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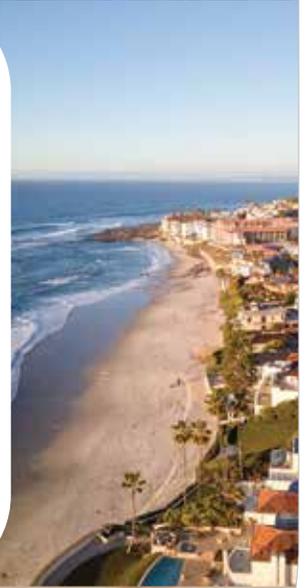
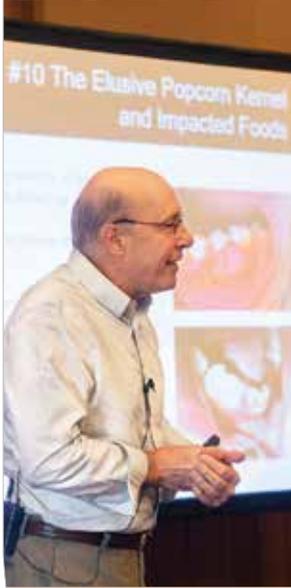
22 A Year in Review

May 2019 Volume LIV, Number 3

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22 A Year in Review

Dr. Joe Castellano Reflects on Presidential Year

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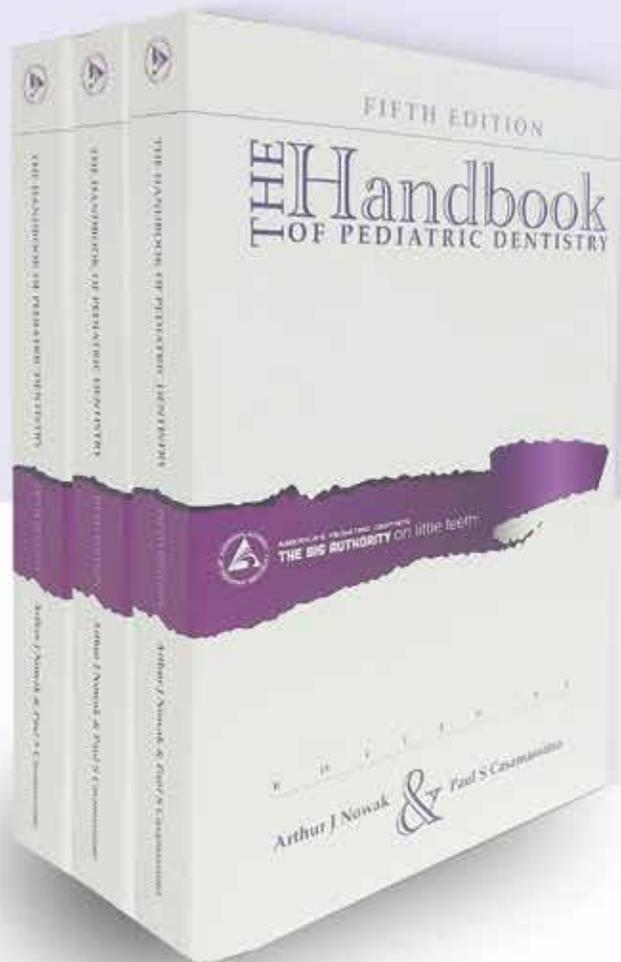
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Dr. Joe Castellano

AAPD President

Your Academy is Strong; Our Future is Bright

Wow, the year has flown by. Seems like we were just in Hawaii and now Chicago is upon us. This year has been great, and I am proud to say the AAPD has had another very successful year.

You will be hearing a lot on safety moving forward. Our Safety Committee has done a great job of beginning to establish a culture of safety in pediatric dentistry that will grow and strengthen over the years to come. With the soon to be released Online Safety Resource Manual/Tool Kit and the 2019 Safety Symposium, Hidden Threats and Safe Practices, the AAPD is on its way to becoming a leader in health care's safety arena.

On the legislative front, we continue to secure \$12 million in Title VII money to fund our residency programs as well as the faculty loan repayment program. Each of these are so important as they ensure that we have the workforce necessary to be able to serve the children. Our Council on Government Affairs has prepared and started work on this year's legislative priorities, which will include Title VII funding, trying to make Faculty Loan Repayment funds non-taxable for the recipient, and working to pass the Student Loan refinance act. I would like to thank our Congressional Liaison Dr. Heber Simmons for his leadership in D.C., and making sure that we have the necessary relationships to be heard on the Hill. His guidance and expertise have been invaluable over the many years of his service. Under Heber's guidance AAPD will begin transitioning two new congressional liaisons. Thank you to Jade Miller and Rob Delarosa for accepting the role and stepping up to serve. I know we will be in good hands for many years to come.

Our biennial Chapter Leadership Conference held in Chicago in September was a huge success. Chapter and district leaders were able to share thoughts, ideas, and ways to better serve their organizations. My travels this year also allowed me to visit with many state and district chapters. They were great meetings and our relationships with each are strong. AAPD takes these relationships seriously and will continue to work to make sure that the states and districts have the resources they need to best serve their members.

Our Council on Clinical Affairs continues to review and revise the documents in the *AAPD Reference Manual*. Our reference manual remains the standard by which we practice pediatric dentistry. Numerous entities, nationally and worldwide, refer to it for guidance. The AAPD has also undertaken the creation of Evidence-Based Clinical Practice Guidelines. The Evidence-Based Dentistry Committee is currently working on two new Clinical Practice Guidelines. They are Non-Vital Pulp Therapy – Primary Teeth, and Behavior Guidance for the Pediatric Dental Patient. Both are scheduled to be released in 2020.

Your Academy is strong, and our future is bright. Thank you to all the volunteers who serve on our councils and committees. Your dedication and hard work on these councils and committees gets a lion's share of the Academy business done and makes the AAPD a stronger and more cohesive organization. My hat's off to each of you.

In closing, I would like to thank my Executive Committee, board of trustees, our CEO John Rutkauskas, and AAPD's incredible staff for all their help and support this year. They are a special group and an awesome team to work with! The Academy will be in good hands as your next President Dr. Kevin Donly takes over the reins. He is an amazing individual who will do great things for the Academy. I wish him a very successful and productive year.

It has been an honor and a privilege to serve the AAPD as president this year. I thank you for the opportunity and your trust.

All the best and I'll see you in Chicago!



Legislative, Regulatory and Legal Update

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

PEDIATRIC ORAL HEALTH ADVOCACY CONFERENCE IN WASHINGTON, D.C., MAKES A DIFFERENCE



On Feb. 25-27, 2019, over 300 AAPD members from 35 states plus 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-eight AAPD state Public Policy Advocates participated as well. **Forty-one pediatric dentistry residency programs were represented, with more than 200 residents in attendance.** For the fourth year in a row, the AAPD held a special pre-conference advocacy orientation and training session solely for residents.

Attendees heard updates on key AAPD public policy issues focusing on Title VII pediatric dentistry funding and dental faculty loan repayment tax exclusion, along with a student loan residency deferment/interest accrual bill and promotion of fair and reasonable Medicaid dental audits. The keynote entertainment was the comedy troupe Capitol Steps, who delivered entertaining song, dance and monologues poking fun at both political parties and all aspects of the national political scene. Dr. Bruce Dye from the NIDCR provided a report on the planned update of the Surgeon General's Report on

Oral Health, expected to be released in 2020. In addition to briefings from AAPD's Washington representative Michael Gilliland from Hogan Lovells and COO/General Counsel C. Scott Litch, attendees heard a rousing and inspirational closing speech from Congressional Liaison Dr. Heber Simmons, Jr. To further prepare for Congressional visits, attendees also witnessed a mock visit.

The AAPD PAC hosted a fundraiser for **Senator Bill Cassidy** (R-La.), who serves on the Health, Education, Labor, and Pensions Committee. Cassidy is a medical doctor trained as a gastroenterologist. Prior to his political career he co-founded the Greater Baton Rouge Community Clinic, a clinic providing free dental and health care to the working uninsured. AAPD Past President and co-Congressional Liaison designee Dr. Robert Delarosa was privileged to serve as pediatric dentist for the Senator's three children as they were growing up. As a Senator, Cassidy has been one of the few members of either party advocating for bi-partisan, common sense health care reform. The event, co-hosted with ADPAC, AAOMS PAC and Hogan Lovells PAC, and augmented by individual contributions from AAPD attendees, raised over \$14,000.

The AAPD PAC also honored **Congresswoman Rosa DeLauro** (D-Conn. 3rd) as the *Legislator of the Year*. With the Democrats regaining a House majority in the 2018 mid-term Congressional elections, DeLauro now chairs the Labor-HHS Education Appropriations Subcommittee and has been a major supporter of funding for Title VII oral health including pediatric dentistry.

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

- **Fund Title VII Pediatric Dentistry.** Provide FY 2020 funding of \$40.673 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 that began circulating the same week as our visits, spearheaded once again by **Congresswoman Julia Brownley** (D-Calif.-26th) that asked members to support Title VII pediatric dentistry. AAPD leaders, including several of our California attendees led by PAC Advisory Board member Dr. Mark Lisagor, thanked Congresswoman Brownley for her leadership on this issue during a lunch-time meet and greet at the ADA's historic townhouse on Capitol Hill.
- Co-sponsor legislation to make **dental faculty loan repayments non-taxable**. Attendees urged co-sponsorship of bills re-introduced in the current Congress. As reported in the March 2019 *PDT*, HR 996 was introduced on Feb. 5, 2019, by Congresswoman Yvette Clarke (D-N.Y. 9th), Congressman (and dentist) Mike Simpson (R-Idaho 2nd), Congressman (and dentist) Paul Gosar (R-Ariz. 4th), and Congresswoman Grace Meng (D-N.Y. 6th). The Senate companion bill, S. 359, was introduced on that same day by Senators Ben Cardin (D-Md.) and Roger Wicker (R-Miss.).
- Co-sponsor the **Residency Education Deferred Interest (REDI)** Act, H.R. 1554, legislation subsequently introduced by Congressman (and dentist) Dr. Brian Babin (R-Texas 36th) on March 6, 2019. This bill would allow for borrowers in medical or dental residencies to defer payments and stop interest accrual during their programs.
- Urge CMS to issue greater guidance to contracted Medicaid auditors concerning **fair and reasonable dental audits**. This includes utilization of professional guidelines and independent peer-to-peer/specialist-to-specialist review (see Litch's Law Log in this issue of *PDT* for more details on this topic).

Fact sheets used in Congressional visits are available on the AAPD website under Legislative and Regulatory Issues in the Advocacy tab.

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.

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

This year's Pediatric Oral Health Advocacy Conference had over 300 attendees, including more than 200 residents from 41 programs.



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2018 AAPD PAC Contributions

In calendar year 2018, 1,140 members contributed \$234,481. Members in the Southeastern district had the most participation and the highest average donations. Members in the NorthCentral district contributed the most in hard dollars—those contributions that can be used for candidate support.

*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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Litch's Law Log

Medicaid Dental Audits—Advice and Advocacy

Part 1

As discussed in past columns and several AAPD CE offerings in recent years, Medicaid dental provider audits are becoming more commonplace and fines can be substantial. See, for example, the guest column from November 2016 written by New York attorney Margaret Surowka Rossi, who defends dentists in audit cases: https://www.aapd.org/assets/1/7/Litchs_Law_Log1.PDF.

In most situations, it makes sense to hire an attorney to defend and appeal against any negative audit findings. I would love to be able to provide a personal recommendation for a highly competent Medicaid audit provider defense attorney to any AAPD member needing such assistance. Unfortunately, this would be either herculean or impossible. Fortunately, the AAPD's knowledge base in this area is constantly growing and even if we are not personally familiar with a lawyer or law firm (after all, it is a big country), there are ways to assist our members in making an informed decision. Checking with pediatric dental colleagues, the state pediatric dental chapter, and the state and local dental associations is always a good first step. Because of the growth of audits in both Medicaid and Medicare, there has been corresponding growth in the number of health lawyers with experience in defending doctors, hospitals, and other health care facilities in such cases. The bottom line is that it should be possible to locate and secure effective and experienced counsel in almost any state.

In terms of handling such legal defense fees, a good first step is to contact your professional liability insurance carrier. You may not be aware that the AAPD's endorsed Professional Liability Insurance Program, MedPro Group (offered through Treloar & Heisel), includes coverage to defend the insured against allegations involving improper submission of claims under the Medicaid or Medicare programs. For more information about this coverage, contact Treloar & Heisel at (800) 345-6040.

You might naturally ask what is AAPD doing to ensure that any such Medicaid audits are fair and reasonable, so that a pediatric dentist does not have to spend time and money defending widely accepted clinical practices? That is an excellent question and some recent developments in Ne-

braska have pushed this issue to the forefront of our Medicaid dental reform advocacy efforts. This is best explained by referencing the *Legislative Fact Sheet* used in Congressional visits made Feb. 26-27, 2019, as part of the AAPD's Pediatric Oral Health Advocacy Conference. This is available at <https://www.aapd.org/globalassets/media/advocacy/2019-insert5.medicaidentaltreform.pdf>.

As described on this sheet, the AAPD and the American Dental Association recently met with staff of the CMS Center for Program Integrity to discuss our concerns in this area. I'll report on follow-up efforts and next steps in the next column.

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.

AAPD 2019 LEGISLATIVE FACT SHEET
MEDICAID DENTAL REFORM: FAIR AND REASONABLE
PEDIATRIC DENTAL AUDITS

REQUEST: Congress should direct the Centers for Medicare and Medicaid Services (CMS) to require contracted auditors for pediatric dental cases to utilize appropriate professional guidelines and legitimate peer review.

Background. Pediatric dentists participate in Medicaid at the highest level among all types of dentists as indicated below (64.2% in 2015, far above the overall dentist participation rate of 30%), and are therefore a critical part of the safety net to provide oral health care to the nation's most vulnerable children:

- Pediatric Dentist - 64.2%
- Oral Surgeon - 49.4%
- Public Health Dentist - 40.6%
- General Dentist - 37.9%
- Oral Pathologist - 35.6%
- Orthodontist - 35.5%
- Endodontist - 25.9%
- Periodontist - 18.3%
- Prosthodontist - 12.1%

There is no doubt that inadequate reimbursement and administrative burden in many states limits dentist participation in the program, although there are examples of successful reforms in several states. AAPD and ADA have offered numerous Medicaid dental reform solutions to improve the program and increase dentist participation. **This Fact Sheet focuses on reforming Medicaid pediatric dental audits.**

To ensure program integrity and accountability to taxpayers, Congress has authorized several types of Medicaid provider audits. These are described in part in the AAPD technical brief *Pediatric Dentist Toolkit for Serving Patients with Medicaid: Changing Children's Lives One Smile at a Time* (published by the Pediatric Oral Health Research and Policy Center, May 2017):

- Because there are different types of Medicaid-related audits, various government agencies may identify improper Medicaid payments in a number of ways. The U.S. Department of Justice and Office of Inspector General enforce health care fraud laws, and through prosecution can recover funds, offset penalties, and bar providers from future program participation. The CMS has an active role in anti-fraud and audit activities. Through Medicaid Fraud Control Units, states actively enforce health care fraud laws in Medicaid cases.
- The Deficit Reduction Act of 2005 created the Medicaid Integrity Program (MIP) in Section 1930 of the Social Security Act and dramatically increased the federal government's role and responsibility in combating Medicaid fraud, waste and abuse. To fulfill this statutory requirement, the MIP providers Audit Medicaid Integrity Contractors (Audit MIPs) to conduct provider audits throughout the country. In addition, Section 1936 requires the CMS to contract with eligible entities to review and audit Medicaid claims, identify over-

payments, and provide education on program integrity issues. CMS must also provide assistance to states to conduct Medicaid provider abuse and periodically publish a Comprehensive Medicaid Integrity Plan. This webpage offers an overall summary of the MIP (<https://www.cms.gov/medicaid/program-integrity/fact-sheet>).

The following CMS health providers an overview of health care fraud and program integrity for health care providers (<https://www.cms.gov/medicaid/medicaid-compliance/audit-providers/medicaid-integrity-education/education-fact-sheet-provider-integrity>).

In addition to the MIP, the CMS is responsible for the Payment Error Rate Measurement Program, which measures and reports improper payments in Medicaid and identifies common errors via statistical analysis. For further information, see <https://www.cms.gov/Research-Statistics-Data-and-Systems/Managing-Programs/Medicaid-and-CHIP-Compliance/PERM/PERM-FAQs/PERM-FAQs>.

With the passage of the Affordable Care Act, the Recovery Audit Program was expanded beyond Medicare to include Medicaid. Each state Medicaid program is required to establish a recovery audit program to audit claims for services furnished by Medicaid providers. Medicaid Recovery Audit Contractors (RACs) contract with states to audit providers and identify overpayments and underpayments made to health care professionals by the Medicaid program.

PROBLEM

Recent Medicaid audits of multiple pediatric dentists in the state of Nebraska have been conducted by a United Program Integrity Contractor (UPIC) under MIP authority with responsibilities for CMS in the Medicaid program. Several issues of concern have been brought to the AAPD's attention regarding these audits of pediatric dentists.

Dental auditors are ignoring clinical recommendations of the AAPD and second-guessing clinical decision-making by pediatric dentists absent appropriate peer review by a pediatric dentist. Specifically, these audits have questioned the use of stainless steel crowns in children as high cavity risk being treated in a hospital setting, many with signs of decay on multiple teeth. The auditors have requested significant refund of payments, nearly \$90,000 in one case. The auditor's correspondence to one pediatric dentist Medicaid provider stated that AAPD clinical recommendations are irrelevant to their audit findings regarding the pediatric dentistry practice.

The AAPD has raised these concerns with CMS. The pediatric dentists impacted have obtained legal representation to file an appeal of the audit findings.

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All Things AAPD 2019



D4C Dental Brands Tech Bar is Back

Returning by popular demand, the Tech Bar provides an opportunity to get help with your online reputation, learn how to utilize productivity apps, attend a Tech Session and MORE! Be sure to visit the Tech Bar in the Exhibit Hall and get a latte at the D4C/Smiles for Life booth – 1514.



Sponsored by D4C Dental Brands/Smiles For Life Network

Exhibit Breaks

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

AAPD 2019 Mentor Program

The AAPD Mentor Program has officially become a staple at Annual Session. Residents, new dentist and seasoned professionals are all invited to participate back in AAPD's hometown, Chicago.

The Headshot Lounge

New this year at AAPD 2019, The Headshot Lounge will be available in Salon B all weekend. Not only is this a quick way to get an updated headshot, but it is a free member benefit! The headshots will be available on a first-come, first-serve basis. To access your photo, a link will be sent via email after the conference is over and you can download your image then. Stop by Salon B, Booth 1917, Friday and Saturday between 9 a.m. – 5 p.m., and Sunday from 9 a.m. – 12 p.m., to take advantage of this member benefit you won't want to miss!

Wristbands for the Welcome Reception

Interested in going to the Welcome Reception at the Museum of Science and Industry, but didn't have time to go to registration? Or, are you looking to purchase a Welcome Reception ticket? Don't worry, we have you covered! Stop by the 8th Street Registration at the Hilton Chicago located on lobby level on Friday, May 24, until 7 p.m., to pick up your wristbands. You must have your wristband in order to board the bus to the Welcome Reception.

**Misplaced/lost wristbands must be re-purchased.*

Your AAPD 2019 Checklist

- Register for AAPD 2019
- Register office staff and family for AAPD 2019
- Download the conference app
- Sign up for the Preconference Course
- Buy Welcome Reception Tickets

What Does your AAPD 2019 Schedule Look Like?

Did you know that you can create your own personalized schedule on the AAPD 2019 app and Online Itinerary Planner? The accounts are both linked, so you can favorite sessions and events that you want to attend.



Not to Miss During AAPD 2019

Preconference Course

Speak Up for Patient Health: Critical Conversations on Controversial Issues

THURSDAY, MAY 23

8:30 AM – 4:15 PM

Hilton Chicago – International Ballroom North, 2nd Floor
Robin Wright, Ph.D., Karen Bernstein, Scott B. Schwartz, D.D.S.,
M.P.H., Sharon Parsons, Cora Breuner, M.D., M.P.H., Scott Herbert, J.D.
CE: 6.75

“The topic is important, but I don’t know what to say!” Pediatric dental professionals find it challenging to talk with parents and patients (especially adolescents) about a host of medical conditions and lifestyle choices related to oral health. This interactive session offers practical advice from top content experts on how to hold effective conversations on such difficult topics as overweight/obesity, eating disorders, substance use, transgender issues, sexual practices, pregnancy and STDs. It tells how to break bad news in the face of unexpected treatment results – and mistakes. The session will boost communication skills and confidence for pediatric dentists and team members when addressing topics that might make parents and adolescent patients feel embarrassed, upset, judged negatively or unwilling to return to your practice.

Upon completion of this course, you will be able to:

- Assess parent and adolescent perceptions of the discussion of tough general health topics
- Start a conversation about a difficult topic
- Offer emotional and decision support
- Build relationships of credibility and trust
- Effectively address the topics of obesity, diet issues, eating disorders, substance use, transgender issues, sexual practices and their outcomes
- Develop team member skill and confidence in difficult conversations
- Use motivational interviewing techniques to facilitate conversations with parents or adolescent patients
- Break bad news in oral health settings
- Recognize the legal ramifications of providing interventions on tough issues

Opening Ceremony & Keynote Address



Don’t miss a special performance by the Blue Man Group during this year’s Keynote and Opening Ceremony! We will kick off AAPD 2019 with an epic performance you will want to experience! Blue Man Group is a global entertainment phenomenon, known for its award-winning theatrical performances, iconic characters and creative explorations. So grab your poncho and join us for an unforgettable start to AAPD 2019!

Nicole Malachowski, USAF, Ret



FRIDAY, MAY 24

7:30 – 9 AM

International Ballroom, 2nd Floor

The first woman to become a pilot in the Elite Air Force Thunderbird Aerial, accumulating over 2,300 flight hours, 188 of which were in combat and Commander of an Air Force squadron are just a few of the hats that Nicole Malachowski has worn. Nicole has faced the unexpected throughout her entire life and career and shares her inspiring stories to help audiences harness their inner determination and drive.

A 21-year U.S. Air Force Veteran Colonel, Nicole has forged a path through the various changes in her life that has helped her overcome significant adversity. After graduating from the Air Force Academy, she began her adventure as one of the first women to fly a modern fighter aircraft. From there, she had been personally selected by the First Lady to advise on all matters pertaining to military service members, veterans and military families. When an illness left Nicole unable to safely walk or speak intelligibly and ended her military career, she still came out on top and uses her story as an opportunity to educate others. Hers is an inspiring story of the power of determination and the drive of a truly indomitable spirit. She will share her unique story and how all of us can harness the power of the headwinds in our lives. The lessons she learned can benefit you, your teams, and your organization.

**Want to Know More? Visit the AAPD 2019 website for details on:
Tours • Sessions • Social Events • CE Credits • Registration Hours**

2019 Annual Session Exhibitors

3M	506	Denovo Dental	823	LCP Dental Team Coaching	1111
Academy of Orofacial Myofunctional Therapy	319	Dental Accounting Assitants	718	Local Med	430
Acero Crowns	210	Dental Tribune	205	Leone America Dental Products, Inc.	1717
Accurate Manufacturing	1029	Dentistryplanet.com	1605	Lite Zilla	1123
ADS dental Systems	311	Dental Team Finder	1001	Lighthouse	1410
AI Care Alliance	317	Designs for Vision, Inc.	221	Lightscalpel	724
Air Techniques	401	Digital Doc, LLC	613	Lips	415
Alexion Pharmaceuticals	224	Directa Dental	608	LumaDent, Inc.	217
Allied Powerrs	605	DMG	814	MacPractice	503
American Academy of Pediatric Dentistry Store	1011	Doctobr Disability Specialists	1414	Main Street Children's Dentistry and Orthodontics	1816
American Association for Accreditation of Ambulatory Surgery Facilities	1033	Doctible	110	MAM USA Corp.	709
American Board of Pediatric Dentistry	1121	Digital Healthcare Professionals	104	Marketing by SOS	1413
American Dental Society of Anesthesiology	817	Dolphin Imaging & Management Solutions	513	McGill & Hill Group	1513
Anurarc.com	1305	Dr Fuji/ ACIGI	1615	MD Brands	111
Arminco	604	Dryshield	816	Medco Instruments	417
Aseptico	1020	Ecclipse Loupes	424	MedTech International Group	1312
Aurette/Toob Brush	816	eDossea	824	Medi Air Purfier	203
Bank of America	808	Elevate Oral Care	710	Med-Care Pharmaceuticals	726
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BQ Ergonomics, LLC	1701	Fotona	920	Neolab	721
BuzzyBooth	717	Freelance Anesthesia	1702	Nuno Erin LLC	820
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Centrix, Inc.	611	Great Expressions Dental Centers	1822	Nusmile	901/909
Cheng Crowns	706	Hawaiian Moon	216	NYU Langone Dental Medicine	1517
Cloud9software	418	Healthy Start/Ortho-tain	1808	Ohlendorf Appliance Laboratory	208
Convergent Dental	1017	High Ridge Brands	618	Olive and Cocoa	1620
Colgate	514	HQRC Management Services, LLC.	1700	OMS Exclusively, Inc.	517
Columbia Bank	403	Hu-Friedy	406	Ortho2	1025
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Cosmedent	212	Imagination Dental System	3205	Otto Trading Inc	1310/516
Crest Oral-B	600	Infinite Trading	215	PBHS Inc.	526
Cumberland Pediatric Dentistry and Orthodontics, PLLC	1301	Infinity Massage Chairs	107	Pascal International	213
D4C Dental Brands/ Smiles For Life Network	1417	Isolite/Zyris	507	Patterson Dental	1313
Dansereau Health Products	523	Ivoclar Vivadent, Inc.	819	Pediatric Dental Assistants Association	530
DDS Multimedia	501/1124/1311	KidzCrowns	1713	Pediatric Dental Anesthesia Associates	218
		Kidzpace Interactive Inc.	523	Planmeca USA, Inc.	312
		Kilgore International Inc.	423	Podium	320
		Kinder Krowns	301	Porter Instrument & Royal	
		KSB Dental	809		
		Lares Research	1511		
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Dental Group	409	Shofu Dental Corporation	421	Treloar & Heisel	307
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KSB Dental/DOX Pedro
NuSmile

Sedation Resource

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MAM
Sprig

Bronze

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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 2019 award recipients!

Opening Ceremony and Keynote Address

Friday, May 24

Pediatric Dentist of the Year

Dr. Jade Miller

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President's Farewell Dinner

Sunday, May 26

Distinguished Service Award

Dr. N. Sue Seale Coll

Sponsored by The Miller Foundation



Manuel M. Album Award

Dr. Richard Mungo



Awards Recognition and General Assembly

Sunday, May 26

Jerome B. Miller "For the Kids" Award

Dr. Travis Nelson



Lewis A. Kay Excellence in Education Award

Dr. Man Wai Ng



Merle C. Hunter Leadership Award

Dr. Norman Tinanoff



Ann Page Griffin Humanitarian Award

Dr. Steven Perlman



Suzi Seale Coll Evidence-Based Dentistry Service Award

Dr. Kaaren Vargas



Paul P. Taylor Award

Dr. Ali Bagherian

Mineral Trioxide Aggregate Partial Pulpotomy Versus Formocresol Pulpotomy: A Randomized, Split-Mouth, Controlled Clinical Trial with 24 Months Follow-UP

Hossein Nematollahi, Homa Noorollahian, Ali Bagherian, Mahsa Yarbakht, Samane Nematollahi

Pediatr Dent 2018;40(3):184-189

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All award recipients will be recognized on Sunday, May 26, at the President's Farewell Dinner.

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A Year in Review

Dr. Joe Castellano Reflects on Presidential Year



Q. As AAPD President, your agenda has focused on three goals: working closely with the AAPD’s Safety Committee to develop processes to ensure pediatric dentistry is a leader in workplace and patient safety, continued monitoring of the sedation environment and protecting the safe and effective use of sedation in pediatric dental offices, as well as supporting AAPD’s legislative agenda, including title VII funding and support of the Student Loan Refinancing and Restoration Act. Can you please share how each of these goals has been accomplished?

A. An area of focus that began last year, and will continue this year for the Academy, is safety. Safety is becoming increasingly scrutinized in all areas of healthcare. AAPD’s Committee on Safety is charged with studying all the possible ways that we can keep our patients safe while in our offices and clinics. They are looking at many areas, including patient care, waterlines, fire prevention and environmental safety to name a few.

A couple of the resources they are currently developing are:

- An online safety resource manual/toolkit, which will be available to members for things related to safety. This will be a dynamic online resource that will provide links to many other sources with areas of expertise like the CDC, OSAP, etc. Practices will be able to use it for specific safety issues for which they may want more detailed information.
- A symposium — Preventable Harm in Pediatric Dental Practices — is being planned for November 2019 for the AAPD Symposia series.

AAPD’s Sedation and Anesthesia Committee has been monitoring the sedation environment and working with various entities to make sure we are at the table in any discussion related to pediatric sedation in the dental setting. The Committee is also working on a project to gather morbidity and mortality data in collaboration with various residency programs, to begin establishment of a database. This database will help to evaluate sedation outcomes in the future with the eventual goal of all residency programs able to participate in the future to amass a significant database that can better help guide sedation safety and practice in their states.

Numerous states are now requiring inspection of dental offices to maintain sedation privileges. The board of trustees has approved a working arrangement with The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF, or “Quad-A”) to help us develop a method of self-inspection of those

offices that perform deep sedation/general anesthesia to make sure they meet and exceed the standards. When completed, this certification program will provide a venue whereby our members can “certify” their offices and satisfy legal requirements.

This year’s legislative priorities focused on securing Title VII funding for FY 2019 in the amount of \$12 million dollars earmarked for pediatric dentistry. I am happy to report that the funding was approved in early October 2018. The funding will again be a priority for FY 2020.

The “Resident Education Deferred Interest (REDI) Act” is something that we began work on last year and will again pursue during this legislative session. The REDI Act will allow interest-free deferment on student loans for borrowers serving in a dental or medical residency. This means that any resident who obtains a deferment will not accrue student loan interest during the residency training period. Passage of this legislation is an important part of student loan repayment reform. Providing such interest accrual relief during residency may also make the option of opening practices in underserved areas or entering faculty or research positions more attractive and affordable to residents.

Q. What are the achievements/milestones of AAPD under your leadership of which you’re most proud?

A. Of course, as mentioned above, safety is a big one. I am also very proud of the continued growth of the relationships between the District and State Chapters and the AAPD. We are all on the same team. Their members are our members, and our members are their members. By working together, we can better serve the membership and make sure they have available to them the necessary resources to best care for the children.

Q. How would you recommend addressing the faculty shortage issue?

A. Overcoming faculty shortage is something we need to continue working on. Although we have been successful in increasing the number of pediatric dental training slots over the years through our Title VII funding, we need to continue to focus on making sure we have an adequate pediatric dental faculty workforce to train the residents and dental students. The high debt that residents graduate with makes it difficult for them to choose a career in academia. We will continue to have legislative priorities focusing on the dental faculty loan repayment program. Some of the funding we receive through Title VII allows for grants to be

given to full time academicians to pay off their student loan debts over a five-year period. We are also currently working and making those payments non-taxable income which will help those dollars go farther.

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? Which messages in particular do you feel the media were most receptive toward?

A. The Satellite Media Tour was a great experience. Our partners at Weber Shandwick did a fantastic job in setting up 27 interviews with different radio and television stations across the country. It was pretty much non-stop interviews for almost five hours. We talked about diet and oral hygiene, but the biggest message was the importance of the Age One dental visit and the Dental Home. We wanted to make sure the audience understood the importance and value of a Dental Home and why getting their child to the pediatric dentist by their first birthday gave them the best chance for a childhood free of dental decay.

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. I think the best way to educate parents on the importance of a Dental Home and Age One visit is to talk it up. We need to continue to get the message out. We have come a long way but there is still more work to be done. An AAPD survey that was done in August showed that about 74 percent of parents don’t take their child to the dentist by their first birthday. We need to make use of every opportunity we have to get the message out. Through our interview opportunities, in talking with our medical colleagues, and through our community outreach, we need to educate everyone on the value of the Dental Home and the Age One visit.

Q Earlier this year we announced the second edition of our State of Little Teeth report. Which information in this report will be most helpful to members? To parents/caregivers? Anything in the report that surprised you?

A. The second edition of The State of Little Teeth is a 5-year follow-up on the first edition. It examines the U.S. public health crisis of tooth decay among today’s children. The report found that although decay has decreased overall, one in five children under the age of 5 have still experienced tooth decay. Furthermore, about half of children 6–11 and over half of children 12–19 have experienced decay. Children living in poverty are twice as likely to have decay and twice as likely that it will remain untreated when compared to their more affluent peers. These facts really emphasize the importance of educating the public on the importance of the Age One visit and early establishment of a Dental Home. Getting the children into the pediatric dental office early maximizes the opportunity for education and prevention and reduces their risk of decay.

Q Tell us about the shifting characteristics/demographics of AAPD’s membership. How have our efforts been in attracting affiliate and international members?

A. AAPD’s membership continues to be very strong. We have over 10,500 members, 6,591 of which are active pediatric dentist members. We have a 92 percent retention rate for the 2018 fiscal year. Fifty-one percent of the membership is female. One-third of the membership is 30–39 years-old and 56 percent are 30–49 years-old. For post doc students, 67 percent are female and 33 percent are male. AAPD’s future looks bright!

We are continuing to work on attracting affiliate (general dentist) and international memberships. To date we have 480 Affiliates and around 162 international members. We continue to try and find ways to create value for them. The Affiliate category is an area that we feel we can grow so we can better educate the general dentists that see children. As the Big Authority on Little Teeth, who better than the AAPD to educate those that choose to treat children?

Q The AAPD’s vision is for optimal oral health for all children. What have we done in 2019 to help support this vision? What more can we do?

A. The AAPD continually works toward our vision of optimal oral health for all children. We continually update and improve the Reference Manual. Our Reference Manual, in essence, defines the specialty of Pediatric Dentistry — who we are and what we do. Our Definitions, Policies, Best Practices and Clinical Guidelines inform pediatric dentists and other stakeholders on the safest and most effective way to treat children. Our advocacy efforts through our legislative agenda, our relationships with key legislators in Congress, and our Pediatric Oral Health Advocacy Conference in D.C. ensure that we are well connected and focused on the issues directly related to pediatric dentistry and the children we serve. The AAPD’s focus on safety will put pediatric dentistry in the forefront of health care. We are working to develop a culture of safety and do all that is possible to ensure that our offices, clinics and procedures are as safe as possible for our patients and families. The AAPD has done great work this year in advancing our vision and we will continue to innovate and offer new ways to keep the ball rolling.

Q Anything else you would like to add?

A. It has been a privilege to serve as president of this great organization. Traveling to various meetings this past year, I have had the opportunity to talk with many of our members, and I must say, our AAPD members are special people who truly take to heart caring for the kids. In the end, I think we are all children at heart — upbeat, kind spirited and fun. Pediatric dentists serve and advocate for the most vulnerable children in our communities as if they were our own. It has been such an honor to have been able to lead an organization and its members that place the needs of children before their own. Thank you for allowing me to serve as your president this past year, and thank you for being a part of the AAPD family.

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- Four-Doctor Oral Surgery in CO, 3.9X Collections, Age 30s

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with an LPS principal.



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

New AAPD Membership Benefits Page

Have you checked out the AAPD Members Benefits page on the new website? It has been reorganized to help you get the most out of your AAPD membership. You'll be able to easily see what benefits are included your membership and how they can help you be successful in your career in children's oral health. Listed below are highlights of your benefits. A complete list can be seen at <https://www.aapd.org/about/about-aapd/member-benefits/>.

Membership Benefits have been organized in four key areas:

GET STARTED

Visit the Career Center to find or post a job. Get valuable practice management and marketing (PMM) tips. Read archived issues of the PMM newsletter. Check out the social media tool kit to improve your prominence and promote your practice on popular social media sites

GET INFORMED

Education is a primary reason members keep joining. There are many education opportunities, from the Annual Session to the Pedo Teeth Talks podcast. All journals are archived for members to research.

We have lots of resources to keep your patients and parents informed. The popular Mouth Monster Movement is teaching them to have a monster free mouth at mychildrensteeth.org. Also we have brochures on over 18 topics that parents/caregivers ask about.

GET CONNECTED

Engagement and networking are popular reasons that members join AAPD. Learn about our legislative support and advocacy. Keep up to date in PDT Magazine. Use the membership directory to connect with your colleagues. Become part of the discussion on Little Teeth Chat, AAPD's new online community.

POWERFUL RESOURCES

AAPD strives to provide a full range of additional membership benefits to support your career. This includes disability, life and business insurances. SoFi student loan refinancing has been added to help our members to manage student debt. Educational resources the Clinical Photo Library and The Dental Trauma Guide can be found here.

GET STARTED Learn about AAPD, where to go first, and general career start benefits. Start >	GET INFORMED Essential Learning and Patient Education benefits for members and their patients. Learn >	GET INVOLVED AND CONNECTED AAPD Membership benefits for community outreach, political advocacy, social media, and news. Connect >	POWERFUL RESOURCES Resources from financing and insurance to language services. Utilize >
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Welcome to the NEW *aapd.org*!

We are so excited to announce to our membership that our website has been completely redesigned with your needs in mind. Starting from the ground-up, we've used your feedback along with cutting edge industry features to create a new AAPD experience. The new site is a fantastic resource for not only members, but also for the AAPD staff and board to relay day-to-day information in a sleek and informative way.

The biggest changes to our website are highlighted in the infographic below, but they do not stop there. In addition to a personalized member center, updated find a pediatric dentist and a more thorough search functionality, we are happy to announce that the new website also has a clinical photo gallery, redesigned page layouts, easy to access Oral Health Policies and Guidelines and much more.

We hope that you enjoy the NEW *aapd.org*. Start exploring today!

Start Chatting!

Little Teeth Chat has Arrived



For the last few months you have been seeing announcements of AAPD's new online community Little Teeth Chat. This is a private, safe and secure community. Ten topics have been chosen as Shared Interest Groups (SIGs). This will be an ideal place for members to share their knowledge, network with peers and support pediatric dentistry. Each topic has been assigned a SIG chair as the subject matter expert.

A group of over 300 AAPD member beta testers have been testing Little Teeth Chat for the last few weeks, starting conversations and having fun. Here is what they have to say:

"A great way for the AAPD community to share ideas. If you are not otherwise tied to Facebook but want to ask questions and learn from your colleagues, this is a great way to do so." – Erica Brecher

"I am loving this all so much. Thanks for this great discussion group!" – Kimberly Hansford

"I think Little Teeth Chat will be a great way to reach out to colleagues, especially to those who have a certain expertise, to answer clinical questions." – Patrice B. Wunsch



Home page

New look, new feel...*aapd.org* is officially ready for use!



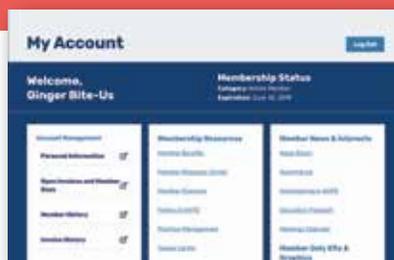
Find a pediatric dentist

Looking for a specific dentist, but don't have the zip code? You can now do an advanced search to find a dentist near you today!



Search

Newly designed search allows users to find what they're looking for in a fraction of the time it used to take!



Member Center

Logging into *aapd.org* has never been more powerful! With a quick login you can find everything you're looking for in one central place.

NYU College of Dentistry Opens Oral Health Center for People with Disabilities

Center of Excellence Provides Dental Care for People with Disabilities in the Tri-State Area

Individuals with physical, cognitive, and developmental disabilities now have a dedicated treatment center in New York City for dental care: NYU College of Dentistry's Oral Health Center for People with Disabilities.

The 8,000-square-foot center, located in the NYU College of Dentistry's Weissman Building at 1st Avenue and 24th Street, provides much-needed comprehensive care for patients whose disabilities or medical conditions prevent them from receiving care in a conventional dental setting.

"The NYU Dentistry Oral Health Center for People with Disabilities addresses a major public health challenge by providing comprehensive, compassionate dental care for people with a full range of disabilities who experience significant barriers to accessing care," said Charles N. Bertolami, DDS, DMedSc, the Herman Robert Fox Dean of the NYU College of Dentistry. "Equally important, care at the center is ongoing. By providing dental care across each patient's lifespan, the center aims to break the vicious cycle of neglect and repeated hospitalization."

THE NEED

In New York City alone, an estimated 950,000 people—in a city of 8.5 million—have some form of disability, including 99,000 who use wheelchairs. Research shows that people with disabilities have worse oral health than the general population and are less likely to have access to dental care services.

People with disabilities face many barriers to receiving dental care, including physically accessing dentists' offices, which may not be able to accommodate wheelchairs or other assistive devices. In addition, some dentists lack confidence in their ability to meet the needs of people with disabilities, so may not be prepared or willing to welcome disabled patients.



NYU College of Dentistry's Oral Health Center for People with Disabilities provides comprehensive dental care for patients whose disabilities or medical conditions prevent them from receiving care in a conventional dental setting.

As a result, patients with disabilities are often referred to hospitals for dental care because of the need for sedation and may wait as long as six months to get an appointment to be seen in an operating room. These visits are often one-off emergencies without follow-up or continuous preventive care, which can trigger a cycle of recurring dental problems.

"Numerous studies have shown generally poor access to vital health services for both children and adults with disabilities," said Marco Damiani, chief executive officer of AHRC New York City, one of the largest nonprofits supporting people with disabilities in New York State. "The NYU Dentistry Oral Health Center for People with Disabilities will promote greatly improved access, but it exceeds basic expectations by enabling access to a welcoming state-of-the-art facility, dental treatment services from highly experienced and engaged faculty, and a service vision that underscores dignity, respect, and coordination of care."

DESIGNED FOR PATIENTS WITH DISABILITIES

The new Oral Health Center for People with Disabilities was designed to meet the unique and diverse needs of people with a range of disabilities. The center was completed through a \$12 million renovation by Henningson, Durham & Richardson Architecture and Engineering, P.C. (HDR).

The center features nine spacious patient treatment rooms. In addition, there are two fully equipped sedation suites to provide both inhaled and intravenous sedation administered under the supervision of anesthesiologists.

"Our on-site sedation options eliminate the need for most patients to be referred to hospitals," said Ronald Kosinski, DMD, clinical director of the Oral Health Center for People with Disabilities and clinical associate professor at NYU College of Dentistry. "In cases where general anesthesia is required,



NYU Dentistry's Oral Health Center for People with Disabilities has two fully equipped sedation suites to provide both inhaled and intravenous sedation administered under the supervision of anesthesiologists, eliminating the need for most patients to be referred to hospitals.

patients can be treated by specially trained NYU Dentistry faculty at one of our hospital affiliates—NYU Langone Health or Bellevue Hospital Center—but remain patients of record at the NYU College of Dentistry.”

A multisensory room, located off of the waiting area, will soon offer patients an immersive environment to reduce their anxiety, help them relax, and engage their senses. The room is being developed in partnership with the NYU Ability Project, an interdisciplinary team of health specialists, engineers, and artists working at the intersection of disability and technology.

Led by Kosinski—a pediatric dentist and specialist in dental anesthesia—the center is staffed by multidisciplinary faculty, a nurse practitioner, a nurse, a social worker, three patient-service representatives, a clinic manager, and a patient care coordinator. Patients are cared for by faculty at NYU College of



NYU Dentistry's Oral Health Center for People with Disabilities features nine spacious patient treatment rooms, including one with a reclining wheelchair platform that allows patients to be treated in their wheelchair instead of being transferred to a dental chair.

Dentistry with particular interest and expertise in treating people with disabilities. Senior dental students provide basic dental care not requiring sedation.

In planning for the facility, NYU College of Dentistry collaborated with a number of healthcare and advocacy groups that provide general healthcare and support for people with disabilities, including Cerebral Associations of New York State, Metro Community Health Centers, Family Health Centers at NYU Langone, NYS Office for People with Developmental Disabilities, NYU Langone Health, and the Viscardi Center. In addition, focus groups of people with disabilities were conducted in cooperation with the NYU Ability Project, a collaboration of the Tandon School of Engineering; the Steinhardt School of Culture, Education, and Human Development; and the Tisch School of the Arts.

TRAINING THE NEXT GENERATION OF DENTISTS SPECIALIZING IN TREATING PEOPLE WITH DISABILITIES

The center builds upon NYU's long history of educating dental students to care for patients with special needs. NYU College of Dentistry was one of 11 schools funded by the Robert Wood Johnson Foundation in the 1970s to train dental students in caring for people with disabilities.

Since 1971, NYU College of Dentistry has run a successful Special Patient Care Program, an honors program for a small group of exceptional dental students to gain experience working with people with disabilities. Over time, the new center will expand these educational opportunities to all NYU dental students and residents, thereby expanding patient-care delivery.

“The Oral Health Center for People with Disabilities not only offers much-needed clinical services to patients, but also a unique training opportunity for our students. Our goal is to create the next generation of dentists who will practice with competence, confidence, and compassion in providing quality dental care for people with disabilities,” said Bertolami.

About NYU College of Dentistry

Founded in 1865, New York University College of Dentistry (NYU Dentistry) is the third oldest and the largest dental school in the US, educating nearly 10 percent of the nation's dentists. NYU Dentistry has a significant global reach with a highly diverse student body. Visit <http://dental.nyu.edu> for more.

AAPD Headquarters Office Open House

Thursday, May 23

2 – 4 PM

AAPD invites all attendees to stop by the AAPD Headquarters Office at 211 E. Chicago Avenue, Suite 1600, in the American Dental Association Building on Thursday May 23, from 2 – 4 p.m. If you are strolling around Michigan Avenue why don't you come see us? The AAPD Headquarters Office is steps away from the historic Water Tower that survived the Great Chicago Fire of 1871. Meet the staff of the Membership Department and get a tour of the office. Members are always welcome to stop by our offices year round. We would love to meet you.

Out-of-the-Hat: Magic Tricks as an Alternative in Behavior Guidance Techniques



Pediatric dentistry is the art of behavior guidance. In residency, we hone in on our skills of Tell-Show-Do, voice control, desensitization and positive reinforcement – just to name a few. Sometimes, we must dig into our specialized toolbox and offer more advanced behavior guidance techniques such as sedation. Nevertheless, we can probably all recall that one appointment that did not go according to plan, and scrutinize our every move. Why did I lose the patient? What could I have done differently?

If you have social media, you probably have stumbled across Dr. Eyal Simchi, a pediatric dentist in Elmwood Park, N.J., who employs magic as one of his unique behavior guidance techniques. He can connect with timid, shy children, transforming a previously negative experience into a positive one. In one of the videos, he puts an anxious patient to ease by tweeting like a bird under his mask while the patient squishes his nose. This seems rather simple, but is in fact brilliant. The child initially appears withdrawn, but after 30-seconds of bird chirping, he is giggly and ready to embark on treatment.

Simchi's interest in magic began one day when he was strolling around the local mall with his wife and saw a magic trick at one of the kiosks. This trick was none other than Prisma Lites, invented by the magician Rocco Silano in 1994. Simchi was immediately perplexed by the salesperson tossing a ball of light from one hand to the other. He was urged by his wife to buy the trick, which he then employed occasionally on patients in dental school and residency. Now, he knows over thirty magic tricks which he uses to connect with his patients. In addition to magic, he utilizes other minimally invasive techniques such as SDF, ART and Hall Crowns.

He explains that his primary goal is to stabilize the dentition and to not traumatize the patient. He wants his patients to understand that he is not the scary dentist. If a patient comes into the office terrified, the first visit will be a desensitization appointment where he will

spend time speaking to the patient, probably show some magic tricks, and the patient will leave happy with a bag of presents. The objective for Simchi is simple – to keep patients happy. This is only possible by thinking creatively on how to handle each situation.

Dr. Allison Davis is a second year pediatric dental resident at the NYU Langone Pediatric Dentistry Residency in Tucson, Ariz. Her interest in magic began after attending a party at the Magic Castle – a sort of country club for magicians. It was here where she enrolled in classes and was able to practice her newly acquired skills on her peers. Her first trick was a basic card trick that she used to entertain patients at a mobile dental clinic she worked on during her third year of dental school at the University of Southern California. This allowed her to not only develop a relationship with her patients, but to also make them excited about dentistry.

Davis has combined the principles of magic to dentistry. In residency, she uses magic as a form of introduction with her patients. One of her tricks is to transform three short pieces of floss into one long string. Another, is to make a coin disappear in a rubber dam. Magic provides the perfect segue for her patients to become excited about dentistry and for her to delve into the pediatric dentist mindset – one of euphemisms of the art of distraction.

The bottom line is that you must be true to your authentic self when employing out-of-the-box behavior guidance techniques. At the end of the day, you must “remember that a tooth is attached to a person,” as Simchi recounts. Half the battle of pediatric dentistry is connecting with the patient in a meaningful way and becoming his/her Dental Home. You should take time to contemplate your unique interests and attempt to use them to foster meaningful relationships. Whether it is rewording Tell-Show-Do to a hit Disney song or performing Prisma Lites for your next patient, you have the ability to creatively change an otherwise negative experience into a positive one.

About the Author

Dr. Jessica M. Baron is a first year pediatric dental resident at Montefiore Medical Center in the Bronx, N.Y. She grew up in Charleston, S.C., and completed her undergraduate education at Duke University in 2010 with a B.A. in public policy and minor in art history. She graduated from the James B. Edwards College of Dental Medicine at the Medical University of South Carolina in 2015. She has earned a general practice residency certificate from Yale-New Haven Hospital and a dental oncology certificate from Memorial Sloan Kettering Cancer Center. In her free time, Baron likes to go to Broadway musicals, travel, cook, read, explore the Big Apple and try new restaurants with her friends.



Predoctoral Chapter Spotlight

SCAAPD University of Kentucky

The student chapter for the AAPD at the University of Kentucky was established in 2016. Over the past couple of years, the organization has grown to have 20 general members and 11 board members. The board positions include the following: president, vice president, treasurer, membership chair, Give Kids a Smile coordinators, lunch and learn coordinators, and outreach committee. The organization also has an advisor, Dr. Cristina Perez, who helps with communications between the national organization and the local chapter and helps facilitate things for the local chapter.

We had our first meeting as a board in May of 2018. We discussed responsibilities each board positions, as well as ideas for the upcoming school year. In August we had our second board meeting where we planned our first lunch and learn to welcome new and existing members to the organization. At the lunch and learn, we introduced the board members for the 2018-2019 school year and had a presentation describing what SCAAPD offers, including the major event—Give Kids a Smile. We were able to get funding from student affairs to purchase lunch for everyone. We held a membership drive the following week and had students sign up for the organization.

In September, members volunteered at Doctor for a Day at an elementary school in Fayette County. We were able to inform children on dentistry as a career and we also provided oral hygiene instructions and had kids demonstrate proper brushing and flossing techniques on models.

We had a lunch and learn in November inviting Dr. Ronald Singer to talk about his journey from dental school to private practice, including his shortcomings as well as his achievements. It was very informative and entertaining and we were able to provide lunch for students with AAPD funding.

Starting from the beginning of the spring semester, we worked hard to create the Give Kids a Smile (GKAS) event. This event is a nation-wide charity event to provide free dental services to children. The coordinators for GKAS worked tirelessly to create flyers to send to each student attending a school in an underserved areas. We had a lunch and learn to gain interest from students to volunteer at the event. T-shirts were also made to promote the event and to wear on the day of the event. The coordinators also worked to make sure we had access to the student clinic and the dental supplies in the clinic. We had 46 student dentists sign up to volunteer and treated 33 patients.

At the lunch and learn we had in January, we also had pediatric residents present on the application process for pediatric residency and also explained what residency program at UK was like.

Residents Visit AAPD Headquarters for Advocacy Workshop



Pediatric dental residents and program directors from Ann & Robert H. Lurie Children's Hospital and the University of Illinois Chicago College of Dentistry join Tooth D.K. at an Advocacy Workshop at AAPD Headquarters.

Pediatric dental residents from Ann & Robert H. Lurie Children's Hospital and the University of Illinois Chicago (UIC) College of Dentistry participated in a two-hour advocacy workshop at AAPD Headquarters on Nov. 16, 2018. The session was presented by AAPD staff as part of a specially designed seminar series on advocacy and leadership developed by David Avenetti, D.D.S., M.S.D., M.P.H., clinical associate professor and post-graduate program director of the UIC Pediatric Dentistry Graduate Residency Program. The Lurie Children's Hospital residents were accompanied by their Program Director Ashlee Vorachek, D.D.S., in the joint event.

Workshop topics featured AAPD media and consumer campaigns, the future of the pediatric dental workforce, and AAPD advocacy efforts on national, state and community levels. The visit also included a brief history of the AAPD, a tour of headquarters, and most important, photo opportunities with Mouth Monster Tooth D.K.

For information on scheduling an advocacy workshop at AAPD Headquarters for your pediatric residency program, contact Robin Wright at rwright@aapd.org or C. Scott Litch at slitch@aapd.org.



Oral Clinical Exam Review
Aug. 22, 2019

Le Westin Montreal, Canada

Prepping for the Oral Board Exam? Do you want to brush upon your oral test-taking skills? This course will provide you with the opportunity to participate in numerous mock examinations. Drs. Fiels and Wright will focus on the area of examination process as well as topical area 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 Wright, D.D.S., M.S., M.S.D.
Timothy Wright, D.D.S., M.S.

Who Should Attend

Members preparing to take the ABPD's Oral Clinical Examination

CE Credits
8 hours



Dental Assistant Sedation Course: Your Role in the Safe Sedation of Children
Oct. 11 – 12, 2019
The Whitley Hotel, Atlanta, Ga.

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.

On Saturday morning, there is a four-hour workshop that allows hands-on training for the dental assistant. Participants will rotate through the 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.
Alan Milnes, D.D.S., Ph.D.
Cara Riley, D.M.D.



Comprehensive Review of Pediatric Dentistry
Aug. 23 – 25, 2019

Le Westin Montreal, Canada

Taught by expert clinicians, the Comprehensive Review Course will provide attendees an extensive review of pediatric dentistry. This course focuses on the clinical science of cutting edge topics and the application of these topics into your daily practice.

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 examinations or just need a refresher

CE Credits
22 hours



Safe and Effective Sedation for the Pediatric Dental Patient
Oct. 11 – 13, 2019

The Whitley Hotel, Atlanta, Ga.

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. There will be dedicated forums to ask questions and talk about specific issues with course faculty, discuss techniques for effective communication with the patient and parent to address unusually challenging and complex situations. This course will offer opportunities to gain hands-on experience while learning airway techniques to rescue patients and will include breakout sessions with manikin practice with face masks, ambu bags and the insertion of nasal and oral airways; all in a personalized setting with real equipment and monitors.

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.

Speakers

Alan Milnes, D.D.S., Ph.D.
Cara Riley, D.M.D.

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





Hidden Threats and Safe Practices

SAFETY SYMPOSIUM

Steps to Creating a Safe Dental Home

Safety Symposium

Hidden Threats and Safe Practices: Steps to Creating a Safe Dental Home

Nov. 8 – 9, 2019

Renaissance Chicago, Ill.

Medicine was awakened to hidden dangers in the Academy of Medicine’s “To Err is Human”, but the dental profession has yet to delve into potential risks of dental care. This course provides a look at safety in pediatric dental care and provides practical tools and the latest clinical advice on how to improve office safety for patients, team members and pediatric dentists.

Featuring recognized experts from major areas of dental and medical practice, this fast-paced session will help attendees develop a culture of safety, mitigate potential harm related to providing dental care, and become proactive for you and your patient’s well-being.

Course Chairs and Speakers

Paul Casamassimo, D.D.S, M.S.

Jade Miller, D.D.S

Speakers

Jed Best D.D.S, M.S.

Terry Davis, M.D.

Karl DeLeeuw D.D.S, M.D.

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Who Should Attend

All members of the dental team interested in creating a safe dental environment.

CE Credits

15



2019 Joint Academic Day

Plan on meeting your colleagues for the 2019 Joint Academic Day being held at the Hilton Chicago Hotel on Wednesday, May 22, 2019. The combined morning session for predoctoral and postdoctoral program directors will feature discussions providing effective feedback in academic and clinical environments, common barriers to overcome and how to work with different types of learners. Additionally, CODA staff will offer an overview of current accreditation issues. There will also be an update on the Advanced Dental Admission Test (ADAT).

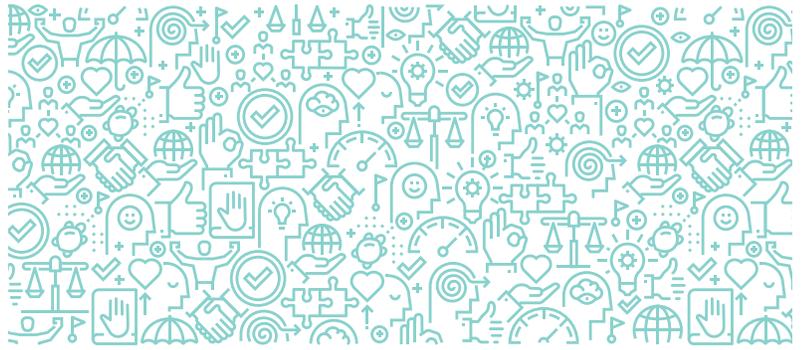
Following lunch, the Society of Predoctoral Program Directors and the Society of Postdoctoral Program Directors will hold discussions on issues relevant to predoctoral and postdoctoral topics of interest.



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

Five Remedies for a Toxic Work Culture

Negative attitudes and behaviors weigh heavily on dental practices and are challenging to deal with. Negativity spreads like a common cold and before the dentist realizes it, the team is sick, and the practice is suffering. Unresolved conflict causes tension, anxiety, poor productivity, and interferes with patient care. Conflict becomes harder to resolve the longer it is ignored. The first step in solving conflict is to recognize there is a problem. This can be challenging, especially for a busy doctor trying to see patients or for a leader who is trying to keep the practice running. For the conflict-avoidant leader, it may be natural to evade confrontational situations. Confrontation is critical to team effectiveness, even though it can be uncomfortable. Below are five types of toxic behaviors and the remedies to aid in healing a practice.

5 TYPES OF TOXIC BEHAVIORS AND REMEDIES

1. Pessimism

Symptoms: Pessimistic team members portray a “can’t do,” negative personality. These employees typically display poor work ethic and low morale which has a damaging effect on the team. A pessimist lists all the potential problems for the day before the day even begins. They may sigh and groan during Morning Huddle about a challenging patient coming in for their restorative visit. They may even try to pass their responsibilities off to another person. Negative attitudes and behaviors are contagious, especially when leaders are negative about the schedule and their patients. If negative attitudes are ignored, their impact will spread quickly.

Remedy: A fun-loving and encouraging environment.

Dealing with pessimism can be challenging and exhausting. It is imperative that negativity halts before team morale and productivity diminishes. At the first sign of a pessimistic team member, address the situation immediately. Meet one-on-one and let them know how their negativity impacts others in the office. Use the phrase “you may not realize” to address the behavior and to keep their actions separate from them as individuals. Clarify where the negativity comes from. Is the employee frustrated or do they feel a lack of appreciation from their team members or leadership? If they do not respond positively to the feedback or discussions, it may be time to let them go. Even a well-developed team member is not valuable when their negativity affects team productivity. As you begin each day, keep in mind that the dentist and leader’s attitudes set the mood for the day within the first two hours.

2. Gossip

Symptoms: Gossip afflicts most dental practices and is another form of harmful behavior in the workplace that negatively impacts team morale. It also creates distrust and skepticism, especially when this behavior comes from a leader.

A team member may spread gossip about another employee, leadership or the doctor. They also may try to get other team members to partake in gossiping with them.

Remedy: An environment where respect is given and received.

Leaders should coach gossipers to speak about their team members in appropriate and healthy ways. Meet one-on-one and discuss the implications for speaking negatively and how gossiping can damage a person’s self-esteem. Let them know that gossip is unacceptable in the workplace and must stop immediately. Document the behavior and get the team member to sign that you have discussed this with them. Be sure to store it in their employee file. Consider having a “positivity jar” in your office for team members to drop notes in expressing appreciation for one another. Share a couple of these notes with your team each day during Morning Huddle.

3. Blaming Others

Symptoms: When a team member refuses to take responsibility for their actions, it shows a lack of accountability. Everyone makes mistakes from time to time; however, blaming another person is an unhealthy response. An assistant may be blamed for not ordering gloves, when in fact, another assistant did not pull the tag and give it to them to order. Blaming others helps a person save face but creates a toxic environment where no one feels safe or protected. Blaming others can be a sign of people not feeling safe enough to be vulnerable or honest.

Remedy: Help them to cultivate a proactive mindset by making your expectations clear.

Counteracting blame begins with accountability. Leaders must hold team members accountable even when blame is shifted to another employee. Keep the focus on what the team member is responsible for and identify the reason for incomplete tasks. Make sure the team members possess the training and resources necessary to meet expectations.

4. Passive Aggression

Symptoms: Passive aggressiveness aims to harm another team member with indirect words or actions. These behaviors can be as harmful to your team as direct aggression. Some common characteristics are talking under their breath, spreading rumors, downplaying another's achievements or retaliating by setting another person up to fail. These behaviors are often done with subtlety, which can make identifying these issues particularly difficult.

Remedy: Create a safe space for team members to share concerns. Discuss with the team member one-on-one about specific instances you have witnessed or heard about. Explain that they are in a safe space to discuss their concerns. A passive aggressive person withdraws even further if they feel cornered or confronted. Once you identify the cause of their behavior, reassure them that you will help them to overcome challenges or obstacles they are facing to improve their work environment. Team members desire safety in their work environments and should feel comfortable communicating with one another without retaliation. No one can control how someone receives what they say; however, they can control the manner in which it is delivered.

5. Bullying

Symptoms: Bullying is a serious infraction that creates lasting emotional and psychological effects on your team members. A bully can aggressively attack your team members with words or actions. Some actions a bully might display include verbal criticism, picking on a team member through exclusion and isolation, and micromanagement. By the time a

dentist learns about this behavior, the situation is worse than what the dentist has been told. Bullies behave properly when in the dentist's presence but act completely different when they are around certain team members. They know who they can antagonize and who will not tolerate it.

Remedy: Does your team trust you to have their best interest at heart? Your office will become a bully-free zone when people know they can address concerns with the dentist, and it gets resolved. At the first sign of a bully, pull the team member aside and explain that their actions are not tolerated. Document the behavior and let the team member know that if it were to happen again, they will be terminated. If someone were being a bully to your own child on a playground, you would take the necessary steps to end the harm and create a safe environment.

A healthy practice culture is the goal. Recognizing the problem is the first step in managing negative behaviors and attitudes in your practice. Addressing conflict early and directly is the most impactful way to combat problems before they fester. A positive, productive team creates a healthy and profitable practice. It is the leadership team's responsibility to display appropriate, positive behaviors. Set clear standards and guidelines from the beginning with an up-to-date employee manual and consistent accountability efforts. Keep open communication with your team and reward positive behaviors with fun days, team outings and lunches, unexpected bonuses and incentives. A positive attitude is contagious, and the perfect remedy to a toxic environment. It is important to create a positive relationship with your team members first. Treat your team as you would like your patients and parents to be treated and this will be reflected in your profitability!

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

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2019 PEDIATRIC DENTAL BUSINESS LEADERSHIP CONFERENCE
Dates: First Time Attendees: Sept. 25-28; Alumni: Sept. 26-28
Venue: The Signature at MGM Grand, Las Vegas, NV
Leaders: Dentists, Managers, Clinical, Front Office & Marketing Coordinators
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Beyond the Shrugs and Eye Rolls: Improve Your Communication Skills with Adolescent Patients

Adolescence has been described as a plague on the senses, a war from which no one escapes unscathed, and one big walking pimple. This sensitive patient group has dental-related health concerns, yet faces difficulties discussing them with oral health professionals, especially on potentially embarrassing topics. “Speak Up for Patient Health: Critical Conversations on Controversial Issues” is the AAPD Preconference Course to be held at Annual Session in Chicago on Thursday, May 23, 2019. It brings experts from adolescent medicine, health communication and pediatric dentistry to offer practical advice on how to engage adolescents in more open conversations, build their trust about confidentiality, and provide much needed information on vital topics.

TOPICS AND SPEAKERS

Confidence and Skill in Challenging Conversations

Robin Wright, Ph.D., director, Research and Policy Center, AAPD

Discussing Obesity and Eating Disorders

Karen Bernstein, M.D., M.P.H., director, Division of Adolescent Medicine, University of Illinois at Chicago

Difficult Dialogues: Sexual Practices, Pregnancy and STIs

Cora Collette Breuner, M.D., M.P.H., Adolescent Medicine, Seattle Children’s Hospital

Transgender Youth and the Welcoming Practice

Scott Schwartz, D.D.S., M.P.H., assistant professor, Cincinnati Children’s Hospital Medical Center

The Risk of the Drug Talk: Lose a Patient *versus* Lose a Patient

Sharon K. Parsons, D.D.S., dentist/owner, Dental Associates, Columbus, Ohio

Common Practice Pitfalls In Treating Adolescent Patients

Scott A. Herbert, J.D., shareholder, Cunningham Meyer & Vedrine, P.C.

Even as kids reach adolescence, they need more than ever for us to watch over them. Adolescence is not about letting go. It’s about hanging on during a very bumpy ride.

Ron Taffel

State of Little Teeth Report Second Edition Now Available

The second edition of the “State of Little Teeth Report,” draws on the latest scientific research and best available expertise to examine the public health crisis of tooth decay among children in the U.S. In addition to examining the problems and causes of dental diseases, this report also explores an array of viable solutions by pediatric dentists, parents, and our nation’s leaders.



Key findings from the 2019 report:

- In the U.S., tooth decay affects nearly one in five children under the age of 5, half of children aged 6–11, and more than half of those aged 12–19.
- Children living in poverty are twice as likely to suffer from tooth decay, and their dental diseases are more than twice as likely to go untreated as their more affluent peers.
- Treatment of severe tooth decay can cost \$10,000 per child and up to \$25,000 in severe cases, especially if the child needs to be hospitalized and treated under general anesthesia.
- Over 70 percent of pediatric dentists and 38 percent of general dentists accept Medicaid. Publicly insured patients represent one-third of the average caseload of pediatric dentists in 2016, up from one-quarter in 2011.
- The number of practicing pediatric dentists is projected to significantly increase through at least 2030.
- Thanks to expanded dental benefits coverage for children, 2016 marks the first year a majority of publicly insured children (50.4 percent) visited a dentist.
- A new AAPD national survey reveals nearly three-quarters of parents do not take their child to the dentist by the first birthday.

The new “State of Little Teeth Report,” is an excellent resource to offer in your office reception area, share with referring dental and medical offices, provide to local school nurses, or drop off at preschools and childcare centers. To download the full publication, visit <http://mouthmonsters.mychildrensteeth.org/wp-content/uploads/2019/02/StateofLittleTeeth.2ndEdition.pdf>.

Evidence-Based Dentistry Committee (EBDC) Update

Currently EBDC is overseeing two new evidence-based clinical practice guidelines:

- Clinical Practice Guidelines for use of Non-Vital Pulp Therapies in Primary Teeth; and
- Clinical Practice Guideline on Behavior Guidance for Pediatric Dental Patients.

The Non-Vital Pulp Therapy Guideline Workgroup had submitted “Systematic review and meta-analysis of non-vital pulp therapy for primary teeth” protocol¹ to PROSPERO (International prospective register of systematic reviews, National Institute for Health Research). Data has been extracted and analyzed for approximately 200 articles. Preliminary forest plots have been created on pulpectomy success using different root canal fillers. In-vitro antibacterial studies will also be evaluated. A draft systematic review manuscript is in preparation. Drs. James Coll and Kaaren Vargas will present preliminary results of the meta-analysis to the board of trustees at AAPD 2019 in Chicago.

Selected systematic reviews were evaluated by the Behavior Guidance Guideline Workgroup. Draft PICO has been developed. The workgroup members are awaiting the publication of the Cochrane systematic review on “Non-pharmacological interventions for managing dental anxiety in children.” They will evaluate and appraise the systematic review using one of the validated appraisal instruments e.g. AMSTAR, CASP. The workgroup is comprised of Drs. Vineet Dhar, Elizabeth Gosnell, Cameron Randall, Rebecca Slayton and Reva Bhushan.

¹James A. Coll, Kaaren Vargas, Abdullah A. Marghalani, Shahad Al Shamali, Chia-Yu Chen, Reva Bhushan. Systematic review and meta-analysis of non-vital pulp therapy for primary teeth. PROSPERO 2018 CRD42018099107. Accessed December 10, 2018. http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42018099107

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

2019 Brings Changes to FEDVIP that Will Affect Your Patients

The Federal Employee Dental and Vision Insurance Program (FEDVIP) has provided dental and vision benefits to federal employees, retirees, and their dependents since 2004. For our members who participate in FEDVIP or the Federal Employee Health Benefit (FEHB) program, this article describes key plan modifications made by some national payers for their FEDVIP dental plans in 2019. Detailed summaries of the 2019 FEDVIP dental plan options and benefits can be found at www.opm.gov/healthcare-insurance/dentalvision/plan-information.

WHAT IS FEDVIP?

The FEDVIP program is made up of four regional HMO/PPO payers (Dominion Dental, Emblem Health Dental, Humana, and Triple-S Salud) and six national payers (Aetna, Blue Cross Blue Shield [FEP Dental Blue], Delta Dental, Government Employees Health Association, Inc. [GEHA], MetLife, and United Concordia). These payers administer FEDVIP dental plans for eligible federal and postal employees, retirees, and their eligible family members where the enrollee pays for coverage. International coverage is offered under the nationwide plans.

WHO IS AN ELIGIBLE FEDVIP BENEFICIARY?

Federal employees can choose to enroll in a dental plan for self only, self plus one, or self and family coverage. Eligible family members include the employee's spouse and unmarried dependent children, including stepchildren, legally adopted children, and foster children living with the federal employee in a regular parent-child relationship under age 22, and older disabled children incapable of supporting themselves.

Rules for family member eligibility differ between FEHB and FEDVIP. Visit <https://www.opm.gov/healthcareinsurance/dental-vision> for complete details on eligibility for FEHB and FEDVIP. The federal employees may also contact the federal agency in which they are employed or retirement system for additional information or clarification regarding family member eligibility.

Eligible federal employees (and their family members) are not required to be

enrolled in the FEHB plan to enroll in a FEDVIP plan. Similarly, a doctor may choose to participate with a FEDVIP plan and not participate with the FEHB plan. Likewise, all of the national FEDVIP plans allow federal employee members to obtain treatment from out-of-network providers. Treatment provided by a non-enrolled dentist may result in reduced benefits.

FEDVIP 2019 BENEFIT PLAN HIGHLIGHTS

Aetna's Changes for the High Option FEDVIP Plan

The 12-month waiting period for Class D Orthodontic Services has been removed.

The plan increased the Annual Benefit Maximum for in-network benefits from \$25,000 to \$30,000.

It is important to note that the out-of-network Annual Benefit Maximum is \$2,000. Once the \$2,000 is reimbursed for in- or out-of-network services, services rendered by an in-network provider only are eligible for reimbursement for up to the \$30,000 maximum. No benefits, in- or out-of-network combined will exceed \$30,000.

The filing deadline for submission of claims for Aetna must be submitted by December 31 of the year following the year in which services were rendered, unless the claim could not be submitted due to administrative operations of government or legal incapacity, as long as the claim was submitted as soon as possible. Benefit checks must be cashed within two years of payment.

Delta Dental Changes

Adult orthodontic coverage has been added to the High Option plan.

Patients with Type 1 or Type 2 diabetes are allowed a third prophylaxis in a calendar year (D1110 or D1120). To receive this additional prophylaxis, a statement from the patient's physician documenting the Type 1 or Type 2 diabetes is required.

FEP Dental Blue's Changes

Standard Option calendar limitation for any combination of procedures D1110, D1120, and D4346 has increased to three

per calendar year. The High Option plan remains at a limitation of two per calendar year for any combination of procedures D1110, D1120, and D4346. For ages 14 and over, any of the three combinations referenced above are processed as D1110. D4346 is processed as D1110 and the patient is not responsible for the difference in fee.

CDT 2019 new codes D0412 (blood glucose level test), D5876 (add metal substructure to acrylic full denture), D9613 (infiltration of sustained release therapeutic drug), and D9946 (occlusal guard, hard appliance, partial arch) are specifically listed as excluded from coverage.

Government Employees Health Association, Inc. (GEHA) Changes

The following CDT codes were added as covered services:

- D1516 space maintainer – fixed – bilateral, maxillary
- D1517 space maintainer – fixed – bilateral, mandibular
- D1526 space maintainer – removable – bilateral, maxillary
- D1527 space maintainer – removable – bilateral, mandibular
- D9944 occlusal guard – hard appliance, full arch
- D9945 occlusal guard – soft appliance, full arch
- D9946 occlusal guard – hard appliance, partial arch

The High Option lifetime maximum for orthodontic covered services has increased to \$3,500 per person for 2019.

Procedure code D4346 is considered for reimbursement under periodontal services, not preventive, and is limited to a single D4346 procedure every two calendar years.

Metlife's FEDVIP Changes for the High Option Plan

The annual maximum of benefits per person increased from \$35,000 to unlimited.

The in- and out-of-network orthodontic coinsurance increased from 50 to 70 percent.

The orthodontic services lifetime maximum for dependent children increased from \$3,500 to \$5,000 for treatment started Jan. 1, 2019 or after.

The orthodontic services lifetime maximum for adults increased from \$1,500 to \$3,000 for treatment started Jan. 1, 2019 or after.

Metlife's FEDVIP Changes for the Standard Option Plan

The out-of-network annual maximum increased from \$800 to \$1,000.

The out-of-network orthodontic services lifetime maximum for dependent children increased from \$1,500 to \$2,000 for treatment started Jan. 1, 2019 or after.

Dependent child coverage for orthodontic services increased from \$1,500 to \$2,000 for treatment started Jan. 1, 2019 or after.

Adult coverage for orthodontic services was added with a combined in- or out-of-network lifetime maximum of \$2,000. This maximum will be for adult orthodontic treatment that begins on Jan. 2, 2019 or after.

The following age limitations for dependent child orthodontic services:

- Increase from age 19 to age 22 for federal civilian enrollees.
- TRICARE® enrollee dependent children will be covered to age 21 with fulltime student covered until age 23. No age limitation for dependent children who are incapable of self-support for both federal civilian and TRICARE® enrollees. All subject to orthodontic plan provisions.

United Concordia Changes

Annual maximum is unlimited.

Upon submission of proof of prior orthodontic coverage in 2018, the 12 month waiting period for orthodontic services, may be waived.

Procedure code D4346 is considered under the periodontal services benefit class for ages 16 and over, once in a 24 month period and shares a frequency limitation with a prophylaxis of two per calendar year.

Plan modifications made by some regional payers for their FEDVIP dental plans in 2019 are highlighted below.

Humana FEDVIP Changes

The plan summary description indicates the addition of the following CDT codes as covered services for 2019:

- D1516 space maintainer – fixed – bilateral, maxillary
- D1517 space maintainer – fixed – bilateral, mandibular
- D1526 space maintainer – removable – bilateral, maxillary
- D1527 space maintainer – removable – bilateral, mandibular
- D9944 occlusal guard – hard appliance, full arch
- D9945 occlusal guard – soft appliance, full arch
- D9946 occlusal guard – hard appliance, partial arch

Procedure code D4346 is considered under periodontal services with required copay as listed in the plan description. D4346 is subject to a limitation of one per 36 months.

Humana FEDVIP is a copay plan; therefore, there are no claims to submit for in-network services. This FEDVIP plan does not offer out-of-network benefits. An out-of-network provider treating a patient for emergency services should submit a 2012 ADA dental claim form for emergency services rendered to be considered for reimbursement. Refer to the plan summary description for details regarding emergency services rendered by an out-of-network provider.

Dominion Changes

A third annual prophylaxis has been added for all members, at a reduced fee.

The following CDT codes have been added, subject to any required copay as outlined in the plan description:

- D0600 non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum
- D0601 caries risk assessment and documentation, with a finding of low risk
- D0602 caries risk assessment and documentation, with a finding of moderate risk

- D0603 caries risk assessment and documentation, with a finding of high risk
- D7979 non-surgical sialolithotomy
- D9222 deep sedation/general anesthesia – first 15 minutes
- D9239 intravenous moderate (conscious) sedation/analgesia – first 15 minutes

There are no claims to be submitted since Dominion is a copay based HMO plan. There are no out-of-network benefits for this plan, emergency services may be considered. See the plan summary description for details on submitting emergency services provided by an out-of-network provider.

Triple-S Salud Plan Changes

The following CDT codes were added as covered services:

- D8695 removal of fixed orthodontic appliances for reasons other than completion of treatment, covered under the benefit maximum

Emblem Health Changes

Emblem's plan summary description indicated no significant changes to the plan summary/ description for 2019; however, it is advisable to review the summary as needed to answer any specific questions about the Emblem Health FEDVIP plan.

CHANGES IN THE TRICARE® PROGRAM THAT MAY AFFECT YOUR PATIENTS

One of the most significant changes affecting the FEDVIP program for 2019 is the TRICARE® retiree dental program that ended Dec. 31, 2018. The retirees and family members previously eligible and covered by the TRICARE® Retiree Dental Program (TRDP) became eligible to enroll in a FEDVIP benefit plan just as other eligible federal employees. Patients in this group will have more plans with various provider networks to choose from than before under the TRICARE® Retiree Dental Program.

Active duty uniformed service members (and family members) will continue to be provided dental and vision coverage by TRICARE®. They are not eligible for FEDVIP plan enrollment.

TRDP members newly enrolled in a FEDVIP plan for 2019 will be covered for in-progress treatment regardless of any current FEDVIP plan exclusions for care initiated prior to the enrollee's effective date. However, FEDVIP payers will not cover in-progress treatment if the enrollee has enrolled in a plan with a waiting period or if the plan does not cover the in-progress treatment. For example, orthodontic benefits vary by plan with plans available with a waiting period or without a waiting period.

OUT-OF-NETWORK BENEFITS

Patients covered by FEDVIP may elect to receive dental care from an out-of-network provider for most plans. Services rendered by an out of network provider are reimbursed at an out-of-network plan allowance.

Many of the FEDVIP plans, such as the plan administered by Aetna, set their out-of-network allowable fees using Fair Health fee data. Fair Health fee data is obtained from actual claims submitted by dental providers for services rendered. This information includes the date of service, place of service, procedure code (CDT, CPT®, and HCPCS) and the fee for the service(s) rendered.

Fair Health then combines this information into a database to determine the average fee in a given geographical area (zip code). The fee data is grouped in percentiles from lowest to highest with charges in the middle being 50th percentile of the area. Aetna FEDVIP uses the 80th percentile fee range for a given geographical area to determine the allowable amount paid for services rendered by an out-of-network provider.

The patient's coinsurance is calculated based on this plan allowance. For Aetna FEDVIP members, the patient is responsible for the coinsurance plus the difference between the billed amount and the plan allowance when electing to receive services performed by an out-of-network provider.

Each FEDVIP plan outlines any out-of-network benefits available in the plan description and can vary by plan. More information about Fair Health fee data may be found by visiting www.fairhealth.org.

If the FEDVIP enrollee lives in an area with limited access to in-network providers and treatment is rendered by an out-of-

network provider, most FEDVIP plans will consider reimbursement for covered services at the in-network benefit level. (This is called a "gap exception.") However, the patient is financially responsible for any difference between the amount billed for the service and the actual payment from the FEDVIP plan.

ALTERNATE BENEFIT REIMBURSEMENT

Most FEDVIP dental plans have the least expensive alternate benefit (LEAT) clause. A LEAT clause means that the plan will consider applying alternate benefits, providing reimbursement for the least costly treatment in certain instances. If the patient and dentist proceed with the more expensive treatment option, the patient may be financially responsible for the charges above the alternate benefit reimbursement, even if provided by an in-network dentist.

It is important for the in network dentist to follow the PPO contract provisions and ensure the appropriate documentation is obtained from the patient prior to implementation of treatment. If the proper documentation is not obtained as outlined in the PPO contract processing policy manual, the patient may not be financially responsible for any charges above the network allowance for the alternate benefit.

NON-COVERED SERVICES

Practices participating in FEDVIP plans should be aware that the administration of FEDVIP benefit plans are subject to federal law, not prevailing state insurance laws. A state insurance commissioner has no jurisdiction over federal dental plans. Specifically, state fee capping of non-covered procedures legislation does not apply to FEDVIP plans.

This means that participating FEDVIP providers may be required to honor the maximum FEDVIP fees even for non-covered dental services unless a provision of the FEDVIP, as outlined in the plan description, allows the patient and dentist to enter into a private contract.

For example, GEHA added a private contract provision in 2016. GEHA defines a private contract as a contract signed by the patient agreeing to pay the billed amount for upgraded or specialty services. Should the patient sign an agreement, the patient will

be responsible for the difference between the billed amount and GEHA's payment.

Review all contracts and plan provisions before asking a patient to enter into a private contract. Contact the payer to confirm the plan's definition of an upgraded or specialty service as defined by the plan.

COORDINATION OF BENEFITS

Determining the order of benefits can be challenging when there are multiple plans and one or more of the plans is a FEDVIP plan. Oftentimes, the COB rules of each plan are different, causing much frustration for patients and dental teams alike.

When COB rules of primary and secondary, etc. do not agree (two plans state they are primary or both are secondary), a three-way call between both plan administrators and the practice is beneficial in settling the order of benefits issue. Usually, the plan that has been in effect the longest will be primary. Sometimes, it is helpful for the patient to get involved with settling an order of benefits issue.

The order of benefits is outlined in each FEDVIP plan summary. When a patient is enrolled in an FEHB plan and a FEDVIP plan, the claim should be submitted to the FEHB first, then to the FEDVIP plan.

For example, a retired federal employee may present with benefit information for a FEHB, FEDVIP, and may also be actively employed with group dental benefits. Determine the proper order of benefits prior to the submission of any claims to help avoid payment delays and/or future refund requests from payers.

For a practice with many federal plans, it is useful for the business team to familiarize themselves with the COB rules for each FEDVIP plan. Each FEDVIP plan document is available for review, including COB information, by visiting www.opm.gov/healthcareinsurance/dental-vision/plan-information.

It is important for the patient to present an ID card to the provider for his FEHB and FEDVIP plan. Most often the FEHB plans have limited dental benefits and patients do not always realize their FEHB plan includes some dental benefits.

It is advisable that the provider ask for the FEHB card. Having this information will allow the provider to submit the claim to the primary carrier, FEHB, preventing any claim rejections when the FEDVIP dental plan is submitted as primary. However, the FEDVIP plan payer may request from the enrollee verification of health plan coverage (FEHB) on an annual basis or at the time of service. A delay in response from the enrollee may result in the FEDVIP plan paying as primary until the health plan information is verified, possibly resulting in an overpayment.

If a patient has dental coverage through both FEHB and FEDVIP plans, then the FEHB plan is primary. When services are provided by a doctor participating in both the FEHB plan and the patient's FEDVIP plan, the FEDVIP plan allowance is the prevailing charge in these cases (i.e., allowable fee that can be charged to the patient).

Federal law requires the FEDVIP plan to coordinate benefits with the primary FEHB plan. The patient's responsibility is the difference between the total paid by the FEHB and FEDVIP plans and the FEDVIP maximum allowable fee.

Note that sometimes, the FEDVIP plan processes the claim providing payment based on an estimated amount due from the primary payer. Always read the Explanation of Benefits (EOB) carefully to confirm that no overpayment has been received.

The provider is responsible for notifying the secondary (FEDVIP) payer of any overpayment. This information is generally included in the remarks on the secondary (FEDVIP) EOB. Traditional coordination of benefits rules apply when FEDVIP plans coordinate with non-FEHB primary plans.

The following example exhibits how to properly calculate the patient's responsibility and provider write off when the provider is in-network with a FEDVIP plan and the patient is enrolled in a FEHB plan.

Composite Filling D2391 Submitted Fee	\$ 124
FEDVIP (GEHA) Contracted Fee	\$ 80
Primary Insurance (BCBS FEHB) Payment	\$ 41
Secondary Insurance (GEHA) Payment	\$ 25
Total Paid by Both Insurance Plans	\$ 66
Patient Responsibility	\$ 14
Provider Write-Off	\$ 44

Coordination of benefits can be complex, especially with FEDVIP plans, thus it is beneficial for the practice to visit www.opm.gov/healthcare-insurance/dentalvision/plan-information for details and examples of how to properly calculate the patient's total financial responsibility and the provider PPO write-off for each FEDVIP plan. COB rules and examples can be found in the detailed summaries of the FEDVIP dental plans. FEDVIP plan summaries and descriptions are available to the public at the beginning of annual open enrollment season in November and December.

Conclusion

The information presented is intended to be an overview of 201 changes to FEDVIP plan descriptions. Detailed summaries of the 2019 FEDVIP dental plan options and benefits can be found at www.opm.gov/healthcare-reinsurance/dentalvision/planinformation.

It is very important to note that changes in dependent eligibility to age 26 under the Affordable Care Act do not apply to eligibility for children under FEDVIP. The limit remains under age 22 for FEDVIP type plans.

For more information, contact Dental Benefit Director Mary Essling at (312) 337-2169 or messling@aadpd.org



Visit the AAPD online store to stock up on brochures for your office including the new brochure on SDF!

Media Mix

For more information on how to submit your media coverage, please contact Public Relations Director Erika Hoef at (312) 337-2169 or erika@aapd.org.



Media Mentions

AAPD VICE PRESIDENT INTERVIEWED ON MEASLES OUTBREAK

Dr. Jessica Lee spoke to *ADA News* on Jan. 28, for a story titled, “Dental office among sites involved in measles cluster.” The story addresses how measles appeared in the news following reported outbreaks this month in the Northwest.

AAPD PRESIDENT PARTICIPATES IN NATIONAL SATELLITE MEDIA TOUR

On Jan. 31, **Dr. Joe Castellano** fielded 27 television and radio interviews over a 5-hour time span in honor of National Children’s Dental Health Month (NCDHM). He spoke to media outlets across the country, including top markets like Washington, D.C., St. Louis, Phoenix, Denver, and Sacramento. He masterfully handled each interview, easily wove in AAPD key messages, and paid careful attention to the many questions coming his way, answering each with care.

HOW MUCH TOOTHPASTE SHOULD A CHILD USE?

AAPD member **Dr. LaQuia Vinson** discussed this very topic with *WISHTV.com* out of Indianapolis, Ind., on Feb. 8: <http://www.wishtv.com/news/local-news/how-much-toothpaste-should-a-child-use-a-pediatric-dentist-gives-advice/1766382174>.

FOX 8 NEW ORLEANS SPEAKS TO AAPD MEMBER

Dr. Suzanne Fournier sat down with FOX 8 New Orleans TV to discuss NCDHM for their Healthy Living segment.

AAPD PRESIDENT CONTRIBUTES TO DIMENSIONS OF DENTAL HYGIENE

Dr. Joe Castellano developed an article for the February National Children’s Dental Health Month issue of *Dimensions of Dental Hygiene*. “Supporting Children’s Oral Health” details how early and comprehensive examination of children places them on a path to positive oral health. The article can be found at: <https://dimensionsofdentalhygiene.com/article/supporting-childrens-oral-health/>.

AAPD IMMEDIATE PAST PRESIDENT ADDRESSES FAMILY DENTAL INSURANCE

Dr. Jim Nickman spoke to Suzanne Koup-Larsen, contributing writer, for a *MetroKids* article on dental insurance. The article is targeted to an audience of parents that explains what dental insurance typically covers and what to consider when shopping for dental insurance for your family. The entire article can be located here: <http://www.metrokids.com/r5/Health/Should-You-Get-Dental-Insurance-for-Your-Family/>.

AAPD SPOKESPERSON ADDRESSES NCDHM

On Feb. 18, **Dr. Cliff Hartmann** joined *FOX6 WakeUp* to share some oral health tips in Milwaukee. The segment is located at: <https://fox6now.com/2019/02/18/oral-health-tips-february-is-national-childrens-dental-health-month/>.

AAPD TALKS TO DR.BICUSPID.COM

During Chicago’s Midwinter Meeting, AAPD CEO **Dr. John Rutkauskas** was interviewed by Tony Edwards and Theresa Pablos of *Dr.Bicuspid.com* for NCDHM. Rutkauskas offered the various ways dentists can celebrate NCDHM, as well an update on our safety initiative. In addition, he discussed our Mouth Monster Campaign! To view the interview with Rutkauskas, visit the *Dr.Bicuspid.com* website at <https://www.drbcuspid.com/index.aspx?sec=sup&sub=hyg&pag=dis&ItemID=324240>. (Note free registration is required to view it.)

NEW MOUTH MONSTER HUB CONTENT

THE STATE OF LITTLE TEETH: SECOND EDITION

On Feb. 6, your BIG AUTHORITY on little teeth released the second edition of the “State of Little Teeth Report,” which draws on the latest scientific research and best available expertise to examine challenges facing the oral health of our children and what we can do about them: <http://mouthmonsters.mychildrensteeth.org/the-state-of-little-teeth-second-edition/>.

PUBLIC RELATIONS ACTIVITIES

SOCIAL MEDIA TOOLKIT FOR MEMBERS

We hope you’re all taking advantage of our first-ever online Social Media Toolkit, developed specifically with the business needs of AAPD members in mind.

In addition to providing basic information about the most important social media channels for your practice and how to manage your social media communities, the toolkit also addresses some more advanced topics such as:

- Best-practices to navigate issues that commonly arise on any practices’ social media channels
- Advantages of using paid advertising on social media – which can be much more effective in reaching new patients than traditional advertising.

The toolkit can be accessed on your *My Account* page of aapd.org.

We encourage you to download it, and to share it with any team members who may support or lead the marketing activities of your practice.

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Do You Know Your Retirement Ready Score?



The importance of a stress-tested portfolio

Contributed by Jeffrey E. Wherry, CFP®, CLU®, ChFC®, Managing Director, Wealth Management, Treloar & Heisel Wealth Management

www.tandhwealth.com

As financial planners, we often wish we had a crystal ball to tell the future. The reality is that we don't. Because one of the questions we are most frequently faced with is: "Am I on track for retirement?" This, surely, is a challenge for any saver. We all want an optimal balance between living in the present and being comfortable in the future. No one wants to experience discomfort in either scenario.

Thankfully, there are some robust tools that may help us determine whether we are adequately prepared for retirement. In our practice, we use the concept of the "Retirement Ready Score," also known as "stress-testing" your portfolio. Basically, this entails taking your existing investments and entering them into financial planning software that calculates thousands of scenarios of the various ups and downs that your bundle of investments *may* experience in real life. In some scenarios, you may end up in positive territory, in others you may not fare as well.

We enter your age, and the final report we generate shows us how many scenarios actually result with you having money at age 100. Say in 80 percent of the scenarios you still have money – then your score would be 80. Our hope is that you will have a minimum score of 70, in order for us to feel fairly confident that you are possibly on track for retirement.

WHAT IF I'M NOT ON TRACK FOR RETIREMENT?

Great question. If we see a retirement score that's low, it's an indicator of one or more foundational issues.

First, you may not be saving enough. How much you have to start out with absolutely plays a role in how much you will have at age 100. So, if you're not saving enough, we would recommend that you increase how much you are setting aside.

WHAT DO YOU NEED TO DO IN ORDER TO RAISE YOUR RETIREMENT READY SCORE TO AN ACCEPTABLE RANGE?

Some people are actually setting aside a healthy amount of money on a regular basis, and still find that their retirement ready score falls short. This is an indication that your portfolio may not be adequately allocated for your situation. By simply changing your risk tolerance a bit (but still not be over aggressive), you may be able to get more return and raise your score to a higher range.

All too often, we find that raising the retirement ready score may be resolved by a combination of two factors: saving more, and re-allocating into more appropriate investments that align with your goals and risk profile.

As financial planners, it's our job to continue to monitor your performance because investment returns certainly aren't guaranteed going forward. So, if we have a lower than anticipated returns environment, we may need to change some of the parameters. If we have a higher return environment, we may be able to actually scale down the risks we're taking.

We recommend stress-testing your portfolio once a year. By doing so, you will have a much better understanding of what is realistically achievable given your current actions. And while stress-testing is not an exact science, it could help to see if you continue in this vein whether you'll get to your destination, or if you may have to make some alternative decisions later on in life.

Investment Advice offered through WCG Wealth Advisors, LLC a Registered Investment Advisor doing business as Treloar & Heisel Wealth Management. Treloar & Heisel Wealth Management is a separate entity from The Wealth Consulting Group and WCG Wealth Advisors, LLC.

This information is for illustrative purposes only and is not intended to represent any specific investment vehicle.

SAFETY: OUR PRIORITY

Among the American Board of Pediatric Dentistry's core values is "the provision of the highest quality oral health care for children. Such care is thoughtful, careful, ethical and based on the current scientific evidence." Of course, thoughtful and careful treatment must ensure the safety of patients and the members of the dental care team.

The American Academy of Pediatric Dentistry established a Safety Committee in 2016. The vision of the Safety Committee is creating the safest possible oral health care delivery system, thereby protecting the health and well-being of patients and their providers. One of the strategic goals of the ABPD is to increase collaboration and relationship-building with related organizations. As part of the priority strategy for this goal, I have been serving as a committee member on the AAPD Safety Committee for this past year, and, what a busy year it has been!

The AAPD will hold its first Safety Symposium on November 8-9, 2019 in Chicago. This inaugural course on safety in the pediatric dental practice is meant to create awareness and provide simple tools to attendees to improve safety practices in their dental offices, including during sedation procedures. The Safety Committee is also creating relationships with organizations that provide voluntary accreditation to ambulatory facilities and offices. These collaborative efforts have aided the committee in developing a pediatric dental-specific safety checklist and set of processes that will lead to voluntary office accreditation. In addition, a cloud-based source of safety standard links is in development that may be used as a resource for AAPD members.

The ABPD applauds the AAPD for aiding dentists to strengthen the culture of safety for both patients and providers in their dental practice settings. We

encourage all Diplomates to attend the AAPD Safety Symposium. We will continue to collaborate with the AAPD to develop opportunities for Diplomates to incorporate systems of safety in the delivery of oral health care. Furthermore, we at ABPD look forward to developing new Continuous Quality Improvement modules (CQI's) with a focus on safety. These CQI's and more will be offered as part of the ABPD's Renewal of Certification Process.

Together the AAPD and the ABPD hope to protect the well-being of providers, dental team members, our patients, and the families who trust us with their care. We hope to see you at the Safety Symposium!



Leila Younger, DDS, MS
Barrington IL
Vice President, ABPD
Board Certified 1998

CONGRATULATIONS

2018 Richard C. Pugh Awardees

The Pugh Award is given to those who have scored in the top 3% of the 2018 Qualifying Examination.

Nairouz Abdelsalam – Nashville, TN

Tufts University

Bradley Crossfield – Dallas, TX

Lutheran Medical Center

Brian Darling – House Springs, MO

Lutheran Medical Center

Brandy Edmonds – Charlotte, NC

Virginia Commonwealth University

Ferishta Faqeer – Ashburn, VA

Lutheran Medical Center

Allison Inouye – Scottsdale, AZ

Lutheran Medical Center

Patrick Johnson – Panama City, FL

Yale-New Haven Children's Hospital

Gae Won Kwon – Philadelphia, PA

Bronx Lebanon Hospital

Jung Lee – Albuquerque, NM

Bronx Lebanon Hospital

Philip Lee – Cliffside Park, NJ

University of Alabama

Roya Mahmoodi – Emeryville, CA

Loma Linda University

Eileen Martinez – Chillicothe, OH

University of Toledo

Victoria Onesty – Arlington, VA

Virginia Commonwealth University

Gayathri Raju – Gainesville, FL

University of Florida

Hannah Rustin – Murrells Inlet, SC

Virginia Commonwealth University

Amir Shahla – Louisville, KY

University of Alabama

American Board of Pediatric Dentistry at AAPD Annual Session 2019

Thursday, May 23

4:30-6:30 PM

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7-8:30 PM

ABPD President's Reception (invitation only)

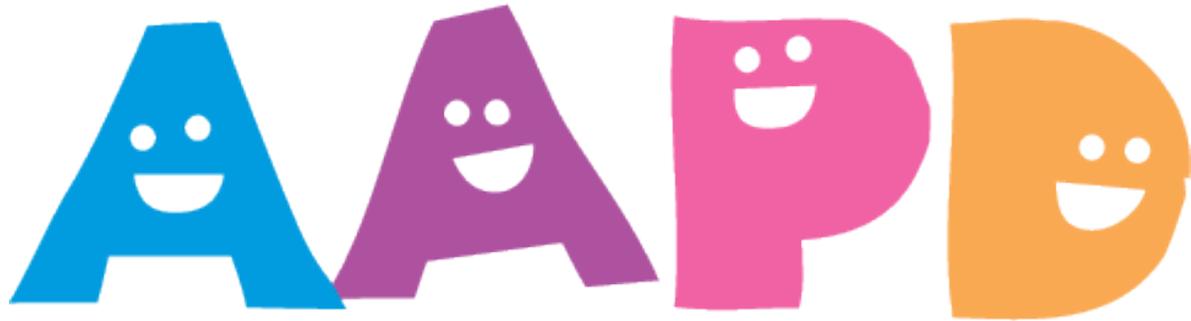
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Booth #1121

Saturday, May 25

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ABPD Overview Session



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Opportunities

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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, C.E., 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.

ARIZONA—PHOENIX—SCOTTSDALE. Part-time or Full-Time Pediatric Dentist position available. Looking for a caring and skilled pediatric dentist for a very busy private practice. Great opportunity to work in a FFS practice with potential for growth. Practice is located in North Phoenix/North Scottsdale area. Great neighborhood! Amazing Patients and Caring and Highly Trained Staff. Please e-mail C.V. to lidiethlibby@me.com.

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, soon 6, 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 with GREAT compensations. For more information on our practice, please feel free to check out our website www.thesuperdentists.com and see for yourself why The Super Dentists is San Diego's largest, most trusted and top awarded pediatric dentistry practice. Requirement: Pediatric Dentist CA License. Please send your resumes to nicki@thesuperdentists.com or call 619-548-8772 for more information on the opportunity.

CALIFORNIA—WEST HILLS. My privately owned pediatric dental practice is looking to add a new Pediatric Dentist to our team. I believe in offering the highest level of care to our patients and providing the best opportunities for employment without the complications that corporate dentistry can bring. We are a fast-paced pediatric practice with a great staff, in turn making the schedule flow smoothly and efficiently. As a fun, private practice pediatric dental office in Los Angeles, I am looking for a long-term, committed, energetic associate who can bring their talents and personality to our communities. We believe work-life balance is key in creating a very rewarding dental environment. We believe it all starts with you being happy, feeling appreciated and fulfilled. I am looking for either a full time or part time Pediatric Dentist to fill a 4 day work week in California, with potential for partnership. Requirements for this position: D.D.S. or D.M.D., Completed residency in Pediatric Dentistry, CA State Dental License. If you are interested in practicing with us, please set up a time to meet over coffee. Please e-mail edwardjnelsondmd@gmail.com.

CALIFORNIA—YUBA CITY. Pediatric Dentist will do all Pediatric Dental duties, eg. restorative dentistry, extractions, sealants, and pulpotomies. Interceptive orthodontics if experienced. There is a dental anesthesiologist available. There is a hospital set up for dentistry if something the associate wants to do. Requirements for this position: Board eligible Pediatric Dentist. A dental license in California. A good sense of humor. Good people skills. Please e-mail resumes to robertripleby@comcast.net.

CONNECTICUT—FAIRFIELD. Pediatric Dentistry office seeks pediatric dentist associate to join our team of hard-working professionals. Candidate must enjoy being a team player and be well-polished. Great communication skills are paramount. The ideal candidate would demonstrate the following skills confidently: Provide dental care to infants through teenage years. Diagnose and treat problems throughout dentition. Plan a long-term dental hygiene program. Keep parents advised with regards to preventive dental health measures for children. Provide significant pediatric dental health information. Risk assessment for dental health information. Risk assessment for dental ailments

in both mother and child. Manages patients with behavioral problems or handicapping conditions. Counsels and advises patients and family on growth and developmental dental problems of patient. This is a permanent full-time position. The right candidate will be motivated, personable, flexible and have a positive, team-focused attitude. You must enjoy improving the lives and health of children. Job perks: Work with a team of motivated individuals. Our practice offers amazing, team-focused office dynamics along with an extremely dedicated support staff who will work to help you develop your career. 401 K, Benefits, etc. Great office environment in the heart of downtown Fairfield. Please e-mail resumes to amyp@kidsfirstdentistry.com.

FLORIDA—PANAMA CITY. Thriving well-established pediatric practice seeking a new associate to join our team in a gorgeous Gulf Coast setting! Panhandle Pediatric Dentistry (<https://www.panhandlepediatricdentistry.com/>) pledges to provide all children with outstanding dentistry in a caring, efficient, and enthusiastic manner. We pride ourselves on our state of the art facility with caring well-trained staff members creating an incredible family friendly work environment for the entire dental team as well as our patients. Bay County (population 170,000) located in Northwest Florida between Pensacola and Tallahassee, one hundred miles from either destination. Our economic anchors are tourism, military and a diverse group of local industries ranging from call centers of nationally known companies to major manufacturers. We are home to Tyndall Air Force Base and the Naval Support Activity which employ over 10,000 military and civilian personnel. In addition, there is a large presence of supporting defense contractors in the area and region. Our community is especially proud of our number one industry, tourism. Home to the World's Most Beautiful Beaches, you will find over 27 miles of sugar white sandy beaches to enjoy along with plenty of sun, surf, and activities to keep you busy. If interested in a rewarding career in a team-oriented environment, please send your C.V. to Eric Berry, D.M.D. at dreicberry@hotmail.com Desired Qualifications: Graduate of a Pediatric Dental Post-graduate program. Board Eligible or Diplomate. Must have exceptional technical skills. Possess excellent interpersonal and communication skills. Possess a strong sense of ethics and the ability to act with integrity. Must be a team player. Please e-mail resumes to dreicberry@hotmail.com.

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e-mail dvericberry@hotmail.com and our representative will contact you with detailed information about this opportunity. Requirements: Pedodontist or Orthodontist qualifications.

ILLINOIS—FOREST PARK. We are looking for a highly motivated, compassionate pediatric dental associate with excellent communication and clinical skills for a full-time or part-time position (3-5 days/week) at our growing pediatric dental practices. Mondays through Saturdays are available. The ideal candidate will join a work culture based on building relationships among co-workers, patients, parents, while balancing life and work. We believe in continuous professional and personal growth with core values of positive attitude, strong work ethic, integrity, empathy, open to change, and being a team player in a fun environment. We have 2 practices (one in Forest Park and one in Elmhurst) with an excellent reputation and referral base from the area general dentists, pediatricians and local community. Both offices are state of the art with paperless charts, digital radiography, and updated patient communication technology. We provide comprehensive pediatric dental care and treatment under General Anesthesia in an office setting by a board certified anesthesiologist. Our patient base is composed of private insurance and cash patients. We have highly skilled and compassionate dental assistants who work to create a positive experience specific to every family's needs and expectations. Our goal is for every patient to feel welcome, safe and know we care about each of them personally. Recent graduates from a US accredited Pediatric Dentistry program and experienced candidates are welcome to apply. If you are interested in this position, we would love to hear from you. Please send us your resume with a cover letter to: mychicagopediatricdentist@gmail.com. We look forward to hearing from you!

ILLINOIS—GLENVIEW. A busy, private pediatric dental practice in the Northwest suburbs of Chicago has an immediate opening for a part time associate. The candidate must have completed a pediatric dental residency and have a specialty license to practice in the state of Illinois. We have a fee for service practice with a state of the art facility located approximately 45 minutes from Chicago. Requirements: Specialty license to practice pediatric dentistry in the state of Illinois. Please e-mail your C.V. directly to pinedentalcareglenview@gmail.com.

ILLINOIS—NAPERVILLE. Immediate opening for pediatric D.D.S. in expanding multi-specialty practice. High end technology, southwest suburbs, F/T and P/T 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 resumes to: recruiter@innovativepediatricdentistry.com.

ILLINOIS—NAPERVILLE. Feeling overwhelmed and underappreciated? Our 2-doctor Pediatric practice focuses on excellent personalized patient care, not churning out numbers. Our current associate is returning to academia, leaving this position available starting August of this year (2019). We are seeking a driven and enthusiastic Pediatric Dentist for a Full-Time Associate position. Our well-established, private, primarily fee-for-service practice has been serving children in our community since 1986 (with updated technology and most recently renovated in 2016). We need a motivated doctor with

a high standard of care that mirrors the excellent reputation we have earned over the years. The business and clinical staff are fully-trained, supportive, and operate in a team-driven manner promoting to a smooth work flow. Monday and Friday hours are only 8AM to 1:30PM, conducive to you having an enjoyable week. Must be certified Pediatric Dentist (ABPD Diplomate or on-track to achieve ABPD Diplomate status /Board eligible is preferred but not required); recent graduates from residency programs are welcome. Guaranteed Base Salary with Production-based Bonuses, Medical Insurance, Paid vacation, 401(k), Vision. Naperville is a thriving small city, 25 miles west of Chicago, boasting its own vibrant downtown area and one of the best public-school districts in the nation; it is a wonderful place to live for a young professional or family. Interested parties may also contact justforkidspediatricdentistry@gmail.com.

MARYLAND—BELAIR. Pediatric dental practice is proudly looking for an associate. Well established private pediatric dental practice with three locations continues to grow and we wish to add a doctor to our team. Our office is state of the art and designed for child and parent acceptance. Sedation and OR at 2 nearby hospitals. Consider this prime opportunity and contact us! marc@growingsmiles.com or (410)-569-6700, www.growingsmiles.com.

MASSACHUSETTS—WALTHAM. Pediatric Dentist wanted to join a well established Pediatric/Orthodontic practice in Waltham, MA. We have been treating patients for over 30 years and have a great reputation and solid referral base. Our terrific staff and doctors make treating our patients fun and rewarding. We are looking for a kind and compassionate colleague to join our practice and develop a long term rewarding relationship with the goal of partnership. This is a terrific opportunity to join a great staff and practice pediatric dentistry in a great location only 11 miles outside of Boston. Experienced candidates are preferred but we welcome recent grads as well. Requirements: Pediatric Dental Certification. Board certified or eligible. Excellent technical and communication skills. Please e-mail resumes to allaboutpedo@gmail.com.

MICHIGAN—PORTAGE. Hello! Portage Pediatric Dentistry is a single office, single doctor private pediatric practice located in Southwest Michigan, halfway between Detroit and Chicago. We moved into a brand new custom-built office in 2017 with intentional room to add additional providers. We are looking for a pediatric dentist who is compassionate, driven, enthusiastic, and a team player to join our growing practice. We provide treatment with nitrous oxide, mild oral sedation, in office IV sedation with area pediatric anesthesiologists, and general anesthesia at the local hospital and affiliated surgery center. We have a very strong hygiene base and receive a large number of referrals from area general dentists. Orthodontic treatment is usually referred out. A full time associate position is readily available. Partnership is a very viable option for the right candidate, if interested. We are able to offer a competitive compensation and benefits package. Whether you are a new graduate or in the thick of your career, please consider being a part of a practice where you can put patients first, truly grow into the type of practitioner you've always wanted to be, and be a fondly thought of and well respected member of a wonderful community. If you want your practice to be truly special and meaningful for your patients, your community, and

yourself without the trepidation of doing a start-up, we may be the perfect fit for you! Please check out our website: www.portagepediatricdentistry.com and our facebook page: <https://www.facebook.com/portagepediatricdentistry> to get a better sense of who we are. The kiddos in our office video are mine! You can contact me directly at jodywrathall@gmail.com or through the AAPD application. Please send your C.V. and cover letter. A little about our area: Portage/Kalamazoo is a wonderful, growing suburban area. Kalamazoo County is home to over a quarter of a million people. There are two thriving universities: Western Michigan University and Kalamazoo College. The Kalamazoo Promise was established in 2005, offering free in state college tuition to students attending Kalamazoo Public Schools K-12. Major corporations include Stryker, Pfizer, Zoetis, Fabri-Kal, Kalsec, and nearby Eaton, Kellogg, Denso, and Whirlpool. We are the birthplace of Bell's Brewery and Gibson Guitar. We benefit from all four seasons, low cost of living, limited traffic, and amazing people. Whether you prefer city, suburban, or country living, Kalamazoo County can provide what you are looking for. Requirements: Graduation from a U.S. accredited Pediatric Dentistry residency program, U.S. and Michigan Dental License, Michigan Specialty License. Please e-mail resumes to jodywrathall@gmail.com.

MICHIGAN—GROSS POINT WOODS. Toothworks is an established, fast growing, busy 3 dentist Pediatric practice looking for it's fourth member. Toothworks is located on the campus of a level 1 trauma center. The practice is located in a family oriented community with top ranked schools with amazing parks and access to water sports that are unique to Michigan. We are located 30 minutes from Detroit and 45 minutes from Ann Arbor, home to the University of Michigan. Toothworks serves a diverse clientele. The office has a robust restorative practice balanced with an established continuing care system. We believe in giving back to the community. The practice is affiliated with the Pediatric Dentistry Residency program at the Children's Hospital of Michigan. There are optional teaching responsibilities for the interested qualified candidate. We are offering a full time position to an energetic, hard working professional to complement our motivated team. Partnership is available for the right candidate. This position offers an excellent pay and benefit package. Check out our community at: www.pbs.org. Please e-mail resumes to toothworkspsc@gmail.com.

MICHIGAN—NORTHEAST. Successful Pediatric Practice in great community. Stable practice with high new patient flow and 15 days of hygiene per week. Facility with 12 treatment rooms. Flexible transition options. For details contact Henry Schein Professional Practice Transition Sales Consultant Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MII148

MICHIGAN—LINCOLN PARK. Kids First Pediatric Dentistry, PC has an amazing opportunity for a motivated, enthusiastic and caring Pediatric Dentist. You must be a board certified Pediatric Dentist. This associate position is full time and offers a competitive salary and benefit package. We are also offering the possibility of partnership. Our mission is to provide excellent Pediatric Dentistry with compassion. We believe a little education and a lot of communication is the key to healthy patients and happy parents. Our 5 star practice is dedicated to our patients and strive to give the best customer service and clinical service possible. We continue

to grow at record speed. We are currently seeing between 130 to 150 new patients per month. We have over 50 local dentists that consistently refer to our office. We have an 88% rate of retention. Our well trained staff, that are dedicated to providing excellent customer service and the best clinical care possible. Our administrative team has over 25 years of experience in billing, collections and patient services. This is an exceptional opportunity for anyone who wants autonomy to build this practice to be the best in Eastern Michigan. You must have or willing to obtain a current Dental License for the state of Michigan. You must be a board certified Pediatric Dentist. Please e-mail resumes to kids1stdentistry@gmail.com.

MINNESOTA—MONTICELLO. There are two main offices located approximately 45 minutes northwest of Minneapolis/St. Paul with two additional satellite offices. The practice is fee for service and all locations are new/recently renovated and equipped with the latest technology. Our practice success and enjoyable work environment is largely due to the outstanding individuals we work with. We believe strongly in investing in our entire team and making sure whoever joins this practice is successful. We offer an outstanding compensation and benefit package in addition to the potential for ownership. We look forward to hearing from you and discussing the details of this opportunity. Please contact our office manager Aleida at aleidar@dfckids.com for details.

MONTANA—BILLINGS. Brewer Dental Center Pediatrics is seeking a specialist that is committed to excellence in patient care and to the growth of the practice and our practice's values. We pride ourselves in giving our community the highest level of care in our comfortable, fun, and patient-focused environment. Our building is shared with our orthodontic team and is on the same campus as one clinic of our general practice. This provides a steady stream of referrals into pediatrics. You will work with our incredible team of experienced dental assistants, dental hygienists, and administrative staff. We also contract with a Dental Anesthesiologist that allows us to provide services under general anesthesia in office. We offer competitive compensation and a full benefits package for our associate doctors. The ideal applicant will start on a guaranteed day rate and move to pay based on collections. Ownership opportunities may be available with tenure for the right candidate. The clinic's operating hours are Monday-Friday 7:00am -5:00pm, and the preferred candidate will work four of those days. This allows for long weekends to enjoy all the Montana has to offer. Located at the base of the magnificent Rocky Mountains in Billings, Montana, this friendly college community has great schools, safe neighborhoods, is in the medical hub for the surrounding states, and offers many activities for you and your family. Billings is a day drive to Yellowstone National Park and year round outdoor adventures such as skiing, hiking, fishing, and so much more. Requirements for this position: Completion of education and training towards a pediatric specialty. Patient-focused approach with emphasis on current techniques for patient management. Ability to be licensed within 90 days of hire. Alignment with practice values regarding accountability, continuous improvement, and teamwork. Desire to start a career in a family-friendly locale with a fast-paced, growing practice. Please e-mail resumes to andrew.forcier@brewerdentalcenter.com.

NEW JERSEY—CHERRY HILL. Seeking Full/Part time Associate for Pediatric dental practice in South Jersey (Cherry Hill/Washington Township area), just minutes from Philadelphia.

Well established practice that has been serving the community for many decades. Great place to live, with excellent schools. Close to the Jersey shore as well as easy access to all that Philly has to offer. We treat a diverse patient population with treatment options ranging from Laser release of infants and children Tongue and Lip Ties, Oral Rehab under General Anesthesia at area Hospitals, as well as "Routine" pediatric dentistry. Guaranteed daily minimum salary plus collections percentage as well as great benefits. Requirements: Graduate of accredited Pediatric Dental Specialty program and eligible for NJ Licensure. Great opportunity to become part of our "Family." Please send C.V. to: kidsdmd1@gmail.com.

NEW YORK—BRIARCLIFF MANOR. Part-time position available for a motivated pediatric dentist to join our well-established private practice in a desirable suburban neighborhood 35 miles north of New York city. Our location is very close to the train station and is easily accessible by train or by car. We have recently expanded our office and are very proud of the state-of-the-art work environment we offer. Our team is incredibly courteous and well-trained. We are looking for a friendly, resilient, dependable team player, who can provide exceptional pediatric dental care with a positive attitude and excellent chair-side manner. Requirements for this position: Board-eligibility or Board certification. Please send resume to smilingdentist26@gmail.com.

NEW YORK—BABYLON. Growing Pediatric group, with multiple offices, needs pediatric associates with potential of partnership in our expanding offices. We are looking for full or part time associates in our Queens and Central Suffolk locations. Excellent salary and percentage is being offered. Requirement: Completion or soon to be completed Pediatric residency program. Please e-mail resumes to 2align@gmail.com.

NEW YORK—LONG ISLAND. Pediatric Dentist wanted for our growing state of art practices in Commack, Stony Brook, Medford, and Garden City locations. Our offices are true Pediatric Dental Practices fully equipped with N2O, digital radiographs and paperless charts. Highly competitive salary/bonus package. This is an excellent opportunity for a caring, skilled, and highly motivated Pediatric Dentist looking to grow in our Long Island practices. The practices are high energy, fun family like atmospheres with excellent reputations for providing A class Pediatric dental care. We are looking for associates with excellent interpersonal and social skills, that are looking for long term relationships with our patients, parents and offices. Opportunity for future partnership available. Part time and full time positions available. Requirements: Must have Pediatric Dental Residency completion and Licensed to practice in State of New York. Please e-mail resumes to pedsteeth@gmail.com.

OHIO—AKRON. Expanding Pediatric Dental practice in a family oriented area close to Cleveland / Akron is looking for an energetic compassionate Pediatric Dentist for a P/T or F/T position. Modern office, fee for service, all digital, dedicated staff with great clientele and no medicaid. Owner willing to mentor new graduates. Great opportunity. Look forward to discussing our future opportunity together! Check our office at www.dentist4kidz.com. Apply in confidence at rvi1@hotmail.com.

OHIO—HUDSON. Growing pediatric office seeking a well rounded fun, energetic pediatric dentist for a part-time position. Our practice is located in a wonderful family oriented community located conveniently between Cleveland and Akron. Services provided include all aspects of pediatric dentistry from in office sedation and general anesthesia at a local hospital. You would be joining a great team that work together to support the practices high level of operations. This is a great opportunity to join our team, we are willing to mentor new grads. Feel free to find out more about our practice at www.mertesdental.com Please send resumes to: cpraeter@mertesdental.com. We look forward to hearing from you!

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 clinics are a healthy mix of FFS and Medicaid patients. Oregon Health Plan (OHP/Medicaid) reimburses very generously compared to other states. 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 under-served 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! A good resource for learning what the area has to offer is <https://www.eugenecascadescoast.org/>. If you are interested in learning more we would love to pay for you to visit, meet our doctors, and tour our clinic. We look forward to hearing from you soon. Must be a Pediatric Dental Specialist/Pedodontist. Please e-mail resumes to careers@eugenekidsdentist.com.

OREGON—SALEM. Be the change you want to see in the world- Mahatma Gandhi. My name is Dr Tim, I started Acorn Dentistry for Kids in 2017 with the vision to fill a significant void in our area of Oregon and change the way pediatric dentistry is done. With personal investment, a lot of sweat equity, and more great doctors coming on board, we have grown to five clinics and six doctors in 2 years. We are a group of entrepreneurial-minded doctors that don't believe the current corporate takeover trend is good for us or our patients. We are looking for more pediatric dentists to be a force for good in the Pacific Northwest. If that's you, keep reading. Acorn Dentistry for Kids is leading the way in creating the ultimate patient and family experience for all families in the community. Most dentists around here - including pediatric dentists - got into school claiming they want to help the underserved, yet close their doors to those most in need of their help and compassion. We take care of every child in our community regardless of which insurance they have (or lack thereof). We also do not segregate private and Medicaid insured kids on our schedule. We stand for equal access and quality treatment for all kids. We also have zero tolerance for poor treatment of employees that help us serve our community. We pay them well, provide benefits and do not see them as disposable like many offices in our area do. We spend a lot of time and resources on developing our team, starting with a full two weeks of culture and communication training. Together we have developed our core values that provide the framework for the Acorn Culture: 1. We Are One; 2. Lead With Compassion; 3. Be Emotionally Proactive; 4. Be Yourself and Let Your Passion Shine; 5. Seek Personal Connection with Patients and Each Other; 6. Be a Little Acorny; 7. Be a Lifetime Learner; 8. Innovate and Embrace Change; 9. Be Humble; 10.

Be Grateful. We train as a team each month on these values, and performance reviews use our values as the framework for our discussions and decision making. These are led by the doctor, not an office manager. **IF YOU SEEK TO BE A LEADER FOR GOOD IN EVERY ASPECT OF YOUR LIFE**, this is the opportunity you have been looking for. Come join an incredible group of doctors and team members that love and support each other and our patients each and every day, as we continue to grow and serve. We offer ownership after one year with extra equity gifted for helping open new clinics. Guaranteed \$250,000+ during first year associateship with intent to buy in. Oh, and by the way, you also get to live in the pristine Pacific Northwest where all sorts of outdoor adventures await. The Pacific Ocean, snow sports, water sports, hiking, biking, farm tours, city life and quaint small towns are all at your fingertips. The foodie cultures not too bad either :). Please respond to this ad to find out more about this incredible opportunity. We look forward to sharing it with you. Please e-mail resumes to timrichardsondds@gmail.com.

PENNSYLVANIA—PITTSBURGH. The smartest decision you will ever make - practicing pediatric dentistry in the city named "One of the Best Places to Live in the U.S." Well established, small group practice with many, many new patients is seeking a pediatric dentist to join us. Beautiful offices, great staff and an opportunity to grow with the practice. Culture, history, hills, lakes, sports galore, and nearby skiing are just a few of the activities offered by this great city. The practices have the "five-star" reputation for excellent patient care. Competitive salary and a good benefits package make this a wonderful group to join. Send resume to doctorsnet2002@yahoo.com.

PENNSYLVANIA—CRANBERRY TOWNSHIP. Come join us in a community that has it all! We are in a thriving suburb with access to amazing big city attractions. Fantastic sports, great restaurants, and wonderful schools. This is a place you will love! We are offering a full-time position to an energetic, hard working professional to compliment our highly motivated team. Our well-staffed pediatric practice provides excellent support for this fun and fast paced modern office. We are a destination practice for the surrounding communities with a 5-star reputation. There is plenty to do for the entire family in this charming vibrant community. New Grads are welcome! Competitive compensation and an environment that emphasizes teamwork and supports individual excellence. Please e-mail resumes to cranberrydfk@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 cealice@comcast.net or (401) 463-5540.

SOUTH CAROLINA—LEXINGTON. Seeking a highly motivated, compassionate PEDIATRIC DENTAL ASSOCIATE to join our patient-centered, private practice. We are located in Lexington, SC. The Midlands of South Carolina provides quick



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

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

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

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

*additional fee

Maximize your PDA's value to your practice!

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PDAA
PEDIATRIC DENTAL ASSISTANTS ASSOCIATION

access to both the mountains and beaches!! We are also only a few minutes away from the beautiful Lake Murray! We have a full time growth position available for the right candidate, but will consider part-time interest. Very competitive salary upwards of 250K with benefits. This is a great opportunity to join our growing, state-of-the-art practice offering comprehensive care including oral sedation and hospital dentistry. If you are looking for a fun-filled, team motivated working environment, in which we believe that every child should have an excellent dental experience, you should contact our office today at jessica@sunsetchildrens.com. We look forward to hearing from you soon!

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, along 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 or 35% of adjusted production and a sign-on bonus for the right candidate. Please send C.V. to pamm@bhpsds.com.

TEXAS—AUSTIN. We are a Pediatric Dental Practice, located in and around the Austin area with multiple locations to fit the needs of our diverse population. Our commitment is to provide the highest quality comprehensive dental and orthodontic care to the children and teens of the Austin community in a compassionate and caring environment. We truly believe that each patient is unique. We take the time to develop the perfect treatment plan for each child that sits in our chair, treating everyone on a case-by-case basis. Austin is consistently rated one of the best cities to live in and for good reason. It is a hub for live music, the food is amazing, and there are more outdoor activities than you could ever get to. One of the keys to long term happiness and success is the ability to work and live in a city you love. We know you will love your time in Austin! We offer a comprehensive compensation package: -Full Medical Benefits -Company Paid Life Insurance -Company Paid Long Term Disability Insurance -401K with up to 4% company matching. New grads welcome to apply. Please e-mail resumes to Joinourpractice2010@gmail.com.

TEXAS—SAN ANTONIO—LAREDO. Busy practice is seeking a part-time/full-time pediatric dentist. Two positions available for either San Antonio, TX or Laredo, TX. We are NOT a corporate dental office. We are locally owned and operated. Our practices offer an attractive, child-friendly ambiance. We are chartless, have digital radiographs and up-to-date dental equipment. Our doctors provide in-house treatment with nitrous oxide, oral sedation and extensive treatment under general anesthesia at an outpatient hospital setting for patients in need. Compensation includes a daily guarantee or percentage of collections, whichever is higher. Full time benefits include medical insurance reimbursements, vacations, holidays and CE days. We pay for malpractice, license renewal, membership fees and C.E. allowance. Some of our locations offer travel reimbursements for part-time positions. Sign on bonus for full-time positions. If you are interested in joining a busy dental practice, we are happy to meet with you. E-mail your resume to pedodocjobs@gmail.com or call me Joanna Ayala (210)632-4560.

TEXAS—ROCKWALL. Amazing pediatric dental associate opportunity. Are you hardworking, honest and eager to grow personally and professionally. Are you giving, kind, and caring. Are you a team player and wish to contribute to a thriving team. Then, we want you! We have the best opportunity at the premier pediatric dental practice in beautiful Rockwall County, Tx. We are seeking a top notch professional who possesses high personal standards, strong work ethic and morals, excellent technical and communication skill. Our current group is highly skilled, kind, and have a great name in our community. Part time and full time opportunities available. If you are ready to take the next step in your career, please e-mail your C.V. to Chouatwork@yahoo.com.

TEXAS—DALLAS. Bear Creek Family Dentistry is a dentist owned, growing, family oriented, multi-disciplinary private dental practice looking to add a new pediatric dentist to our team. We are the number one provider in North Texas and have eleven beautiful offices with state of the art equipment incorporating the latest technology. The ideal Pediatric Dentist for our practice is personable, energetic, has a positive attitude, relates well to patients and wants to build their patient base. We focus on a philosophy of providing outstanding care in a professional and friendly environment; our staff finds great personal and professional satisfaction in providing first rate service to our customers and their families. Our staff members in all positions are highly trained, friendly and dedicated to providing high quality dental care. We offer a generous guarantee plus percent along with five day work weeks and vacation benefits. Bear Creek is offering the best for its staff so they in turn, can offer the best to our patients. The ideal pediatric dentist candidate for our practice is personable, energetic, has a positive attitude and relates well to patients. Check out our google reviews and see what people are saying about us, we look forward to hearing from you! Please contact, Dr. Robert E. Tafel at DrBob@bearcreekfamilydentistry.com or by phone at 214-883-4285. Please see our website at www.bearcreekfamilydentistry.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—EDINBURG. Gigglesville Pediatric Dentistry strives to serve our patients with compassion, kindness, and professionalism. Our goal is to work together as a team to provide complete oral care to the pediatric population of the Rio Grande Valley. We are currently looking to add a new Pediatric Dentist to our team. We believe in offering the highest level of care to our patients and providing the best opportunities for employment without the complications that corporate dentistry can bring. We are a fast-paced pediatric office with great staff, in turn making the schedule flow smoothly and efficiently. We are looking for a full-time Pediatric Dentist for a 5-day work week. Ability to provide in-office oral sedation and nitrous oxide; general anesthesia is provided at a nearby hospital. Requirement for the position: D.D.S. or D.M.D., Spanish and English speaking, completed residency in Pediatric Dentistry and a Texas state license. Very competitive salary and benefits. If you are interested

in practicing with us, please email your resume to: Dr. Sergio Lopez, sergiolopez@hotmail.com or by calling (956) 212-3662.

WASHINGTON—SPOKANE. Spokane Pediatric Dentistry is a growing practice and expanding to Colville and Moses Lake. We have immediate openings for part-time and full-time associate pediatric dentists working in our new clinics. Opened in 2013, we are an energetic, patient-driven practice, striving to provide the highest quality dental care. Our clinics provide a comfortable, kid-friendly environment to serve our growing patient base. Our team performs comprehensive preventative and restorative dental treatments, sedations and in-office General Anesthesia. The Associate position includes a competitive salary and complete benefit package including employer-paid professional liability insurance, C.E. reimbursement, health insurance and 401(K) plan with match. Please send letter of interest and C.V. to resume@spokanepediatricdentistry.com.

CANADA

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 f.vaziri@childremsdental.ca.

FACULTY POSITION

ILLINOIS—CHICAGO. The Department of Pediatric Dentistry in the College of Dentistry at University of Illinois at Chicago is seeking qualified candidates for full-time open rank faculty positions in the Non-Tenured clinical track. The Department seeks an excellent educator, mentor, and clinician with an interest in research to teach in both the pre-doctoral and post-graduate programs. The Department has a history of strong interaction with Public Health and allied health professions; thus, the ideal candidate should be able to work well within that environment. Responsibilities will include: (1) education of pediatric dental residents, dental students, physicians, nurses and medical residents; (2) delivery of dental care for children under general anesthesia and/or sedation; (3) participation in professional service; (4) production of scholarly activity, including presentations and publication of scientific manuscripts; and (5) mentoring of graduate student research projects, presentations, and publications. Participation in intramural or extramural practice may be available. Qualifications include a D.D.S./D.M.D. or foreign equivalent, completion of an US accredited specialty program in Pediatric Dentistry or foreign equivalent by the time of hire, hold or be eligible for dental license in Illinois, ability to obtain a controlled substances license, and maintain current cardiopulmonary resuscitation/basic life support and/or pediatric advanced life support certificates required. Board certification preferred or ability to complete the American Board of Pediatric Dentistry certification process within three years of the date of hire. Candidate should have experience utilizing conscious sedation and general anesthesia for pediatric dental care. Experience or training in the care of medically compromised and/

or special needs patients is also required. Experience in evidence-based dentistry, curriculum development, and practice management and a strong background working with diverse patient populations are highly desirable. Academic rank and salary will be commensurate with norms and criteria for faculty appointments within the College of Dentistry. For fullest consideration, submit a letter of intent, current C.V., and the names of three references to University of Illinois at Chicago, Human Resources website at <https://jobs.uic.edu> through the close of business on Monday, June 10, 2019. Position to remain open until filled. The University of Illinois at Chicago is an Equal Opportunity, Affirmative Action employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply. The University of Illinois may conduct background checks on all job candidates upon acceptance of a contingent offer. Background checks will be performed in compliance with the Fair Credit Reporting Act.

ARIZONA—FORT DEFIANCE. The staff dentist (Pedodontics) serves as a clinical dental specialist in Pediatric Dentistry for the FDIHB 24-chair Department of Dental Services; and 4-chair satellite clinic at Nahata Dził Health Center. Under general supervision, the Staff Dentist (Pedodontics) provides the full range of pediatric dentistry services. These services focus primarily on treating dental conditions in children ages 0-16 years of age and special needs adults, associated with infections, trauma, congenital and developmental anomalies, caries, periodontal diseases and the management of behavior on pre-cooperative or uncooperative dental patients. Patient Care Functions: Provides the comprehensive range of pediatric dental specialty procedures for pediatric and special-needs patients on both primary and permanent teeth. Completes limited, periodic, and comprehensive examinations on new and established dental program pediatric patients and special-needs adults; reviews the patient medical and dental history; examines the oral cavity, head, neck and oropharynx of each patient for evidence of pathology; prescribes and interprets routine radiographs to identify soft tissues, tooth structures, and dental diseases and abnormalities. Prepares treatment plans for patients including assessment of the problem, type of oral hygiene care required, nutrition assessment and counseling, restorative and rehabilitative care possible with available resources and the sequence of appointments needed to complete treatment. Makes recommendations concerning optimum dental care so that the parents or guardians can make an informed decision on personal resources that may be required to obtain this level of dental care. Provides patient education and chairside oral hygiene instruction including: brushing and flossing techniques, and use of periodontal aids. Plans and adapts instructions in home care techniques to individual patients. Thoroughly communicates diagnoses, treatment options, and post-treatment instructions. Evaluates, diagnoses, and properly treats dental diseases and oral health problems of greater than usual difficulty. Performs complex full mouth dental rehabilitation for pediatric dental patients and special needs adults requiring a great deal of specialized care within the operating room setting. Collaborates with FDIHB and external dental and medical teams to appropriately manage the treatment of patients with significant medical complexities and immunodeficiency. Collaborates with other FDIHB departments, physicians, nurses, and staff for appropriately scheduling and provision of safe and efficient dental treatment within the surgical suites of the FDIHB Operating Room. Provides appropriate emergency dental services, including treatment of

trauma, pain, and infection for children of all ages and special-needs patients. Will be expected to treat emergency/walk-in patients when needed or during times of broken appointments or cancellations. Provides services of scope, quality, and quantity consistent with FDIHB and Dental Program policies and expectations. Participates in community outreach programs including the FDIHB School Dental Sealant Program, Well Child Clinics, Head Start Programs, and other events related to health promotion and disease prevention. Maintains a recall system for follow-up of chronic care or pathology patients. Works on a rotation with the other staff dentists to provide emergency dental call after hours, on weekends, and during holiday time periods. Researches current dental literature and regularly attends hospital and dental staff meetings to make improvements in the dental program. Participates in annual continuing dental education to meet state license requirements and to keep up-to-date on the most current dental materials, techniques, research findings, and standards of care. Maintains record systems related to patient care and progress notes according to established FDIHB policies. Efficiently manages daily schedules that may require treating patients in multiple dental operatives simultaneously and effectively manages assigned patient population, as well as, daily, short-term, and long-term schedules. Appropriately utilizes expanded function dental assistants, where indicated. Accepts responsibility and accountability for all patient treatment, coding, and treatment notes. Demonstrates a commitment to professionalism and strives to continually deliver the highest quality of patient care. Possesses the knowledge of word processing software and the ability to learn simple spreadsheet entry and patient management information systems. Supports and contributes to the mission, vision, and values of FDIHB and the Department of Dental Services. Accepts and completes other duties and responsibilities as assigned. Administrative Functions: Reviews and revises the FDIHB Pediatric Program for effectiveness, efficiency, quality, and improvement. Serves as consultant, advisor, and mentor to other FDIHB general dentists. Provides lecture presentations, hands-on training courses, department continuing education opportunities, and technical guidance and direction for improved development of the FDIHB dental program providers. Reviews appropriateness of current FDIHB Pediatric Program equipment, instruments, materials, and techniques, and provides recommendations to the FDIHB Chief of Dental Services. In the absence of the Director of Dental Services and other Supervisory Staff Dentists, the Staff Dentist (Pedodontics) may be requested to serve as Acting Chief of Dental Services. Provides oversight for the Nitrous Oxide/Oxygen Anxiolysis Program with the Department of Dental Services. Responsibilities include providing recommendations for updates to the Nitrous Oxide/Oxygen Anxiolysis Policy, ensuring sufficient quality and quantity of nitrous oxide equipment, and annual staff training. Provides oversight and annual training for the utilization of Silver Diamine Fluoride with the Department of Dental Services. Provides indirect leadership and oversight for, as well as, technical and clinical guidance and direction to, assigned Dental Assistants on a one on one basis, and provides necessary feedback to Dental Assistant Supervisors. Routinely meets with assigned dental assistants to discuss expectations for patient care, teamwork improvement, equipment and supply needs, as well as, other concerns or issues that will improve delivery of care and patient experiences. Attends weekly Pod meeting to facilitate communication between dental assistants and dental assistant supervisor. Attends

FDIHB meetings as required or requested. Performs other duties as assigned. EXPERIENCE: Completion of an American Dental Association (ADA)-approved advanced education programs in Pediatric Dentistry Accredited by the Commission on Dental Accreditation (* Applicant must be Board Eligible or Board Certified in Pediatric Dentistry). Seven (7) years clinical experience specifically with Pediatric Dentistry and Special-Needs Patient Care (children and adults) in the dental profession as a General Dentist. EDUCATION: Completion of an accredited Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) program accredited by the Commission on Dental Accreditation. (if applying as a general dentist). Active, unrestricted Dental License from any U.S. State or Territory. Current, valid, unrestricted Drug Enforcement Agency (DEA) License. Must obtain and maintain current Basic Life Support (BLS) certification by the American Heart Association. Must obtain and maintain Pediatric Advanced Life Support (PALS) and Advanced Cardiovascular Life Support (ACLS) certification by the American Heart Association (*ACLS only required if privileged for Operating Room cases at FDIHB). Must be able to maintain regular and dependable attendance and punctuality. Must be able to demonstrate efficient time management and timely completion of job responsibilities. Must demonstrate sound judgment and composure in response to complex emotional or emergent situations. Must demonstrate excellent communication skills (verbal, non-verbal, and written) and be able to develop productive and cooperative professional interpersonal relationships with employees and patients. Must be self-motivated and must demonstrate proactivity and initiative. Knowledge of and understanding of dentistry in the specialty of pediatric dentistry, highly developed diagnostic skills, expert treatment planning ability, outstanding behavior management skills and considerable skill in administering treatment. Must be able to relate necessary skills and knowledge to the needs of a complex dental program. Professional knowledge of patient management and special behavioral problems. Knowledge and skills to diagnose and treat very difficult cases. Knowledge and understanding of the relationships and applications of the basic sciences; exceptions skill in handling patients with behavioral problems. Knowledge of special materials, instruments, and equipment required to provide state-of-the-art dental care for pediatric and special-needs patients. Advanced knowledge of the principles and practices and standards of care within the specialty of pediatric dentistry. Knowledge of diagnosis and treatment of cases presenting out of the ordinary dental health problems and/or management of patients with behavior problems. Knowledge of the dental sciences including the principles, practices, and procedures of Operative Dentistry, Oral Diagnosis, Periodontics, Oral Surgery, Pedodontics, Endodontics, Fixed Prosthodontics, Removable Prosthodontics, Orthodontics, Oral Medicine, Geriatric Dentistry, and Dental Prevention. Knowledge of dental anatomy, related oral anatomy, related sciences such as anatomy, histology, nutrition, pharmacology, and the technical methods and practices of dentistry, and the working characteristics of dental instruments and materials sufficient to perform a wide variety of intra-oral procedures, including restoration of teeth. Knowledge of the hospital's medical and dental services, the characteristics and needs of the patient population, principles and practices of dental public health and the resources available in order to develop and carry out the preventive dentistry program. Knowledge of the FDIHB medical staff bylaws, rules

and regulations, personnel policies, CMS recommendations, OSHA guidelines, NIOSH guidelines, Infection Control policies, Blood borne Pathogens guidelines, FDIHB policies, and Dental program policies. Ability to provide individual and family counseling, guidance and health instruction to help patients understand how to prevent disease and maintain good overall health and well-being. Knowledge of quality assurance and evaluation process to improve patient care and facilitate monitoring and program planning. Knowledge of health record aspects of patient care and ability to accurately and completely document related clinical data. Ability to adapt to electronic record keeping and use of digital programs. Ability to learn and maintain current knowledge of organizational data systems in areas of data entry, patient registration, data retrieval, procurement processes, and communication systems. Knowledge of the principles and practices of dental public health and the resources available in order to develop and carry out the preventive dentistry program. Knowledge of the availability and use of resources designated as primary care and referral services. Knowledge of human behavior during stressful situations in order to exercise emotional control, tact, patience and reliability in carrying out patient care and supervisory responsibilities. Skill in computer and information systems. Knowledge of medical diseases such as cancer, diabetes, and heart disease as they relate to the care and treatment of the teeth. Skill in teaching and evaluating dental auxiliary performance in the area of dental prophylaxis and oral hygiene instruction and expanded functions dental assisting. Skill in forming and maintaining interpersonal community based relationships to carry out requisite community health projects. Meets the criteria for Credentialing and Privileging in accordance with the FDIHB Medical Staff Bylaws. A record of satisfactory performance in all prior and current employment as evidenced by positive employment references from previous and current employers. To apply for this position go to https://www.appone.com/MainInfoReq.asp?R_ID=2015005&B_ID=5&fid=1&Adid=0&ssbg_color=FFFFFF&SearchScreenID=614&CountryID=3&LanguageID=2.

LOUISIANA—NEW ORLEANS. The Louisiana State University Health Sciences Center (LSUHSC) School of Dentistry in New Orleans invites applications for a full-time assistant professor of Pediatric Dentistry in the Department of Pediatric Dentistry. The department has a strong pre-doctoral, post-doctoral and dental hygiene curriculum. We are seeking a board certified, or board eligible, pediatric dentist who is an outstanding educator and will engage in didactic pre-clinical and clinical instruction for undergraduate dental, dental hygiene and postgraduate students as well as in research activity. Opportunity to participate in the dental school's faculty practice is also available. LSUHSC is an equal employment opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status or any other characteristic protected by law. Candidates must possess outstanding academic credentials, excellent oral and written communication skills. A record of scholarly achievement (required for tenured/tenure track position) and experience teaching and mentoring students is preferred. Applicants must have a D.D.S., D.M.D. or equivalent degree, and advanced education in pediatric dentistry recognized by Commission on Dental

Accreditation (CODA); American Board of Pediatric Dentistry (ABPD) certification or eligibility. The successful candidate should be eligible for Louisiana State licensure. All interested applicants must go online at <https://www.lsuhsoc.edu/Administration/hrm/CareerOpportunities/Home/Detail/3304>.

NEBRASKA—OMAHA. The University of Nebraska Medical Center, College of Dentistry seeks a full-time tenure track position in the Department of Growth and Development, Division of Pediatric Dentistry. The Department is seeking candidates who can contribute their experience in teaching, research and our commitment to excellence in patient care and education. Responsibilities of the position include provision of predoctoral and postdoctoral didactic, preclinical and clinical instruction supporting our educational programs located at Children's Hospital and Medical Center in Omaha, the College of Dentistry in Lincoln, and select extramural rotations. Candidates with demonstrated excellence in interacting with students, faculty and staff from diverse backgrounds, and have a commitment to inclusion and strong emotional and social intelligence are encouraged to apply. Qualified candidates will have a D.D.S./D.M.D. from an ADA accredited dental school or equivalent degree from an international program. A certificate/degree from a CODA accredited specialty program in Pediatric Dentistry and eligibility for a Nebraska dental license is required. Experience in dental education is preferred. Academic rank and salary are commensurate with experience and qualifications. Opportunities for participation in private or faculty practice are available. We are searching for an individual with an interest and commitment in providing innovative health professional education across our 500-mile wide campus, as part of a vibrant University system and collaborating with our University and community partners. One of our partners is Children's Hospital and Medical Center, a free-standing pediatric teaching hospital and Nebraska's only full service pediatric specialty health care center focused on extraordinary clinical care, education, clinical and outcomes research, and advocacy. Screening of applications will begin immediately. Inquiries regarding the position may be sent to <mailto:kwinters@unmc.edu>. In order to be considered for this position; applicants must submit an application and supporting documentation (C.V. and cover letter) via UNMC's online employment website, <https://unmc.peopleadmin.com>. The UNMC College of Dentistry is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion, creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

VIRGINIA — RICHMOND. Virginia Commonwealth University School of Dentistry (VCU) in Richmond is accepting applications for a full-time Assistant/Associate Professor in the Department of Pediatric Dentistry. The department has a strong pre-doctoral and post-doctoral curriculum. We are seeking a board certified, or board eligible, pediatric dentist who is an outstanding educator and will engage in didactic pre-clinical and clinical instruction for undergraduate dental, dental hygiene and postgraduate students as well as in research activity. Opportunity to participate in the dental school's faculty practice is also available. VCU

is an Equal Employment Opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status or any other characteristic protected by law. Candidates must possess outstanding academic credentials, excellent oral and written communication skills. A record of scholarly achievement (required for tenured/tenure track position) and experience teaching and mentoring students is preferred. Applicants must have a Doctor of Dental Surgery (D.D.S.), Doctor of Dental Medicine (D.M.D.) or equivalent degree, and a certificate for advanced education in pediatric dentistry recognized by the Commission on Dental Accreditation (CODA), American Board of Pediatric Dentistry (ABPD) certification or eligibility. The successful candidate must be eligible for Virginia State licensure. Candidates must apply to this faculty position through the university's career website at <https://www.vcujobs.com/postings/88003> to be considered for position F63060. For further information about this position contact Dr. Fred Certosimo, Search Committee Chair, VCU School of Dentistry at ajcertos@vcu.edu.

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CONNECTICUT—HARTFORD COUNTY. Well-respected, mature Pediatric Practice in highly-desirable community. Four (4) ops in 1821sf leased by Seller. Utilizing i/o Cameras, i/o Sensors, PANO, and Dentrix Practice Management Software. Highly profitable with lots of opportunity for growth. For details contact Henry Schein Professional Practice Transition Sales Consultant Tyler Russell, 617-447-8760, tyler.russell@henryschein.com. #CT152

OHIO—COLUMBUS. Seeking a pediatric dentist to purchase a well-established pediatric dental office. The doctor will be retiring after practicing for over 34 years. The office has over 3000 square feet on two levels. There are 8 operatories, all with updated equipment, except digital charting. The dental system is set up for it, but we still have physical charts. The office has collected over one million dollars the past 3 years in a row. (no ortho). Three days a month are in the dental O.R., we work an average of 4 1/2 days a week. Great net income for a pediatric dental office. The office operates at a 65% Medicaid and 35% insurance patients. New patients average about 180/month for 2018. The staff is very experienced and has an extremely low turnover rate, ranging in 27 years of employment to our newest hire of 3 years. If interested, please send an e-mail to dlin5180@hotmail.com attention Kelly.

WASHINGTON — FEDERAL WAY. Pediatric dental practice for sale in a growing southern suburb of Seattle. Well established 20+ years. Five treatment chairs, with 2100 sq ft in a well managed professional building with favorable lease terms available. Average annual collections of 650K. Please e-mail Jessica at jessica@lknllc.com for prospectus or call her at 425-489-0848.

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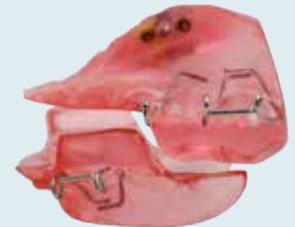
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