

P D T

26

Reflecting on 2018

Dr. James Nickman Shares Perspective
on His Time as AAPD President

May 2018 Volume LIII, Number 3

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Dr. Jim Nickman
AAPD President

The Season Change Brings Renewal

Greetings from the hard water state of Minnesota! The season change is in full swing and the outdoors are in a process of renewal. It always amazes me when the sun finally feels warm and goes about its job of melting snow and making plants grow.

Personally, this time of year always brings about a sense of personal renewal. I've just returned from our 2018 AAPD Public Policy Advocacy Conference in Washington, D.C. Old friendships are rekindled, and new friends are made. This year's million-dollar moment was meeting our future practitioners and watching them in action on the Hill. At this year's conference, approximately 180 residents attended the meeting to learn about advocating for pediatric health. It was fun to watch them eagerly soak in the knowledge and immediately put it to use. Even our nervous colleagues rapidly assimilated the information and after several rounds of practice, were able to confidently make a coherent persuasive presentation on why issue "X" or "Y" were important to how we provide care to our nation's children. The best return on the AAPD's investment is that these individuals will return home and utilize those skills in their communities and state.

The key issues this year were related to Title VII, repeal of McCarran-Ferguson Act for health plans, and student debt. This year, the AAPD requested the continued funding of 12 million dollars devoted to pediatric dentistry training programs. We have made great use of those dollars in the past, increasing the number of pediatric dentists working with our nation's children. Two million of the 12 million requested, is directed by HRSA through a competitive grant process to full-time pediatric dental faculty to be used with dental faculty loan repayment. As academic salaries are approximately a third of full time private practice, these monies are key in recruiting and retaining our future educators. Not only are these key educators training our future pediatric dental specialists, they are training our general dental partners to provide appropriate care.

I would like to thank Dr. Heber Simmons and the past leaders and staff of the AAPD for creating this opportunity. The wisdom of the group has transformed our legislative advocacy group into a significant trusted presence on the Hill. It is usually an easy ask as the children that we have the honor of treating directly benefit from our efforts. We also have created a small army of public policy advocates that carry our messages at a state level and act as a trip-wire to bring issues from their states to a national level that impact the patients we serve. If you are not currently involved, please get involved with your state and district pediatric dental associations. Please also stay involved with your state dental associations as it is key that they understand how children may be impacted by changes at a state level.

We have a tremendous annual session planned in Hawaii this May. This will be a celebration of Ohana which is a Hawaiian term for family. In addition to our families at home, we have a great professional family. Although we may not always agree, our common bond is advancing pediatric oral health and providing safe, compassionate care for our families. Lynn Fujimoto, the local arrangements chairperson, and the Scientific Program committee have assembled a great program starting with a tremendous preconference course and Welcome Reception and finishing with time on the beach. Thank you for the honor to serve as your president this year. This has been a tremendous opportunity to meet with our members, stakeholders and other partners to advance our mission. I have truly enjoyed meeting new friends and being able to talk about common issues impacting our future. If I can ever be of service to you, please feel free to contact me at james.nickman@comcast.net.

Mahalo!



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.

PUBLIC POLICY ADVOCACY CONFERENCE (PPAC) IN WASHINGTON, D.C. MAKES AN IMPACT ON KEY ISSUES



On March 5-7, 2018, nearly 300 AAPD members from 36 states and D.C., advocated for children's oral health in Washington, D.C., by visiting with their members of Congress. AAPD attendees included members of the Council on Government Affairs, PAC Steering Committee, Executive Committee, and Budget and Finance Committee. Twenty-nine AAPD state Public Policy Advocates participated as well. **Thirty-six pediatric dentistry residency programs were represented, with more than 175 residents in attendance.** For the third year, the AAPD held a special pre-conference advocacy orientation and training session for residents.

Attendees heard updates on key AAPD public policy issues focusing on Title VII pediatric dentistry funding and student loan repayment reform legislation, as well as an update from the ADA on the Affordable Care Act, Medicaid, and CHIP. The keynote speaker was Michael Barone, currently Senior Political Analyst for *The Washington Examiner*, Resident Fellow at the American Enterprise Institute, and contributor to Fox News. Mr. Barone discussed the current political landscape and the upcoming 2018 Congressional mid-term elections.

The AAPD PAC hosted a fundraiser for **Congressman Tom Cole (R-Okla.-4th)**, chair of the House Appropriations Subcommittee on Labor, Health and Human Services, and Education. Mr. Cole is a fifth generation Oklahoman and an enrolled member of the Chickasaw Nation. He is one of only two tribal members currently serving in Congress. The event, co-sponsored with ADPAC, AAOMS PAC and Hogan Lovells PAC, raised over \$15,000.

The specific advocacy requests made by attendees during Capitol Hill visits were:

- **Fund Title VII Pediatric Dentistry**
Provide FY 2019 funding of \$40.763 million for the primary care dental Title VII program with **\$12 million** for Title VII Pediatric Dentistry that includes funding for the Dental Faculty Loan Repayment Program. As part of this effort, attendees urged House Members to sign onto a *Dear Colleague* letter circulated by Congresswoman Julia Brownley (D-Calif.-26th) and Congressman Gregg Harper (R-Miss.-3rd) that asked Members to **Support Bipartisan Call for Investment in Pediatric Dental Care.** The final letter included 38 signatures and will be printed in the July 2018 *PDT*.

- **Make dental faculty loan repayments non-taxable to recipient or allow institutions to offset tax liability.**
Dental faculty loan repayment program would have even greater impact if made non-taxable to recipient or if institutions were allowed to use grant funds to offset tax liability.
- **Support H.R. 372, repeal of antitrust exemption for health insurance companies.**
H.R. 372, repeal of the McCarran-Ferguson Act, was approved by the House on March 22, 2017. A Senate bill has yet to be introduced.
- Support H.R. 4001, student loan refinancing and restoration act. H.R. 4001 would:
 - Allow borrowers to **refinance** their student loan interest rates to the 10-year Treasury note rate, plus one percent, throughout the lifetime of the loan.
 - **Eliminate** origination fees and instead set future student loan interest rates at the 10-year Treasury note rate, plus one percent.
 - **Delay** student loan interest rate accrual for many low- and middle-income borrowers while they are in school.
 - Allow for borrowers in medical or dental residencies to **defer payments** until the completion of their programs.

Fact sheets used in Congressional visits are available on the AAPD website at http://www.aapd.org/advocacy/legislative_and_regulatory_fact_sheets/.

We sincerely thank all those members who took time from their busy schedules to attend this important conference. Many thanks to the state and district chapters which help support residents' attendance at the conference.

CHIP REAUTHORIZED FOR 10 YEARS

The March 2018 *PDT* described advocacy efforts to reauthorize the Children's Health Insurance Program (CHIP), which plays a critical role in the coverage landscape for children. Together, CHIP and Medicaid provide health care coverage to more than 36 million children. Medicaid provides coverage for over 30 million children, and CHIP builds on that foundation to provide coverage for over 6 million children who are not eligible for Medicaid, but lack access to affordable health coverage. **Although funding lapsed on Sept. 30, 2017, Congress acted on Jan. 22, 2018, to pass a six-year CHIP extension, and again on Feb. 9, 2018 to extend CHIP for an additional four years through FY 2027. During PPAC Congressional visits, AAPD attendees thanked all Senators and Representatives for their support of CHIP reauthorization.**

CHIP Background: CHIP was created in 1997 with strong bipartisan support to provide coverage for children who fell above Medicaid eligibility levels but lacked access to other options. CHIP was specifically designed to include child appropriate benefits, access to pediatric providers, and cost-sharing limits to protect children and families. States that provide CHIP coverage to children through a Medicaid expansion program are required to provide the EPSDT benefit, which includes dental coverage. Dental coverage in separate CHIP programs is required to include coverage for dental services "necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions." States with a separate CHIP program may choose from two options for providing dental coverage: a package of dental benefits that meets the CHIP requirements, or a benchmark dental benefit package. The benchmark dental package must be substantially equal to: (1) the most popular federal employee dental plan for dependents; (2) the most popular plan selected for dependents in the state's employee dental plan; or (3) dental coverage offered through the most popular commercial insurer in the state.

CHIP is one of the reasons that 90 percent of children in the U.S. currently have dental insurance coverage.

This year's Public Policy Advocacy Conference had 293 attendees, including 178 residents from 36 programs.



D i d Y o u K n o w



2017 AAPD PAC Contributions

In calendar year 2017, 1,058 members contributed \$229,742

(*PAC Steering Committee and Advisory Board Members, members of AAPD, HSHC, and ABPD Boards, State Public Policy Advocates, and AAPD staff)

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C. Scott Litch

Chief Operating Officer and General Counsel

Litch's Law Log

Washington State Academy and AAPD Weigh in on State Dental Board Specialty Advertising Regulations

I think our members will appreciate that the AAPD and its state chapters are committed to promoting reasonable state dental board regulation of specialty advertising announcements. In that vein, a recent joint letter submitted to the Washington State Dental Quality Assurance Commission is a good example of these efforts. I think the issues raised in the letter are self-explanatory.



March 2, 2018

Dear Ms. Santiago:

The Washington State Academy of Pediatric Dentistry (WSAPD) and the American Academy of Pediatric Dentistry (AAPD) are writing to comment on proposed changes to the Washington Administrative Code (WAC) by the Dental Quality Assurance Commission (DQAC). WSAPD is the state organization which represents the dental specialty of pediatric dentistry and is the state chapter of the AAPD. The AAPD is the leading national advocate dedicated exclusively to children's oral health and representing the specialty of pediatric dentistry.¹

DQAC is considering an amendment to the following regulation:

“WAC 246-817-420

Specialty representation.

(1) It shall be misleading, deceptive or improper conduct for a dentist to represent or imply that he/she is a specialist or use any of the terms to designate a dental specialty such as:

- (a) Endodontist
- (b) Oral or maxillofacial surgeon
- (c) Oral pathologist
- (d) Orthodontist
- (e) Pediatric dentist
- (f) Periodontist
- (g) Prosthodontist
- (h) Public health

or any derivation of these specialties unless he/she is entitled to such specialty designation under the guidelines or requirements for specialties approved by the Commission on Dental Accreditation and the Council on Dental Education of the American Dental Association, or such guidelines or requirements as subsequently amended and approved by the DQAC, or other such organization recognized by the DQAC.

(2) A dentist not currently entitled to such specialty designation shall not represent that his/her practice is limited to providing services in a specialty area without clearly disclosing in the representation that he/she is a general dentist. A specialist who represents services in areas other than his/her specialty is considered a general dentist.”

[Statutory Authority: RCW 18.32.035. WSR 95-21-041, § 246-817-420, filed 10/10/95, effective 11/10/95.]

Per the November 17, 2017 filing, DQAC is considering an amendment to recognize disciplines approved by the American Board of Dental Specialties.

We would like to provide a little background about the specialty of pediatric dentistry.

Pediatric dentists are the pediatricians of dentistry. The specialty of pediatric dentistry is an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs. This includes but is not limited to: the management of the growth and development of the jaws and teeth of children; counselling and primary dental care; dental disease management and treatment; comprehensive advanced behavior management techniques including proper administering of local anesthesia, inhalation sedation and proper in office sedation or hospital dentistry. These are just a few of the specialty techniques that are taught in our specialty residency training programs.

In order to become a specialist in pediatric dentistry, an additional two to three years of advanced residency training is required following graduation from dental school. As a result of this additional training, pediatric dentists are uniquely qualified to be the primary and specialty oral care providers for infants and children through adolescence, including those with special health needs. Pediatric dentists are also eligible to become board certified and Diplomates of the American Board of Pediatric Dentistry (the specialty certifying board of Pediatric Dentistry). This requires a pediatric dentist to have credentials verified while successfully completing voluntary examinations and re-certification. Currently 75 percent of all pediatric dentists in the U.S. are board certified.

Proper techniques are important as they aid in achieving positive dental outcomes and experiences for a child. We believe the establishment of trust and a positive attitude towards dental health and their future dental well-being and care is important. Pediatric dentistry Best Practices and Clinical Guidelines have been established and are constantly reviewed and updated by the AAPD so that the practice of pediatric dentistry is effective, safe, and evidence-based.

Therefore, we believe that the children and families of Washington deserve to know whether a pediatric dentist specialist is their dental provider, and this should be clearly distinguishable in advertisements from services provided by a general dentist. It is in the very best interest and safety for the public to continue to acknowledge the ADA recognized specialty of pediatric dentistry. It is critical for the DQAC to continue to protect the public from any misinformation and confusing advertising. This is especially important because pediatric dentistry is the only age-defined dental specialty. Because of this fact, we believe it is inappropriate and unethical for a non-pediatric dentist to advertise with terms such as “Children’s Dentistry” or “General Dentistry practice limited to pediatric dentistry” or “General Dentistry with emphasis on pediatric dentistry.” We urge that specific language to this effect be included under WAC 246-817-420 (e), to further strengthen this provision. Trust is essential to the provider and patient relationship. It is imperative to aid the public in discerning the difference between general dentists who provide dental services for children versus a pediatric dentist. Ethical regulations for advertising the specialty of pediatric dentistry should also include social media, as well as print advertising.

As for consideration of additional “specialties”, at the very minimum the DQAC should not allow any dentist to advertise as a specialist without completing a Commission on Dental Accreditation (CODA)-accredited post-doctoral residency.

To do otherwise would be inconsistent with protection of the public. CODA is nationally recognized by the United States Department of Education (USDE) as the sole agency to accredit dental and dental-related education programs

Sincerely,

Dr. Patricia Benton
President

Washington State Academy of Pediatric Dentistry

Dr. James D. Nickman
President

American Academy of Pediatric Dentistry

cc: C. Scott Litch, AAPD Chief Operating Officer and General Counsel

1 The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children’s oral health. As advocates for children’s oral health, the AAPD promotes evidence-based policies and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its 10,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents and individuals with special health care needs.

2 No. 16-50157 (5th Cir. 2017), U.S. Court of Appeals for the Fifth Circuit decision of June 19, 2017.

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

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

conducted at the postsecondary level. CODA’s mission is to “serve the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.” CODA accomplishes this through a rigorous process of stakeholder engagement and peer review.

While 3 of the 4 specialties recognized by the American Board of Dental Specialties do require completion of a CODA post-doctoral residency, the American Association of Implant Dentistry (AAID) does not require completion of a CODA program. Also, it should be noted that with creation of the new National Commission on Recognition of Dental Specialties and Certifying Boards, nothing would preclude the disciplines currently recognized by ABDS to apply for dental specialty recognition before this commission.

As a final point, we urge the DQAC not to over-react in haste to the case of *American Academy of Implant Dentistry v. Parker*.² That decision upheld a district court decision that the state board could not restrict advertising as a dental specialist to only ADA-recognized specialties. The court believed the board had failed to demonstrate harm it was trying to prevent. However, the court went on to say that:

“We do not suggest that the Board may not impose appropriate restrictions in the area of dental specialist advertising. The plaintiffs agree that advertising as a specialist is potentially misleading and that reasonable regulation is appropriate. We hold only that the Board has not met its burden on the record before us to demonstrate that Section 108.54, as applied to these plaintiffs, satisfies Central Hudson’s test for regulation of commercial speech.”

Therefore, the current language under WAC 246-817-420 should be retained and strengthened in subparagraph (e) related to pediatric dentistry as recommended in these comments.

The WSAPD and AAPD would be pleased to respond to any questions or comments from the DQAC concerning these comments. Thank you for this opportunity to voice our opinions on this matter.

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U.S. Patent 8,931,232, D734851. Other patents pending in the U.S. and worldwide.

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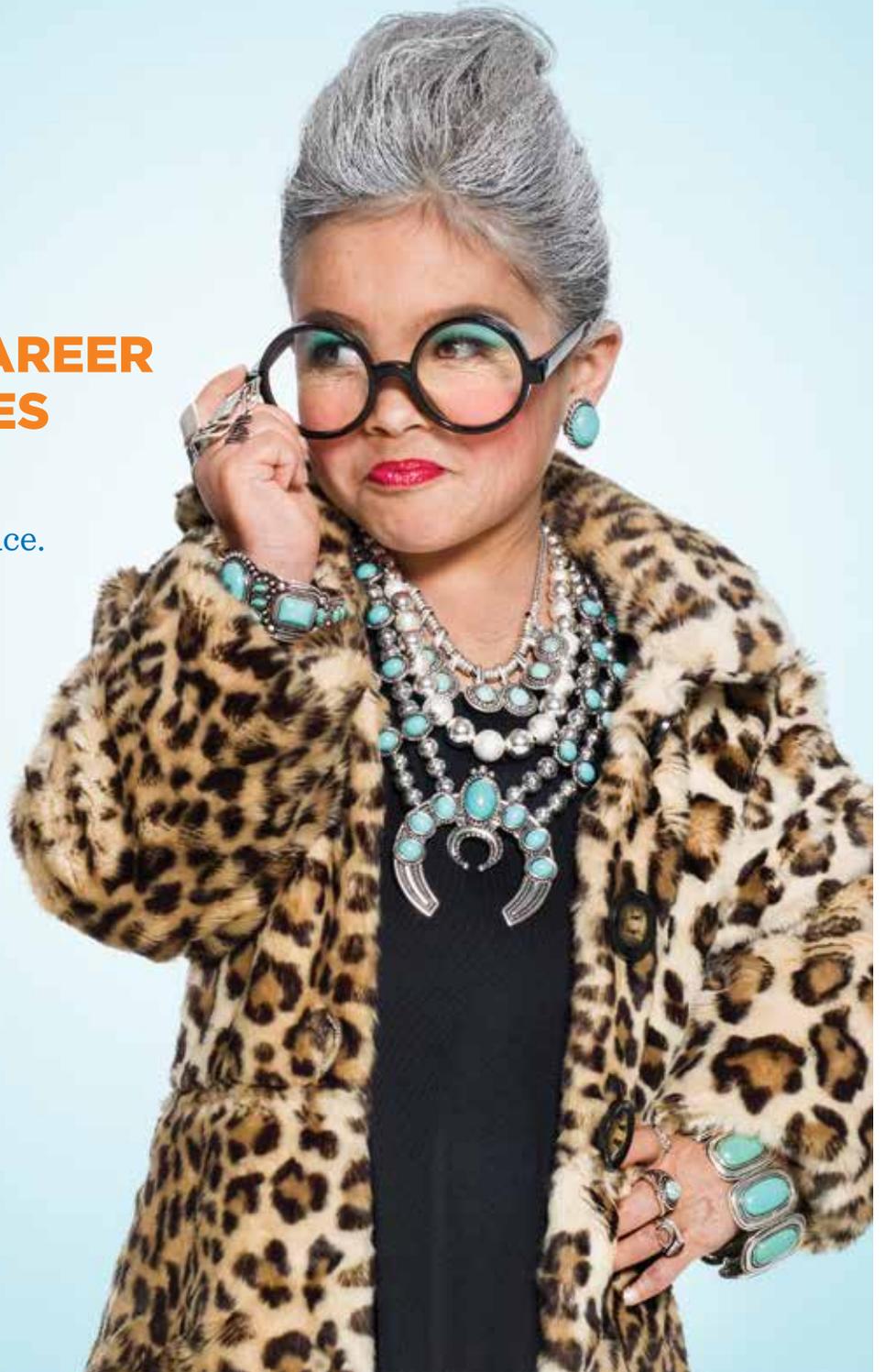
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Exhibit Breaks

Maximize your 20 minute session breaks in the Exhibit Hall with nearly 200 exhibitors!

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You'll do more than just snap, tag and print this year at #aapd2018. Be a part of AAPD history by helping to create the AAPD Mosaic. Stop by the AAPD Booth to check it out! Take a photo from anywhere at the meeting. Then, post it to Instagram or Twitter and add the hashtag #aapd2018. Your photo can be printed from the Hashtag Printer located in the AAPD Booth. Your photo can be a part of the AAPD Mosaic which will be displayed in AAPD Headquarter Office in Chicago, IL.

AAPD 2018 Mentor Program

The AAPD Mentor Program has officially become a staple at Annual Session! With registration numbers sky-rocketing, the Mentor Program is bound to be a successful program yet again. Residents, new dentists and seasoned professionals are all invited to participate in Honolulu.

Your AAPD 2018 Checklist

- Register for AAPD 2018
- Register office staff and family for AAPD 2018
- Download the conference app
- Sign up for the Preconference Course

What Does Your AAPD 2018 Schedule Look Like?

Did you know you can create your very own personalized Annual Session schedule in both the app and Online Itinerary Planner? The accounts are linked, so you can prepare for the meeting and star sessions or events you'd like to attend.

Not to Miss During AAPD 2018

Preconference Course

Full Steam Ahead or Off the Tracks? Which Way is Your Engine Headed in Both Your Life and Dental Practice?

THURSDAY, MAY 24

8:30 AM – 2:30 PM

Ann M. Bynum, D.D.S., Robert L. Delarosa, D.D.S., Robert D. Elliott, D.M.D., M.S.,

Are you struggling with work/life balance? Is work just work? Do you feel your train is going too fast or headed in the wrong direction? Then join us in the paradise of Hawaii to experience transformation while learning how to love what you do, have fun at work and home, and most importantly, enjoy the ride!!

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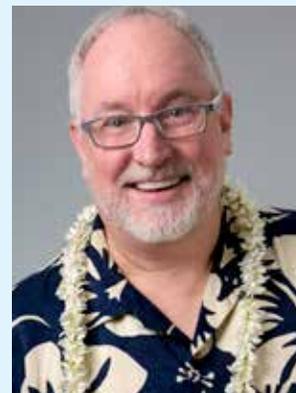
- Identify your passion statement and discuss what makes your heart sing.
- Identify situations or obstacles that interfere with moving forward toward your passion and foundation purpose goal.
- Increase efficiency at work and happiness at home by balancing your work and life habits.

Opening Ceremony & Keynote Address

Kevin Wanzer

FRIDAY, MAY 25

7:30 – 9 AM



At his lemonade stand when he was just eight years old, Kevin Wanzer offered passersby two types of refreshment: a cold cup of lemonade and hilarious, dead-on stand-up renditions of Steve Martin comedy routines. Decades later, the lemonade and Martin routines are gone. The refreshment, however, is still to be had. As a humorist, motivational comedian and keynote speaker, Wanzer has been earning rave reviews for over thirty years. Inspiring and entertaining audiences in refreshing ways is all he has ever known. He has been noted nationally as one of the most effective and entertaining speakers for inspiring and empowering audiences, celebrating Ohana and the Spirit of Aloha. Through stories and humor, he helps people reconnect with hidden passions, embrace diversity, and celebrate community through laughter.

Early in his career, Wanzer served on the staff of and appeared on Late Night with David Letterman. As a result of his early work with First Lady Nancy Reagan, President Ronald Reagan appointed him to serve as a delegate to the White House Conference for a Drug Free America, on behalf of which he spoke at the United Nations. To this day, Wanzer is still one of the youngest presidential appointees in American history.

Please come honor the Pediatric Dentist of the Year during the awards portion of the morning. And celebrate the spirit of Hawaii with a unique opening.

Wristbands for the Welcome Reception

Going to the Welcome Reception but don't have time to pick up your wristbands at the Convention Center? Don't worry, we have you covered. Stop by the **Rainbow Suite** at the **Hilton Hawaiian Village** on **Friday between 4:30 p.m. – 7:30 p.m.**, to pick up your wristbands. You must have your wristband in order to board the bus to the Welcome Reception. Bring your confirmation email with you showing proof of purchase.

**This site will be for Welcome Reception wristband pickup only.*

***Misplaced/lost wristbands may have to be re-purchased.*

Want to Know More? Visit the AAPD Annual Session website for details on:

Tours • Sessions • Social Events • CE Credit • Registration Hours

2018 Annual Session Exhibitors

3M	221	Cumberland Pediatric Dentistry and Orthodontics, PLLC	239	Kool Smiles	405
AAPD Fellow Lounge	612	Dansereau Health Products	201	KSB Dental	501
Academy of Orofacial Myofunctional Therapy	141	DDS Multimedia	309	Lares Research	519
Air Techniques	513	Denovo Dental	424	Lighthouse	218
Ajax Dental System Inc.	225	Dental Tribune	811	LightScalpel	500
AI Care Alliance LLC	835	DentalVibe	227	Lips Inc.	338
Alexion Pharmaceuticals, Inc	200	DentaQuest Institute	840	LumaDent, Inc.	540
American Board of Pediatric Dentistry	734	Dentsply Sirona	736	Main Street Children's Dentistry and Orthodontics	541
American Dental Society of Anesthesiology	635	Designs for Vision, Inc.	626	MAM USA Corp.	601
American Orthodontic Society	240	Directa, Inc.	710	Marketing by SOS	539
Anutra Medical	740	DMG America, LLC	205	Martti	230
Aseptico, Inc.	327	Doctor.com	224	McGill and Hill Group	533
ASI Medical Inc	202	Dolphin Imaging and Management Solutions	241	McGregor & Oblad, PLLC	739
Awaken Dental Management Consulting	816	Dr. Fuji/ACIGI	544	MedPro Group	512
Aurette	831	DryShield	320	Moss, Luse, & Womble, LLC	809
Bank of America Practice Solutions	535	Easy RX	236	My Kid's Dentist	209
Bentson Copple & Associates	713	Eclipse Loupes and Products	339	Myo Munchee	839
Bio-Flex	620	Elevate Oral Care	319	Myofunctional Research Co.	203
Biolase	810	Elsevier	832	Nowak Dental Supplies, Inc.	607
Birdeye	805	EZ Floss	311	NuSmile	504/507
Bisco Dental Products	611	Figaro Crowns	341	NYU Langone Hospitals	
Blue Coud Pediatric Surger Centers	234	Fotona	715	Postdoctoral Dental Residency	228
Boyd Industries, Inc.	425	Freelance Anesthesia	733	Oasys Practice, LLC	219
BQ Ergonomics, LLC	304	Giggletime Toys Co.	630	Orasoptic	305
Brasseler USA	508	GumChucks	204	Ortho2	818
Cain, Watters & Associates	404	Hawaii Family Dental	206	OrthoArch	514
CFO Dental Partners	711	Hawaiian Moon	231	Otto Trading, Inc.	521
Cheng Crowns	518	Healthy Start/Ortho-Tain	515	PAC Donor Lounge	632
Cloud9Pedo	313	Henry Schein Dental	324	Patterson Dental Supply Inc.	214
Colgate	233	High Ridge Brands	235	PBHS Inc.	340
College of Diplomates	732	Hu-Friedy	439	Pediatric Dental Assistants Association	326
Columbia Bank	412	Imagination Dental Solutions (IDS)	825	Planmeca USA, Inc.	531
Compac Industries/ Baby Buddy and Brilliant Oral Care	638	Infinite Trading	815	Porter Royal Sales	525
Convergent Dental, Inc.	401	Infinity Massage Chairs	836	Practice Genius / Patient Rewards Hub	419
Crest Oral-B	300	Isolite Systems	301	Practicon, Inc.	712
		JCI Marketing	819	Preventech	719
		Joey Board USA	637	Prophy Magic	613
		Kidzpace Interactive Inc.	438	Pulpdent Corporation	415
		Kinder Krowns	619	RGP Dental	414

Sassy	639	SoFi	813	US Jaclean, Inc	408
Sedation Resource	633	Sprig	701/801	Vital Signs Technologies	609
SelenBio Dental	212	Sunstar Americas, Inc.	330	VOCO America, Inc.	538
Shofu Dental Corporation	806	Surgitel/General Scientific Corp.	441	Water Pik Inc.	409
Simplifeye	737	Tess Oral Health	714	West-Televox Solutions	815
Smile Savvy	706	Tooth Enterprise Inc	817	Willamette Dental Group	814
SmileMakers	400	Treloar & Heisel	510	XLdent	318
Smiles for Life Network	333	Ultradent Products Inc.	624	Xlear/Spry	216
SML - Space Maintainers Laboratories	707	Ultragenyx Pharmaceutical	833	YAPI	821
Snap on Optics	411	Ultralight Optics	325	Young Dental	741
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AAPD Recognition Awards

The AAPD board of trustees wishes to recognize those going above and beyond in our profession and in our community. We will be celebrating their achievements throughout the meeting. Please join us in congratulating the 2018 award recipients!

Opening Ceremony and Keynote Address

Friday, May 25

Pediatric Dentist of the Year

Dr. Donald Chi



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Awards Recognition and General Assembly

Sunday, May 27

Merle C. Hunter Leadership Award

Dr. Ed Rick



Evidence-Based Dentistry Service Award

Dr. Norman Tinanoff



Paul P. Taylor Award

Dr. James Coll



Primary Tooth Vital Pulp Therapy:
A Systematic Review and Meta-analysis
Coll JA, Seale NS, Vargas K, Marghalani AA,
Al Shamali S, Graham L.

Pediatr Dent. 2017, 39(1):16-27, E15-E110.

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President's Farewell Dinner

Sunday, May 27

Distinguished Service Award

Dr. Ned Savide



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Dr. Courtney Chinn



Manuel M. Album Award

Dr. Janice Jackson



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Lewis A. Kay Excellence in Education Award

Dr. Deborah Studen-Pavlovich



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All award recipients will be recognized on Sunday, May 27, at the President's Farewell Dinner.

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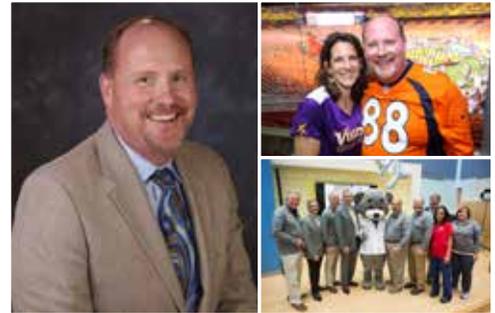

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Reflecting on 2018

Dr. James Nickman Shares Perspective on His Time as AAPD President



Q. As AAPD President, your agenda has focused on implementation of the Safety Task Force and Work Force studies, as well as advocating for access to and utilization of care for underserved and special health care needs populations. Can you please share how each of these goals has been accomplished?

A. The issue of safety is priority number one. As the task force moved forward, it became quickly clear that safety was related to more than waterlines and sedation. It involves everything impacting our offices from patient information, office/workforce safety and procedures that we do. We must do everything we can to protect our most valuable resource – the children that we have the honor of treating.

Regarding workforce, it took time for us to determine where we needed to be as a profession in the future. We contracted with the Center for Workforce Studies at the University at Albany, State University of New York, to look at our existing workforce and practice models and predict where the position needs to be until 2030. The survey has been completed and the analysis phase is in process. The AAPD is planning to publish initial results in a peer-reviewed journal later this year. Preliminary data shows that it is likely more of a distribution issue than training too many pediatric dentists. Complicating the distribution are the high number of two career families and the higher debt loads of our newer members entering the workforce.

Special health care needs and underserved populations have a special place in my heart. Low socioeconomic children and their families sometimes struggle to access care and function day-to-day. For families with special health care needs children, dentistry can sometimes take a lower priority due to their child's medical concerns. Prevention and regular dental care are extremely important in the overall health of both patient bases which helps minimize time out of school, work, and the potential for pain due to dental infections. I am very proud of the high number of these special children that our members see and treat. AAPD has been involved with the potential health care reform proposals, CHIP renewal, and actively advocates on federal and state levels to make sure that the programs are working as intended.

Q. Are there achievements/milestones of AAPD under your leadership of which you're most proud?

A. I am proudest of our efforts in safety and the progress that the Safety Task Force has made. Although there has not been a lot of the work product released, there are exciting programs for our members in the works. These include offering our members who perform in-office sedation and general anesthesia an option to undergo an inspection by an independent third-party organization, like the Joint Commission. As an organization, we have also engaged our sister specialties and other regulatory organizations and strategic partners to make sure the standards of care remain high.

Q. You have been key in promoting our Monster-Free Mouths campaign this year. From your viewpoint, how was it meeting with Reuter's Health, Parents and Family Circle Magazine among other consumer publications in November 2017? What message in your opinion were they most receptive to?

A. We have a fabulous media department within the AAPD and Weber Shandwick that have created opportunities to distribute our message. In addition to the Age One Dental Visit and Dental Home messages, all were very interested in the AAPD's recently released Evidence-Based Guideline on Silver Diamine Fluoride (SDF). While not the final fix, SDF enables pediatric dentists to offer families one more choice regarding care decisions for their child. This product has the potential to be a paradigm shift in the care provided to very young children and special healthcare needs individuals. At a minimum, it may allow us to delay treatment until the young child is able to cope with dental treatment in a normal clinic setting.

Q How would you recommend addressing the faculty shortage issue?

A. Faculty shortages are an extremely tough issue for our profession. The key is to recruit and retain these individuals at an early point in their career. From my conversations with residents, it is not uncommon for some to have extremely high debt loads (\$400K and more). This can be a tremendous barrier for a practitioner interested in education, as starting salaries in academia are approximately a third of what they can make in private practice. The AAPD has continued to advocate for the Health Services and Resource Administration (HRSA) Dental Faculty Loan repayment program. The program allows the fulltime faculty to retire their educational debt over a five-year period. This past year, 10 grants were issued to our training programs. If we can continue this effort for another several cycles, we will have made a tremendous impact in the workforce training our next generation of pediatric specialists and our general dentist partners.

Q You participated in a national Satellite Media Tour as part of our media outreach for National Children's Dental Health Month. Can you please share insight into this experience?

A. This was one of the best experiences of my year. I want to thank Erika Hoeft, Robin Wright and our partners at Weber Shandwick for preparing me for the day. We arrived at a media production company in Chicago at about 5:30 a.m., and over the course of the next six hours, conducted 28 television and radio interviews promoting the Age One dental visit and Dental Home messages. I was also able to promote the recently released silver diamine EBD guideline and provide care tips for new parents. I now have a much better appreciation for folks who do this on a regular basis.

Q In your opinion, how can dental professionals do a better job of reaching parents and educating them on the importance of a Dental Home and Age One dental visit?

A. It never fails to amaze me when a new parent comes into the office and is unaware of our Age One dental visit and Dental Home messages. It really breaks my heart when a 16-month-old infant presents with Early Childhood Caries and knowing it could have been prevented or minimized by early intervention. I think all parents want their child to have a great start in life and have tried to do the right thing both medically and dentally. We need to continue to reach out to pediatricians and general dental colleagues to educate and reinforce the importance of both efforts in disease prevention. The pediatricians are likely the most important targets as they are connecting with these children and families multiple times in the first year of life. I would also encourage pediatric dentists to be partners with early childhood programs (Early Childhood Family Education, prenatal classes, etc.) where they can make connections with new or future parents.

Q Late last year we introduced our first Evidence-Based Guideline on Silver Diamine Fluoride which generated a lot of media attention. Why do you think it was so embraced by the media?

A. The release of the AAPD's evidenced based silver diamine fluoride guideline could be a significant paradigm shift in the dental care strategies for very young and special health care needs patients. I think that the media was most impressed that it is a relatively quick, painless procedure that can be performed to allow us to halt the decay process and buy time to allow the child to grow and mature. For special health care needs patients, it may buy us time to halt a crisis and treat in an appropriate setting. Although not definitive treatment and not appropriate for all children, it is one more discussion that we can have with families on the care of their children.

Q Are there other pediatric dentistry topics/trends that you are aware of that the Academy is following? What is the next Evidence-Based Guideline to be issued by AAPD?

A. I am very proud of our Evidenced Based Dentistry (EBD) Workgroup and the talent and dedication of this team. We now have three EBD guidelines in our reference manual, two of which were created internally for vital pulp treatment and silver diamine fluoride. Our next guideline in the works will be for non-vital pulp therapy, followed by behavior guidance. The EBD process is very time consuming and only utilizes published research that meets its stringent criteria. It is great to be in the driver's seat defining the best treatment with science for our members, strategic partners and other stakeholders, such as dental licensing boards.

Q Tell us about the shifting characteristics/demographics of AAPD's membership.

A. I am very excited about the transformation of the AAPD over 75 years of our existence. We are now the third largest specialty, trailing orthodontics and oral surgery. We are a young profession with 67 percent of our membership under the age of 50 and 44 percent under the age of 40. I am tremendously proud that we are now a majority female organization – this trend will likely continue as 64 percent percent of our residents are female. Currently, approximately 94 percent of educationally qualified pediatric dentists in the United States choose to be members of the AAPD. This speaks well of how nimble our organization is and how we strive to meet member needs.

Q Anything else you would like to add?

A. I am thankful for having the opportunity to represent you as our president this year. It is very humbling to work with our talented members and staff to meet our member needs and advocate for pediatric oral health. We have an incredible Ohana (Family) that puts children first in all that they do. If I could make one request, it would be for everyone to stay involved and engaged with their Academy.



Welcome New Members

The AAPD would like to welcome new members. We look forward to supporting your professional needs. For further information on membership benefits please contact Membership Department at (312) 337-2169 or membership@aapd.org.

Member Benefit Spotlight

The Dental Trauma Guide – Evidence-Based Treatment Guide

In 2005, researchers at the University Hospital of Copenhagen started the Dental Trauma Guide to capitalize on an extensive dental trauma injuries database they had collected. The extensive catalog of trauma data is used to produce prognosis estimates for different injuries, and allows comparison of competing treatments.

Due to a loss of funding the Dental Trauma Guide is now a membership-based website. For AAPD members, the fee (normally \$25 per year) is a nominal \$7 per user per year.

To subscribe:

- Go to <https://dentaltraumaguide.org/membership-aapd-7123647361/>
- Select the number of individual users that need to have access to the Dental Trauma Guide
- You now have access to the unique services of the Dental Trauma Guide.

There are over 20 member benefits listed on the AAPD website. Find out all of your member benefits at <http://www.aapd.org/join/benefits/>. AAPD membership not only enhances your dental career through continuing education courses and colleague interaction, but also puts you at the forefront of the pediatric dentistry specialty through publications, advocacy, involvement and children's oral health resources.

Member News

AAPD New Fellows



AAPD would like to congratulate the new AAPD Fellows. The AAPD Fellow program recognizes members who fulfilled requirements of leadership, scholarly activity and community involvement.

*Aaron Blackwelder
Brandice Allen
Rachel Davis
Elisabeth Fulling
Danielle Hinton
Demisse Lasanta*

*Mitali Patel
Tina Ptacek
Hilary Reynolds
Brigid Trent
Andrea VanCleave
Takish Ziad*



Did You Know

Sleep is Silent, Not Symphonic

Anthony Burgess was right when he said: “Laugh and the world laughs with you, snore and you sleep alone.” Sleep is meant to be silent, not symphonic.

The scientific investigation of sleep began in the 1930s when Hans Berger, who discovered electroencephalography (EEG), noticed spontaneous brain activity in sleeping patients. Nearly five decades later (1978) the American Board of Sleep Medicine (ABSM) began certifying medical practitioners in sleep disorder medicine and interpretation of polysomnograms. This tailwind of interest in sleep medicine has led to the exploration of pediatric and adolescent sleep disorders such as sudden infant death syndrome (SIDS) and obstructive sleep apnea and sparked attention to behavioral and learning difficulties in children.

Pediatric sleep disordered breathing (SDB) is an umbrella term that includes breathing disturbances such as habitual snoring, obstructive sleep apnea (OSA), and nocturnal hypoventilation. The prevalence of SDB varies widely among studies depending on the diagnostic criteria used. According to Dosier et al., approximately 25 percent of typically-developing, preschool-aged children have sleep related problems, whereas the prevalence of sleep disorders in children with neurodevelopmental disorders can be as high as 80 percent. The prevalence of OSA specifically is between one percent to five percent with onset between two to eight years of age.

As clinicians, we have an opportunity to catch early warning signs of sleep disturbances in children through clinical dentofacial examination. Common clinical findings associated with SDB include obesity, adenotonsillar hypertrophy, macroglossia, retrognathia, and high-arched palate. In addition, children with disorders such as Down Syndrome, Prader-Willi syndrome, and Pierre-Robin sequence have craniofacial abnormalities that predispose them to SDB.

Beyond clinical evaluation, questions such as: “Does your child grind his/her teeth at night?,” “Is your child snoring during sleep?,” “Does your child occasionally wet the bed?” Help highlight potential risk factors for SDB and should be included during review of the dental/medical health history. Adjunctive screening tools such as BEARS (B=Bedtime Issues, E=Excessive Daytime Sleepiness, A=Awakenings During the Night, R=Regularity and Duration of Sleep, S=Snoring) are also helpful for practitioners and parents to identify children with sleep problems.

As dentists, we are not in a position to diagnose sleep disorders. Instead, we play an important role in recognizing high-risk patients and referring them for proper evaluation. Step one is to refer patients to a sleep specialist to have a sleep study. The study will include a polysomnogram, which measures apneas or hypopneas to determine the apnea-hypopnea index (AHI). An AHI between 1 and 5 per hour is generally considered mild OSA, whereas an AHI ≥ 5 per hour is considered to be in the moderate-to-severe range. Adenotonsillectomy (AT) is considered the treatment of choice in children once moderate-to-severe AHI is documented on initial polysomnography. According to a meta-analysis by Brietzke et al, ‘uncomplicated’ pediatric patients with OSA who underwent AT experienced a success rate of 83 percent ($P < 0.001$) measured by normalization in their polysomnogram and symptom alleviation. Patients who were obese or had craniofacial abnormalities, however, experienced persistence of symptoms.

Other treatment options besides AT include continuous positive airway pressure (CPAP), nasal steroids, rapid palatal expansion (RPE) and myofunctional therapy (MT). In the realm of dentistry, RPE and MT are options we can offer to our patients, so I’ll highlight those briefly. RPE devices can be used in children to help with maxillary transverse deficiency, making it possible to broaden the maxillary arch and widen the nasal vault. According to a meta-analysis by Vale et al., RPE had a significant effect on normalizing AHI in children and adolescents under 18 years with OSA. Myofunctional therapy involves isotonic and isometric exercises that target the lip, tongue, and oropharyngeal structures. According to a systematic review by Camacho et al, MT provides a reduction in AHI of approximately 62 percent in children and improves subjective sleepiness as demonstrated by a reduction in Epworth Sleepiness Scale (ESS) score.

Overall, sleep disturbances in children are common and can be managed early on through proper identification and referral to sleep specialists, surgical interventions, and non-surgical treatments including oral appliances and MT. The small steps we take to identify children with SDB may help save lives and improve the quality of sleep for our patients.



ABOUT THE AUTHOR

Dr. Neema Dad is a second year pediatric dental resident at the Yale School of Medicine and Yale New Haven Children's Hospital. He was born and raised in Plano, Texas. He completed his undergraduate education at Austin College in Sherman, Texas, majoring in Biology and Business Administration. He graduated from Texas A&M Baylor College of Dentistry in Dallas, Texas, in 2016. Outside of dentistry, Dad enjoys graphic designing, hiking, and photography.

Oral Exam Review

SEPTEMBER 6, 2018

Grand Hyatt
Denver, Colorado

Preparing for the Oral Board Exam? Do you want to brush up on your oral test-taking skills? This course will provide you with the opportunity to participate in numerous mock examinations. Drs. Fields and Wright will focus on the area of the examination process as well as topical areas of the exam. Not only will they discuss how cases are designed and created, but also provide suggested readings to help you study.

Speakers

Henry Fields, D.D.S., M.S., M.S.D.
Timothy Wright, D.D.S., M.S.

CE Credits
8 hours

Sponsor


Who Should Attend

Members preparing to take the ABPD's Oral Clinical Examination.

Hilton Austin
Austin, Texas

OCTOBER 26 – 27, 2018

Dental Assistant Sedation Course

Your Role in the Safe Sedation of Children

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.

Recently added is a four hour workshop on Saturday morning that allows hands-on training for the dental assistant. Participants will rotate through multiple stations to include airway management, airway equipment, papoose board and monitor placement.

Course Chair and Speaker

Bobby Thikkurissy, D.D.S., M.S.

Speakers

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

Who Should Attend

Those on the dental team involved with the sedation of children in their office.

CE Hours
11 hours

SEPTEMBER 7 – 9, 2018

Grand Hyatt
Denver, Colorado

Comprehensive Review of Pediatric Dentistry

Taught by expert clinicians, the Comprehensive Review Course will provide attendees an extensive review of pediatric dentistry. The topics discussed in this course include growth and development, assessment and prevention, oral pathology, care for special needs patients, restorative dentistry and materials, trauma, behavior management and pulp therapy. Whether you're preparing for the ABPD examination or just need a refresher, this course is an in-depth summary for all pediatric dentists.

Course Chair and Speaker

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

Speakers

Catherine Flaitz, D.D.S., M.S.
Christina Carter, D.D.S., D.M.D.
Timothy Wright, D.D.S., M.S.

Who Should Attend

Any dentist treating children; whether you are preparing for the ABPD examination or just need a refresher.

CE Credits
22 Hours

Sponsor


Safe and Effective Sedation for the Pediatric Dental Patient

Hilton Austin
Austin, Texas

OCTOBER 26 – 28, 2018

This course features the recognized leaders in the field, both in dental anesthesia as well as pediatric dentistry. You'll find didactic lectures, case studies, film clip sessions, panel discussions and hands-on breakouts with personalized attention. 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.

Course Chair and Speaker

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

Course Vice-Chair and Speaker

Bobby Thikkurissy, D.D.S., M.S.

Who Should Attend

Any dentist who sedates children in their office and wants to be taught by the leaders in the field who wrote the current AAPD-AAP Guidelines.

CE Hours
22 hours

Sponsor


HRSA Dental Faculty Loan Repayment

Meet the Recipients



Dr. Samah Omar, Loma Linda University

Through the HRSA Dental Faculty Loan Repayment program, Loma Linda University has been able to retain **Dr. Samah Omar** as an associate professor and full-time faculty member within the Department of Pediatric Dentistry. Omar earned her dental degree in 1999 from the Jordan University of Science and Technology and worked in private practice and community hospital prior to moving to the U.S. and completing the International Dentist Program. Omar received her certificate in pediatric dentistry in 2010 and Master of Science in Dentistry degree in 2011 from Loma Linda. She is certified and a diplomate of the American Board of Pediatric Dentistry.

Loma Linda University's School of Dentistry has had its pediatric dentistry residency program for more than two decades. The City of San Bernardino and its surroundings has a high rate of poverty with more than 50 percent of the child population either uninsured or using DentiCal. Many of the private pediatric dentistry offices do not accept DentiCal, making the Loma Linda Pediatric Dentistry Clinic one of the largest clinics that accepts DentiCal in The Inland Empire.

Since its inception, the class size has expanded from two to four residents. Recent graduates who are candidates for becoming faculty often have a difficult time deciding between entering private practice and academics due to their outstanding educational loans.



Dr. Jennifer Fernandez, University of Tennessee

The University of Tennessee College of Dentistry has a rich heritage of alumni who became leaders in Pediatric Dentistry as well as organized dentistry. This traces back to faculty who were role models of service, commitment to the patient first and clinical excellence. The challenge going forward is replacing those icons. In 2016, the average age of the faculty in the Department of Pediatric Dentistry was 64 years. This is not unique to the University of Tennessee. Over time residents have been identified with teaching gifts and leadership skill; who would be interested in dental education if it were not for the mountain of student debt. The HRSA Dental Faculty Loan Repayment program has enabled the identification and recruitment of such a person in **Dr. Jennifer Fernandez**, who tells the following story:

"I graduated from the University of Tennessee's pediatric dental residency in 2016. While under the mentorship of Martha Wells and Larry Dormois I discovered an affinity for teaching, but due to the heavy burden of student debt I was forced into private practice. I moved away after graduation to work and due to life circumstances, found myself back in Memphis. The Dental Faculty Loan Repayment Program allowed me to both enjoy a life of teaching and comfortably repay my student loans. Were it not for the faculty loan repayment half of my take home pay would go toward debt repayment, which would preclude the faculty position. The freedom it has given me to pursue this field of work is without measure, and for that I am truly grateful."

Look for profiles of additional recipients in future issues of *PDT*.

2018 Joint Academic Day

Plan on meeting your colleagues for the 2018 Joint Academic Day being held at the Hilton Hawaiian Village Honolulu, Hawaii, on Thursday, May 24, 2018. The combined morning session for pre- and post-doctoral program directors will feature successes of various pediatric dentistry programs that are recent recipients of HRSA grants and a discussion of techniques for teaching silver diamine fluoride.

Following lunch, the Society of Predoctoral Program Directors and the Society of Postdoctoral Program Directors will hold discussions on issues relevant to predoctoral and postdoctoral topics of interest.



pmm

practice management
and marketing news



LCP Dental Team Coaching (the new name for Julie Weir & Associates) is recognized as the premier consulting firm specializing in pediatric dentistry since 1996.

Are You Adapting to the Changing Marketplace?

In the last 10 years the dental marketplace has changed dramatically; insurance reimbursement has decreased, competition has increased and a higher daily volume of production is needed to produce enough profits to meet expenses.

Managing the practice and employees in this atmosphere can be overwhelming and doctors find it challenging to have a work/life balance. To adapt to this changing marketplace, doctors must have excellent leadership skills. Without these skills, profits and team morale will lack due to poor business planning, inefficient systems and lack of employee accountability. This will ultimately lead to doctor frustration and exhaustion.

Below are the top challenges that doctors are currently facing and the leadership actions they can take to help meet these challenges successfully.

MARKETPLACE CHALLENGES

- Expansion of reduced insurance reimbursement plans and decreased Medicaid reimbursement
- Increased complexity of the insurance market and reimbursement
- Increased competition for new patients from corporate dentistry, general dentists and increased number of pediatric dental graduates
- Shrinking profit margins
- Doctors lack of fiscal management and business planning
- Doctors lack of knowledge on front desk systems and if front desk employees are properly trained
- Doctors unsure of what is happening at the front desk; poor verbal skills, lack of professionalism, financial arrangements not properly presented and followed through
- Smaller pool of qualified employees
- Employees not committed to their job; absence of personal accountability, showing up on time, caring about doing a good job
- Scheduling the increased volume of production needed and not have the schedule run behind
- Parents not wanting to take their children out of school for appointments

LEADERSHIP SKILLS NEEDED

Business Planning: If you fail to plan, you plan to fail. Set goals and monitor them regularly so the doctor knows if the practice business plan is being met, if not, then timely adjustments can be made in production, collections and expenses.

- Create a practice business plan that defines:
 - Break-even point to identify the collection goal required to support overhead expenses, debt service, doctor income and retirement savings
 - Practice goals to support the break-even collection goal:
 - › Average number of doctor, recare, hospital and sedation work days/month
 - › Average daily production for doctor, recare, hospital and sedation
 - › Collection ratio
 - › Average number of new patients/month
 - Overhead expense budget
- Control lifestyle costs and reduce debt to be better able to adapt to economic downturns and reduced insurance reimbursement if and when they occur
- Monitor goals:
 - Monitor daily
 - Production for each producer/provider
 - Month to date production vs goal for each producer & the total practice
 - Show rate of patients: number of patients that showed up for their appointment/number of patients scheduled
 - Treatment acceptance ratio: case acceptance/case presentations = 80 percent to 90 percent
 - Monitor monthly
 - › Total practice production
 - › Total producer production (doctor, recare, hospital, ortho, IV sedation)

- › Average daily producer production
- › Producer work days (doctor, recare, hospital, ortho, IV sedation)
- › Total practice collections
- › Collection ratio: 96 percent – 98 percent of collectable fees depending upon how much charitable dentistry is performed
- › Show rate of patients: strive for a 95 percent show rate
- › Accounts receivable (AR) total: 1:1 ratio of total AR:monthly production
- › Total of AR in 61+ days: not more than 18 percent – 24 percent
- › New patients: 55 – 65+ new patients/month are needed to maintain and grow an average one doctor pediatric dental practice. Count only D0150 (Comprehensive Oral Examination) and D0145 (oral evaluation under three years of age)
- › Percent of patients in recare: goal is 75 percent
- Monitor quarterly
 - › Overhead expenses from the profit and loss statement against budget goal amounts
- Monitor yearly
 - › Do a comparative analysis of all goal numbers to see if there is a decrease or increase and if the practice is growing correctly. A dental practice should grow two percent to four percent above the national inflation rate each year to stay even, and higher to experience true practice growth. The growth in costs of dental supplies and services can be greater than regular consumer products

Employee Management: The doctor must help lead and motivate employees to their personal goals and the practice goals. Every person wants to feel a sense of belonging and recognized for making a positive difference. Happy employees are productive employees who stay long term.

- Doctor shares practice vision and goals with team members
- Create patient and team mission statements that put the doctor’s vision into words and create a clear sense of purpose and accountability. When all team members are working toward a common goal, it greatly increases the probability of success
- Create a business culture of mutual respect and trust
- Properly train employees
- Hold team members accountable for their job performance
- Regularly recognize employees who go above and beyond in their performance
- Identify and develop team members with leadership potential to become the office manager, front office coordinator and clinical coordinator to help hold employees accountable for proper job performance and maintain efficient systems
- Hold regular team meetings

Holding Effective Team Meetings: Hold productive morning meetings, monthly team and quarterly department (clinical, front office, leaders and marketing) using an action plan form so follow-up on the changes discussed can be tracked and implemented.

- Utilize meeting agendas to stay on track
- One team member should run the meeting while another takes notes. Meeting minutes and the Action Plan items are typed,

printed and given to each team member after the meeting. This will help create accountability

- Place all meetings for the year into the schedule to maintain consistency

Efficient Scheduling: Proper scheduling controls the pace and productivity of the day versus a day of stress and chaos. Use a proactive approach by using block scheduling to schedule an “ideal day” that will produce the daily restorative and recare producer goals.

- Not all procedures should be scheduled for the same amount of time. Consider qualifying each treatment appointment as either a simple or complex appointment giving each one a specific amount of time for their respected category and alternating them in the schedule to avoid complex appointments being booked back to back
- Schedule appointments for patients with greater behavior management needs and/or more procedures in the morning
- Allow for uninterrupted time with the doctor for sedations; i.e. no recare exams
- Block enough new patient appointments each month in your schedule
- Leave slots available for urgent procedures once your appointment schedule is at capacity
- Work the recare and unscheduled treatment plan reports consistently
- Coach team members on proper verbal skills to minimize no-show or short notice cancellations
- If a patient fails to keep an appointment, a team member should telephone the parents within 10 minutes. If unsuccessful, call again within 24 hours. If the appointment cannot be rescheduled, the patient must be flagged in the computer. At the end of each month, a broken appointment report can be run so that patients with failed appointments can be re-contacted
- Efficiency must be maximized when scheduling patients with very low reimbursement plans or providing care to these patients may become cost prohibitive. Consider the following:
 - Schedule these appointments during the hardest times of the day to fill (if the plan allows the doctor to dictate appointment time). Normally this is between 10:00- 2:00
 - Understand the volume required. Typically a procedure that is minimally reimbursed must be performed three to five times to get the same dollar of profit as when it is reimbursed at full fee. That is why efficiency and high utilization of expanded function team members, if your state allows, is important
 - Delegate as much as possible that is within the state law to dental team members
 - Track new patients in lower fee plans separately from private pay. Limit patients by age or number of patients/month on lower fee plan patients if necessary to maintain adequate collections
 - Have a strict no-show, short cancel policy. Dismiss at first or second no-show. Have parents sign an appointment agreement form. These can be different from private pay patients
 - Designate a flow coordinator to help the team manage the flow of patients to the back and direct the doctor where to go next so the doctor’s time is efficiently used

Accounts Receivable Management: Insurance management has become more complex and requires more time than ever before. Statistics now show that an additional fulltime front office team member is needed to manage the collections from insurance companies than what was necessary five to 10 years ago.

- Three important tasks the front office team should be performing to ensure the best collections for the practice are:
 - Verifying patient’s insurance eligibility and benefits
 - Utilize a coverage table for the insurance plan in the practice management software
 - Utilize a payment table for the insurance plan in the practice management software
- Collect all patient payments, deductibles and estimated portions at the time of service
- Monitor outstanding insurance claims
 - Submit all claims daily at the end of each day
 - Follow up with the insurance company if the claim is unpaid after 14 days
 - At 60 days with no insurance payment, close the claim and send the parent a statement for the entire balance
- Accounts receivable report: take appropriate actions to collect all balances
 - Print weekly and review all accounts with balances past 14 days
 - Utilize electronic communication to send statements and email parents regarding balances after 21 days (following HIPAA guidelines)
 - After 45 days past due, call parent and remind that balance is due
 - If not paid after 90 days, send account to collections

Create a Marketing Team: Have one person from each department on the team to create and carry out the marketing actions.

- Consistently track referrals and new patients using practice management software
- Hold a monthly marketing meeting to review the new patient referral report, discuss what marketing actions have been successful and what new marketing actions will take place in the next quarter
 - Internal marketing; monthly contest giveaways, cavity-free club giveaways, frequent team theme days, celebrating team member birthdays/anniversaries, new patient t-shirt giveaways
 - External marketing ideas; quarterly deliveries to referring offices, posting on social media and supporting community groups and events
 - Consider hosting an annual patient appreciation event with an icecream truck at the office or at a local frozen yogurt shop
 - Consider hosting an annual referring office appreciation event at a local event room or restaurant
- Review website to check for anything that may need updating including doctor and team photos, advances in technology to advertise and ability for easy viewing on any mobile device
- Focus on creating a bigger presence on social media. Create an Instagram account and set up to sync to Facebook account to post simultaneously. Set a goal to post a minimum of 1-3 times per week
- Coach team on verbal skills to let parents know the practice is always accepting new patients

There is a high financial and emotional cost to being unprepared to market changes. By implementing the recommended leadership skills, doctors will be able to reduce their stress and find more enjoyment in their work.

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

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BUSINESS LEADERSHIP CONFERENCE

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www.treloaronline.com

TH-170048

Have you seen a child with enamel hypoplasia?



One simple observation can make a big difference.

Your pediatric patients who have enamel hypoplasia together with oral thrush or hypoparathyroidism may be exhibiting a critical, common early manifestation of autoimmune polyendocrinopathy-candidiasis-ectodermal dystrophy (APECED) or autoimmune polyglandular syndrome type-1 (APS-1), a rare primary immunodeficiency disorder. Because APECED/APS-1 typically goes unrecognized until later in life, patients can go on to develop a variety of disease manifestations that cause end-organ damage and significant morbidity and mortality.

Here at NIH, our APECED/APS-1 research aims to intervene early with immunomodulatory therapy in hopes of preventing the development of autoimmune manifestations, thus changing the natural history of the disease and improving prognosis and quality of life.

We are counting on pediatric dentists like you to help identify and refer these at-risk children, specifically those who:

- Are of very young age
- Have enamel hypoplasia together with either oral thrush (current or previous history) or hypoparathyroidism



For more information or to refer a patient, please contact our study coordinators:

Monica Schmitt, CRNP and Elise Ferré, PA-C

Phone: 301-496-8985 Email: APECED@niaid.nih.gov

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Pediatric Oral Health Research and Policy Center

New Practice Facts: 2017 Survey of Pediatric Dental Practice Now Online

The AAPD Survey of Dental Practice, last published in 2011, supplies up-to-date information on critical functions of pediatric dental practices, as well as offers an inside look at such topics as changing demographics of the profession, perceptions of busyness, geographic variations in the pediatric dental workforce, Medicaid participation, and charitable care. The survey was distributed to 6,505 selected AAPD members last summer, garnering a response rate of 39 percent (2,549 responses out of 6,505).

Here are some intriguing facts from the survey:

- Seventy percent of pediatric dentists accept Medicaid patients. Publicly insured patients represent a higher percentage of their practices in 2016 (34 percent) than in 2011 (26 percent).
- The majority of pediatric dentists in 2016 were women (52 percent) compared with 14 percent in 1998.
- Data suggest a move away from solo to group practice. In 2016, 45 percent of pediatric dentists reported three or more dentists in their primary work setting compared to 11 percent in 2011.
- The percentage of pediatric dentists providing charitable care increased from 74 percent in 2011 to 78 percent in 2016. The estimated dollar value of care provided free on an annual basis increased from \$15,700 in 2011 to \$18,300 in 2016.
- Patients' wait times to see the dentist upon arrival to the office remain at the national average of eight minutes.
- Pediatric dentists who reported being "not busy enough" in their practices were more likely to be located in urban counties with populations greater than 1.5 million people (25 percent). Those practicing in counties with under 275,000 population were the least likely to report not being busy enough (11 percent).
- Perceptions of busyness also varied by regions of the country, as shown by the following chart.

Dentists' ratings of the current supply of pediatric dentists in their local area	Northeast Region	Midwest Region	South Region	West Region	Nationwide
There is a shortage	12%	16%	9%	6%	10%
The current supply is adequate	40%	61%	45%	40%	45%
There is an oversupply	48%	23%	46%	54%	45%

You will find more facts of interest by viewing the full survey at http://www.aapd.org/assets/1/7/AAPD_CHWS_survey_Pediatric_Dentistry_final.pdf.

Results from the comprehensive pediatric dentist workforce study conducted in conjunction with the Survey of Dental Practice will be published this fall. Commissioned by the AAPD and produced by the Center for Health Workforce Studies, Albany, N.Y., the workforce study has gathered and analyzed credible evidence to provide solid projections of future supply and demand for pediatric dentists in the U.S.

Final Report Now Available: Predictive Model for Caries Risk Based on Determinants of Health Available to Primary Care Providers

A full report of the third year of research exploring oral health promotion in primary care is now available on the AAPD Policy Center website at http://www.aapd.org/policy_center/.

With an aim of creating a history-based, caries-risk screening tool that more easily assimilates into the work flow of a well-child visit, a predictive model was developed at Nationwide Children's Hospital (NCH). The model characterizes the likelihood a child would have oral disease or risks of future disease at the time of their first dental visit and is based upon information noted in the early well-child visits.

The study, with over 2,000 infants, produced a predictive model that suggests the odds of a child having tooth decay at the first dental visit more than doubles for every year of increased age.

Additionally, it offers clues to assist health care professionals identify tooth decay risk in young children before even looking in their mouths. Starting at the 18-month well-child visit, health care providers can use five variables to assess the odds of future or present tooth decay risk. The five variables are:

- Age of the child
- History of a preventive dental health visit
- Duration of breastfeeding (past age 1)
- No-show rate (such as broken appointments, etc.)
- Preferred spoken language

With such a predictive tool, health care providers could easily administer caries-risk assessment as a part of the well-child visit without taking time from other equally important health concerns.

New Committee on Safety Update

The AAPD Committee on Safety was created to:

- Examine the processes and culture of patient safety as they pertain to the practice of pediatric dentistry.
- Make recommendations to the AAPD as to possible initiatives the organization could implement to enhance the safety of children in a pediatric dental office.

Its vision is the safest possible oral health care delivery system, protecting the health and well-being of patients and their providers. Its mission is to apply the diverse resources of the American Academy of Pediatric Dentistry in aiding dentists to create a culture of safety for both patients and providers in the dental setting. This is done by building and incorporating systems of safety into all aspects of the delivery of oral health care.

The committee has had multiple conference calls and met in Chicago in December 2017 and April 2018. They have completed a Delphi exercise in which various topics related to safety were reviewed and discussed (Sedation, Office Policies and Procedures, Physical Safety Patients, Physical Safety Staff, Infection Control, and Therapeutics). They also assisted in updating the joint AAP/AAPD sedation guideline.

Some of the potential deliverables the committee would produce are:

- "Safety Corner" in each issue of *Pediatric Dentistry Today (PDT)*.
- "Office Safety Elements" manual/toolkit.
- Safety Symposium in 2019.
- Review and update existing AAPD sedation policies and recommendations to match joint AAP/AAPD sedation guideline and addendum.
- Engage OSAP (The Organization for Safety, Asepsis and Prevention) about hosting another webinar (e.g., infection control).

Evidence-based Dentistry Committee Update

Two new EBD guidelines were accepted by the National Guideline Clearinghouse:

- Clinical Practice Guidelines for use of Vital Pulp Therapies in Primary Teeth with Deep Caries, and
- Clinical Practice Guideline on the Use of Silver Diamine Fluoride for Dental Caries Management in Children, Adolescents and Individuals with Special Healthcare Needs.

Patient education materials based on the new guidelines have been developed for silver diamine fluoride, pulpotomy and indirect pulp therapy. They are available through the AAPD's online store.

The non-vital pulp systematic review workgroup, comprised of Drs. Shahad Al Shamali, Chia-Yu Chen, James Coll, Abdullah Marghalani, N. Sue Seale, and Kaaren Vargas, met in December to begin work and the workgroup will meet again for a full-day work session at the 2018 Annual Session. In vivo and in vitro protocols will be registered within the year.

The EBD Committee is forming a new workgroup on behavior guidance for the pediatric dental patient. The new behavior guideline, based on an existing systematic review, will be published in early 2019.

Members

Dr. Jade Miller, Chair
Dr. Paul Casamassimo
Dr. Charles Czerepak
Dr. John Liu
Dr. Paul Reggiardo
Dr. Leila Younger

Staff Liaisons

Dr. John Rutkauskas
Leola Royston

For more information, please contact Director, Research and Policy Center Robin Wright at rwright@aapd.org.

Three New 2017/2018 CDT Code Guides

The ADA Council on Dental Benefit Programs, with support from knowledge experts in the dental community and Practice Institute staff, published three new 2017/2018 CDT code guides that cover teledentistry (D9995-D9996), the application of a caries-arresting medicament (e.g., silver diamine fluoride) (D1354), and finger-prick in-office diabetes testing (D0411). Each guide will help dentists understand the procedures underlying these CDT 2017/18 codes and how they should be reported.

These guides are available on the ADA's Coding Education page at <http://www.ada.org/en/publications/cdt/coding-education>.

D9995 and D9996 – Guide to Understanding and Documenting Teledentistry Events

CDT 2018 marks the addition of codes for documenting and reporting the two types of teledentistry scenarios a dentist can play a part in – one where data is collected and addressed in real-time, and the other where data is collected, stored and forwarded to be addressed at another time and location.

Teledentistry provides the means for a patient in one physical location to receive services, and the dentist or other oral health or general health care practitioner overseeing the delivery of those services is in another location. This mode of patient care makes use of telecommunication technologies to convey health information and facilitate the delivery of dental services without the physical constraints of a brick and mortar dental office.

ADA Guide to Understanding and Documenting Teledentistry Events is available at no cost for you to view or download at https://www.ada.org/~media/ADA/Publications/Files/D9995andD9996_ADAGuidetoUnderstandingandDocumentingTeledentistryEvents_v1_2017jul17.pdf?la=en.

D1354 – Guide to Interim Caries Arresting Medicament Application (aka Silver Diamine Fluoride)

CDT code D1354 has been in effect since Jan. 1, 2016. This guide addresses two notable aspects of the procedure and its code – first that the procedure is not limited to the application of Silver Diamine Fluoride (SDF) as the medicament; and second the clarifying revision that this procedure is to be reported by tooth treated, not by number of lesions.

In some parts of the dental community D1354 has been referred to as the SDF code, which is an understandable misperception as this medicament is widely used for the procedure. The code's nomenclature and descriptor are intentionally more broadly worded and inclusive. Find out why in the guide. Inside you will also find out about this code's CDT 2018 revision, adding "... per tooth" to its nomenclature so that the procedure is reported consistently.

ADA Guide to Reporting Interim Caries Arresting Medicament Application is available at no cost for you to view or download at https://www.ada.org/~media/ADA/Publications/Files/D1354_ADAGuidetoReportingInterimCariesArrestingMedicamentApplication_v1_2017jul15.pdf?la=en.

D0411 – Guide to Point of Care Diabetes Testing ("finger-prick") Procedure and Reporting

CDT 2018 marked the addition of "D0411 HbA1c in-office point of service testing" – a chair-side screening procedure that, along with appropriate referral, aids in the diagnosis of pre-diabetes and diabetes. This procedure, also known as finger-stick random capillary HbA1c glucose testing, is relevant to dentists as diabetes is a risk factor related to periodontal disease.

Hb1Ac testing enables a dentist to amend the patient's treatment planning depending on whether the results are the first indicator of a new diabetic condition, or if the results indicate a change in the existing diabetic condition.

ADA Guide to Point of Care Diabetes Testing and Reporting is available at no cost for you to view or download at https://www.ada.org/~media/ADA/Publications/Files/D0411_ADAGuidetoPointofCareDiabeteTestingandReporting_v1_2017jul17.pdf?la=en.

Questions about these guides, other coding education material, or the CDT Code itself should be directed to Director of Dental Benefit Programs Mary Essling, at messling@aapd.org or (312) 337-2169.

You can view a complete archive of Behind the Code articles dating back to 2008 on the AAPD website at http://www.aapd.org/resources/code_archive/.



D i d Y o u K n o w

Another Win for Member Dentists

The Texas Dental Association and the Texas Academy of Pediatric Dentistry contacted AAPD in early 2018 regarding complaints about DentaQuest's new restrictive policy that requires preauthorization for the use of D9248 non-intravenous conscious sedation. DentaQuest is the Texas State Medicaid Dental Program.

The explanation of benefits (EOB) language was confusing as it gave the impression that a dentist needed to document failure of nitrous before D9248 would be approved. In actuality, DentaQuest was looking for documentation on why oral conscious sedation was used versus nitrous.

AAPD staff reached out to the National Dental Director for DentaQuest.

After a couple of conversations with the Dental Director, AAPD, TDA and TAPD staff and the AAPD Public Policy Advocate, the confusion was resolved. DentaQuest was in the process of revising the EOB language to clarify that nitrous is one of several criteria and not a requirement.

DentaQuest provided the following remarks:

DentaQuest is in the process of reviewing and revising its EOB denial language.

DQ's internal criteria has not changed. The denial language includes the qualifiers which are also in the Office Reference Manual. The only change was requiring prior authoriza-

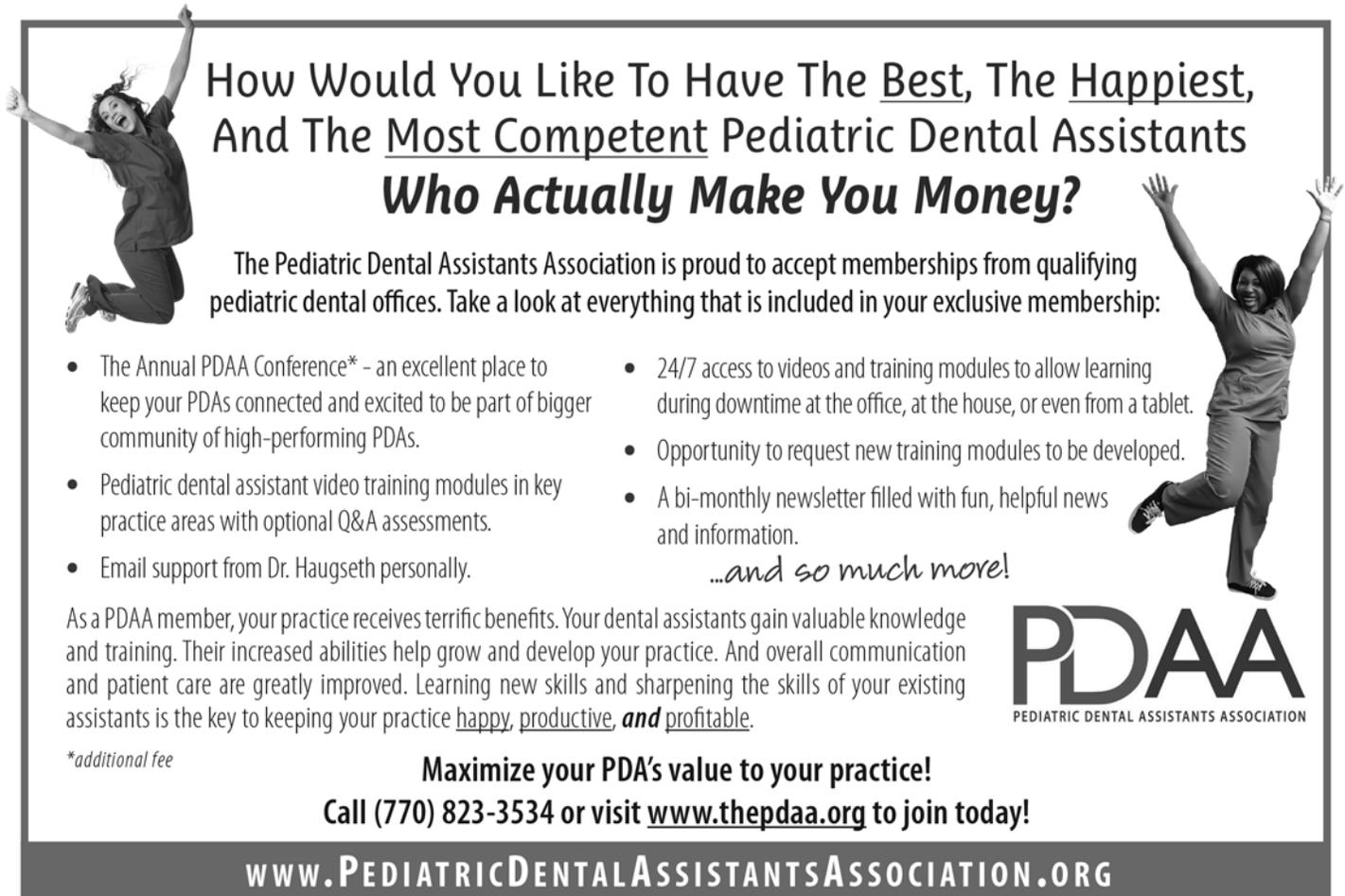
tion with appropriate documentation. Clinical denials since the change are low. However administrative denials are occurring as the doctor's documentation, which was spelled out for them, has been incomplete or missing. We would suggest continuing to monitor the effects of the change.

AAPD believes that providing documentation of medical necessity is a legitimate function of a Medicaid dental program fiscal intermediary. The indications for all provided services should already be part of the patient record and so long as DentaQuest is not requiring anything more, the requirement is not unreasonable. We are told that if the narrative notes an appropriate reason/contraindication(s), per the AAPD Guideline which DentaQuest currently adheres to, DentaQuest will pay the claim.

AAPD will continue to monitor this matter.

Dr. Bill Steinhauer, AAPD Texas Public Policy Advocate said, "The Texas Dental Association and the Texas Academy of Pediatric Dentistry had both found DentaQuest in Texas to be unsympathetic to their concerns about inappropriate denials of conscious sedation prior authorization requests. Once AAPD contacted Dr. Thommes there was an immediate turnaround within DentaQuest. Now the requests are being handled both expeditiously and appropriately."

Please feel free to contact Director of Dental Benefit Programs Mary Essling at messling@aapd.org or (312) 337-2169.



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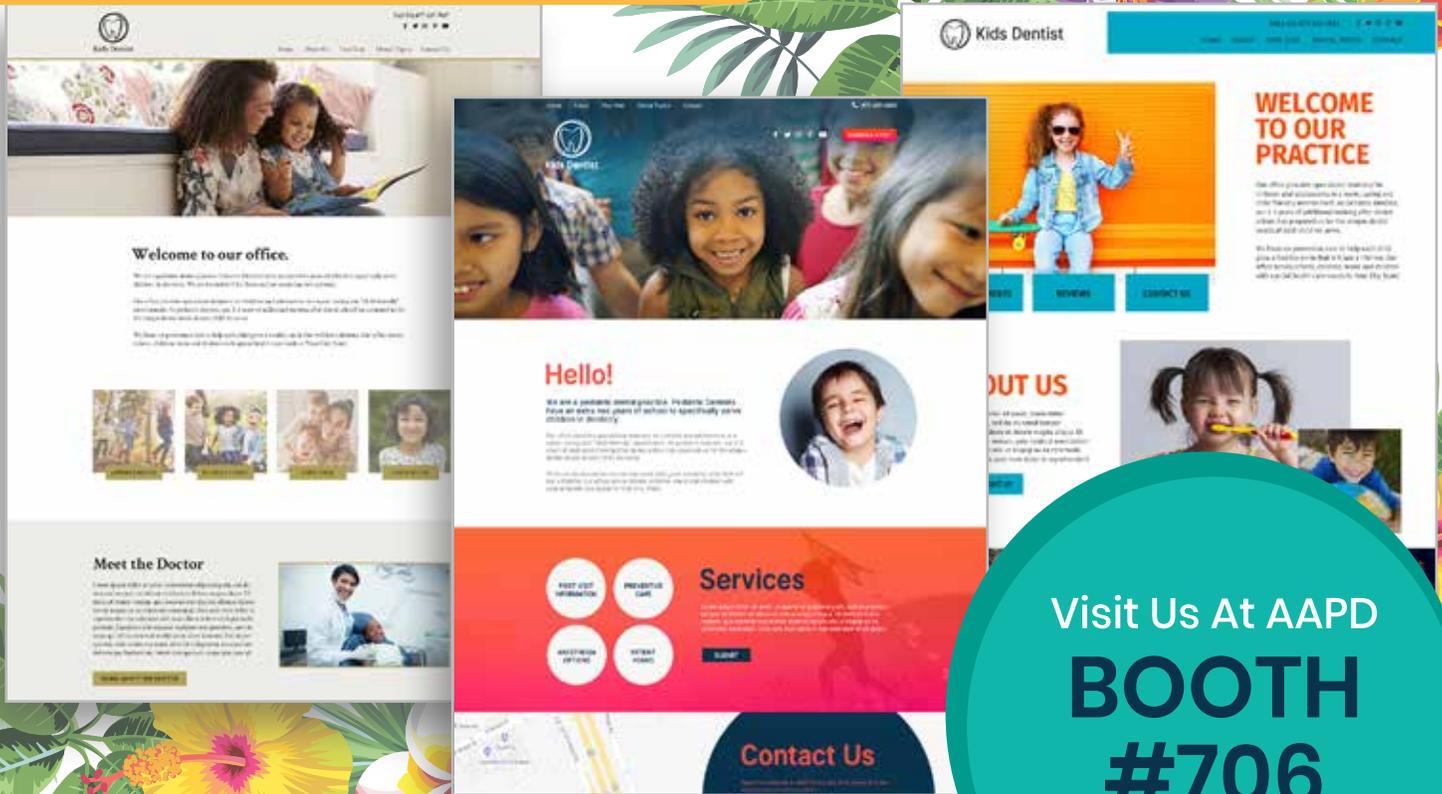


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AAPD President Participates in National Children’s Dental Health Month Satellite Media Tour



On Jan. 31, 2018, AAPD President **Dr. James Nickman** completed 28 broadcast media interviews with TV and radio stations coast to coast. He addressed why little teeth are such a big deal and shared simple tips and tricks for keeping children’s teeth healthy, including the importance of an Age One dental visit, what to do when a baby tooth

gets knocked out, as well as helpful tips on teething. Dr. Nickman also debunked some widespread misconceptions on oral health such as if tooth decay is genetic, the importance of brushing your tongue and timing on the cessation of thumb sucking and pacifier use. In addition, he discussed new treatment options for cavities such as silver diamine fluoride. From Portland’s KOIN-CBS TV’s KOIN News, This Morning to Chicago and WSRB-FM Radio Real Talk, over to Rhode Island’s WTKR-CBS TV Coast Live and down to West Palm Beach’s WPBF-ABC TV WPBF 9 AM News, broadcast and radio outlets were eager to hear his expert advice to help set their viewers (and kids) up with a lifetime of healthy oral habits!

NCDHM Media Coverage

As part of National Children’s Dental Health Month, AAPD was tapped to participate in many editorial opportunities. AAPD President **Dr. James Nickman** contributed articles to several publications on silver diamine fluoride, including *Dental Economics*, *Dimensions of Dental Hygiene*, as well as *Decisions in Dentistry*, all for their respective February issues.

In Chicago, AAPD spokesperson **Dr. Mira Albert** fielded a four and a half minute segment on Feb. 14, for Chicago’s *The Jam/WCIU* focusing on topics such as fluoride, Age One dental visit, flossing, sugary snacks/beverages and the importance of keeping little teeth healthy.

AAPD Chief Policy Officer Contributes to *Dentistry Today*

For the second year in a row, AAPD was invited to share commentary with *Dentistry Today* on our policy and research initiatives as part of NCDHM and their February issue. Dr. Paul Casamassimo referenced how the AAPD is a strong supporter of NCDHM for the care it delivers, but also because it contributes important metrics indicative of oral health, fosters access to care in novel ways, and engages communities outside of dentistry to create awareness and facilitate care.



Mouth Monsters is a consumer-focused media campaign initiated by the AAPD in 2014 via partnership with the leading public relations firm Weber Shandwick. The campaign goal is to distinguish the AAPD and pediatric dentists as the go-to experts on children’s oral health and get more children to see a pediatric dentist by age 1. AAPD has invested over \$1 million in this campaign since its inception. Visit the Mouth Monster Hub at <http://mouthmonsters.mychildrensteeth.org/>.



Did You Know

Whole Life Insurance as a Retirement Planning Tool?

Whole life insurance need not just benefit your survivors. Leverage this multi-faceted tool as part of your retirement planning strategy.

Contributed by Treloar & Heisel, Inc.

Last segment in a three-part series of articles about whole life insurance.



Over the course of this article series, we have discussed several advantages of whole life insurance in terms of its capacity to provide you with *unlimited time* to achieve your life goals, and *guarantees* that stretch its utility beyond simply providing a death benefit. Properly implemented by a skilled and knowledgeable professional, whole life insurance can be an important complement to your existing retirement planning strategy.

LIFE INSURANCE WITH BENEFITS FOR THE LIVING

Indeed, the most important use of life insurance is to protect widows, widowers and orphans from financial destitution. While term insurance can be used for that purpose, it does require that you die during the term of the contract (5-year, 10-year, or however long) in order for your beneficiaries to collect the benefit. The beauty of whole life insurance is that there is no expiration date to the contract. Hopefully you will live a very long time, and if you don't put it to use to protect your spouse and young children, you can very effectively use it post retirement – *while you are still alive*. A quick refresher before we begin: remember, provided you pay the premiums, whole life insurance builds up cash value over time. You get to choose how you use those cash values¹.

CONSIDER ADDING A NON-CORRELATED ASSET CLASS TO YOUR RETIREMENT PORTFOLIO

Many people have a retirement plan, such as a 401(k) or 403(b) plan, the assets within which are primarily made up of mutual funds. Mutual funds are subject to the whims of the market. Whole life insurance is not. It is what we call a *non-correlated asset* to the investment marketplace. Non-correlated asset classes are beneficial for people in retirement

because historical financial market data tells us that on average, for every ten years worth of time, the market is negative in its yield for three years. In those negative years, you may want to use the cash value of your whole life insurance policy to bolster your retirement plan and give your portfolio time to recover.

A PERMISSION SLIP TO SPEND ALL OF YOUR RETIREMENT ASSETS

Frequently, when you accumulate a large sum of money (say, in a 401(k) plan), you don't know how to spend it safely. What if you live a long time and run out of money? Some people feel conflicted between spending all of their retirement assets and leaving something to their spouse and/or children. Owning whole life insurance gives you a permission slip to spend all of your money and have it replaced by the whole life insurance policy for the purpose of providing for your spouse, children or a beloved cause.

ACHIEVING THE RIGHT MIX

If you speak with an investment professional, chances are they will tout the benefits of keeping your savings entirely in the financial markets. An insurance professional, on the other hand, may heavily promote insurance products. The right answer is achieving the correct mix of tools to support your retirement strategy. Just as there is a healthy composition of equities to fixed income in an investment portfolio (a concept known as the 'efficient frontier'), so is there a healthy composition of whole life insurance death benefit to market-correlated retirement assets. This is all to say that there are many benefits to continuing to save in your 401(k) or other retirement plans. Just don't put all your eggs into one basket. Adding a non-correlated asset such as whole life insurance not only diversifies your portfolio, but it also adds a new retirement income source.

LAST BUT NOT LEAST, CONSIDER WHOLE LIFE INSURANCE AS PART OF YOUR LONG TERM CARE PLAN

As life expectancies increase so does the likelihood of needing long term care. The US government estimates that almost 70% of people turning age 65 will need long-term care at some point in their lives (Source: www.longtermcare.gov). However, many people are hesitant about purchasing long term care insurance because they think they may not need it. You can use the built up cash value within your whole life insurance policy to help pay for long term care services². You can also combine life insurance and long term care products, and enhance your plan through additional features such as accelerated death benefits.

WORK WITH AN EXPERIENCED PROFESSIONAL

Though we have made this point before, we cannot stress it enough. It is critical that you work with an experienced and knowledgeable financial services professional who understands the complexities of insurance and retirement planning, and knows the particular challenges and needs of working with professionals in the dental field.

ABOUT TRELOAR & HEISEL

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¹ Access to cash values through borrowing or partial surrenders will reduce the policy's cash value and death benefit, increase the chance the policy will lapse, and may result in a tax liability if the policy terminates before the death of the insured.

² Accessing cash values, through loans and partial surrenders or by accelerating benefits for long term care benefit payments, will reduce the death benefit payable, the cash surrender value and the long term care coverage available.



VISION INITIATIVE

The Vision for the Future of Continuing Board Certification

CONTINUING BOARD CERTIFICATION

VISION *for the* FUTURE

The American Board of Pediatric Dentistry significantly simplified our specialty board certification by introducing the Oral Clinical Examination in 2005, changing the voluntary certification process from a four-part to a user-friendly two-part examination. In 2012, ABPD launched the Renewal of Certification Process (ROC-P). By most measures, our certification and recertification processes have been successful and well received. The psychometric data collected since 2005 has convincingly demonstrated that the Qualifying Examination and the Oral Clinical Examination are reliable in validating the minimal competence required of a board certified pediatric dentist.

Self-regulation is crucial to modern-day professionalism, and indeed essential to ABPD for it to remain relevant and thrive. To that end, a primary purpose of the ROC-P is to assure our stakeholders that as board certified pediatric dentists we continue to validate our clinical and didactic knowledge as well as our skills and techniques. ROC-P also involves licensure attestation, registration of CE credits, participation in the quality improvement modules, and every 10 years, an open book, multiple-choice examination. Initially, some diplomates expressed considerable angst about having to renew their board certification. Now, most diplomates seem to enjoy the quality improvement modules and derive valuable learning from the process. However, the questions remain if the ROC-P offers an adequate and appropriate mix of educational content; more fundamentally, how valid is this process for our certification renewal?

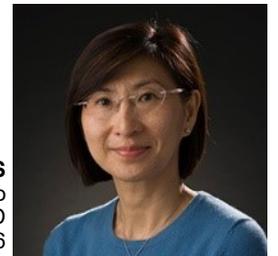
The Vision Initiative, instituted by the American Board of Medical Specialties (ABMS), which comprises of 24 medical specialty boards, is attempting to answer such questions. Last year ABMS appointed the Planning Committee to form the Commission whose charge is to make recommendations about the future of continuing board certification. The Commission was formed earlier this year with 27 selected board members

representing stakeholders from within and outside of the medical profession: individual physicians, specialty boards, licensing organizations, credentialing authorities, state medical societies and the public at large.

The Vision Initiative consists of three phases. Phase I, the establishment of the Commission and the planning of its charge, is completed. Phase II, which is happening through 2018, includes gathering information from all stakeholders, examining physicians' learning, considering how to incorporate new knowledge and clinical information in programs to help physicians stay up-to-date in their specialties, as well as assessing ways to support physicians' autonomy and mastery. Lastly, in Phase III the Commission will publish a report with recommendations to the ABMS for their consideration regarding the principles, frameworks and program models for continuing board certification.

The ABPD believes the voluntary participation in continuous learning through board certification and recertification improves the quality of pediatric oral health care and patient outcomes. Our Board is constantly looking for ways to evaluate and strengthen the processes, to improve the lifelong learning experience for our diplomates, and to reassure the public that our self-regulation is appropriate and valid. We are, therefore, watching the work of the Commission and the progress of the Vision Initiative with great anticipation and interest that these efforts will help us hone the certification and recertification processes of ABPD.

You can find the details of the Vision Initiative by visiting their website at www.visioninitiative.org.



Dorothy Pang, DDS, MS
San Francisco
Director & QE Board Liaison, ABPD
Board Certified 2006

American Board of Pediatric Dentistry at AAPD 2018 in Honolulu, Hawaii



Thursday, May 24

4:30-6:30 PM

ABPD Recognition Reception & New Diplomate
Pinning Ceremony (invitation only)

7-8:30 PM

ABPD President's Reception (invitation only)

Friday-Sunday, May 25-27

Booth #734

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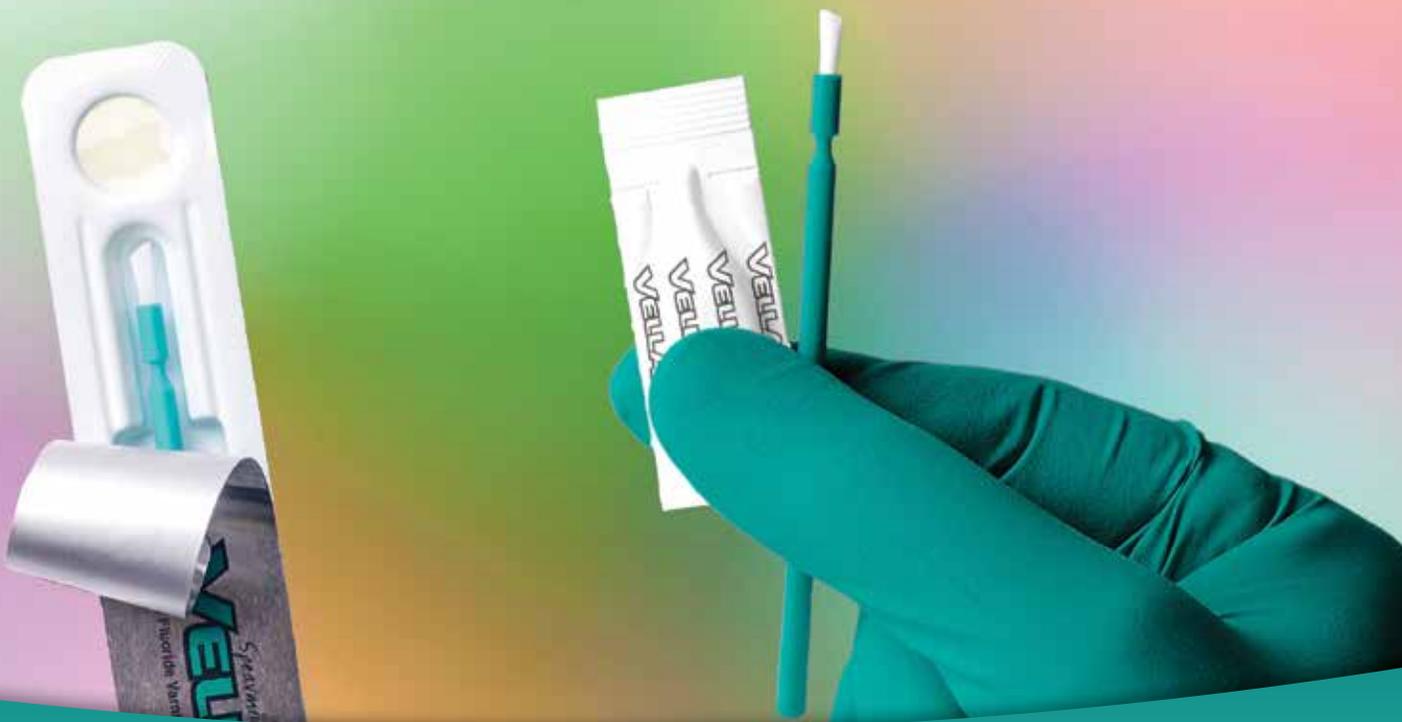
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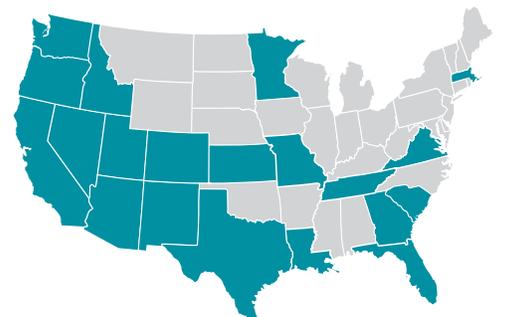
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ALASKA—ANCHORAGE. A fantastic opportunity for a Full time Pediatric Dentist seeking a position in a private practice with buy-in potential. Our practice is growing with new patients and we need your help. The ideal candidate is highly skilled, enjoys collaboration, and open to mentoring & with unlimited growth potential. If you work independently and are dedicated to providing unmatched patient care, we are the practice for you. Alaska is perfect for building your career and raising a family. Requirements: Pediatric licensed dentist with Alaska license. For more information call 907-351-3459 or e-mail your C.V. to Leanne@TRGCoaching.com.

ARIZONA—GOODYEAR. Exceptional pediatric dental practice has an amazing opportunity for a certified pediatric dentist! We have a well-established, state of the art, themed office in a rapidly growing area. Our office is looking for an enthusiastic pediatric dentist to join our team who will provide high quality care to our patients on either a full-time or part-time basis. Our office is doctor owned and has been a successful business for over 13 years. Associates earn a guaranteed daily base salary, monthly bonuses, paid vacation, and may participate in our retirement plan as well as group medical insurance. Requires certificate from accredited pediatric dental residency but current residents may apply. Please e-mail your C.V. to azkidsdentist@yahoo.com to learn more about this exciting opportunity!

ARIZONA—PEORIA. Pediatric Dentist Phoenix's premier state-of-the-art multi-facility pediatric dental group practice located throughout the rapidly growing West Valley has an incredible opportunity for a FT/PT certified pediatric dentist. Offering a comprehensive compensation package, including malpractice, health, vacation, CE, retirement, and opportunity for partnership. Extremely competitive starting salary with incentives based on experience and ongoing production. Be part of our diverse team, providing all forms of sedation and hospital-based care for our community's children. Three part-time and one full-time anesthesiologist on staff, to enhance our overall quality of care. Take a peek at our award winning website www.wvpdo.com and contact Terry Barnes at tbarnes@wvpdo.com for more information on this incredible opportunity.

CALIFORNIA—SAN DIEGO. Full or Part time great busy office ,Many years in business serving San Diego county. Friendly Staff and support. Please forward your C.V. with confidence to hoss@childrensprimarydental.info. Recent graduates welcome. Room for growth with a successful dental practice and friendly-associates.Multiple branches .Lucrative compensation plan.Learn from us we will show you how a successful business model in pediatric dentistry works. For a confidential interview please submit your credential. Requirements for this position: California admitted sedation certificate.

CALIFORNIA—SAN DIEGO. Great opportunity for Pediatric Dentists in the San Diego County area. Join our team and be a part of something as extraordinary as the children you treat. With five locations, we are looking for someone compatible who is personable, enthusiastic, caring and someone who loves what he/she does. Currently, we're seeking both part-time and full time positions. Requirements: pediatric dentist, CA license For more information on our practice, please feel free to check out our website www.thesuperdentists.com and send your resumes to nicki@thesuperdentists.com or call 619-548-8772 for more information on the opportunity.

CONNECTICUT—BRISTOL. State-of-the-art Pedo-Ortho modern practice in Bristol, CT is seeking a full-time or a part-time Pediatric Dentist for quality-oriented care with focus on excellence in service. The practice: Quality-oriented while focusing on exceptional customer service. Patients' satisfaction is top priority. Central N2O, digital radiography, paperless charting (EagleSoft), and the latest in soft-tissue & hard-tissue laser technology (Fotona Lightwalker). We receive referrals from over 150 general dentists. We have a high volume of O.R./G.A cases. The ideal candidate: Quality-oriented, exceptional communication skills, interest in the latest technology, materials and techniques. Innovative, skilled, dedicated and committed for long term. Enjoy full-autonomy, treat it like your own practice, and dictate your own terms. High compensation, loan repayment program, full benefits, optional 401k. We take pride in our relaxed, friendly, yet professional atmosphere. Only happiness and positive energy is allowed. Board certification is preferred, competitive graduating residents are welcome to apply. Full-time or part-time, your choice. We look forward to receiving your C.V. This is one email you won't regret sending: aidlibi@yahoo.com.

CONNECTICUT—GREENWICH. Great opportunity for ambitious Pediatric Dentist to join the Pediatric Dental Group. Our practice is a well established, modern, fee for service practice in the heart of Greenwich, CT. Open to interested associates with possibility of future partnership. Please send any inquiries or resumes to greenwichkidsdds@aol.com. Requirements for this position: Board certified candidates preferred.

FLORIDA—MIRAMAR. Pediatric dentist specialist - needed for an innovative, like-no-other, friendly pediatric and orthodontic practice. An exciting opportunity for a highly motivated, energetic pediatric dentist. An opportunity to work in an established practice which has continuous room to grow. Our practice needs a doctor that has that true heart for our children and believes in giving them a wonderful dental experience. Excellent communication style, along with outstanding clinical and patient management skills are required. Board certified or eligible. Starting at 3 days per week with the potential for more days. Come join our team! New graduates are welcome to apply.I am looking for that doctor to be a part of our family for a long time! E-mail resumes to tchendam@gmail.com. Please ensure to send a phone number and email to contact you.

FLORIDA—WINTER PARK. Pediatric Dental Group is growing and we are looking to add a full-time Pediatric Dentist to our team. We are a private group owned and operated by 2 Board Certified Pediatric Dentists, and have 3 locations in Central Florida. All of our locations are modern with digital records and x-rays. Services include in-office sedation and general anesthesia at several local hospitals. We offer a competitive compensation package, and an environment tailored to foster professional growth. Requirements: Pediatric Residency, Hospital Based Residency Preferred. New grads welcome, hospital based residency graduates preferred. Our pediatric dentists are happy to help ease your transition from residency into practice. Come live in one of the best cities to live in Florida! Please visit www.pediatricdentalgroupflorida.com to learn more about our practice. Interested candidates please contact Jocelyn at 321-720-2402 or Jocelyn.Espejo@pdgorlando.com to learn more about the opportunity.

HAWAII—PEARL CITY. KidShine Pediatric Dental Group "We strive to provide safe and comfortable quality dentistry to the children of Hawaii in a fun and friendly environment." Dental practice of over 40 years, is well established within the community of central Oahu. Our 3,600 sq ft facility is newly renovated with 16 operator chairs. Our main goals are to create systems that exceed patient expectations and create an environment that win. This is reflective on our Yelp page with over 235 five star Yelp reviews. Multiple Locations: Pearl City (central Oahu) and New office being built in Kapolei. Compensation will be guarantee \$1,000/day or 35% of PRODUCTION in clinic. Doctor also has the opportunity to perform dentistry in the or and compensation will be 50% of production. New technology which include Solea Laser, Isolites, Electric Handpieces, Dental Vibe and Dentrix Software. Ability to work with an in-office Orthodontist. Most importantly we have a fun and friendly, experienced staff. Requirements for this position: Graduated from a Pediatric Dental Residency. Please visit our website www.kidshinewhawaii.com to learn more about our practice. To learn more about this opportunity call 808-428-8019 or e-mail pda.smiles@gmail.com.

ILLINOIS—CHICAGO. Looking for a young, highly educated, board certified pediatric dentist to join our growing team. This is your chance to become part of an impressive group, that includes 5 board certified pediatric dentists. Two facilities that are brand new, with flexibility in schedule. We are a strictly pedo/ortho office. No papoose or "rodeo" dentistry. Associate position with a straight percentage of collections. Typical daily collections are 4k+. Requirements: Graduated within the last 5-10 years from a accredited pediatric dental residency program. Must be a diplomate of the American Board of Pediatric Dentistry. Please e-mail resumes to johnnykuttab@gmail.com.

ILLINOIS—CHICAGO. Pine Dental Care has a position available for an energetic pediatric dentist to join our practice. We have two offices, one urban (Chicago), one suburban (Glenview). All pediatric dentists have hospital privileges at Lurie Children's Hospital of Chicago. Our main focus is to provide compassionate care to children. This position leads to a partnership position. Requirements for this position: Must be Board Eligible and able to pass the ABPD Board exam in 5 years from starting at our practice. Please e-mail C.V.'s to pinedental@gmail.com.

ILLINOIS—CHICAGO. Looking for a new or experienced licensed pediatric dentist to join our successful multipractice/specialty offices. Excellent compensation (\$300k+) in this high tech, modern office that sees no HMO or state insurance. Requirements: Must be a pediatric dentist who is licensed to practice in IL and has successfully completed a 2 or 3 year residency program. Inquire/send resume and photo for more details to mvlittleteethRus@gmail.com. Website: www.kidsmyl.com

ILLINOIS—NAPERVILLE. Immediate opening for Pediatric D.D.S. in an expanding multi-specialty practice. High end technology, southwest suburbs, full time and part time hours available. Looking to add an amazing team. The office treats between 70-90 patients daily. We offer an outstanding compensation package. Salary ranges between \$250k-\$350k, medical & dental insurance benefits, malpractice insurance, 401k, sign on bonus, partnership opportunity. Please send resume to: recruiter@innovativepediatricdentistry.com.

ILLINOIS—OAK BROOK. Associate part-time (1-2 days per week) position, western suburbs of Chicago with office locations in Oak Brook and St. Charles. Diverse population that seeks optimal care and full range of services including interceptive and minor orthodontics, in-office sedation, hospital and surgical center care in well-established and still growing practice. Outstanding associate opportunity; optimal for individual who teaches part time. Experience and board certification highly desirable. Potential for individual who might at some point in near future consider full-time 4 day per week practice including Saturdays and seek practice ownership. Hospital privileges can be sought at Lurie Children's, Delnor/Northwestern Hospital. Interested individuals should forward resume and cover letter of interest and goals to jyjeenterprises@gmail.com.

INDIANA—LAFAYETTE. Well established pediatric and orthodontic office serving our community for over 40 years is seeking a motivated and caring pediatric dentist. We are a busy three doctor office with a strong referral base. Full time position leading to ownership track available. Our office utilizes digital radiography and hospital privileges are possible. This practice is located adjacent to a college town and has great culture and diversity. Requirements: board eligible/board certified pediatric dentist. Licensed to practice dentistry in the state of Indiana. For more information on our practice please feel free to check out our website at: www.pedo-ortho.com and send your resumes to dittosammons@yahoo.com.

MASSACHUSETTS—BOSTON. Pediatric Dentist Opportunity. We are seeking Pediatric Dentists to join our fantastic team. We have 10 growing locations that are multi-specialty facilities with a highly motivated team and a great patient base. Great pay and benefits package. We

offer: Base pay of \$1000 a day, 40% production reconciliation bonus structure, paid holiday and vacation, medical, dental & vision insurance, flexible Spending Account, professional and licensure dues, malpractice insurance, disability insurance: Short & Long Term, C.E. Allowance, 401K. For more information on our practice please visit our website at: www.DenstryandBraces.com and send resume to pedocandidate@newenglandfamilydentistry.com or call Gretchen at 207-730-2360.

MASSACHUSETTS—BOSTON. Pediatric Dentist Opportunity in Boston and Greater Boston, Massachusetts. We are seeking a Pediatric Dentist to join our amazing team. We have 5 growing locations that are in state-of-the-art facilities alongside a highly motivated team with a great patient base. Our competitive compensation and benefits package includes: base pay of \$1,000 a day, 40% production reconciliation bonus structure, paid holiday and vacation, medical, dental & vision insurance, flexible spending account, professional and licensure dues, malpractice insurance, disability insurance short & long term. C.E. allowance 401K. For more information on our practice please visit our website at: www.ThePediatricDentalGroup.com and send resume to opportunities@thepediatricdentalgroup.com or call 207-730-2360.

MASSACHUSETTS—FITCHBURG. We are looking for a full time pediatric Dentist for a startup pedo/ortho practice, located in Fitchburg MA. If you put patient's care first and able to perform: high-quality dentistry, fantastic chair side manners, great work ethics and excellent communication skills, we have the position for you! This opportunity boasts a great earning potential and future succession plan. Salary is based on 40% collections or a minimum of \$1,200 guaranteed per day (Experienced docs will be offered more). Benefits include: Health Ins, CEU, Proflicense dues, Malpractice Ins (paid Vacation and Moving expenses allowance are possible). Serious applicants only. E-mail your resume in confidence to snason@simplyortho.com.

MASSACHUSETTS—MULTIPLE LOCATIONS. We are seeking pediatric dentists to join our fantastic team. We have 10 fast-growing locations that are multi-specialty facilities with a highly motivated and skilled team, great patient base and collaborative work environment. Excellent pay and benefit package: Base pay of \$1,000 a day, 40% production reconciliation bonus structure, paid holiday and vacation, medical, dental and vision insurance, flexible spending account, professional and licensure dues, malpractice insurance, disability insurance (short- and long-term), C.E. allowance, and 401(k). For more information on our practice, please visit our website at www.DentistryandBraces.com. Send resume to pedocandidate@newenglandfamilydentistry.com or call 207-730-2360.

MICHIGAN—GRAND RAPIDS. Are you a pediatric dentist looking to join a busy private pediatric office? We are looking for you! Currently a solo practicing peds doctor looking to expand with the addition of an associate. Our highly trained office team is experienced in leading the child through the dental experience. The office provides oral conscious sedation and in-office IV sedation with a local anesthesia group as well as hospital dentistry for ease of treating patients. We're expanding with a new state of the art office opening in 2018! The office is located in a growing city, having the largest and leading manufacturers of office and home

furniture. The city and surrounding communities are economically diverse, based in the health care, information technology, automotive, aviation and consumer goods manufacturing industries. The area provides something for everyone including professional sports, top notch public and private schools and Universities to cultural and performing arts. It's a quick drive to the stunning shores of Lake Michigan, has many local beautiful hiking trails and also has a great food scene. For more information e-mail: growingmilesdds@gmail.com.

MICHIGAN—LINCOLN PARK. This is a great opportunity- Kids First Pediatric Dentistry, PC is a new growing practice. We are excited to offer Full and Part time employment opportunities for an energetic, kind and caring Pediatric Dentist. We are offering a brand new facility, with all new equipment. We have digital x-rays, as well as a PANX/CBT machine. We have a an anesthesia team in place which allows us to do General Anesthesia in office for the comfort of our patients. Our wonderful team is here and ready to help you on your path to success. We offer a competitive compensation package with the opportunity for partnership. Requirements for this position: Pediatric licensed dentist. New grads are welcome. Please visit our website www.everykidsmilesdental.com or if you would like to learn about this opportunity call 313-386-0570 or e-mail Kim Willetts at Kwilletts40@aol.com. We look forward to working with you!

MICHIGAN—PORTAGE. Southwest Michigan area of Portage, Michigan, just South of Kalamazoo. We moved into a brand new, custom built office October 2017 with purposeful room to add at least one more Pediatric Dentist. The mission of Portage Pediatric Dentistry is to be a positive part of the lives of our patients and of the community. I am a solo practitioner looking for an associate that would lead to partnership. I am looking for someone with a kind, compassionate, and warm personality. All levels of experience welcome. Our practice is one of three private pediatric dentistry offices in the area, with the next closest practices being over an hour away. Outside of a healthy pediatric patient base of routine care, we receive a large number of referrals from area general dentists. We currently have to limit the number of new patients and your addition would hopefully eliminate this. We are in network with Delta Dental Premier and Blue Cross Blue Shield and accept many other insurances as an out of network provider. We have a great working relationship with the local Bronson Hospital to do cases under general anesthesia. We are soon to be offering in office IV Sedation on a limited basis for the ideal candidate through the anesthesia group that provides all anesthesia for area hospitals. We also offer nitrous oxide, oral conscious sedation, Sprig Zirconia Crowns, and Silver Diamine Fluoride. Orthodontic treatment is referred out. The Portage/Kalamazoo area is located halfway between Chicago and Detroit, and one hour from Lake Michigan. Kalamazoo is home to Bell's Brewery, Stryker, Pfizer, Western Michigan University, Kalamazoo College, and two large hospitals. Kalamazoo has offered the "Kalamazoo Promise" - free in state college tuition to students attending K-12, for the past 10 years (with partial tuition for students attending at least 4 years). Requirements: U.S. dental license, U.S. certificate in pediatric dentistry, Michigan State dental license, Michigan State specialty dental license to practice pediatric dentistry, Michigan State controlled substance license, U.S. DEA number, U.S. NPI number. Please e-mail your C.V.'s to jodywrathall@gmail.com.

NEW HAMPSHIRE—KEENE. Children's Dental Care is seeking a pediatric dentist to associate with our special practice - more so a team and a family. Meanwhile, revel in the beauty and charm of the four season quintessential New England community of Keene, New Hampshire. Our work environment includes a kid friendly New Hampshire forest theme with an open bay and state of the art design and equipment. Treatment options include nitrous oxide sedation and hospital dentistry. Our mission, a team passion, includes providing compassionate, non-prejudicial, quality dental care while having open communication with the children and their parents. If you are interested in a position where your personal investment will be greatly valued with the potential for long-term partnership, then this is the place for you. Depending on timing, this position may include short-term practice coverage while the owner doctor is on a leave of absence. Compensation will include a percentage of production, fully paid health insurance, and many other benefits. Requirement for this position: Board certified preferred. Please e-mail resumes and/or inquiries to manager@drwully.com.

NEW JERSEY—LYNDHURST. Lyndhurst Pediatric Dentistry is looking for a part-time dentist to join our team. We are looking for a compassionate and caring dentist for a fun and friendly office. If you are interested in this opportunity please send your resume to marlenevicente1990@yahoo.com.

NEW JERSEY—ROSELLE PARK. Outstanding opportunity for Pediatric Dental Associate in well established Pedito/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 résumé and C.V. for consideration. Please e-mail C.V.'s to nikole@njpediatricdentistry.com.

NEW JERSEY—WESTFIELD. Excellent opportunity for an enthusiastic board certified/board eligible pediatric dentist with extraordinary people skills, clinical skills, and a genuine love for children. We are looking for a part-time pediatric dentist which may lead to a full-time position in the near future. We offer great benefits and a competitive salary. We

are a well-established and respected pediatric dental practice that has been treating children for fifty five years. Our state of the art practice uses digitized practice management, digital radiology and utilizes the BioLase Water Laser technology. Our staff is motivated, well trained, and highly skilled at ensuring that each child's dental experience is special. Our well educated staff and pediatric dentists will help you achieve the highest level of comprehensive pediatric dental care in a safe and welcoming environment. Requirements: D.M.D. or D.D.S. license, board certified, board eligible, N.J. pediatric dental license, DEA license, CDS license, PALS certified, CPR certified. Please visit our website for more information at: www.kidsandsmiles.com. If this opportunity is of interest to you and would like to discuss details, please e-mail your resume with professional references to: justinerdh@gmail.com or mail to: Timothy P. McCabe, D.M.D. 555 Westfield Avenue, Westfield, NJ 07090, phone:908-232-1231

NEW YORK—COMMACK. Growing Pediatric Dental Office seeking a Part-time associate to join our team of doctors & staff. The candidate must exhibit excellent people skills, be highly motivated, dedicated and nurturing to our young dental patients. Please e-mail resumes to pjpedds@yahoo.com.

NEW YORK—FAYETTEVILLE. Pediatric Dentistry and Family Orthodontics, a progressive and well-established private practice, seeks a recent graduate or experienced pediatric dentist due to rapid growth and expansion. Our goal To detect developing problems early and focus on properly timed treatment to enhance each child's smile, bite and overall dental health. Our mission: To provide the highest quality in Pediatric Dental and Orthodontic treatment while making every experience enjoyable and fun for our patients. Our collegial group of pediatric dentists and orthodontist offers you a busy practice from the start, with tremendous support from our exceptional clinical staff. There is excellent opportunity for Hospital Dentistry, with OR time and a staff teaching position for a local hospital GPR program. We pride ourselves on offering "best practices" and provide care for individuals with special needs. The ideal candidate will be seeking eventual partnership, have

a high level of integrity and have a passion for treating children. Compensation is competitive, and associates have typically earned between \$300-\$400K for a 4-day per week position, with some earning upwards of \$500K per year. The opportunity for partnership for a full-time associate is after two years of service. Benefits include a professionally managed pension and profit sharing plan and 401K, malpractice insurance coverage, signing bonus, and continuing education allowance. A portion of the moving expenses will also be covered. New York offers reciprocal licensing for new resident of NY with a year of post-doctoral specialty training (NERB exam not required). Our practice is located in Fayetteville, New York, an affluent suburb of Syracuse. The cost of living is affordable, school districts are exceptional, and there are a wide variety of local events and activities. The surrounding area offers scenic outdoor recreational activities including boating, world class fishing, skiing, hiking, camping, and golfing. It is a short drive to the wine country of the Finger Lake region. For those that enjoy the fine arts, there is a local theatre, symphony and museums. Syracuse has top tier college sports, a professional lacrosse, minor league baseball, and hockey team. Syracuse/Fayetteville is centrally located, with easy access to other big cities. Some examples include: New York City and Montreal (4 hrs), Boston (5 hrs), Philadelphia (3.5 hrs), and Niagara Falls/Buffalo (2.5 hrs). Please send resume to quigs29@gmail.com.

NEW YORK—FLUSHING. Specialty Pediatric Dental office in Flushing, Queens and New Rochelle, Westchester is looking for a motivated pediatric dentist to join our team. Applicants must be finishing or have finished a pediatric dental specialty program. Part time to Full time positions available. Health care and 401K benefits are offered to full time positions. If interested, please email C.V. to suetdds@hotmail.com or fax to 718-281-2898.

NEW YORK—POUGHKEEPSIE. We are looking to hire a full-time or part-time pediatric dentist to provide dentistry services focusing on the oral health of children from infancy through the teen years. The ideal candidate has excellent communication skills and a good rapport with



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both children and parents. Responsibilities include: Diagnosing and providing appropriate dental treatment to pediatric patients, including but not limited to treating cracked or fractured teeth, decay, cavities and oral diseases; preparing and placing fillings; and performing tooth extractions Educating patients and parents on maintaining proper oral health. Instructing patients on aftercare and answering all questions. Creating detailed treatment plans for patients. Requirements: NYS dental license, completed pediatric residency accredited by the commission on dental accreditation. Please e-mail resumes to dentistrecruiting@brookbeamdental.com.

NORTH CAROLINA—CLAYTON. Riccobene Associates Family Dentistry is seeking a motivated, quality oriented full-time Pediatric Dentist to join our team! We offer great benefits, salary and work independently with a supportive, trained staff around you. We have a team approach to dentistry. We insist on patient and family centered dentistry an overall superior dental experience. Our focus is being able to efficiently connect together specialists and general dentists. As industry leaders, Riccobene Family Dentistry practices continually strives for excellence in patient satisfaction, personal quality care and the growth and development of its employees. You will also have plenty of dental professionals supporting you to confer and collaborate with as you continue to grow in your career. We want a specialist who: Can provide pediatric dentistry duties with the specialty of focusing on oral health of children from infancy through the teen years. Must have D.D.S. or D.M.D. required. State-required certification/licensure as required to work as a Dentist and active CPR certification. Has a passion for dentistry and enjoys working in a team environment. Focused on quality dental care & exceptional customer service skills. Provides comfort dental care to help our patients feel at ease while in the dental chair. Connect and build trust with our general practitioners. Flexibility to work at other office locations if necessary. Please send C.V.'s to HR@brushandfloss.com.

NORTH CAROLINA—WINSTON-SALEM. Excellent opportunity for a skilled, motivated, dedicated pediatric dentist in a State of the Art Pediatric Dental Practice. We are a thriving, well respected, fee for service high quality pediatric dentistry practice. Located in a Medical Park in the Piedmont Triad of North Carolina. Our office has an exceptional, experienced, multi skilled team to support patient care in our 15 chair child friendly office. We provide the highest quality care in a fun, caring environment. The practice has a rich benefit package. Please send C.V. to jgoldbach@dentist4kids.com or mail to 185 Kimel Park Drive, Suite 202 Winston-Salem, North Carolina 27103. Attention office manager.

OHIO—EAST LIVERPOOL. We are looking for a Pediatric Dentist to help staff our East Liverpool OH office. This office is located 45 minutes south of Youngstown. The office is in South Eastern Ohio very close to the Pennsylvania border, about 25 minutes northwest of the Pittsburgh Airport. This person would be working with a well-established office and an experienced staff. This position can lead to a partnership position for the right person. We have hospital privileges available and serve the tristate area. This site is also an approved National Health Service Corps site, which offers the opportunity to receive a loan repayment opportunity. A great added bonus along with your very nice salary and benefits. Requirements: Graduate from an accredited Pediatric Dental residency program. If you are interested please contact me at rj6davis@gmail.com or dent4childteens@msn.com.

OHIO—FAIRLAWN. Expanding Pediatric Dental practice in a family oriented area close to Cleveland is looking for an energetic compassionate Pediatric Dentist for a P/T or F/T position. Able to start immediately. Modern office, fee for service, dedicated staff with great clientele with no medicaid. Owner willing to mentor new graduates. Potential to make \$200,000 +. Look forward to discussing our future opportunity together! Apply in confidence at dentist333@yahoo.com.

OREGON—EUGENE. Our group is looking for a full-time pediatric dentist for our very busy clinic. You will have autonomy to practice your dental philosophy, support in training of your assisting staff and our management company handles the front-end portion of the clinic. This allows you to focus on patient care and back office efficiencies. Why We Feel this Opportunity is Unique: We offer a defined two-year pathway for ownership in the clinic you work. We feel that ownership is a partnership that adds value for all parties. Our hope is that you love the practice, area and want to put down long term roots. This makes a win-win-win for the community, stability of the clinic and you. We give a lot of autonomy when it comes formula and treatment philosophy. We also have very experienced providers in our group that love to collaborate. We are adding a new, beautiful and big, location in the area (opening in September) which will allow for more access to care which is greatly needed. We are booked out many months for all treatment. Long story short, you will not have an issue keeping as busy as you want to be. We treat the entire population. Our mix is 60/40 of Medicaid and FF's patients. Oregon Health Plan (OHP/Medicaid) reimburses very generously compared to other states (~48-50%). This allows a mixed social demographic clinic to thrive and through good and bad economic times. You also get to treat a portion of the population that otherwise is underserved and families are very grateful. What the Group Management Provides: The group is tied together through a management company that handles; HR, financials, marketing, vendor relations, management of front desk staff, legal and insurance, patient and community relations. It provides a conduit for two-way reporting and quality feedback for the providers and business side of the clinic. This allows both sides to be supported in what they do best. About more about the Eugene/Springfield Area: The area wedged between the coast and mountains in the southern Willamette Valley. Skiing at Bend is just a couple hours away and a trip to the coast is only an hour drive. If you need a big city fix, Portland is an hour away. A 15 min commute from anywhere in town will lead you to numerous hiking trails. The Willamette Valley is dubbed Napa North for award-winning wines. Organic farms support a great food scene with small restaurants serving a wide variety of cuisines all over town. The area is anchored by The University of Oregon (The Ducks) which keeps a young, fun, vibe to the area. Our cost of living is very reasonable compared to most cities. If you are into great food, wine, the outdoors, low-cost and low-stress living, you are really going to enjoy living and working in the Eugene/Springfield area! Pediatric Dental Specialist/Pedodontist. Please e-mail resumes to careers@eugenekidsdentist.com.

OREGON—HOOD RIVER. Pediatric Dentist: Immediate Opening with Signing Bonus. Have a passion for helping children have a wider and brighter smile? Join our team at A Kidz Dental Zone of Hood River & The Dalles. Where patient interaction is focused on Happy Kidz, Healthy Smiles, for a

Lifetime! At A Kidz Dental Zone of Hood River & The Dalles our main focus in providing an inviting environment for all our patients and their families through a caring staff and exceptional dental care. A Kidz Dental Zone of Hood River & The Dalles has an immediate opening for an experienced, compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement. About A Kidz Dental Zone of Hood River & The Dalles. We have been in practice since 1999 in the heart on Hood River. Located at 419 State Ave., Suite 4 Hood River. We are surrounded by Mountains, rivers, streams, biking & hiking trail and all of the outdoor adventures the Gorge brings. At A Kidz Dental Zone we believe that every child deserves quality dental care. We work hard to ensure that all the children in the communities that we serve have access to specialized dental care and strive to become an integral part of the community that we serve. Why Should You Apply? Competitive salary, signing bonus, quarterly bonus potential, top benefits including: Health Insurance, 401K Retirement Plans, Profit Sharing, and health savings account, paid professional liability insurance, paid vacations, continuing education reimbursement, opportunity for Future partnership, team that focuses on family and individuals. A Kidz Dental Zone of Hood River is committed to maintaining a drug-free and safe workplace. A post-offer drug test to detect the use of illegal drugs is a part of our hiring process. A Kidz Dental Zone of Hood River does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. Please e-mail resumes to sue@akidz-dentalzone.com.

OREGON—KEIZER. Hi everyone! I am a private practice pediatric dentist looking for a long-term practice partner to help manage the huge growth I am experiencing. I opened two locations this year and am getting 300+ new patients a month - it would be even more with additional providers, as we are already getting backed up on our schedule! The market is very under-saturated and the community has responded very positively to having me take care of their kids. To give you an idea of the need, I am the only pediatric dentist serving a population of over 100,000 people! I am setting up a multi-site group practice with like-minded providers, who want to take good care of all kids and be part of a successful group practice. I pride myself in making sure every child can have specialty care, so our patient population includes a healthy mix of both Medicaid and privately insured patients, and we are the only ones that are committed do that in our areas. We provide treatment options with nitrous oxide, conscious sedation (oral and intranasal), and in-office general anesthesia. We utilize the Hall Technique as well as SDF to help keep kids out of the operating room and minimize the need for sedation. I also perform laser frenectomies for tongue and lip ties for infants with nursing difficulty and older kids with speech problems. This is another severely underserved niche in our community that keeps me busy and generates more referrals from primary care physicians, nurses, lactation consultants and midwives. I am committed to providing care for all children in the community, including the underserved, and will be able to provide mentorship along the way. You would be helping in a very fast-growing clinic in Keizer, Oregon (part of the Salem metro area) and help start the new practice in Corvallis, Oregon, both within the beautiful Willamette Valley. After one year, you pick which once to work in full time as we add another provider. In return for helping start a new clinic, you are gifted equity at time of buy-in. If you like outdoor

activities such as hiking and biking, summers that are not-too-hot and winters that are not-too-cold, wine country, u-pick farms and water sports, this is the place you want to be. The Willamette Valley area is very family friendly. Portland, the Pacific Ocean and snow skiing are all about an hour away. Big-city amenities and laid-back open countryside are all close by. This is an opportunity to get into a private practice at the ground-level, helping build it up into a group practice with multiple doctors and multiple locations. I will even gift equity to you at buy-in as recognition for help building the practice! Mentorship would be provided in all aspects of the practice and you would be included in management discussions, with the hope that you want to enter into a partnership in the near future. All professional-related expenses are covered by the clinic, as well as a moving expense stipend and health insurance coverage. If you want to be part of building something special while filling a huge need in a great community, please visit our website at www.acorndentistryforkids.com and send an email to timrichardsondds@gmail.com. (Please no solicitors). I look forward to hearing from you soon!

PENNSYLVANIA—COLLEGEVILLE. We are looking for an awesome full-time pediatric dental associate who has excellent communication and clinical skills. You will have the benefit of a full-time career position while having the opportunity to grow both personally and professionally. You will be working with a unique office, team and owner-Pediatric Dentist that work together to make constant improvements in our work and personal lives. Four times a year we have speakers come to our office to educate us about how to provide the best experience for our patients and parents, as well as improving our interpersonal relationships with friends and loved ones. You will have defined times where you will have the opportunity to have one on one mentoring with the practice's owner-Pediatric Dentist. You will be given a generous continuing education stipend so you can learn about new and emerging trends and procedures in our specialty. Your medical insurance premiums, malpractice premiums, AAPD, and ADA dues will be fully provided by us. You will be eligible for our student loan payback program, which can pay up to \$75,000 of your student loans. You will have the opportunity to go on a mission trip, fully funded by us for you, after two years of working with us. You will have a four-day workweek, but earn the same as you would if working a five-day workweek. Our practice currently is not open on Saturdays or past 6 PM during the week. You will be on call no more than six weeks a year. We believe that your life outside of work is as important as your professional life. We want you to pursue your interests and hobbies you have outside of pediatric dentistry or have the time to teach at the two local dental schools or three local Pediatric Dental Residency Programs. You will have the opportunity to learn about and perform laser dentistry as well as benefiting from a practice that utilizes other state of the art technologies. You will work with an incredible team of well educated and motivated dental assistants, dental hygienists, administrative staff and pediatric dentist whose goals are to help you and each other provide the highest level of pediatric dental care in a fun, and gentle environment. You will have the opportunity to provide treatment under general anesthesia in any of the three local children's hospitals or their surgical centers. Our Mission is to provide the highest quality pediatric dental care in a fun and comfortable environment for our patients and their families. We will continue to be the leader in the field of pediatric dentistry by delivering the highest

level of care and service before, during and after our patients' appointment. Our core values include: Positive attitude, growth oriented, team player, greater good, caring, compassionate, open to change, live up to expectations, honesty, integrity, self starter and fun. Our practice has been open for 19 years and is very well respected in the area. We are strictly a FFS practice, but do treat select in-need patients pro-bono. We do treat many special needs patients and are proud that with few exceptions that they are able to tolerate treatment while they are physically and emotionally comfortable without sedation or GA in our office. We are honored to treat the children, grandchildren, nieces, nephews and cousins of local dentists and pediatricians. We have great base of local referring pediatricians and general dentists, and see many referrals from our current families. Each year we even get a few referrals from some area pediatric dentists. We treat all of our patients as if they were our own children, and guarantee the restorative treatment we provide. You must have graduated from an accredited dental school, graduated from an accredited pediatric dental residency, and be licensed to practice in Pennsylvania. If you are looking and ready to work in a premier, high quality, fun and friendly private pediatric dental practice, and you are a great communicator, a superior clinician, and team player who wants to work in a practice where you get to know your patients and their families, and desire a career not a job, send your cover letter and C.V. today to Eric.Hans@comcast.net.

PENNSYLVANIA—GETTYSBURG. Unique opportunity! Join an established practice that provides the highest quality dental care to patients using the most advanced, state-of-the-art dental technology available. Join our dynamic team and be part of an innovative model of care featuring general dentistry, pediatric dentistry and orthodontics all under one roof. Currently seeking a general and pediatric dentist! At Gettysburg Dental Associates, we are pleased to announce the following opportunities: Full-time General dentist & Full-time Pediatric dentist our practice has continued to experience strong growth and we are seeking candidates with excellent clinical and personal skills who desire to provide our patients with the highest quality dental care. Our practice, established 35+ years ago, is currently staffed by: Three full-time general dentists, two full-time pediatric dentists, one orthodontist, and nine hygienists. The home of our general practice is on the main floor of our office, with the pediatric practice located on a separate floor complete with its own reception room, play areas and saltwater fish tank. Our office is conveniently located in Gettysburg, Pennsylvania just 10 miles north of the Maryland border. This gives us the unique ability to serve families from both states, and makes Baltimore and Washington, DC easy commutes. The charming community of Gettysburg is full of history and most advantageously is a family friendly area. The area has many unique restaurants, outlet shopping, golf courses, a ski resort, lakes and great parks. It is also easy to enjoy the cities of Baltimore, Frederick, Harrisburg, Hershey, York and Washington, D.C. as they are all within easy driving distance. We are currently offering a \$5,000 finder's fee for anyone (dentist or other) who refers a general dentist or pediatric dentist to our office who then becomes an associate. If you desire to work in an established, successful dental practice such as ours or would like additional information, visit our website at www.gettysburgdentalassociates.com. Please e-mail our practice administrator, Jennifer Gervasio, at jennifer.g@gettysburgdentalassociates.com or call 717-334-

8193. Requirements for this position: board certified pediatric dentist, anesthesia permit-restricted II. Looking forward to speaking with you, Eric Seidel, D.M.D., Partner & Stephanie DeFilippo, D.D.S., Partner.

PENNSYLVANIA—LANCASTER. LPDA is seeking a full-time Pediatric Dentist for our office in Lancaster, Pennsylvania. We are seeking experienced pediatric dentists and recent graduates of pediatric dental residency programs. We have a wide range of opportunities for pediatric dentists in our practice. Our benefits and compensation programs are designed to attract and retain pediatric dentists who want to grow professionally while building a long-term career with our company. A full-time pediatric dentist can earn \$250K in their first year of employment. Compensation: Guaranteed base salary per day for the first month of employment, then percentage of production. Sign-on bonus and relocation package available. Comprehensive Benefits: Healthcare coverages, including medical and vision insurance. Additional tax-savings healthcare flexible spending account (HCFSA) and dependent care flexible spending account (DCFSA) programs available. Group life insurance and accidental death and dismemberment coverage (AD&D). Disability Coverage: short-term disability (STD) and long-term disability (LTD). 401(k) retirement savings program with generous company match cash balance, defined benefits retirement program. Financial planning assistance professionals available for consultation, and uniforms. Professional Benefits: dental continuing education, professional liability insurance, professional dues, OSHA safety and personal protective equipment, case review and mentorship, member of a highly reputable pediatric dental practice, teaching opportunities available. Job Requirements: Graduate of an ADA recognized pediatric dental residency program, license to practice dentistry in Pennsylvania or ability to obtain one, Anesthesia permit Restricted I in Pennsylvania or ability to obtain one. Contact Dr. Peter J. Ross for more information: pjr63k9b@gmail.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. Full time position leading to partnership for the right individual. We have two modern offices equipped with the latest digital technology including all digital radiographs. Our offices are located near the beaches, a major Ivy League institution, and the culture and diversity of Providence, RI. Requirements for this position: Board eligible or American Board of Pediatric Dentistry Certified Pediatric Dentist. Licensed to practice dentistry in the state of Rhode Island To find out more information about our office, please contact Craig Elice at ceelice@comcast.net or call 401-463-5540.

SOUTH CAROLINA—SUMTER. Excellent Opportunity for pediatric dentist starting immediately! Patients abound for a dentist who wants to work hard and enjoy Southern living in a private practice setting. We have been in practice for over 33 years and are seeking a full-time Pediatric dentist who is passionate about their career. Great relationships with all pediatricians in area. Digital radiographs since 2009. Regional hospital nearby for hospital OR cases and oral conscious sedation is performed. Full Time Position: Continuing Education stipend, health Insurance, \$1000/day or 35% collections, whichever is higher, and relocation expenses provided. The Midlands of South Carolina provide quick access to the mountains and all the beaches of South Carolina, while welcoming you

home like no other place. Our team is extremely loyal and dedicated to providing the absolute best in treatment and comfort for each patient. For more information send C.V. to gainsandpoag@ccdsmail.com. Visit our website at www.carolinachildrendentistry.com.

SOUTH DAKOTA—RAPID CITY. Pediatric Dentist looking for a career opportunity with a Pediatric Dentist owned, state-of-the-art facility. Black Hills Pediatric Dentistry is located in Rapid City, South Dakota. Our campus includes a Pediatric Clinic, an Adolescent Clinic and a Dental Surgical Center dedicated to providing comprehensive dental treatment under general anesthesia. Enjoy the dental career you love, coupled with the endless outdoor attractions of the Black Hills. We are in the top 5% of all dental clinics in the U.S. for yearly production. 4 days a week, 200k base pay and a sign-on bonus for the right candidate. Please send C.V. to pamm@bhpdentistry.com.

TEXAS—ALLEN. Wanted: A pediatric dental specialist for Allen Texas, a north Dallas Suburb. This dentist should be enthusiastic and innovative toward developing a new pediatric introduction to a dominant 3 doctor general dental practice that has been there 35 years, now in a new technologically advanced 6000 sq ft stand alone facility in a location of unequalled exposure and opportunity. Requirements for this position: Must be licensed to practice in Texas as a pediatric specialist in dentistry. Must be motivated to develop all pediatric delivery from facility modification, transition, and enhancement to marketing and staffing. Must exhibit diplomacy in management and organizing existing patient systems already in place. Must have dynamics required for this venture where a robust future exists for the individual seeking an over the top fulfillment in the profession of pediatric dentistry in a bedroom suburban North Dallas community. For more information e-mail your C.V. to daverbishop@gmail.com.

TEXAS—AUSTIN. We are a Pediatric Dental Practice, located in and around the Austin area. Our commitment is to provide the highest quality comprehensive dental and orthodontic care to the children and teens of the Austin community in a compassionate and caring environment. We truly believe that each patient is unique. We take the time to develop the perfect treatment plan for each child that sits in our chair, treating everyone on a case-by-case basis. We offer a comprehensive compensation package, full benefits, company paid life and long term disability insurance; as well as, 401K with company matching. New grads welcome to apply. Please e-mail C.V. to Joinourpractice2010@gmail.com. Requirement for this position: Texas license.

TEXAS—AUSTIN. Our group practice is looking for a part-time/full-time pedodontist with flexible hours. Salary & benefits negotiable. E-mail C.V.'s to contacthfd@gmail.com.

TEXAS—CORPUS CHRISTI. Our fun and energetic office is looking for a pediatric dentist to work part-time or full-time in our upscale and state of the art new office. Our office is located in beautiful Corpus Christi where everything is a short drive away. Beaches, fishing, surfing, bird watching, shopping, a rich blend of culture and outdoor life without the big city noise and traffic. Experienced dentists and new grads are welcome to apply! Please e-mail resumes to rojascandelas@yahoo.com.

TEXAS—ROCKWALL. Excellent opportunity to join the premier pediatric dental practice in beautiful east suburb of Dallas, Texas! This well-respected pediatric dental practice is located in a suburb with top ranked schools and has a lot to offer more than what can be mentioned in a few sentences. Live by the lake and enjoy all the city has to offer on your days off and weekends. Current partners are kind, hardworking, and have a great name in the community. Seeking a pediatric dentist who must possess high personal standards, strong work ethic and morals, excellent technical and communication skills. Candidate must be able to treat the full range of pediatric dental patients in the office to OR. Compensation package includes malpractice insurance, C.E. allowance, 401k retirement plans, paid vacation. Guaranteed base pay or 35% collections. Partnership opportunity is available after working 1 year as an associate. Requirement for this position: Completion of pediatric residency. Please e-mail resumes to TXpedjob@yahoo.com.

TEXAS—SAN ANTONIO. Looking for an pediatric dentist part-time or full-time for growing practices in San Antonio and Pleasanton, TX (30 miles from San Antonio) 2 Days a week in each location ideally. Able to start immediately after insurance Credentialing. Full Time Benefits available such as Paid Time Off, Holiday pay, CE allowance, License reimbursements and more. Pay is percentage of collections or daily rate (whichever is higher). E-mail Dr. Ayala at pedodocjobs@gmail.com

VIRGINIA—HAMPTON. We are seeking a full time Pediatric Dentist to join our multi-specialty, General, Pediatric, and Orthodontic dental practice. We are a very busy, well established dental practice for over 30 years. We are located in Hampton, VA, and are centrally located to all of the major cities in Hampton Roads. We are within an hour drive to the beaches of the Atlantic, and also the mountains. You can visit our website at www.caring4kids.com and read the reviews of our happy patients. We have all of the state of the art dental equipment, including chairs, hand pieces, and computer software. We are also completely digital. You will be fortunate to be working with a very experienced staff. We would like to give the right person an opportunity for great earning potential, and eventual partnership. We would like to list all of the benefits that you will be able to enjoy. Vacation pay, holiday pay, 401K, paid professional liability insurance. We will pay the annual dues for membership in the ADA, Virginia Dental Association, Southeastern Society of Pediatric Dentistry, American Academy of Pediatric Dentistry, and the Peninsula Dental Association. Contributions toward C.E. expense, health insurance, hospital dentistry. Requirements for this position: D.D.S. or D.M.D., Certificate from Pediatric Dental Residency Program. Please e-mail resumes to mbunch@caring4kids.com.

VIRGINIA—LYNCHBURG. Excellent opportunity for a pediatric dentist who seeks association in a prestigious, high quality and well organized pediatric practice. High personal standards, a commitment to quality dentistry and a strong work ethic are essential. We offer a harmonious and predictable practice environment with strong leadership and a cooperative, multi-skilled team. All management and administration duties are done for you. Facility is first class, efficient and state of the art with great systems allowing for a smooth running day in a family atmosphere. Please visit our web page at www.smilelynchburg.com or contact us by e-mail at ssittason@smilelynchburg.com or phone (434) 237-0125.

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

WASHINGTON—LYNNWOOD. Pediatric dentist associate with minimal sedation, delay treatment, or GA philosophy. Must love listening to Frozen 1,000 times in a row on a daily basis. Occasionally The Lego Movie. Requirements: Pediatric dentist certificate E-mail: NorthSeattleDentist@gmail.com

WASHINGTON—PASCO. Immediate Opening with Signing Bonus for an experienced Pediatric Dentist. Have a passion for helping children have a wider and brighter smile? Join our team at Advanced Pediatric Dentistry & Orthodontics. Where patient interaction is focused on Happy Kidz, Healthy Smiles, for a Lifetime! At Advanced Pediatric Dentistry & Orthodontics our main focus in providing an inviting environment for all our patients and their families through a caring staff and exceptional dental care. Advanced Pediatric Dentistry & Orthodontics has an immediate opening for a compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement. About Advanced Pediatric Dentistry & Orthodontics has been in practice for 8 years. We are located on the busy and convenient street, Road 68, where our patients can easily access care. We are in an area where the community is rapidly growing with new businesses and neighborhoods. Our surroundings include the Trac Event Center, many restaurants and businesses. Advanced Pediatric Dentistry & Orthodontics was awarded the 2014 Small Business of the Year Award by the Tri-City Regional Chamber of Commerce for our excellence in dental care and being a leader in our community. Why Should You Apply? Competitive Salary, signing Bonus, quarterly bonus potential, top benefits including: Health Insurance, 401K Retirement Plans, Profit Sharing, and Health Savings Account, paid professional liability insurance, paid vacations, continuing education reimbursement, opportunity for future partnership, team that focuses on family and individuals. Advanced Pediatric Dentistry & Orthodontics is committed to maintaining a drug-free and safe workplace. A post-offer drug test to detect the use of illegal drugs is a part of our hiring process. Advanced Pediatric Dentistry & Orthodontics does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. Please e-mail resumes to sue@akidzentalzone.com.

WISCONSIN—GREEN BAY. Successful, well respected and growing pediatric dental office serving our community for over 40 years seeking a compassionate and motivated pediatric dentist. We are a private group practice of board certified pediatric dentists offering comprehensive pediatric dentistry and orthodontics to patients in a fun, family centered atmosphere. We currently have a large patient base with 100+ new patients every month in addition to our busy recall system. We are completely digital, paperless and have a well-trained team. We are seeking a full time pediatric dentist with the opportunity for partnership. Our practice is located in beautiful northeastern Wisconsin which offers

professional sporting events, year round outdoor recreation, excellent school systems, convenient art and cultural events, and a wonderful community for families. We are offering a generous starting salary with bonus potential based on production and an excellent benefits package. New residents and experienced practitioners encouraged to apply. Send letter of interest along with C.V. to julieanderson@kidsdentalexerts.com.

WYOMING—CHEYENNE/LARAMIE. Very established practice looking for full or part time Pediatric Specialist to help. Great benefits. Top salary/commission. Requirements for this position: Must be a pediatric dental specialist. Please e-mail C.V.'s to matt@saptron.com.

FACULTY POSITION

NATIONWIDE—THE NYU LANGONE HOSPITALS. Pediatric Dentistry Residency Program is recruiting for attending pediatric dentists at its affiliated training sites in AZ-Tucson, FL, HI, MA, MO, NY, RI, TN. Responsibilities include clinical supervision, teaching, and mentoring of residents; and a limited amount of didactic teaching and mentoring. Salary will be commensurate with qualifications and experience. Requirements for this position: D.D.S./D.M.D. degree from an ADA-accredited U.S. or Canadian dental school, a certificate in pediatric dentistry from an ADA accredited program, ABPD Diplomate status desirable, a record of scholarship, and eligible for a dental license or limited permit in the state of the training site location. Note: The training sites in MA and TN may consider pediatric dentists with international dental degrees and completion of an ADA-CODA pediatric dentistry residency. As well, these sites may consider sponsorship of a work visa. Review of applications will continue until the positions are filled. In confidence, please send correspondence of interest and curriculum vitae to Dr. David Okuji at David.Okuji@NYU-LutheranDental.org.

PRACTICE FOR SALE

ALASKA—ANCHORAGE. The owner of the space in ANCHORAGE, ALASKA is a pediatric dentist and operated a well known, successful and respected specialist practice in the offered location for 30 years. The space was then occupied by a non-specialist children's dental practice for 5 years. The space is currently available and configured for a pediatric dental and/or orthodontic practice, in a location with high demand for each. This is presented as a low to moderate risk opportunity for a new graduate or experienced professional to establish a new or expanded practice, with the space owner available to participate and facilitate as desired. Call or text 907-244-4832 or e-mail vojimboak@gmail.com

FLORIDA—CLERMONT. Ideal office space for new grad or experienced practitioner wanting to start new practice quickly, easily and affordably. Established satellite orthodontic practice looking to share or sub-lease 3400sf space. Desirable, suburban location in a growing, family-friendly community. High quality area schools. Only one other Pedodontic practice in the area. 30 minutes from downtown Orlando, Orlando International Airport and theme parks. Attractive long-term options for right person. For details on space & opportunity, contact Dr. Yurkiewicz cell: (407) 760-0672 or DrYurkiewicz@gmail.com.

ILLINOIS—OAK BROOK/ST. CHARLES. Owner of well-established and still growing two office practice seeking to retire over next two to three years. Owner willing to stay on to facilitate and assure smooth transition. Flagship office: Oak Brook location, 2850 sq. ft., 9 operatories, (6 open bay, 3 semi private); complete renovation in 2011. Satellite office: St. Charles, 2900 sq. ft., 5 operatories, 2 each in open bays and one private operatory; well-appointed with huge waiting room. Diverse patient populations seeking optimal care including interceptive and minor orthodontics, in-office sedation, hospital and surgical center care, and special patient care. Great places to live and raise family, outstanding schools, world class shopping and dining, close to what a vibrant city offers. St. Charles office space can be purchased separately or leased. Alternately, both offices can be purchased together. Owner will consider financing. Brokers are not invited. Interested parties should send resume and letter of interest with goals to: jhjeenterprises@gmail.com.

CANADA

ALBERTA—CALGARY. Are you Positive, Passionate, Enthusiastic and Motivated? We are looking for an experienced Pediatric Dentist or new graduate who is committed to outstanding patient care to join our vibrant, growing team. We are a well-established practice in majestic Calgary, Alberta. We offer the unique opportunity to care for patients in our two beautiful locations, as well as our surgical facility. Hours and days of work are open for discussion, and GA time is guaranteed from day one. If you are the right individual who is a strong clinician, communicator, team-player and patient-educator, please contact us in confidence at kidsmiles2017@gmail.com. Generous remuneration and signing bonus/moving expenses offered.

ALBERTA—EDMONTON. An amazing opportunity is now available within our practice in Edmonton Alberta. Our practice is growing and we are looking for a caring, skilled and motivated pediatric dentist to join our team. The practice has established itself as one of the premier pediatric dental practices in the area. We have well trained staff, a wonderful reputation in the community, and access to hospital and private surgical suites. Perfect position for starting your career with partnership potential along with immediate income. If you motivated to provide quality care in a friendly and professional setting, contact us at peditricdentistedmonton@gmail.com. Requirements for this position: D.D.S. or D.M.D., FRCD(C).

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What is the Education Passport?

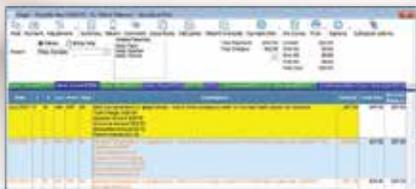
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Specialty Ledger



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FMX



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Dolphin Management Specialty – Pedo:

- Manage scheduling and patient treatment for pedo and ortho in one place
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- Effectively track and market to your patients for pedo and ortho treatment

Dolphin Imaging:

- Magnify and Spotlight toolbar tools
- Pediatric/dental FMX layouts

Aquarium:

- Pediatric Library containing 40 pedo-specific patient education movies
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For more info visit www.dolphinpedo.com/newkidpd.



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120 Crown Starter Kit

SML® Strip Crowns

- Centrals
- Laterals
- Cuspids



\$159.00

120 Crown Starter Kit

Rainbow® Stabilizing System

Protective Stabilization Keeps Everyone Safer

Whether you are treating a young child, or an older person with behavioral limitations, an unavoidable reality is that some patients may become unexpectedly active during a procedure. Since dentistry involves the use of sharp instruments in a small, highly vascularized area, reliable patient stability is critical for safety.

The Rainbow® Stabilizing System is a state-of-the-art protective device consisting of a colorful, breathable mesh wrap and a vinyl-covered padded board to increase patient and caregiver acceptance. The system helps to curb sudden kicking or grabbing actions that could put the patient and staff in harm's way.

Get 10% off selected items with our Spring Specials. Use code NGTH518 on our website checkout page now through 6/7/18. Remember to log in first to be able to see the special pricing.

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