It aims to help parents and caregivers understand why poor dental health can have serious consequences, and about simple ways in which they can help improve their children's oral health and prevent dental disease.

AAPD national spokesperson Dr. Anupama Tate assisted in the outreach by participating in an English-language Bites and B-Roll package, which is a pre-recorded interview that is packaged as a news story and distributed to news outlets.

AAPD Academic At-Large Trustee and national spokesperson Dr. Amr Moursi participated in a satellite media tour along with Dr. Jacobo with the HDA. They completed a total of 31 radio and television interviews across English and Spanish outlets. Most interviews started with covering best and worst types of candies and then went into National Brush Day, which allowed for some great messaging around the partnership and 2min2x.org.

There were a total of 48 airings/interviews, with over 2.9 million viewers.

#### Television Satellite Media Tour-Bits & B-Roll Package:

Airings: 24  
Stations: 22  
Markets: 20  
Viewers: 378,000

#### Radio:

Interviews: 17  
Affiliates: 54  
Markets: 14  
Audience: 1.55 million

#### Digital:

Postings: 7  
Unique Site Visitors: 968,000

# Sunscreen for Pediatric Dentists

By Thomas P. Stossel, M.D., M.D. (Hon)

The March/April issue of *Pediatric Dentistry* will publish an article with the clunky title: “Pediatric dentists’ knowledge concerning the Physician Payment Sunshine Act and their predictions of its effects on their interactions with industry and its impact on patient care.” Why did the Academy’s journal publish such a wonky piece co-authored by a first-year medical student and me, an old academic physician specializing in blood diseases and who has principally engaged in basic cellular research? The answer is the product of two stories.

The first story is that I’m married to Kerry Maguire, a general dentist with a public health degree. A decade and a half ago, as professional relations director at Tom’s of Maine Company (no relation to me), she introduced Tom’s kid-friendly “Silly Strawberry” toothpaste to pediatric dentists in the exhibit halls of AAPD meetings. There she got to know many Academy members. More recently, she has been running ForsythKids, a school-based dental program of Boston’s Forsyth Dental Institute. Although she is not a card-carrying pediatric dentist, her clinical practice involves youngsters, and she kept up her AAPD meeting attendance. In 2014, the Academy elected her to its board of directors as Affiliate Trustee.

Always up for a good party, I’ve accompanied Kerry to many an AAPD gathering and, as a kind of AAPD mascot, have gotten to know the good folks in the organization’s membership including many of its leaders.

The second—and longer story—is that over my almost half-century career health care has improved markedly. We live on average 10 years longer. Death from cardiovascular disease—the number one killer—has decreased by 60 percent. Cancer mortality is at an all-time low. I observed HIV-AIDS transform from a potential public health disaster to a livable condition, even in sub-Saharan Zambia where Kerry and I do volunteer work. Thanks to medications and joint replacements we rarely see people incapacitated with arthritis. As evidenced by the hardware my prosthodontist has replaced in my mouth, dentistry must have improved a lot as well.

During the first third of my career I thought that such progress was entirely the result of academic nerds like me, panhandling the government and public charities for grants. We used those funds for impressive research work that we published in prestigious medical journals. Of course I knew that the drugs and devices actually came from private companies but, hey, they just hijacked university discoveries and made big bucks off of them.

But in 1987, when I joined the scientific advisory board of the pioneering biotechnology company, Biogen, I realized how clueless I had been. Here’s what I learned.

The vast preponderance—over 85 percent—of the drugs and devices responsible for the incredible progress summarized above arises from private industry—and with good reason. Only industry has the financial resources, the skill sets and the culture to bring medical products to patients. Two-thirds of biomedical research investment is in the private sector, and getting a new drug approved by the FDA costs over \$2.5 billion. The reason for this high cost is that biology is a tough customer: 90 percent of drug development projects that look promising in laboratories fail in clinical trials.

Most of the requirements for product development, determining that a drug or device is safe, formulation and packaging, quality control, manufacturing and myriad others only take place in industry. And most academics aren’t really interested in solving practical problems. They obtain grants, publications and promotions by impressing one another with their experimental cleverness and novelty for novelty’s sake.

To be sure, this behavior advances knowledge, and most health care innovations can be traced to some scientific discovery. But the connection is far from straightforward and involves much trial and error with forward and backward steps.

Acquiring these insights has enabled me to parallel my academic activities with efforts to innovate. I have been working for decades to develop an improved method for stor-

ing blood platelets procured for transfusion and for preventing lethal complications of injury and inflammation by measuring and replacing a blood protein called gelsolin that I discovered and that becomes depleted in those conditions.

Timing is everything, and just as I learned these facts about health care innovation, a disorder I call “administralgia” abruptly appeared. University officials, embarrassed by media reports alleging misconduct by faculty engaged in industry-sponsored research, panicked. The accusations—ultimately discredited—elicited a deadly combination of imagination and intellect divorced from experience to legitimize the theory that industry funding corrupts academic research. Specifically, researchers supposedly distort results to please corporate sponsors. The idea that such corruption—that operates under the code term “conflict of interest”—exists became prevailing wisdom and launched regulations requiring disclosure, management or elimination of industry research relationships. I refer to this belief system as “the conflict-of-interest narrative.”

Over the next decade and a half I documented that these ideas were not grounded in facts and sound logic. In 2005, when more media reports abused honorable colleagues because of their industry relationships, I went public. I wrote Op Ed articles published in *Forbes* and *The Wall Street Journal* and managed to publish a detailed paper in *The New England Journal of Medicine* discrediting the research corruption allegations as purely theoretical and unsupported by facts.

I naively assumed that as a result of my efforts academic officials would back off on their rules. Instead, within months of my *New England Journal* publication, an article appeared in *The Journal of the American Medical Association (JAMA)* that moved the conflict-of-interest narrative beyond research into every nook and cranny of health care. The article, authored by medical bureaucrats, advocated restricting or eliminating every method companies apply to educating health care providers about their products. Topping the marketing ban list was company represen-

tatives visiting health care professionals (detailing) and providing them with product samples, product reminder items (sticky pads, mugs, pens) and meals. Also included was corporate sponsorship of continuing education and, especially, health care providers speaking about products to fellow practitioners in pleasant surroundings such as resorts or restaurants.

Despite receiving a loving endorsement from *The New York Times*, the *JAMA* publication is a paragon of speculation and misrepresentation. While superficially plausible, its insinuation that marketing results in prescribing of unnecessary, unnecessarily expensive and unsafe brand products is unproven. Worse, the piece baldly claimed that empiric evidence supported that industry marketing impairs patient care; no such data exists.

The *JAMA* travesty was the culmination of an outpouring of books and articles in health care journals demonizing the medical products industry. At the same time, the media reported on huge fines drug and device companies paid federal prosecutors to settle charges of illegal (off-label) marketing. This perfect storm ushered in a new wave of conflict-of-interest regulation responsive to all of the *JAMA* recommendations. These regulations are now in force in most academic health centers, state governments and even in private medical practices.

I continued to write and speak against the conflict-of-interest narrative, and a few colleagues emerged who joined me. But it was to no avail; conflict-of-interest rules concerning health care research, education and practice are etched in stone. Since the topic is as complicated as health care itself, I decided it required an in-depth analysis that I completed in the form of a book published by Rowman and Littlefield last spring entitled *Pharmaphobia. How the Conflict of Interest Myth Undermines American Medical Innovation*. It covers the history of medical innovation, the emergence of the conflict-of-interest narrative and how the narrative's assertions are false. In particular, it explains how the off-label marketing settlements are not examples of fraud but rather the result of clever legal engineering. It argues that conflict-of-interest regulation is bad for health care. I can't do justice to the heavily referenced 350-page effort here other than to cover a few points that relate this story to the *Pediatric Dentistry* article.

One class of promoters of the conflict-of-interest narrative I refer to as "instigators." They include academics that advance their careers documenting what they claim to be evidence for deleterious effects of conflict of interest. The media sells copy with corruption allegations, and lawyers profit whether suing, defending or teaching regulatory compliance to health care professionals. University officials, while talking a good game about innovation, care far more about scandal avoidance. Professional journal managers try to elevate the cache value of their products by discrediting industry marketing, despite the fact that such marketing is based on FDA-vetted information that is far more rigorous and reliable than what journals publish.

But the most relevant instigator for our story is Senator Charles Grassley (R-IA). He, along with former Senator Herbert Kohl (D-WI) filed legislation ultimately encompassed in the Affordable Care Act that mandates that companies must report all payments in cash or kind of \$10 or more to health care providers to the Center for Medicare and Medicaid Services (CMS) for disclosure on a publicly accessible website. This "Sunshine Act" is the topic of the *Pediatric Dentistry* article.

The measly reportable sum essentially means that all transactions get reported. Why is the amount so low? The reason is a particularly inane and insulting element of the conflict-of-interest narrative—an intuitively unlikely idea that "social science research" has established that even trivial payments cloud clinical judgment. It also takes energy from an animus against profit in health care (that is probably less prevalent among dentists compared to other providers).

When the Act implemented in mid-2014, the AAPD leadership, knowing my interest in the subject, asked if I would write something for this publication. My response was that some data rather than just my opinions might be a stronger statement. That is how the *Pediatric Dentistry* exercise arose.

David Barton, my then policy research assistant and I constructed a survey that queried AAPD members' familiarity with the law, the extent to which they currently participated in activities involving industry that the conflict-of-interest narrative deems objectionable, their opinion regarding whether the law would influence such participation and if

their altering such participation would affect their ability to provide good patient care.

The principal problem we encountered was a low response rate that despite statistical wizardry always raises questions of validity. But I think nevertheless that the results were predictable. The majority of respondents reported little or no familiarity with law, that they currently have interactions with industry but that now learning about the law, they would back away from them; and that doing so would compromise patient care. Only a handful of respondents rendered answers that reflected a favorable opinion concerning the conflict-of-interest narrative.

Despite the low response rate, and the fact that what respondents say they intend to do doesn't necessarily happen, the survey results seem reasonable: busy practitioners who fundamentally care about their patients don't have time for policy surveys. They get that what industry provides them is valuable. They don't like the idea of possibly being ostracized for industry relationships but, if they react by discontinuing them, they also understand that it might compromise patient care. As a result of the survey, pediatric dentists are the first health care professionals to weigh in regarding the law. As caregivers on the front lines, their opinions have credibility.

Since completion of the survey, CMS has continued to report industry payments to health care professionals. The vast majority of them are very small. The few large ones predominantly go to researchers. Early on, the media tried to embarrass recipients of large sums, but such harassment has largely subsided. No evidence indicates that the public in general or patients in particular care about these payments.

In my opinion, the Sunshine Act accomplishes nothing other than to divert scarce resources from health care research and education to compliance. I'm not hopeful of repeal, because unfamiliarity with it and more salient deficiencies of other aspects of the ACA take precedence. But I do hope that this efforts will convince pediatric dentists they can shed any guilt because of taking advantage of industry's contributions to care of their patients and that they will continue to exploit that advantage.

I welcome comments from the AAPD Membership.

# Get to Know Your Riders

## A Guide to Maximizing the Efficiency of Your Disability Income Policy



By **D. Scott Fehrs, ChFC**  
Chief Executive Officer, Treloar & Heisel, Inc.

If you're in the market for disability income insurance, it's time to get familiar with an important component of the policy: the "rider." Consider the rider an enhancement to your policy that provides you with additional coverage under specific circumstances. Riders are available as a supplement to the policy at an additional cost.

Let's go over the top riders you could run into...

### THE OWN OCCUPATION RIDER

The typical definition on a disability contract reads: "The occurrence of a condition caused by a sickness or injury, in which the insured cannot perform the main duties of his/her occupation and is not working at any other occupation. The insured must be under a doctor's care." This is known in the industry as a "Modified Own Occupation" definition.

The "Own Occupation" rider eliminates the phrase "and is not working at any other occupation." It allows someone to work in another occupation and still receive full benefits if they are unable to work in their prior occupation. Most companies have their Own Occupation rider as an optional add-on to your contract and it is important to understand the various definitions and how they could affect your claim.

### THE PARTIAL DISABILITY RIDER

One of the more important riders is the Partial Disability rider, also known as Residual Disability rider. This rider ensures that you get coverage in the event that you're still able to work, but due to disability you can't work at full capacity.

There are different variations of partial disability. Generally, it requires a minimum 15 percent loss of income to qualify for benefits. Some contracts may require a loss of time or duties or income to receive partial benefits. An example of partial disability situation might be a person diagnosed with cancer. When they are in chemotherapy they can only work a few days a week. Going back and forth to treatment may reduce your income, but you're still practicing.

Many of the claims we see will have a partial component. Some will begin as a partial disability and lead to a total disability. Many total disabilities can regress to a partial disability. This rider should be included on every contract.

### THE FUTURE INSURABILITY OPTION RIDER

Future insurability is important because it guarantees your ability to purchase coverage in the future regardless of your health. You do need to financially qualify, but thankfully you do not have to provide medical information to increase coverage. The idea is to obtain coverage when you're young and as healthy as possible. Later, as you mature in your career and your income increases, your insurance coverage can increase accordingly. This rider is extremely important for people whose income is going to increase in the future. We typically find this to be the case for dental and medical residents.

### THE COST OF LIVING RIDER

The Cost of Living rider essentially protects your benefits from being eroded by inflation. There are many variations of this rider. Some companies base this rider on the Consumer Price Index (CPI), others base it on a flat rate of three percent a year. Regardless, it's good coverage to have.

Most companies offer the choice of a rider with either simple or compound inflation protection.

If you are young when you are buying your policy you will want to seriously consider a rider with a compound inflation feature. Let's say you're disabled at age 40 and have \$5,000 a month of disability income coverage with a 3% compound inflation rider. Your benefits could increase to over \$10,000 a month when you're 65 years old. If a cost of living rider with a simple inflation feature was selected, your benefits would increase to about \$8750/month when you're 65 years old.

### THE CATASTROPHIC DISABILITY RIDER

Just like the name says, this rider entitles you to additional benefits in the event of a catastrophic disability. It's a very cost effective way to get additional coverage, and it covers you when you're disabled to the point of needing to move to a nursing home or to receive extensive care.

The bottom line is: disability insurance is one of the most important coverages you own, you need to read the fine print and understand your policy. Disability income insurance policies have exclusions and limitations. It is important to speak with a specialist to help determine what makes sense for you.

## Did you know...

As our Diplomate numbers continue to grow there are many questions that arise regarding the Renewal of Certification Process (ROC-P). I would like to answer some of the common questions that staff are asked and try to eliminate confusion that appears to exist about this process.

### 1) When is the deadline for the Renewal of Certification Process (ROC-P)?

**November 30** is when all requirements for the current year must be completed as well as your Annual Diplomate Renewal (ADR) for the upcoming year. I encourage you to not wait until the last minute. There always seems to be unexpected things that come up that we didn't plan for especially in the fall of the year. Get it completed early. I am certain you will be glad you did. For those Diplomates that complete their requirements by September 1, you will be entered into a drawing for one of nine iWatches.

Please keep in mind that a late fee of \$500 is assessed for those that miss the November 30 deadline.

### 2) Is the DVD version of the AAPD Comprehensive Review Course accepted to meet the 10-year comprehensive review course requirement?

Although we feel a comprehensive review course is an excellent review of pediatric dentistry and is extremely valuable for continuing education, your Board of Directors decided to eliminate the comprehensive review course as a requirement for the ROC-P. This change became effective January 1, 2016. If you attend the comprehensive review course with the AAPD, you are able to apply the CE hours towards your 15 CE hour annual requirement.

### 3) What types of courses are acceptable to meet the annual requirement of 15 CE hours?

Any course that you can apply to your clinical practice that helps you in the treatment of children will be acceptable. We do not accept business or marketing related courses.

### 4) If I complete more than 15 hours of CE for the current year, can I roll over the excess hours for the next year?

Although we do encourage a commitment to lifelong learning, if you complete more than 15 hours of CE in a given year, you will not be able to roll those hours over for the next year.

### 5) How long will it take me to complete the ROC exam and how many times can I retake the exam?

You may take the exam as many times as you need as long as you successfully pass it by your renewal of certification deadline. When you take the exam, you will have 48 hours to complete it. This is a 50-question, open book exam that is clinically relevant to your practice. This exam seems to create a lot of anxiety. I have to admit that when I took the exam in 2011, I had my own level of anxiety. I remembering worrying that if I failed, I could lose my certification. If you fail, no worries, you will be able to take it again. At the end of the exam, you will be able to review why the answer is correct with a corresponding explanation and reference. In addition, you will receive 10 hours of CE that will count towards your annual requirement of 15 hours. <https://www.abpd.org/Blog/20151123/107/That-ABPD-Window-Cling.aspx>

### 6) Can I take more than 2 CQI's per year?

Yes, you can take as many as you would like but keep in mind that the following year, your requirement of 2 new CQI's will start over. Once you have completed a CQI, you will receive 1 CE credit that will go towards your annual 15-hour requirement. If you should fail a CQI, you will be given a second chance to re-take it. Once you have been unsuccessful a second time, you will be unable to take that particular CQI again for two years. You will have the opportunity to take a different CQI. Any CQI that you have previously taken whether pass or fail will reopen every 2 years.

### 7) Can the CE that I receive from taking the CQI's be used towards my state dental board requirements?

As of now, these CE hours are not CERP or PACE approved. You will have to check with your State Dental Board to see if these CE hours will be acceptable. We are looking into the opportunity to provide CERP approval in the future.

It is our hope that this process will not be burdensome, but helps to challenge you for a lifetime of learning. As more and more outside groups are looking at continued competency in the healthcare arena, we have the privilege of self-regulation at this time. Although a work in progress, we are continually striving to improve the process and want you to feel that this is meaningful.

The ultimate goal of this entire process is the hope of ensuring to the public a commitment to lifelong learning and improving care and outcomes for the children we serve on a daily basis.

As you participate in the ROC-P, I want to encourage you not to wait until the last possible minute. You have worked too hard to get where you are to let deadlines come and go and place your board certification at risk. I want to encourage you to set goals to get these requirements completed soon.

At this point, no one has lost their certification because of a failed exam. The ones that have lost it, which are very few, are those that made very little attempt at the process.

Look at this as an opportunity to learn something new. We are striving hard to make this relevant and user-friendly. This is not meant to be punitive but to be helpful in your development as a pediatric dentist. We are here to help you make our profession one of the best specialties out there. Your participation and input will help make the ROC-P better and keep it improving.

William A. Greenhill, DMD  
Union, KY  
Subcommittee Chair, ROC-P  
Board certified: 2001





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### Dr. Kelly Kim

Supported Pediatric Owner Dentist  
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## Congratulations to 2016 Multi-Year Grant Recipients

Healthy Smiles, Healthy Children's previous single year grantees, **Cook Children's Health Care System/Save a Smile** in Fort Worth, Texas, along with **St. Vincent de Paul Virginia G. Piper Medical & Dental Clinic (SVDP)** in Phoenix, Ariz., each were awarded multi-year Access to Care grants of \$375,000 (\$75,000 per year for five years). Each five-year grant carries \$75,000 annual commitments from FY 2017 through FY 2020.

Founded in June 2003, Save a Smile, by Cook Children's and the Children's Oral Health Coalition in Tarrant County, Dallas, Texas, has orchestrated dental care for the community's most underserved children. Children eligible for the program are pre-kindergarten to third grade at high risk for dental disease from schools pre-selected by the Save a Smile program and participating school districts. Cook Children's Health Care System/Save a Smile was awarded a Healthy Smiles, Healthy Children \$20,000 single year Access to Care grant in 2013.

Cook Children's mission emphasizes improving the health of every child in every region through prevention and treatment of illness, disease and injury. Volunteer dentists provide services and treatment to children in targeted schools at no charge.

Save a Smile's vision is to improve the overall health of children using oral health and community resources to create lasting change. Their mission is to provide a collaborative, community-based, volunteer-driven program that connects families to access to dental care for children who have severe oral disease or oral health problems. Their volunteer dentists and specialists have donated more than \$6.6 million in dental care to children in Tarrant County.

Among other needs, grant funding will provide an opportunity for a Save a Smile Coordinator, transportation for families who are unable to get to/from the dentists, oral health kits, print educational materials and reference materials. Grant funding will be used for supplies needed for oral health evaluations and for the development of a multilingual educational program that will be provided at school events such as parent/teacher association meetings, health fairs, and more.

The Society of St. Vincent de Paul Virginia G. Piper Medical & Dental Clinic's mission is dedicated to feeding, clothing, housing and healing individuals and families in our community who have nowhere else to turn to help. SVDP is a 2004 recipient of a Healthy Smiles, Healthy Children single year Access to Care grant of \$20,000. During June 1, 2014 – May 31, 2015, they were able to serve 1,704 children with 5,560 visits.



St. Vincent de Paul Clinic collaborates with school-based health organizations to develop comprehensive dental services for uninsured children throughout their school years. From 1996 to 2015, the SVDP staff dentist, volunteer dentists and dental students provided over 11,000 uninsured, low-income children with nearly 64,000 visits in the central Phoenix corridor.

All children begin dental care through the prevention services and are first seen by an Affiliated Practice Registered Dental Hygienist for cleaning, fluoride, sealants and education. They are then referred to the restorative program. Most patients have

had limited access to dental care prior to receiving school-based services and require multiple types of services.

Collaborating with the Chandler Unified School District (CUSD), St. Vincent de Paul would like to expand comprehensive preventive and restorative services to all uninsured low-income children in the District. CUSD serves over 41,000 elementary through high school students. It opened the Chandler Care Center (CCC) in 1995, as a family resource center for medical, dental, counseling and social services for the many uninsured and low income families.

Grant funding supports St. Vincent de Paul Clinic's long-term goals to duplicate the success of SVDP with school-based health centers by providing dental care for underserved children through involvement of volunteers in support of their community as well as create a valuable pediatric experience for fourth-year dental students. As a result, they plan to see an increase in dental visits, more children served and more children completing dental treatment plans.

#### PROVIDING A DENTAL HOME

Cook Children recently opened the state's first ever, fully integrated medical/dental home for indigent children which ensures families receive full care, regardless of their needs (medical, dental, social, financial). They help families enroll in CHIP or Medicaid, helping children become permanently connected with a dentist. Save a Smile emphasizes the importance of oral

care and provides the resources they need to obtain an ongoing relationship with a dentist. They offer an oral health kit which includes a list of dental resources.

Chandler Unified School District is committed to providing a dental home for the children who remain within their school district or reside in the city of Chandler. Chandler Care Center (CCC) is the physical location for medical, dental and social services, and families identify it as their healthcare home. The CCC clinic is the only clinic in the East Valley that provides no-cost dental services for uninsured children. They identify patients and affiliated dental hygienists and hygiene students provide preventive services through Dignity Health.

St. Vincent de Paul Clinic provides restorative dental services and coordinates dental services that cannot be provided at the CCC site with the main SVDP Clinic, such as endodontics, complex oral surgery and orthodontics. CCC coordinates 6-month recall visits with the preventive service. Chandler Unified School District provides preventive and restorative supplies. Incidental costs, such as insurance, are funded by SVDP Clinic.

Services are consistent, coordinated, and delivered supporting completion of the dental treatment plan in a timely fashion. This is accomplished by greater availability in appointments and reducing or eliminating the need for "wait lists," and scheduling priority for return patients.

To learn more about Healthy Smiles, Healthy Children grants, please visit <http://www.healthysmileshealthychildren.org>.

Satellite Symposium

## Zirconia Ceramics - New Horizons in Pediatric Dentistry Hands-On Workshop

Come early and learn the clinical skills you need to use zirconia crowns with confidence for your very next patient.

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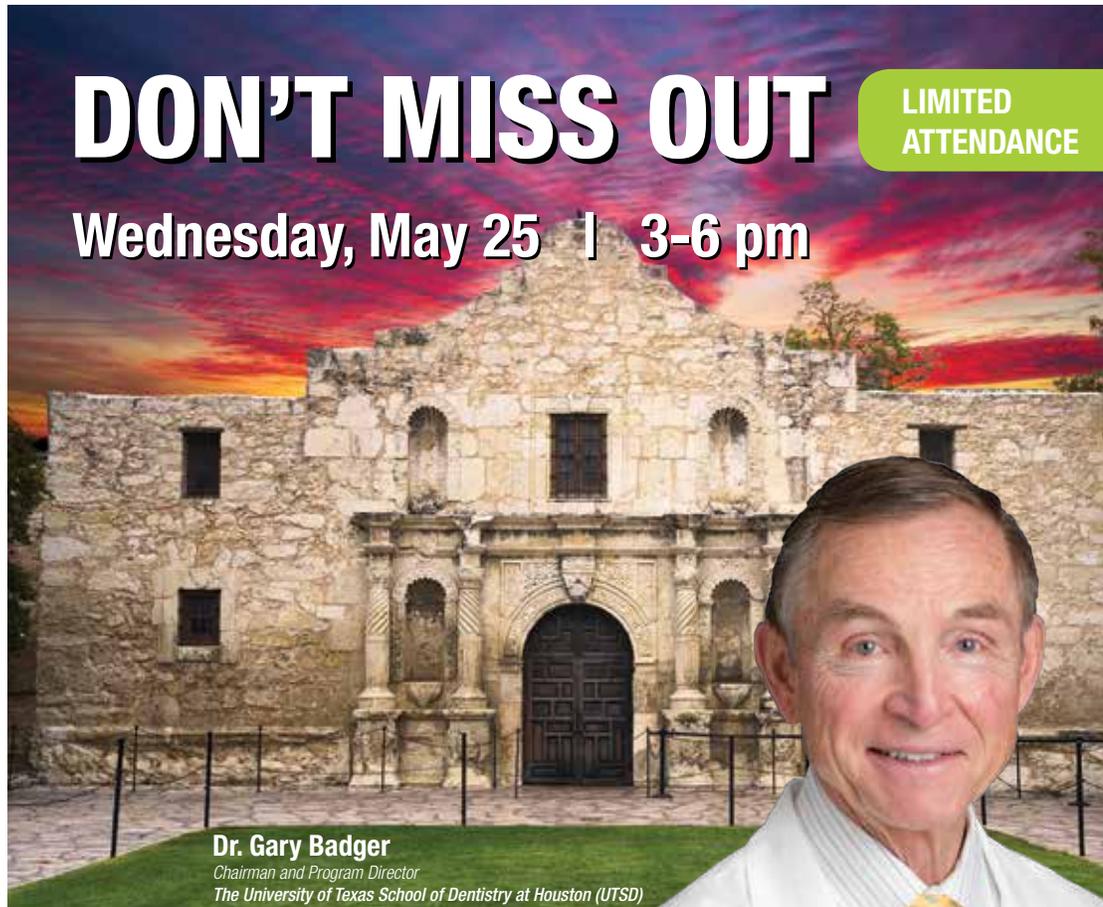
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## \$1 MILLION DENTAL HOMES CHALLENGE



An anonymous donor has pledged \$1 million to match every dollar donated or pledged to Healthy Smiles, Healthy Children now through June 30, 2016. Every dollar you give will be doubled, helping Healthy Smiles, Healthy Children double its efforts to help community-based organizations provide Dental Homes for children from families who cannot afford dental care.

**GIVE TODAY**

[healthysmileshealthychildren.org](http://healthysmileshealthychildren.org)

**Every child deserves a Dental Home.**

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

Your gift today will go twice as far so, please, be as generous as you can.



# Parents are Busy... You Could Be Too!

Social Media Brings New Patients



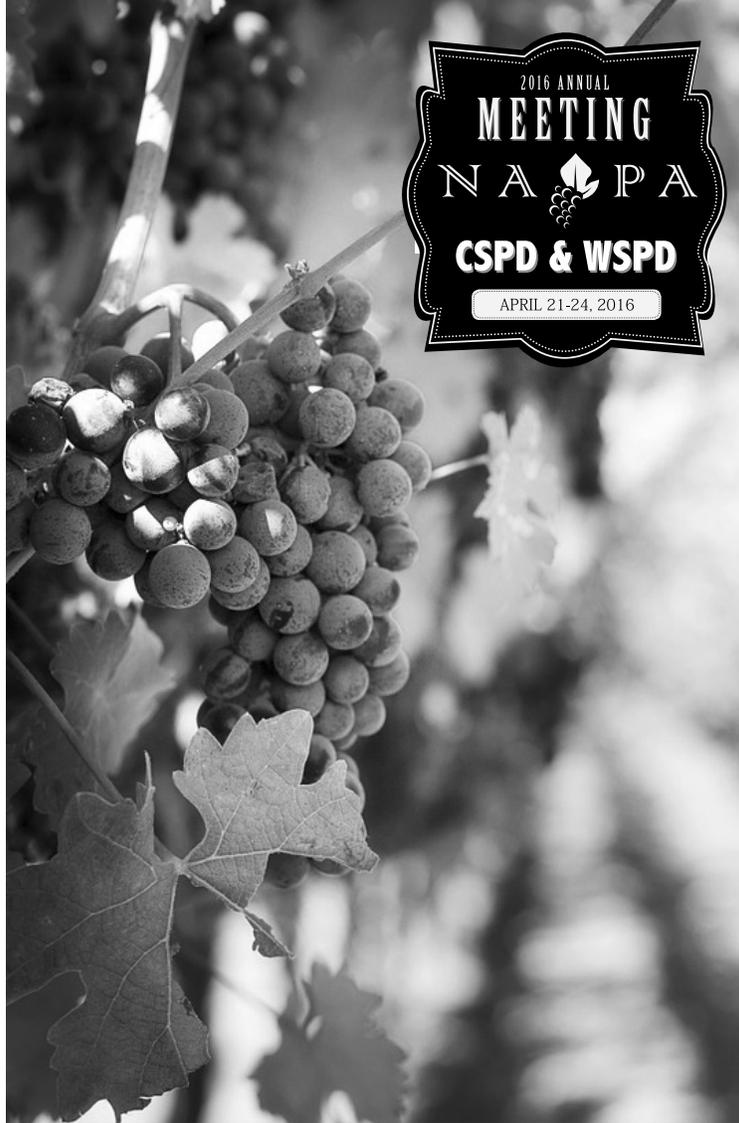
## Reach Parents When Kids Are in School

School is back in session and the holidays are around the corner. As busy as parents are, they are still making time for social media. Parents are on social networks such as Facebook, Google +, Twitter, Pinterest and more... and you should be too. Smile Savvy can help parents find your practice online.

### Our Packages Make Social Media Easy

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Hitch a ride on Napa's famous Wine Train! Enjoy the best view Napa has to offer as it travels from the Napa Valley to Calistoga while eating a three-course gourmet meal.

Visit one of the many vineyards and wineries the Napa Valley has to offer.

FORE! Play golf at two of the area's premiere golf courses at the Silverado Resort & Spa. Redesigned by PGA Hall of Famer Johnny Miller, both courses feature dozens of water crossings, elevation changes and routing through historic oak trees.

Relax at Silverado's Day Spa, while you get a massage or enjoy some peace and quiet by the spa pool.



## TOPICS & WORLD RENOWNED SPEAKERS

**"The Behavior Symposium: Assessment, Intervention and Restraint of "Uncooperative" Child Behavior in the Invasive Context"** Speakers: Dr. Gerald Wright, Dr. Man Wai Ng, Dr. Gary Walco and Dr. Dennis Nutter

**"Pediatric Periodontal Disease: A Review of Cases and Dental Acid Erosion: Identification and Management"** Speaker: Dr. Martha Ann Keels

**"Minimally Invasive Techniques in Pediatric Dentistry"** Speakers: Dr. Man Wai Ng and Dr. Francisco Ramos

**"Monitored Anesthetic Care in Pediatric Dentistry"** Speaker: Dr. Stephen Wei

**Resident Poster Presentations:** See the future of pediatric dentistry live in action at our poster presentation session. This session features a range of studies completed by current residents from the Western District and California programs.

## NEW OPPORTUNITIES THIS YEAR



- ✓ CSPeD Talks - hear innovative approaches in clinical practice from experts.
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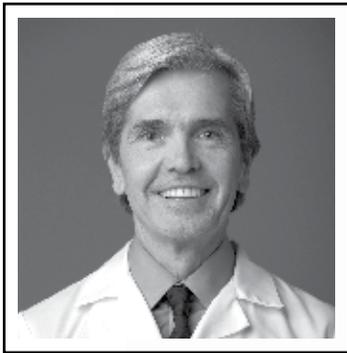
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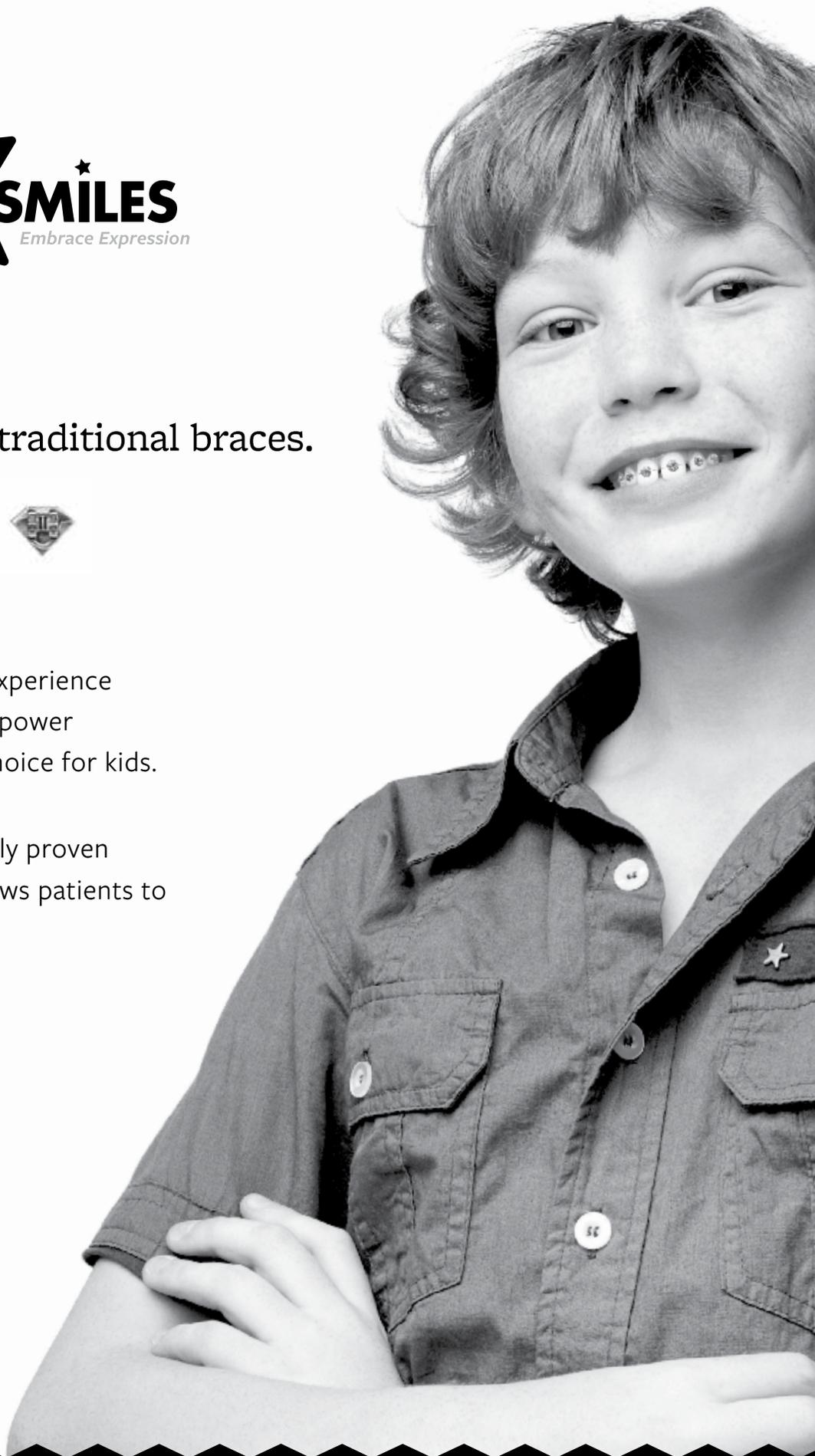
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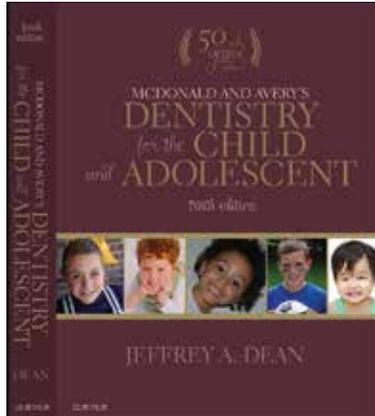
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**November 1-5, 2016**

**Downtown Indianapolis, Indiana**

**20 CE Credits Available**

For experienced pediatric dentists who provide state-of-the-art, high-quality care to their patients, this mini-residency is an intensive multi-day program of case-based instruction, laboratory simulations, and inclusive activities led by the respected faculty of the Indiana University Schools of Dentistry and Medicine.

The foundation of this course will be the 50th Anniversary 10th Edition of McDonald and Avery's Dentistry for the Child and Adolescent, and all attendees will receive a print copy of the new text.

Classroom sessions and lodging are located at the historic Columbia Club in beautiful downtown Indianapolis.

Course fee includes all classroom exercises, supplies, and two evening events, as well as breakfast and lunch each day.

For additional information and registration, visit us at:

**<http://mrpd.dentistry.iu.edu>**



*"It was a very supportive learning environment. I would definitely recommend this course to my colleagues."*  
-2015 Participant



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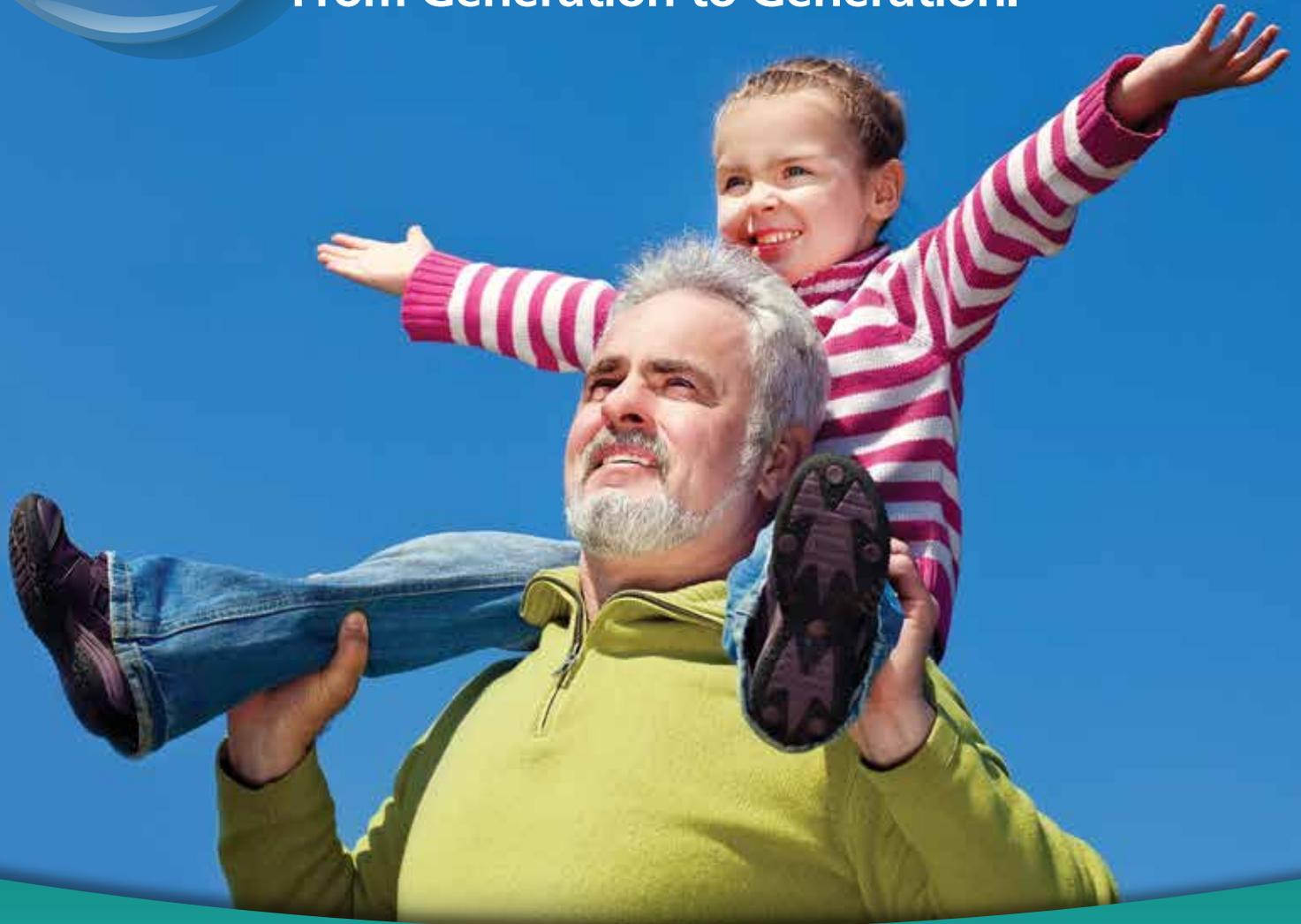
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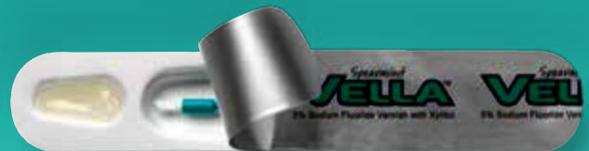
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# Opportunities

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

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**FLORIDA—TAMPA BAY/CLEARWATER/ST PETERSBURG.** Outstanding opportunity for Pediatric Dentists. We are a private group practice of Orthodontists and Pediatric dentists looking for the right person to join our expanding group practice. We have a full time Pediatric dental associate position immediately available with a path for partnership. We are located in beautiful Tampa Bay, Fla with six locations throughout Hillsborough (Tampa) and Pinellas (St Pete/Clearwater) County. Must be committed to excellence in patient care and service, and working in an office culture of fun and positive

enthusiasm. We are passionate about serving our community and creating the best place to work as a staff member and doctor. Our new associate will earn a minimum of \$200,000.00 base on a 200 days/year, or 30% of production, whichever is greater. This new position provides the opportunity to practice all aspects of Pediatric dental care at its highest levels; including oral sedation, in-house pediatric anesthesiologist for IV sedation, and hospital dentistry. By the end of the first year, the right doctor(s) should be earning in excess of \$300,000.00 plus great benefits. Additionally, the position offers comprehensive benefits (including cell service) license fees, and insurance. For more information on this truly special opportunity, please contact: [info@mcdowellorthodontics.com](mailto:info@mcdowellorthodontics.com). Looking forward to hearing from the right person soon!

**FLORIDA—VERO BEACH.** Indian River County is the perfect destination for your next job. We enjoy a moderate climate and miles of Atlantic Ocean beaches with an array of recreational activities including sports and boating. Add an excellent school system, museums, theaters, restaurants, night spots and shopping and you have a great location to live and work. Bring your pediatric dental skills to our friendly, caring group practice. Full and part time applicants will be considered. Current staff specialties include General Dentistry, Prosthodontics and Oral Surgery. Registered Dental Hygienists and Dental Assistants support the dental provider staff in fully equipped operatories in two locations - Vero Beach and Fellsmere, Florida. TCCH utilizes an electronic health record and training will be provided for the applicant. The ideal candidate will be a graduate of an accredited Dental School, licensed in the State of Florida, with Board Certification preferred. We're looking for a skilled pediatric dentist with an excellent bedside manner who can relate to children as well as their parents. For more information please contact [chyde@tchinc.org](mailto:chyde@tchinc.org).

**HAWAII—WAIANAЕ.** Largest community health center in Hawaii is seeking a Pediatric dentist who enjoys making a difference in the lives of children in our community. The Waianae Coast Comprehensive Health Center is located on the western coastline of Oahu approximately 30 miles from Honolulu. It is a clinical residency site that also provides opportunities to mentor other dental professionals if desired. If you are looking for a chance to work in the islands and have an active US dental license from any state, you may qualify to work here. New graduates welcome. NHSC loan repayment site. Comprehensive benefits including life, health, dental, and vision insurance, defined contribution plan, 403(b) plan, paid time off, and CE benefits. For a confidential interview, please email [DFujit@wccch.com](mailto:DFujit@wccch.com). Proof of completion from an accredited ADA Pediatric residency program required. Possession of an active dental license to practice in the State of Hawaii or be a U.S. dental graduate who meets eligibility requirements for a Community Service Dental license (refer to [hawaii.gov/dcca/pvl/boards/dentist](http://hawaii.gov/dcca/pvl/boards/dentist)). Current DEA and Hawaii State Narcotic Registration. PALS or BLS certification, if not in possession at time of employment, is required within 3 months of hire. Must possess a valid driver license.

**ILLINOIS—CHICAGO.** Webster Dental Care is seeking a full time pediatric dentist to join our group of general and specialty dentists in the Chicago area. You would be working in 3 of our modern, well run offices. We have been named a Top Workplace by the Chicago Tribune five years in a row. Pay is based on a percentage of collection with a guarantee minimum of \$800 per day on an annualized basis. Our needs are for late February, 2016. Please contact Dr. Steve Rempas by email: [webdental@aol.com](mailto:webdental@aol.com). You must be a licensed dentist in the state of Illinois and either have your specialty license or be eligible and in the process of getting it.

**ILLINOIS—GLEN ELLYN.** Energetic, fun, busy pediatric dental practice in the western suburbs of Chicago needs new owner-pediatric dentist. Office: 2nd floor of dental-legal bldg.; general dentist 1st fl, omfs 3rd fl. 2300 sq ft. 6 open bay & 2 private ops. 3600 active patients. 40+ new pts/mo. Recent conversion to Eaglesoft/ EHR. No Medicaid, DMO, HMO. Yes, PPO. Over a million gross for last 5 years. Staff: ofc mgr/OR coordinator, 2 receptionists, 5 PT RDHs, 3FT DAs, 1 PT DA. Owner has hospital privileges at 2 hospitals & surgery center. In-office GA provided by dentist-anesthesiologist. Teaching opportunities at UIC & Midwestern Dental Schools, and College of DuPage dental hygiene programs. Owner transitioning to a career in academia in another state & must sell by June 2016. Owner willing to stay & facilitate transition until June. Must have graduated from a US accredited pediatric dental residency & dental school. Board eligible. For more information please contact [kkirtland@yahoo.com](mailto:kkirtland@yahoo.com).

**ILLINOIS—NAPERVILLE.** Fantastic Future Now! Careers for Pediatric Dentist in a multi specialty

dental practice. Our large Multi specialty Practice has an immediate opportunity for a Board Certified Pediatric Dentist. The Pediatric Dentist will provide dental care for infants, children, and adolescence. The Pediatric Dentist should be comfortable working with young patients and enjoy providing excellent patient care to children in a loving comforting way. The parents in our practice are as equally important and must have a fully understanding of the treatment being provided to their child. Why Chose A Multi Specialty Practice? For many reasons, including these: Our Specialty Team includes the finest specialists in the industry, including faculty from previous dental educational centers. Our commitment to developing the strengths and abilities of our Specialists and providing high quality of care and safety to our patients is our standard. Our Multi Specialty Practice located in beautiful downtown Naperville has a large and diverse pediatric patient population, including special needs children. - you will enjoy great opportunity for professional growth and financial reward by treating such a large, diverse group, and you will enjoy the satisfaction of improving the health and the lives of the children for whom you provide care.

**ILLINOIS—NW SUBURBS CHICAGO.** Looking for a new or experienced pediatric dentist to join our successful multipractice/specialty office. Excellent compensation (300k +) in this high tech, modern office that sees no HMO or state insurance. Inquire/send resume and photo for more details. Must be a pediatric dentist who is licensed to practice in IL and has successfully completed a 2 or 3 year residency program. For more information please contact [mclittleteethRus@gmail.com](mailto:mclittleteethRus@gmail.com).

**INDIANA—INDIANAPOLIS.** Growing children's practice in Indianapolis is seeking both a part-time and/or full-time Pediatric Dentist and Hygienist to join our professional team. Positive, caring attitudes, exceptional communication skills, and the desire to make a difference are a must. We offer competitive salary and a great benefits package, great environment and state of the art equipment. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity please contact Dr. Taylor at (317) 968-9700 or email [jtaylor-dds@caringsmiles4u.com](mailto:jtaylor-dds@caringsmiles4u.com).

**KENTUCKY.** Are you looking for a great work/life balance? Interested in having enough time off to travel the world and enjoy your life? Pediatric dental office with a second location opening in 2016 is seeking a talented, kind, enthusiastic pediatric dentist for an associate position with future buy-in for the right candidate. Practice includes children and also adults with special healthcare needs, sedation protocols, hospital-based dentistry and innovative practice promotion. Work in an office with modern equipment, excellent materials and an extremely capable and well-trained support staff. Balance your work life by living in a community with a low cost of living, fun outdoor activities and only an hour's drive from a major airport. Work with a pediatric dentist who is skilled in mentorship and will help you grow and develop into the pediatric dentist you want to be. Excellent compensation package for a Board-certified or Board-eligible pediatric dentist. Interested candidates please email your C.V. and cover letter to [kenzie.d.jessup@gmail.com](mailto:kenzie.d.jessup@gmail.com) At the core of our dental practice is a friendly team of pediatric dental professionals that are dedicated to our patient's utmost comfort and optimal oral health. We view



NYU LUTHERAN DENTAL MEDICINE  
Postdoctoral Dental Residency Programs



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## ANNOUNCING PEDIATRIC DENTISTS... PRACTICE OPPORTUNITIES — FACULTY OPENINGS

ALASKA • ARIZONA • CALIFORNIA • FLORIDA • HAWAII • MARYLAND • MASSACHUSETTS • MISSOURI  
• NEW YORK METRO AREA • RHODE ISLAND • TENNESSE • WASHINGTON STATE

Since inception in 1994, our ADA/CODA accredited two-year Pediatric Dental Residency Training Program has been committed to providing oral health services to the most vulnerable children in the United States and around the globe. Our pioneering model of dentistry without walls has established training sites through partnerships with Community Health Centers (CHCs), School-Based and Community Outreach Programs.

**JOIN OUR FACULTY TODAY!**

**Full-Time & Part-Time**  
•••••  
**Time commitments tailored to your needs**  
•••••  
**Faculty Benefits: Competitive salary & benefits, loan repayment and continuing education available**

**FACULTY POSITION REQUIRES:**

- Completion of an ADA-accredited pediatric dental residency program
- Training in the care of patients with special health care needs
- Providing direct clinical services
- Supervising dental residents
- Commitment to evidence-based teaching and practice
- Interest in an innovative teaching environment
- Eligibility for dental licensure in the State of the training site location

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

DAVID OKUJI, DDS, MBA, MS  
ASSOCIATE DIRECTOR, PEDIATRIC DENTISTRY  
[David.Okuji@LutheranDental.com](mailto:David.Okuji@LutheranDental.com)  
Phone: 617-903-7117

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MARGARET K. MASON, DMD  
VICE PRESIDENT, SENIOR ADMINISTRATOR  
[Margaret.Mason@nyumc.org](mailto:Margaret.Mason@nyumc.org)  
Phone: 718-630-8524

each patient as a unique individual, and tailor each treatment to their specific needs.

**MARYLAND—HAGERSTOWN.** We are looking for a motivated, caring, and friendly Pediatric Dentist to join our practice. We are well established Pediatric office with location in Frederick and Hagerstown. We offer in-office oral sedation (class 1 permit) and General Anesthesia in FMH hospital. We offer competitive salary for the right part-time dentist to join our ever growing practice. Please e-mail your resume to [mcamacho@fpdentistry.com](mailto:mcamacho@fpdentistry.com).

**MARYLAND—WALDORF.** We are seeking a highly qualified pediatric dentist to join our multi-specialty practice in Waldorf, Maryland. This is a full-time position, working in a facility which has all the major specialties providing comprehensive patient care and the support necessary to be very successful. We need someone who has an enthusiastic and professional demeanor compatible with a large group practice and whose focus is on providing the best in patient care. This is a great opportunity, with an established patient base, in one of the best communities in Maryland. At Fusion Dental, we offer an excellent benefit package which includes a 401k with employer match, health, life and professional liability insurances and a professional work environment. Visit our website at [fusiondentalgroup.com](http://fusiondentalgroup.com) to learn more about our facility and doctors. Contact Kate Anderson by email at [kateanderson@amdpi.com](mailto:kateanderson@amdpi.com) or by phone (781)213-3312 for more information about this opportunity. D.D.S./D.M.D., Certificate in Pediatric Dentistry, MD State Dental License or eligibility.

**MASSACHUSETTS—PITTSFIELD.** We offer an excellent opportunity for a pediatric dentist to join a successful, growing, well-respected pediatric dental practice. We have a family-oriented community located in the Berkshires of Western Massachusetts where arts and culture abound as well as a multitude of outdoor activities. We seek a full-time associate with rapid partnership potential. Must be skilled, ethical, gentle and caring as well as board eligible/certified pediatric dentist. New graduates are welcome! Our area still presents a high rate of early childhood decay, so there is work to be done. We are turning away many new patients daily because we are too busy! We are state-of-the-art, chartless and all digital (including digital pan/ceph). We offer a four day work week including some hospital dentistry, excellent benefits package and base salary. If you are looking for a long-term career opportunity with a chance to really make a difference in the lives of children, email your resume to [DrLisa@childrensteeth.com](mailto:DrLisa@childrensteeth.com).

**MISSOURI—KANSAS CITY.** Exciting opportunity for the "go getter" in a small pediatric practice with HUGE growth potential. Current dentist is relocating out of state, but willing to hire the right person to continue care to existing patient base. Office has 3 open bay chairs and 2 private treatment operatories in southern part of the city. Office has been serving the KC community for over 20 years. Primary responsibilities will be patient care. I am looking for the right person who is willing to start a little slow as the practice is shifted for regrowth. If you are looking to work in a growing practice without the headache of ownership this could be the ideal opportunity for you. Office is also ready to expand to another suburban location. You will be instrumental in helping this happen. Office is currently open 4 days a week with no weekend hours. Local children's hospital offers O.R. opportunity for

patient care. There is flexibility in the schedule for the right candidate. We will be excited to hear from you to give you more information! Please contact Dr. Simmons at [HarmonySmiles@sbcglobal.net](mailto:HarmonySmiles@sbcglobal.net) or (816)753-0377 Prefer pediatric dental specialist. Must be licensed or able to be licensed in Missouri. Must be Happy! Must remember that kids are just little people & need respect too.

**NEW HAMPSHIRE—CLAREMONT.** We are looking for a Pediatric Specialist to become part of our dedicated and fun loving team. Position is open to new or recent graduates as well as experienced clinicians. Our practice has been providing dental care to the children of the beautiful Connecticut River Valley of Vermont & New Hampshire for over 38 years. The office is fully digital, paperless and set in a delightfully comfortable, relaxed and low stress environment that is ideal for providing compassionate and quality dental care. We currently have a large, established and continually growing patient base so earnings potential is limitless working on a production basis. Position is for a full-time associate with an exciting opportunity to discuss ownership possibilities. Please email your cover letter, C.V. and any questions you may have to [resumes@spencedental.com](mailto:resumes@spencedental.com) so you may realize your dream of living, working and playing in an absolutely charming and beautiful part of New England. Pediatric Specialist must have graduated from an accredited pediatric dental residency program.

**NEW HAMPSHIRE—GILFORD.** Our busy and continually growing state-of-the-art pediatric practice seeks motivated and compassionate pediatric dental associate to grow with our high demand of patients. Our Gilford practice is located in the heart of the Lakes Region, our Plymouth practice is centrally located in the White Mountain Region and our Littleton practice in the North Country. These locations are ideal for someone looking for it all! Lake and Mountain living with convenient access to Boston and the Seacoast. Come join a highly trained compassionate and enthusiastic dental team that parents and patients love! Both practices offer advanced technology, top notch equipment and office décor our patients can't stop talking about! This practice is without a doubt one-of-a-kind! We offer generous pay and a flexible schedule. For more information about this position e-mail [drkennell@childrensdentistnh.com](mailto:drkennell@childrensdentistnh.com).

**NEW JERSEY—PHILADELPHIA AREA/CHERRY HILL/VOORHEES/SOUTH JERSEY AREA.** Excellent opportunity for a Pediatric Dentist to join as a part time associate in a highly successful, well respected and rapidly growing state of the art pediatric dental office in an upscale neighborhood. If desired opportunity for general anesthesia and IV sedation is available. VERY COMPETITIVE, excellent compensation! Check out our website at [www.abcchildrensdentist.com](http://www.abcchildrensdentist.com) Please contact Dr. Jeffrey Singer at (856)783-3515 or email me directly at [jeffreysingerdmd@gmail.com](mailto:jeffreysingerdmd@gmail.com). Must be a Pediatric Dentist, having graduated from an accredited program.

**NEW JERSEY—WEST DEPTFORD AND SEWELL.** Seeking an associate pediatric dentist interested in a path to partnership in our well established (over 40 years) pedo/ortho practice. We are looking for a passionate and caring practitioner to be a leader for the pediatric practice, team and community. We treat children from many backgrounds serving both the private insurance sector to State Insurance plans. Our office utilizes

digital radiographs & state-of-the-art equipment in a beautiful comfortable environment. Comprehensive benefit package, with licensure and malpractice insurance provided. Salary is based on production, NOT collection. Join our team for a rewarding lifestyle and the knowledge that you will be secure in a job which will fulfill you and provide a solid future for yourself and your family. Certificate from Board certified Pediatric Dental Post Grad Program as well as a current and valid state dental license.

**NEW JERSEY.** \*\*Outstanding opportunity for Pediatric Dental Associate in well established Pedo/Ortho practice.\*\* We are a well respected private practice looking to fill a full-time or part-time position, with partnership potential. Comprehensive benefit package available. Please email resumé and C.V. for consideration. For more information please contact [info@njsdmd.com](mailto:info@njsdmd.com).

**NEW YORK—JEFFERSON VALLEY.** Part-time and Full-time Pediatric Dentist wanted for growing, state of the art, progressive Pediatric Dental office in the Hudson Valley of New York. We presently occupy two locations in Westchester and Dutchess Counties of New York. We are seeking qualified Pediatric Dentist with exceptional communication and clinical skills. Paperless office, soft tissue lasers, orthodontics and in-house general anesthesia offered to patients. Please email resume to: [resume@valleypediatricdentistry.com](mailto:resume@valleypediatricdentistry.com) Completed Pediatric Dentistry residency program. Board eligible Pediatric Dentist. NYS License.

**NEW YORK—MASSAPEQUA.** Our rapidly growing pediatric dental practice is currently looking for a dedicated, hard working, pediatric dentist to join our team. The ideal candidate would care about providing quality dental treatment in addition to being very compassionate and kind to all of our patients. We are looking for someone who is open to being mentored and looking to be with the practice for many years to come. Our office has been in existence for 25 years and is still growing strong! We are located in the heart of Massapequa. We have a high number of new patients each month in addition to our busy recall system. Our office was built 6 years ago and is state of the art. We have 9 operatories, each equipped with nitrous oxide. We perform treatment under IV sedation each week. The position is FULL TIME. If you are interested in becoming part of our team, please contact Donna by sending your resume to [donna22thatbroadwaysmile@yahoo.com](mailto:donna22thatbroadwaysmile@yahoo.com).

**NORTH CAROLINA—WINSTON-SALEM.** Excellent opportunity for a motivated pediatric dentist in a state-of-the-art pediatric dental practice. We are a thriving, well respected, high quality pediatric dentistry practice located in a professional Medical Park in the Piedmont Triad of North Carolina. We have an exceptional, experienced, multi skilled team to support patient care in our 15 chair child friendly office. We are a fee for service practice and are looking for a skilled pediatric dentist dedicated to providing the highest care in a fun, caring environment. Please send cover letter and C.V. to 185 Kimel Park Drive suite 202, Winston-Salem, North Carolina 27103. Attn: Office Manager.

**NORTH CAROLINA—WINSTON-SALEM.** Excellent opportunity for a motivated part-time pediatric dentist in a state-of-the-art pediatric dental practice. There is strong potential leading to a full-time associate position. We are a thriving, well respected, high quality pediatric dentistry practice located in a professional Medical Park in the Piedmont Triad of North Carolina. We have

an exceptional, experienced, multi skilled team to support patient care in our 15 chair child friendly office. We are a fee for service practice and are looking for a skilled pediatric dentist dedicated to providing the highest care in a fun, caring environment. Please send cover letter and C.V. to 185 Kimel Park Drive suite 202, Winston-Salem, North Carolina 27103. Attn: Office Manager.

**OREGON—BEND.** Bluefish Dental & Orthodontics, a children's specialty dental clinic located in Central Oregon, is expanding our multi-disciplinary practice and recruiting for an individual interested in making a long-term commitment to our team and community. The ideal candidate is a pediatric dentist or dual-certified pediatric and orthodontic specialist willing and capable of providing pediatric services and participating in orthodontic care for our patients. An inherent sense of play and the ability to lead and inspire without judgement are critical. Someone who loves to learn and explore possibilities would be a great fit at Bluefish. About Bluefish: We are an education-based interdisciplinary practice with locations in Bend and Redmond, OR. >We utilize innovative strategies to combat caries, such as the use of silver diamine fluoride and glass ionomer ITRs in addition to conventional treatment. We believe in empowering our staff to make a difference in the quality of understanding and care our patients receive. We have a diverse patient population both culturally and socio-economically. Our practice blends fee-for-service, Medicaid and pro-bono care proudly. We are intimately involved in preventive measures throughout the community and are known for our commitment to improving oral health care in kids throughout Central Oregon. Inquiries: Catherine Quas, D.M.D. (Bluefish Dental & Orthodontics) (541) 317-1887 or [info@bluefishdental.com](mailto:info@bluefishdental.com).

**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. We have a strong presence in our small state, which compliments our positive reputation. Part-time position leading to full time/ partnership track. We have two modern offices equipped with the latest digital technology including all digital radiographs. Our offices are located near beaches, a major Ivy League institution, and the culture and diversity of Providence, RI. To find out more information about our office, please contact Craig Elice at [ceelice@comcast.net](mailto:ceelice@comcast.net). (401) 463-5540 Board eligible Pediatric Dentist with good people skills.

**SOUTH CAROLINA—COLUMBIA.** Excellent opportunity to join a well respected practice that is consistently booked out several months. Need an associate to replace retiring dentist so will be very busy immediately. Income potential is great. This office has all the latest technology- paperless, digital x-rays, etc. OR cases are done at nearby hospital and surgery center. Great relationships with all the Pediatricians in the area. This is not a corporation so there will not be anybody looking over your shoulder. Full time position, guaranteed base salary of \$1000 per day or 35% on collections whichever is greater. Paid Malpractice. Health Insurance. 401k Retirement. CE/ Professional Membership Stipend (\$1200). Paid vacation. Relocation fee (\$2500). Columbia is a very welcoming city that has great weather that allows for outdoor activities year round. There is a large beautiful lake close by which is great for boating, fishing and water sports. Columbia has a low cost of living, affordable housing and great

schools and colleges nearby. The beautiful beaches of South Carolina and the Blue Ridge Mountains are just a short drive away. 1 year experience in private practice. For more information please contact [ells3dmd@gmail.com](mailto:ells3dmd@gmail.com).

**SOUTH CAROLINA—COLUMBIA & FLORENCE.** ENDLESS income potential!! Growing private, pediatric dental offices have immediate openings for full time Pediatric Specialists. We currently have two practices; one in Columbia and another in Florence. Positions available for the both locations. Dedicated, competent staff. Enjoy the Capital city, the beach or the mountains in our beautiful state. VERY Competitive Salary & 401(K) offered. Please send C.V. to [raneemoore@yahoo.com](mailto:raneemoore@yahoo.com). To learn more about our practice, please visit our website at [www.northeastchildrensdentistry.com](http://www.northeastchildrensdentistry.com).

**SOUTH CAROLINA—GREENWOOD.** Excellent opportunity to be the main dentist in this brand new office. This office has all the latest technology- paperless, digital x-rays, etc. OR cases can be done at nearby hospital. This is not a corporation so there will not be anybody looking over your shoulder. There is very little competition in the area so this is an excellent opportunity for a prosperous future. Full time position. Guaranteed base salary of \$1000 per day or 35% on collections whichever is greater. Paid Malpractice. Health Insurance Stipend. CE/ Professional Membership Stipend (\$1200). Paid vacation. Relocation fee (\$2500). Greenwood is a growing city that has great weather that allows for outdoor activities year round. The city has a large beautiful lake which is great for boating, fishing and water sports. Greenwood is a very welcoming community that has a low cost of living, affordable housing and great schools and colleges nearby. The beautiful beaches of South Carolina and the Blue Ridge Mountains are just a short drive away. 1 year experience in private practice. For more information please contact. [midlandsdentalgroup1@gmail.com](mailto:midlandsdentalgroup1@gmail.com).

**TEXAS—AMARILLO.** Great opportunity for the right person. Very Successful Pedo/Ortho private practice is looking to add a Pediatric dentist to team of specialists. We have a wonderful facility and a booming practice. Great place for family oriented lifestyle. We are looking for an associate with future potential for equity partnership. Check our website or contact us directly. [Amarillopediatricdentistry.com](http://Amarillopediatricdentistry.com). [Shanemoore@suddenlink.net](http://Shanemoore@suddenlink.net). Amarillo Pediatric Dentistry & Orthodontics Facebook. Texas dental license. Pediatric dentist board eligible for AAPD.

**TEXAS—ARLINGTON.** Located in the heart of the DFW area surrounded by lots of entertaining venues. From the Dallas Mavericks, Dallas Stars, Dallas Cowboys, Texas Rangers and FC Dallas Soccer to the Texas Motor Speedway, Lone Star Park Horse Racing Track, Six Flags over Texas and much, much more. Come see what Texas has to offer! We are seeking energetic pediatric dentists with sedation certification who are serious about joining our well respected and successful practices for a long term career and buy-in. We are located in North, Central and South Arlington/Mansfield and are looking for someone to live in this area to help continue to grow the practices and become part of the community. All of our practices are open bay concepts with private sedation rooms. Parents remain in the waiting area during the children's visit. Each location is chartless with DOX Structured Charting and utilizes digital radiographs. We offer conscious sedation, hospital dentistry and in-office IV sedation

with a pediatric anesthesiologist. We accept private pay and are in network with most PPO insurance plans, Medicaid, Chips and offer in-house financing options. Our strong administrative and clinical team are all looking forward to a new face joining the team. We offer a competitive compensation with a minimum base salary or 35% of restorative PRODUCTION (whichever is greater of the two) for the first year. Some of the benefits are paid vacation, paid Malpractice and paid CE's. We would be pleased to talk to you about an opportunity with our practices. If you are interested to work and live in the Arlington/Mansfield area, please call or email our business manager, Martha Burkhart, at 817-478-2300 or [martha@fundentist.com](mailto:martha@fundentist.com). For more information about our practices, dentists, team and locations, visit our website at [www.fundentist.com](http://www.fundentist.com). We look forward to hearing from you! Thank you. Drs. Hyde, Bailey & Miller Sedation certificate.

**TEXAS—AUSTIN.** PEDIATRIC DENTIST AUSTIN, TX - Pediatric Dental Practice, located in and around the Austin area, is looking for a Pediatric Dentist to join our team. We offer a comprehensive compensation package. New grads welcome to apply. Please e-mail C.V. to [Joinourpractice@yahoo.com](mailto:Joinourpractice@yahoo.com).

**TEXAS—AUSTIN AREA.** We seek an enthusiastic and caring Pediatric Dentist to join our Pedo/Ortho practice. Our philosophy is to treat our patients as if they were family. The office has digital x-rays and great staff who puts the needs of the patients first. We provide treatment with nitrous oxide, oral sedation, IV sedation and hospital dentistry. We currently have 3 offices in the Austin area and have 2 full-time Board Certified Pediatric Dentists and one Board Certified Orthodontist. Our offices are growing and we are looking to share this growth with right colleague. Full-time and part-time position available. We offer competitive guaranteed salary plus percentage of production. Please submit inquiries to [zoso205@hotmail.com](mailto:zoso205@hotmail.com).

**TEXAS—HOUSTON.** Great opportunity for a motivated pediatric dentist to provide care in a rapidly expanding pediatric dental practice. Wonderful staff, great locations and the latest in technology. Excellent compensation and earnings potential based on monthly production. For information or consideration please email resume to [jack.castle@lovettdental.com](mailto:jack.castle@lovettdental.com) and visit [www.lovettdental.com](http://www.lovettdental.com).

**TEXAS—KILLEEN.** Carus Dental, established in 1983 in Austin, TX, has always been committed to the traditional doctor-patient relationship and to the highest quality in dental care and service. We currently have 55 doctors on staff across our 24 practices in Austin, Houston and Central Texas. We offer dental services in general dentistry, oral surgery, orthodontics, pediatric dentistry, endodontics, and periodontics in some or all of our practices. Carus Dental has been accredited by the Accreditation Association of Ambulatory Health Care since 2000. We are actively seeking Full-Time PEDIATRIC DENTIST for our Pediatric Specialty practices in Temple and Killeen four days per week. We offer a competitive salary, and excellent benefit package including a 401k, health insurance and a professional work environment. Interested candidate please contact Kate Anderson: [kateanderson@amdpi.com](mailto:kateanderson@amdpi.com) or at 781-213-3312. D.D.S./D.M.D., Certificate in Pediatric Dentistry, TX State Dental License or eligibility.

**TEXAS—MIDLOTHIAN.** Pediatric Dentist needed for busy practice in DFW area. Part-time or full-time. For more information please contact [shellyclark@pobox.com](mailto:shellyclark@pobox.com).

**TEXAS—SAN ANTONIO.** Excellent opportunity for an enthusiastic board-eligible or board-certified pediatric dentist to join San Antonio's most exciting and fun-loving dual specialty pediatric dental and orthodontic practice. We are looking for someone to part of something as extraordinary as the children we treat! Our ideal pediatric dentist is personable, enthusiastic, caring and most importantly, someone who loves what he or she does. We make it our mission to treat our patients as if they were our own family and to make dentistry educational and fun. The office has state-of-the-art equipment including digital radiographs and electronic treatment records. You'll love working with doctors and well-trained staff who are focused on consistent quality care and take pride in delivering dental treatments that leave kids smiling! The part-time position is perfect for the semi-retired dentist or anyone looking to start a new practice. For more information on becoming a part of the CDO Family, please feel free to check out our website at [www.cdosmiles.com](http://www.cdosmiles.com).

**TEXAS—WAXAHACHIE.** Full or part time position for Pediatric Dentist in Dallas area. Please send C.V. to [ousleydental@sbcglobal.net](mailto:ousleydental@sbcglobal.net).

**VIRGINIA.** We are seeking a highly motivated, compassionate pediatric dentist with excellent clinical and communication skills. This is a great opportunity to associate with a thriving, state-of-the-art pediatric dental practice in central Virginia. Responsibilities: • Provide patients with quality comprehensive dental care and ensure superior patient satisfaction • Thoroughly and efficiently perform clinical dentistry functions including assessing the patients' dental needs and formulating individualized treatment plans • Provide treatment to manage and/or eliminate dental disease, restore tooth function and aesthetics, and prevent future disease and/or decay Qualifications: • Degree from accredited dental school and pediatric residency program • Current specialty pediatric dental license valid in Virginia • Current federal DEA registration • Board-certified or eligible preferred. • Excellent communication, interpersonal and team building skills • Ability to handle multiple tasks • Ability to work well independently and with others in fast-paced environment. This is a full-time associate position with very competitive compensation and benefits. Applicants are invited to email their resume to [dentaljobva@gmail.com](mailto:dentaljobva@gmail.com).

**WASHINGTON—SEATTLE.** Seattle Metropolitan Area large Pediatric group is looking for a Board Certified/Board Eligible Pediatric Dentist to join our Tacoma location. We are looking for an experienced provider with a partnership track position who is able to work independently and be responsible for all clinical aspects of the practice. Competitive salary plus benefits. Our group has an unlimited access to the Surgical Center where we perform 120+ GA cases per month. We are looking for a good bed side mannered candidate who is proficient in all treatment modalities including conscious sedation, GA, and non pharmacological behavior management. Please email us to inquire more about the position and schedule an interview. WA state license is required. Board Certified/ Board Eligible Pediatric Dentist. WA state license. 2+ years of experience. For more information please contact [peditricdentalrecruit@gmail.com](mailto:peditricdentalrecruit@gmail.com).

**WASHINGTON—KENNEWICK / RICHLAND.** Excellent opportunity to join our wonderful practice in sunny South-Eastern Washington. The Tri-Cities (Kennewick, Richland, Pasco) boast over 300 days of sunshine with easy access to boating, fishing, hunting, camping, golf and other outdoor recreational activities. Our community is an excellent place for raising a family with great schools, expansive parks, safe neighborhoods and wonderful people! We have two busy pediatric locations (Columbia Basin & Orchard Hills Pediatric Dentistry and Orthodontics), serving both regular insurance and Medicaid patients. We have orthodontists working side-by-side with us – which provides a fun and rewarding component to our practice. We are also extremely fortunate to have our own surgical center in our main location with two surgical suites – seeing children 3-4 days per week under GA. Our exceptional compensation package includes health insurance, 401K, and other investment opportunities. Please email: [walkerrusty@yahoo.com](mailto:walkerrusty@yahoo.com) and check us out at: [www.grinsforkids.com](http://www.grinsforkids.com). Pediatric Dentist with Washington license. We would prefer someone with some sedation/GA experience – and willing to get their Washington Sedation Permit. DEA credentials or willing to obtain them. We would prefer a pediatric dentist who enjoys working with others and wants to grow with our well-rooted practice.

**WYOMING—CASPER.** Enjoy the outdoors with scenic views? This is the place for you. Casper offers numerous outdoor activities with excellent fishing. Great opportunity for personable, energetic, full-time associate pediatric dentist. Our rapidly growing practice has a new fully digital satellite office with 2 operatories plumbed with N20 and 5 hygiene chairs. General anesthesia performed at local surgery center and in office oral conscious sedation. Office space shared with orthodontist. Compensation based on experience with bonus based on production. Benefit package includes: generous retirement package (401k, profit sharing, cash balance plan) health insurance, reimbursement for continuing education. Student loan repayment available. Ownership opportunity available for right candidate. Send resume to: [mikebpedodmd@gmail.com](mailto:mikebpedodmd@gmail.com) or call/text (208) 851-1679. Visit our website: [thesmileacademy.com](http://thesmileacademy.com).

**NATIONWIDE.** Growing pediatric group practice seeks a full-time associate. Our practice offers a full range of pediatric services including oral conscious sedation and general anesthesia. Our team is genuine, kind, dedicated and focused on giving quality care to a "small town" Idaho community. We offer a great earning potential w/ monthly base (for a set period), health insurance for you and family, liability insurance, and association dues. Please email C.V. and questions to [smiles4kids@gmail.com](mailto:smiles4kids@gmail.com). Need to be board eligible for American Board of Pediatric Dentistry oral exam w/ plans to take oral boards.

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

## INTERNATIONAL

**CANADA—HALIFAX, NOVA SCOTIA.** PAEDIATRIC DENTIST, IWK HEALTH CENTRE The IWK Health Centre is actively seeking a Paediatric Dentist to complement our 4 Paediatric Dentists on staff with the Department of Dentistry, IWK Health Centre and the Division of Paediatric Dentistry, Department of Dental Clinical Sciences, Faculty of Dentistry, Dalhousie University. The IWK Health Centre is a teaching hospital affiliated with Dalhousie University Faculties of Dentistry, Medicine and Allied Health Sciences. The Paediatric Dentist should have training and demonstrated competence in provision of multidisciplinary care both in the hospital clinic and operating room to tertiary care paediatric hospital patients including those who are medically compromised, or have intellectual and physical disabilities. In addition to the clinical activities described, the successful candidate will provide care to paediatric dental patients referred to the Paediatric Dental Unit in the Children's Health Program, from communities within the Province of Nova Scotia. Active Staff Paediatric Dentists are involved in education through the Division of Paediatric Dentistry, Faculty of Dentistry, Dalhousie University, teaching dental and dental hygiene students and our one-year postgraduate Paediatric Dental General Practice Residency, on an assigned basis. A graduate training program in the specialty of Paediatric Dentistry is under active development. Paediatric dentists also participate in teaching of graduate periodontics and OMF and undergraduate and graduate medical students at the IWK and Dalhousie. Applicants must have a Fellowship with the Royal College of Dentists of Canada and must be able to obtain licensure in the province of Nova Scotia. Please send a cover letter and curriculum vitae along with two letters of reference to: Dr. Ross D. Anderson, Chief of Dentistry IWK Health Centre 5850/5980 University Avenue, PO Box 3070, Halifax NS B3J 3G9 Tel: (902) 470-8678, Fax: (902) 470-8835 [ross.anderson@iwk.nshealth.ca](mailto:ross.anderson@iwk.nshealth.ca). The IWK Health Centre and Dalhousie University are equal opportunity employers and educators. D.D.S./D.M.D., FRCDC in Pediatric Dentistry to be licensable in Nova Scotia, Canada.

## FACULTY

**COLORADO—AURORA.** Faculty Position Children's Hospital Colorado's Pediatric Dentistry Residency Program is searching for a FT clinical or tenure track faculty member. Its facility, the Pediatric Dental Center, is located on the Anschutz Medical Campus in Aurora, CO 80045. Primary responsibilities include clinical and didactic resident instruction in concert with other faculty members. The ideal candidate will be an enthusiastic EBD-oriented clinician interested in scholarly activities and an effective instructor in the classroom. Requirements include a D.D.S./D.M.D. degree or foreign equivalent, a certificate in pediatric dentistry from an ADA accredited program, and Board eligibility or certification. Academic rank and salary will be commensurate with qualifications and experience. Children's Hospital Colorado is an EEO institution and affiliated with the University of Colorado School of Dental Medicine. Please apply electronically at [www.cu.edu/careers](http://www.cu.edu/careers) (job posting 03055). Review of applications will continue until the position is filled. Requirements include a D.D.S./D.M.D. degree or foreign equivalent, a certificate in pediatric dentistry from an ADA accredited program, and Board eligibility or certification.

**COLORADO—AURORA.** Program Director Children's Hospital Colorado Pediatric Dentistry Residency Program is searching for a FT clinical or tenure track faculty member for its Program Director position. Its facility, the Pediatric Dental Center, is located on the Anschutz Medical Campus in Aurora, CO 80045. Responsibilities include full program oversight as well as clinical and didactic resident instruction in concert with other faculty members. Requirements include a D.D.S./D.M.D. degree or foreign equivalent, a certificate in pediatric dentistry from an ADA accredited program, ABPD Diplomate status, and a record of publications and scholarship. Academic rank and salary will be commensurate with qualifications and experience. Children's Hospital Colorado is an EEO institution and affiliated with the University of Colorado School of Dental Medicine. Please apply electronically at [www.cu.edu/cu-careers](http://www.cu.edu/cu-careers) (job posting 02878). Review of applications will continue until the position is filled. Requirements include a D.D.S./D.M.D. degree or foreign equivalent, a certificate in pediatric dentistry from an ADA accredited program, ABPD Diplomate status, and a record of publications and scholarship.

## PRACTICE FOR SALE

**ARIZONA—PHOENIX.** Pediatric dental office condominium suite for sale or lease adjacent to large multi-doctor pediatric medical practices in the same building. Three private chairs and 6 bay clinic. North-West Phoenix location. Designed by renowned dental office designer Marvin Cutler. For more information e-mail [drlhgh@gmail.com](mailto:drlhgh@gmail.com).

**COLORADO—DENVER Metro.** Pediatric practice for sale in the greater Denver area grossing \$895,000 and netting \$416,000 last year. Opportunity to acquire the building. For more information, please contact Larry Chatterley at (303) 795-8800 or [info@ctc-associates.com](mailto:info@ctc-associates.com).

**ILLINOIS—WESTERN SUBURBS OF CHICAGO, ST. CHARLES.** Owner looking to retire but will stay on for mutually agreed transition period. Growing practice, 2500 sq ft, five operatories; option to purchase space if desired. Send letter of interest to: [jjpcenterprises@gmail.com](mailto:jjpcenterprises@gmail.com).

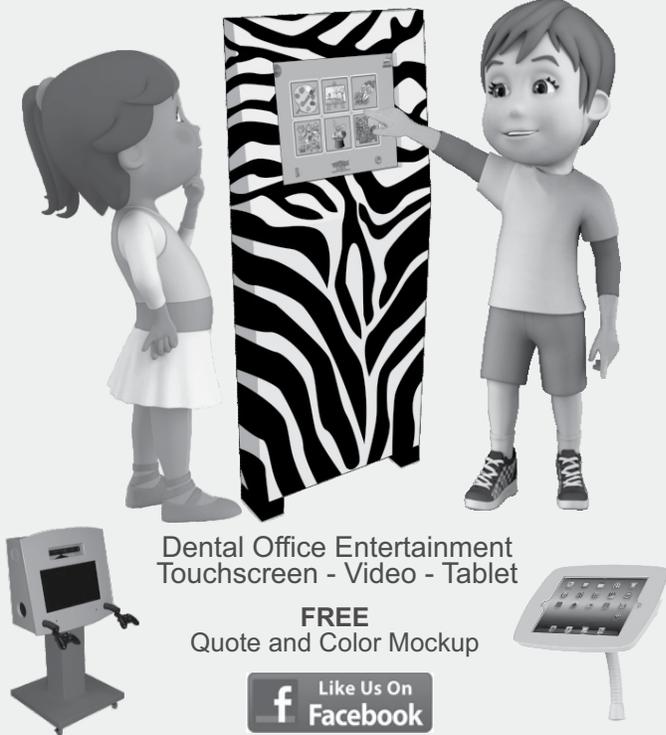
**INDIANA.** Established pediatric dental practice for sale. Close access to Indiana Dunes and Lake Michigan. Less than one hour from Chicago and South Bend. Easy access to nearby universities. Award-winning school district. Owner works 3.5 days per week. Average monthly work schedule: 15 days. Average monthly production: \$45,000. Practice has excellent opportunity for growth and pursuit of other interests: Academic, community, or family. Owner

seeks retirement. For more information, contact transition specialist, Bruce Lowy, (847) 677-6000, confidentiality assured. Board- eligible, licensed pediatric dentist.

**NORTH CAROLINA—GREENSBORO.** 30+ year full service pediatric dental practice for sale. Practice is full range, with restorative, preventive, orthodontics, and hospital treatment. Hospital is Level 2 Trauma Center with 2 day op facilities, and full services. Large referral area. Production average for last 5 years-\$1,810,000 - 98% collection rate and 48% overhead. 950+ new patient exams per year. Well trained staff, 4-4 1/2 day work week currently. Very efficient 2950 square foot Pride-THE Design building with 6 operator bay and 1 private treatment room. Recently redecorated. Building is in campus setting with another building site that could be developed or sold. ScanX digital xrays. Greensboro is home to 2 branches of the UNC University system with numerous other colleges. School system is excellent. Easy transportation throughout city. Close to mountains and beaches. Excellent opportunity for experienced Pediatric Dentist wishing to relocate or 2 Pediatric Dentists wishing to partner or dual trained Pediatric Dentist. Contact Dr Bryan Cobb at (336) 288-9445 or email [bcobbdeacs@aol.com](mailto:bcobbdeacs@aol.com) for more details.

**TEXAS—LEWISVILLE.** Office space for pediatric dentist for lease or sale. Gas, water and suction for 5 chairs in an open area and one private operator. Large waiting room, finance office, consult room, X-ray room, lab, 2 private offices, kitchen/ lounge and built in video game console. 2560 sq. ft. Minimal time to be open for business. In building with general dentist. (972)-317-6211.

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# AAPD Announces Partnership with SoFi

SoFi saves dentist borrowers \$39,924\* on average over the lifetime of their loans.



The American Academy of Pediatric Dentistry is proud to announce its partnership with SoFi and offer its members with a unique solution to help ease their student loan debt burden. Outstanding student loan debt has quadrupled over the past decade, climbing to \$1.2 trillion and becoming the largest consumer liability after mortgages. SoFi has emerged as the industry leader in student loan refinancing and has funded over \$4.5 Billion to date with over 60,000 borrowers.



As dentists continue to struggle with increasing student debts, the AAPD is focused on providing unique solutions to help its members tackle these issues. Through a unique partnership with SoFi, AAPD members will now be eligible for a \$400 welcome bonus by applying through [sofi.com/AAPD](http://sofi.com/AAPD).



On average, dentist borrowers who have refinanced with SoFi have saved \$39,924. Private and Federal student loans can be refinanced and there are no prepayment restrictions, no fees, no catch.



The application process is simple and begins with a pre-approval to determine the rates and terms available to you. This should take less than five minutes. Qualifying applicants will see the rates and terms available to them so that they can decide how they would like to proceed. Once you select your repayment term you simply upload the necessary documents and SoFi does the rest.

**QUESTIONS?**  
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\*Terms and Conditions Apply. SoFi loans are private loans and SoFi does not offer the same flexible repayment terms on its private loans that are features of federal student loans. Not all borrowers receive lowest rate. For variable rate loans, APR may increase after origination. SOFI RESERVES THE RIGHT TO MODIFY OR DISCONTINUE PRODUCTS AND BENEFITS AT ANY TIME WITHOUT NOTICE. The SoFi 0.25% Autopay interest rate reduction requires you to agree to make monthly principal and interest payments by an automatic monthly deduction from a savings or checking account. This information is current as of June 1, 2015 and is subject to change. SoFi loans are originated by SoFi Lending Corp (dba SoFi) California Finance Lender #6054612. NMLS #1121636. For terms and conditions, visit [sofi.com/AzOMA](http://sofi.com/AzOMA).

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When body shape and chair shape are not a good match or when patients become fearful at the sight of a dental chair, **Stay N Place®** Chair Cushion can help. It has the familiarity of a mattress, with a durable vinyl cover.

But the real magic lies inside, with the crushed foam. It displaces as the patient settles in, filling the gaps and providing physical and emotional comfort. And a comfortable patient is more likely to be a cooperative patient.

A non-slip bottom helps keep the cushion where you place it on the chair. Available in dark teal or cream vinyl.

## Stay N Place® Chair Cushion For Infants

*This Infant Chair Cushion Allows You to Accommodate Infants and Toddlers.*

Dental chairs are clearly not designed for babies, yet AAPD recommends the first dental visit prior to age one. We have just the answer. Our **Stay N Place®** Chair Cushion for Infants creates a safe, cozy spot for the little one, and a professional-looking image for parents.

The chair cushion is like a bean bag, with soft foam inside. Air escapes through side vents as the child is placed upon it. This allows the cushion to sink into the curves of the dental chair while securely nestling the baby. The cushion comes with a safety belt for added security.

Specifically designed for dentistry, the Stay N Place Chair Cushion for Infants has a buttery-soft, durable vinyl cover that is easily cleaned. It has a non-latex rubbery bottom that helps to keep it in place on the dental chair.

**Important:** It is the clinician's responsibility to assure the appropriateness of any medical device for a given patient. Be sure to understand any applicable regulations. Never leave patient unattended.



*Both the Stay N Place Chair Cushion and the Stay N Place Chair Cushion for Infants come with Roll-N-Store Straps attached to the back of the cushion for easy carrying and storage.*

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