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AAPD President

10,000 Members, 10,000 Relationships

The American Academy of Pediatric Dentistry hit a membership level of over ten thousand members! So why is *ten thousand* such an important number? Because everything is measured in terms of tens of thousands these days...my Fitbit tells me when I have taken 10,000 steps, Malcolm Gladwell proposes the principle of 10,000 hours of practice is needed to become world class in one's field and Wilt Chamberlin became the first person to score 10,000 points in 236 games.

There are varying definitions of the term relationship, but take a look at any dictionary and the general idea is that two or more people join together to partake in an event or series of events. Their feelings toward one another can be full of love, friendship, supportiveness, business or anything of the like. For the AAPD it is about these relationships...National, District and State Chapters, academic colleagues and their institutions and clinical practitioners in their relationship with patients. We are an association, which cares and advocates for the oral health of children. From our perspective of 10,000 members, we are the primary caregivers of children's oral health—*The Big Authority on Little Teeth*.

Oh sure, Groucho Marx humorously wrote in a resignation letter, "I don't want to belong to any club that will accept someone like me as a member," but admit it, *you* are reading this most likely, because as one of the 10,000 AAPD members, you honor that label. *You*, like me, treasure your profession in service to children and the relationships you have fostered.

AAPD supports you in these relationships in three key ways.

1. Relationships within and between our national, district and state chapters

- 5,494 active members from our 5 geographic districts
- 533 life members
- 1,005 postgraduate and international students
- 3,187 remaining from Affiliate, Associate, Corporate, Retired and other categories

Look for our upcoming planned Chapter Leadership Conference in 2017 where the AAPD will invite state and district president elects to join AAPD leaders to collaborate on a variety of topics. Also Public Policy Advocates from the state chapters will be invited for training to increase their effectiveness within their local areas. The AAPD is committed to continue to support these key relationships in the area of governance and advocacy.

2. Relationships with our academic colleagues and their institutions

- 932 post doctoral students
- 353 predoctoral students
- 73 international students
- 774 full and part time academics

Our educators carry the banner of excellence at both the undergraduate, graduate and continuing education levels. These relationships are the strongest identifiers with our successful annual meetings year after year. Although pediatric dentists don't treat *all* the kids, we train nearly *all* dentists who treat children.

3. Relationships with our members who are caring for the dental needs of children (and those with special health care needs) in their private practices

- 3,010 private practice – group
- 1,765 private practice – solo

Through differing and ever-changing models of care delivery, throughout every community that our members serve, it is about the relationships with the kids and the families we treat. In fact 99.5 percent of our membership surveyed see children with special health care needs. No other group of dental professional can boast of such a relationship.

The AAPD is committed to support these relationships in many ways. Some of the areas we support these relationships are: AAPD publications, AAPD Handbook, Reference Manual, council and committee representatives, Annual Meeting, CE, Leadership and Advanced Leadership Institutes, public awareness campaign, Foundation, Oral Health Research and Policy Center and State Public Policy Advocates. It is through our support and collaboration at all levels—state, district and national—that give us the best potential to better serve our patients and members.

Everyday in dental offices around the globe, our 10,000 AAPD members get into the world of their young patients by providing quality, comprehensive, evidenced based care dental care.

Is it not this relationship that is the most special gift to all 10,000 of us?



Call for 2017-18 Nominations

The AAPD Nominations Committee is accepting nominations for the 2017-18 election of secretary/treasurer, at-large trustee and board member of the American Board of Pediatric Dentistry. The term of the current at-large trustee, Dr. Scott D. Smith, expires at the conclusion of the 2017 Annual Session.

The complete nomination packet must be received by the AAPD headquarters office no later than Dec. 1, 2016. This date reflects procedures for the Nominations Committee, per the current AAPD Administrative Policy and Procedure Manual*.

A nominee's submission must be on the standard AAPD Nominations Committee Candidate Consideration form. This form can be obtained by contacting Executive Assistant and Office Manager Margaret Bjerklie at mbj@aapd.org. The required materials from nominees are the following:

- (a) a one page essay explaining their interest in serving in the specific office and summarizing their leadership skills;
- (b) a background description suitable for publishing in *Pediatric Dentistry Today*;
- (c) three letters of personal recommendation from active, life or retired members of the Academy; and
- (d) a photograph in electronic format suitable for publication in *Pediatric Dentistry Today*.

The Nominations Committee will meet on Jan. 11, 2017, at which time they shall interview all nominees either in person or via teleconference or web conference or other appropriate technology. All nominees must agree to participate in this interview process.

All nominees for the 2017-18 academy year will be published in the March or May 2017 issue of *PDT* and voted on by the membership at the 2017 General Assembly. For further information, please contact Chief Executive Officer John S. Rutkauskas at (312) 337-2169 ext. 28 or jrutkauskas@aapd.org.

*All members have online access to the most recent version of the AAPD Administrative Policy and Procedure Manual, which is periodically reviewed and updated by the Policy and Procedure Committee with oversight and approval by the board of trustees.

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(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. (<i>Include advertiser's proof and exchange copies</i>)	8,504	8,686
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(1) Outside-County as Stated on Form 3541	0	0
(2) In-County as Stated on Form 3541	0	0
(3) Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail (<i>Carriers or other means</i>)	0	0
f. Total Free Distribution (<i>Sum of 15d. and 15e.</i>)	0	0
g. Total Distribution (<i>Sum of 15c. and 15f.</i>)	9,123	9,349
h. Copies not Distributed	532	626
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16. Publication of Statement of Ownership is required. It will be printed in the November 1, 2016 issue of this publication.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner

John S. Rutkauskas, Chief Executive Officer

Date: October 1, 2016

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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C. Scott Litch

Chief Operating Officer and General Counsel

This issue of Litch's Law Log features a guest columnist addressing an important legal issue for pediatric dentists participating in Medicaid.

Litch's Law Log

Audits and Investigations: What You Need to Know to Protect Your Practice

Margaret Surowka Rossi, J.D.

Pediatric dental care is an important part of children's overall healthy development. Nevertheless, there are still many children who do not see the dentist soon enough and have significant health issues. Besides the fear that some children have, many families are not educated in pediatric dental care or lack adequate access (whether for financial or other reasons) to pediatric dental care. With the Affordable Care Act, however, many more families do have dental insurance. In addition, states are required to provide funding to cover dental benefits for Medicaid eligible children or those covered by Children's Health Insurance Program (CHIP) as a required component of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. With more pediatric dental patients being covered by some insurance, dentists can expect more scrutiny and with scrutiny come audits and investigations.

A glance at any report will clearly demonstrate that dental offices are being audited and investigated more than ever before. Audits and investigations are conducted by governmental agencies, contractors (RAC audits), or by third party payors or their agents. The consequences of the audits could be anything from the denial or disallowance of a few claims, to extrapolation of the findings, to termination or exclusion from the plan or program, disciplinary action or even criminal prosecution when there is evidence of fraud. The defense of your practice in connection with audits and investigations can be time-consuming and often involve the need for and cost of legal advice and representation. Moreover, unlike malpractice actions, these costs are generally not covered under any insurance you have for your practice.¹ As a dental provider, you should be aware of your rights and understand the possible consequences of both audits and investigations.

THE AUDIT PROCESS

Initially, you want to understand your procedural rights. In the event of a third party payor audit, that means you need to review your contract. Hopefully, you have maintained the participating provider contract, and any amendments or revisions thereto. If not, request a copy. Third party contractors often do not set forth those rights in the audit communication. They ask for information and inform

you of what they have found. Then they often take steps to withhold the amount they deem as repayment. The process is not always apparent and not always transparent. For instance, there may be ongoing denials which if you do not object to may be the basis of a finding against all similar claims. You need to review denials and the reasons therefore and if necessary, appeal from those denials. Often, similar audits will be conducted again on a yearly basis if the carrier finds that you continue to bill in the same way.

Audits done by or on behalf of governmental entities usually set forth your rights to respond and appeal from the findings. But, there are other times, a prepayment review, for example, that you may not have the same procedural rights to respond and object. In many cases, these regulations that apply to audits may be complex and can create pitfalls if not followed properly.

It appears that the current audits of dental offices are being conducted as "desk audits" and therefore dentists may not be advised of the audit when it is initiated. In these cases, there may have been a preliminary "probe" audit of a few of the dentists' files. The desk audits then consist of review of billings alone relating to certain procedures. If your state maintains a database or website that lists areas of auditing or billing alerts, these will provide you with the areas of most concern and therefore most likely to be audited. If you are a provider that bills only a few codes, know if there are issues with coding in your specialty areas.

"RANDOM" DENTAL AUDITS: RED FLAGS

Although you may be told that it is simply a "random" audit, be aware that there is usually a reason you have been chosen to be audited. The most logical explanation is that you have a large volume, or you have had a change in your volume of billing generally or with respect to a particular code. Any time there is a significant change in your billing pattern, there is a red flag at the payors. You may very well have a reason for the change (you have new providers that you have hired, for example), but these red flags will often be the reason for an audit.

ABOUT THE AUTHOR

Margaret Surowka Rossi has more than 20 years of experience as a strong advocate especially on behalf for her health care clients. She routinely represents individual providers in licensure, disciplinary and ethics proceedings and counsels and defends individuals, group practices and facilities faced with Medicaid, Medicare and other governmental investigations and audits. She also represents health care providers in compliance, employment and contract matters. Maggie brings an insider's perspective to her practice from her previous position as sole in-house counsel to the 14,000 member New York State Dental Association. In this capacity, Maggie counseled members regarding compliance, proposed legislation and regulations, developed a HIPAA guide for members, provided risk management seminars, and analyzed and guided members on all healthcare related matters. She is a frequent speaker on issues affecting the health-care industry. She developed and presents one of the few approved courses to fulfill New York dentists mandatory Jurisprudence and Ethics Course requirement. She is a member of the Board of Directors of the National Society of Dental Practitioners.

We have seen a number of third party audits relating to surgical extractions. Often if you only bill surgical extractions, you are setting yourself up to be audited. You need to examine your billings to see if there are other codes which may be more appropriate.

Whenever you have procedures which could have been billed using a lesser code and you are always billing for the highest code, you are susceptible to an audit and payback. Moreover, your records need to justify the reason for the higher code. These records need to support your judgment. If all your records are the same and contain the same wording and narrative, there will be examined more closely and susceptible to denial. If you are being denied certain claims, examine your billing and correct how you bill. Review the CDT Codes and make certain you meet the definitions.

In addition, review the records you send in when responding to an audit. Obviously, you cannot alter or create documents, but you can learn from any mistakes. If the payor will not pay unless certain things are clearly noted, make sure you do so in the future. Also, when asked for records, make sure you send in everything: notes, radiographs, etc. The payor is not going to ask you for things you forget to provide, but will assume you do not have it if it is not provided when requested. From a practical standpoint, many dentists may leave a staff member with the responsibility of providing information, but the dentist should always check what is being provided before it is sent.

TO APPEAL OR NOT TO APPEAL

If you have the right to appeal from the findings and you have a basis for appealing, take the time and appeal. If you do not appeal, it is tacitly implied that you admit that you were wrong in your billings. Moreover, if you do not change anything about your billings, there is just a continual basis for more audits and paybacks. Many third party payers will take additional action in the future if there is no change. For instance, a payor may terminate your participating provider status or not renew your contract. Although you may not mind no longer participating, if you are terminating, you will have to truthfully disclose such termination in credentialing questionnaires.

INTERNAL AUDITS

Third party payors and state agencies are very interested in the effectiveness a provider's corporate compliance program. Regardless of whether you have a formal compliance program or not, it is beneficial for you to conduct internal reviews and audits. After an external audit, it is particularly effective to conduct random internal audits and to identify and correct deficiencies and errors. Learn from the audits and improve yours and your office's documentation and billing practices and policies.

INVESTIGATIONS

Investigations may not always start out looking different from than audits, but the consequences of investigations can have far more serious and broader effects. Instead of just seeking overpayments, investigations can lead to criminal penalties (including incarceration), civil monetary penalties in addition to reimbursement and exclusions, debarment or termination or more. One of the largest dental Medicaid investigations in recent memory involved the national pediatric dental chain known as "Small Smiles," which ended in a \$24 million settlement with the Department of Justice for allegedly performing medically unnecessary or substandard procedures on children insured by Medicaid, to turn a profit. That investigation can in turn lead to civil lawsuits by plaintiff classes, disciplinary actions against individual dentists and corporate integrity agreements which set forth conditions and limitations for continued practice of the offices.

Investigations, however, need not be so large or so purportedly intentional. Fraud does not have to be actual knowledge, but merely that the dentist should have known, that the conduct was wrong. In addition to double billing, phantom billing or unnecessary procedures, Medicaid fraud can include:

- Knowingly submitting false statements or making misrepresentations of fact to obtain a governmental health care payment for which no entitlement would otherwise exist;
- Knowingly soliciting, paying, and/or accepting remuneration to induce or reward referrals for items or services reimbursed by government health care programs; or
- Making prohibited referrals.

Fee-splitting arrangements, including those with billing companies (depending on state laws).

Investigations may also start without your knowledge and may result in the issuance of subpoenas or search warrants. It is always important for your staff to know who the individual and entity is that seeks information

as this may alert you to the significance of the investigation and consequences. For example, if agents are from a state Medicaid Fraud Control Unit, it is often an investigation that could lead to more serious consequences than from agents with the Office of Medicaid Inspector General (“OMIG”). In any event, your staff should always see the agents’ credentials, contact the owner immediately and act professionally. Staff need not answer questions or agree to an interview without counsel, but you cannot prevent them from doing so if they so choose. It is not uncommon in a criminal investigation for agents to visit and seek to interview employees at their homes.

Due to the serious and possible criminal consequences, experienced counsel should be immediately retained.

CONCLUSION

If you are audited or investigated, you need to prepare to defend your practice, determine if counsel is needed in the audit process and engage counsel as early as possible in the process. You will need to gather as much documentation as possible to refute claims. Do not fabricate or intentionally destroy records or obstruct the audit. Electronic records accurately reproduced in a hard copy format are acceptable. Patient-specific documentation is vital to respond to these desk audits. Raise all objections and provide documentation to refute audit findings as early in the audit process as possible. Be prepared to substantiate all your billings.

Consider developing a compliance plan, if you do not have one in place, and using internal audits to its effectiveness and improve your billing practices.

Finally, understand your rights and the consequences of any audit or investigation.

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 consulting with your own attorney concerning specific circumstances in your dental practice.

Ms. Rossi will be presenting on this topic at AAPD 17 on Friday, May 26, 2017, from 9 to Noon as part of the program *Orange is the New Black: Coping with Medicaid and HIPAA Audits*.

¹ If disciplinary action results from an audit, the defense of that proceeding may be covered and you may have other insurance which may cover a portion of the costs, but generally responding to and defending against an audit will not be covered. It is always wise, however, to review coverage to see if it does apply.

PAC Corner

Thanks again to all supported the AAPD PAC via the voluntary PAC contribution “check-off” on your 2016-17 dues statement. Your support is critical to our long-term success. We will recognize all donors for the 2016 calendar year in the May 2017 issue of *PDT* and at the AAPD membership center in the exhibit hall at AAPD 2017 in Washington, D.C., next year from May 25-28, 2017. Donors at the Patriot Level (\$1,000) and above will be recognized at the AAPD PAC reception during AAPD 2017.



In the March 2017 *PDT* all of the candidates supported by the AAPD PAC for the 2016 Congressional election cycle will be listed, along with the outcomes of their races. I want to again thank all those who have make check deliveries this election cycle for the AAPD PAC.

Drs. Stuart Blumenthal and Deven Shroff presented Congressman Chris Van Hollen Jr. with the AAPD PAC contribution at Shroff’s office (*smiles4children*) Sept. 8, 2016 (pictured left). Van Hollen is running for the open U.S. Senate seat in Maryland.

For further information about the AAPD PAC, please contact PAC Secretary C. Scott Litch at (312) 337-2169 ext. 29 or slitch@aapd.org.

Reneida Reyes
PAC Steering Committee Chair

Legislative and Regulatory Update

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

FEDERAL NEWS

Section 1557 Regulations: REMINDERS

Per previous *E-News* updates and items in *PDT* (including Litch's Law Log in the September 2016 issue), pediatric dentists participating in Medicaid and CHIP need to be aware of compliance steps for these new regulations. AAPD is working closely with ADA to raise issues of concern with members of Congress, as the HHS Office for Civil Rights denied our request to delay implementation and to make other changes in the Section 1557 Regulation.

Among other provisions, the final rule will require a covered dental practice to post two kinds of notices: (1) a notice of nondiscrimination, and (2) taglines in the top 15 non-English languages spoken in state indicating that language assistance services, free of charge, are available. As of Oct. 16, 2016:

- A **Notice of Nondiscrimination** must be posted in your office, on your website (if you have one), and in significant publications and communications.

One of the common questions AAPD has received is how can my practice easily post notices in all 15 of the most common languages spoken in my state? The ADA has made that easy by providing state-by-state ADA sample taglines indicating that language assistance is available for patients with limited English proficiency who need interpretation or translation services. You may wish to use either the Firefox or Internet Explorer web browser when downloading the taglines if you have trouble downloading them with your web browser.

Here are the top 15 languages in each state: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Appendix-A-Top-15.pdf>.

Another common question is how can my practice access translation services? Unfortunately there is no national database of such services. AAPD is exploring various discounted options for our members. One option you should be aware of is DT, which is available at a discount to AAPD members those who have Medical Protective coverage (the AAPD's endorsed professional liability insurance carrier).

For more information, visit http://www.aapd.org/resources/litch_law/. The ADA has provided a number of resources to assist with compliance, including sample notices. There is also a section 1557 FAQ on the ADA's website at <http://success.ada.org/en/practice/operations/section-1557/section-1557-faq>.

AAPD members needing any assistance accessing the materials should Chief Operating Officer and General Counsel C. Scott Litch at slitch@aapd.org

Additional information is available on the AAPD website at: http://www.aapd.org/assets/1/7/Section_1557_Basics_for_AAPD_Members_new1.PDF

- **Taglines** in the top 15 non-English languages spoken in your state inform the public that you will provide translation or interpretation services, must be posted in your office and on your website and in significant publications and communications. OCR has provided the following sample tagline: "ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)."
- **Shorter publications.** In shorter publications and communications such as postcards and tri-fold brochures, you may use the top two language taglines and a shorter Nondiscrimination Statement instead of the full Notice of Nondiscrimination: "[NAME OF DENTAL PRACTICE] complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex."



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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 News

Congratulations Dr. Delarosa!



AAPD Immediate Past President Dr. Robert Delarosa was awarded the Distinguished Alumnus Award from the Louisiana State University School of Dentistry (LSUSD).

The **Distinguished Alumnus Award** was established in 2014 by the LSUSD Alumni Association Board of Directors to recognize graduates who have shown extraordinary lifetime professional achievements on both a national and local level in the areas of dental education, dental research or community service.

Delarosa was nominated by his fellow alumni, Drs. John Hendry and Richard Olinde. Dr. Janice Townsend, head of the LSUSD Department of Pediatric Dentistry, also nominated him for the award. "Dr. Delarosa testified on Capitol Hill on behalf of the ADA on issues of access to care for all children and participated in over 100 interviews on children's issues," said Dr. Hendry. "In every walk of life, Dr. Delarosa represents America's pediatric dentists. He is The Big Authority on Little Teeth and LSUSD should be proud to have a graduate who has risen so high in our profession and represented LSU so well."

Canadian Golf Invitational Classic

AAPD Past President Keith Morley, Immediate Past President Rob Delarosa, Vice President Joe Castellano, and Secretary Treasurer Kevin Donly posing after surviving another Annual "Canadian Golf Invitational Classic" hosted in Barrie, Ontario, Canada.



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Connect your patients with us at www.mychildrensteeth.org where they can learn all about the Mouth Monsters and tons of tips and tricks for healthy oral health.

Member Benefit Spotlight

Five Tips for AAPD Members When Refinancing Their Student Loans



Refinancing student loans can feel like serious financial spring-cleaning. But it doesn't have to. Just consider it life simplification—the kind that can save you money.

At SoFi, we're all about helping AAPD members manage their money in ways that work best for them. To date, SoFi has refinanced \$11 billion in student loans for over 170,000 borrowers across the United States. More specifically, SoFi has refinanced over **\$10 million** in student loans for AAPD members alone! Through our partnership, AAPD members can apply via SoFi.com/AAPD and qualify for a welcome bonus upon refinancing.

Consolidating multiple student loan balances into one new loan with a low-interest rate and monthly payments designed around your life isn't a big ask in our world. In fact, it's an everyday occurrence. And it's not hard. The key is to strategize. Here's how to begin.

CHECK YOUR CREDIT

Although some companies consider your credit score as refinancing criteria, SoFi doesn't. But we do take a look at your credit report. "A bankruptcy or medical bills that have gone to collections will harm your chances of securing the best student loan interest rate, or even getting approved at all," says Amanda Wood, Director of Business Development at SoFi, who refinanced through the company. "But you can improve your credit score by paying off overdue bills, decreasing debt in general, and always paying bills as they're due." It will take time for changes to register with credit bureaus, so don't apply for refinancing until that happens.

If you have a good history of paying off debt, on the other hand, that will work in your favor. Use annualcreditreport.com to grab a free copy of your report from each of the three major credit bureaus—Equifax, Experian, and TransUnion—to make sure there are no errors. If everything looks good, you're all set to apply. But if you see inaccurate information on your report, contact each bureau individually and ask them correct it.

As an extra precaution, if you tend to rely a lot on plastic, consider cooling your credit spending for a few months before applying for a new loan. "Alternatively, you can stick with credit cards but make two or three payments each cycle to keep your balances low," says Wood. "Even if you pay off your cards in full every month, a credit snapshot may catch your balances at their highest points, making you look maxed out. So timing is everything."

TAKE A HARD LOOK AT YOUR COST OF LIVING

It's a fact—some cities are more expensive to live in than others. Plus, some people can't afford to live alone. Someone renting an apartment in a small Midwestern town, for example, has lower expenses than someone who owns a row home in San Francisco. And cost of living matters a lot to refinancing companies.

To some extent, this is out of your hands; your zip code helps lenders determine your cost of living. But anything you can do to pay down debt and make choices that free up more cash—such as renting a smaller apartment, taking on a roommate, or leasing a cheaper car—can help your case. (In a city like Manhattan, you probably don't even need a car.) If you're planning on relocating to an inexpensive city, for example, consider submitting an application a couple of months after you move in.

How you budget also plays a huge role in loan application acceptance. "If you've got ample wiggle room in your cash flow every month, you're a more appealing candidate than a person who's scraping his savings to make student loan payments," says Marcos Fernandez, a Project Marketing Manager at SoFi, who refinanced his loans with the company.

GIVE LENDERS A COMPLETE HISTORY

Unlike other lenders, SoFi considers things like where you went to school and how you're doing professionally when we weigh your application. So provide as much information as you can when it comes to your undergrad and grad degrees. "If you've studied math, science, business, or engineering at a good school, that may give you an advantage, particularly if you earned an advanced degree," says Wood.

Additionally, be sure to include all relevant work experience. "The longer you've been in the working world, the more knowledge and skills you've likely gained," adds Wood. "This makes you very attractive as an applicant, because you look like someone who will continue to pay the bills."

If there's a job offer on the horizon, be sure to submit your offer letter with your application. And if you get a promotion while your application is under review, notify the lender immediately. But if you're in line for a promotion that will positively affect your paycheck, wait until that's materialized before you apply.

SHOW ALL YOUR INCOME

When lenders ask for income information, they mean all of your income, not just job earnings. So remember to list dividends, interest earned, bonuses, and the extra money you make from your side hustle or Airbnb rental property. “The higher your income, the more cash you have to throw at the refinancing equation,” says Fernandez. “It all counts as long as you can prove it.”

So keep those pay stubs, interest statements and tax returns. Also, make sure your driver’s license is current and that your student loan statements are all correct. If you’re self-employed, wait until you’ve filed your taxes to apply for refinancing—it’s the easiest way to prove the previous year’s income.

BE FLEXIBLE

If you have a number of student loans and you’re not offered the best rate when you apply for refinancing, consider refinancing only a couple of them. You may snag a lower interest rate with a smaller refinance balance. You can always apply for the full balance down the road after you’ve received a raise or moved to a less expensive location.

Being flexible also means you might want to think about asking a friend or relative for help if your application isn’t as strong as you’d like. “Consider adding a co-signer,” suggests Wood. “If you’ve been declined, a co-signer might help you get approved. If you’ve qualified for a loan on your own but the rate isn’t

where you want it to be, a co-signer might help you qualify for a better rate.”

The stronger you are as a student loan refinancing candidate, the better your chances of getting the best rate possible. And with a great rate, you might even find yourself with a little extra cash each month—money you can put toward a well-deserved vacation or, even better, becoming a homeowner in the not so distant future.

See if you qualify for student loan refinancing by applying through [SoFi.com/AAPD](https://www.sofi.com/AAPD).

This article originally appeared on SoFi’s Blog on Aug 11, 2016 (Link: <https://www.sofi.com/blog/get-lowest-rate-refinance-student-loans/>)

The advertisement features a collage of outdoor recreation images including a person on a bicycle, sailboats, a person kayaking, and a person on a surfboard. The text 'Kidz DENTAL ZONE' is overlaid on the left side of the collage. The text 'Immediate Opening Pediatric Dentist' is prominently displayed in the center, and 'Recreation Wonderland' is written in a curved banner across the bottom of the collage.

A Kidz Dental Zone located in Hood River, Oregon

Has an immediate opening for a compassionate and motivated pediatric dentist interested in opportunities to provide care focusing on prevention and community involvement.

- Competitive Salary
- Quarterly Bonus Potential
- Health Savings Account
- 401(K) Retirement Plan
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- Paid Vacations
- Continuing Education Reimbursement
- Signing Bonus
- Opportunity for Future Partnership

For inquiries contact Dr. J. Kyle House (541) 387-8688 or send resume to jobs@akidzdentalzone.com

A photograph of a dental office. In the foreground, a male dentist in blue scrubs and a surgical mask looks towards the camera. In the background, other dental staff and a patient are visible, all in a clean, modern clinical setting.

Student loan refinancing for AAPD members

SoFi saves dentist borrowers an average
of \$870 a month¹



Apply through [SoFi.com/AAPD](https://sofi.com/AAPD) to get a
\$400 welcome bonus² when you refinance
your student loans.

Terms and Conditions Apply. SOFI RESERVES THE RIGHT TO MODIFY OR DISCONTINUE PRODUCTS AND BENEFITS AT ANY TIME WITHOUT NOTICE. See sofi.com/legal for a complete list of terms and conditions. SoFi loans are originated by SoFi Lending Corp (dba SoFi) California Finance Lender #6054612. NMLS #1121636. ¹Monthly savings calculation is based on all SoFi members with a dental school degree who refinanced their student loans between 7/1/15 and 6/30/16. The calculation is derived by averaging the monthly savings of SoFi members with a dental school degree, which is calculated by taking the monthly student loan payments prior to refinancing minus the monthly student loan payments after refinancing with SoFi. SoFi's monthly savings methodology for student loan refinancing assumes 1) members' interest rates do not change over time (projections for variable rates are static at the time of the refinancing and do not reflect actual movement of rates in the future) 2) members make all payments on time. SoFi's monthly savings methodology for student loan refinancing excludes refinancings in which 1) members elect a SoFi loan with a shorter term than their prior student loan term(s) 2) the term length of the SoFi member's prior student loan(s) was shorter than 5 years or longer than 25 years 3) the SoFi member did not provide correct or complete information regarding his or her outstanding balance, loan type, APR, or current monthly payment. SoFi excludes the above refinancings in an effort to maximize transparency on how we calculate our monthly savings amount and to minimize the risk of member data error skewing the monthly savings amount. ²Payment will be issued electronically once you become a SoFi borrower; you have submitted a completed application with documents and your loan has been disbursed. Offer good for new customers only.

The Job Hunt: A Tale of Two Perspectives



PRIVATE PRACTICE IN PARADISE

By Elena Petrova, D.D.S.
Private Practice, Sarasota, Fla.

We all know that a smooth transition from residency to private practice requires planning. I attempted to plan that transition multiple times and every time, something changed. I knew I wanted to be in private practice because I enjoy clinical dentistry and love getting to know my patients and their families. I knew I would thrive in a private practice environment because I could foster long-lasting relationships with families.

When I finally made a decision my second year on a practice location, I learned that I chose a very competitive place, but it was the only area my husband and I agreed upon. Since I never lived in Sarasota before, I did not have any connections, so I began looking at the AAPD job postings and checking *indeed.com*. I networked with multiple practitioners from other parts of the state and corporate HR representatives, figuring the more people I talk to, the better the chances of finding the right job. After several months of online searching, I still could not find the ideal job. To me, an ideal job included finding a mentor who stays current with the literature, has a similar treatment philosophy, and is involved with the Academy. I did not want to take any job just to say that I had one.

When my husband and I went to Florida for a week during winter break, I mailed my resume, including a brief description of my clinical strengths. For example, I indicated proficiency with permanent tooth root canals, orthodontics, and various oral sedation regimens, hoping this would set me apart from other candidates. I did not receive responses right away. I spoke with a number of corporate practices, but I was a little hesitant about corporate dentistry because none of them could offer me a job in one location.

Finally, in spring, I spoke with my current employer. The very first phone conversation was a positive and exhilarating experience. My interview consisted of multiple phone conversations and an in-person visit to the office. The phone conversations were very casual—we wanted to make sure that our personalities clicked and that we had the same ideas about what success means. During the in-person visit, I shadowed for a day and went out for dinner with him and his wife. I was impressed they took time to get to know me and my family. The best advice I would give to residents is: be yourself when you interview. The person hiring you should know who you are based on your genuine character, not just your A+ interview behavior.

After the contract was signed, I had a couple of stressful weeks where I needed to get malpractice and disability insurance, update my NPI, get a DEA license, among other things. Slowly things started

falling into place. The best disability and malpractice rates are usually available to existing residents and new graduates, so I made sure to get a policy before graduating. In my experience, the sedation permit was probably the most difficult to get given all of the documentation and strict requirements.

My first day of work, we had no patients and spent the day meeting the team. I started seeing patients the next day. All existing families of the practices received a letter from the office introducing me to the community. It was an important gesture that afforded me a smooth transition. I discovered the first week of work that it was easier for the staff if all doctors in the practice used the same materials, instruments, and note templates. It was also great that my treatment philosophy was in sync with the owner dentist. High quality and consistency in every aspect of patient care is what makes patients and parents feel comfortable and trust you. I was pleasantly surprised with how accepting and welcoming everyone has been during my first months of practice and I am so happy with my decision.

ACADEMIC ASPIRATIONS ACHIEVED

By Scott Schwartz, D.D.S., M.P.H.

Assistant Professor, Cincinnati Children's Hospital Medical Center

When I interviewed for residency programs, I already thought I wanted to pursue a career in academic dentistry. In the course of my training, however, I explored all options. I inquired about associating, considered purchasing a practice, learned about opening a new practice, and discovered unique opportunities in academics. As a resident in pediatric dentistry, you have made a significant investment in your career and you owe it to yourself to explore all avenues of potential interest to find the best fit.

The daily variety was the greatest factor in deciding to pursue an academic career; no two days of the week are alike. There are opportunities to do clinical dentistry, be involved with research, and mentor students and residents. When I officially decided to apply to academic positions, I designed a cover letter and CV to best represent my skills and talent with the help of the faculty at my program. Curricula vitae and resumes differ significantly when applying to academic positions versus those in private practice. Having another set of eyes review your credentials is critical—be sure to seek advice!

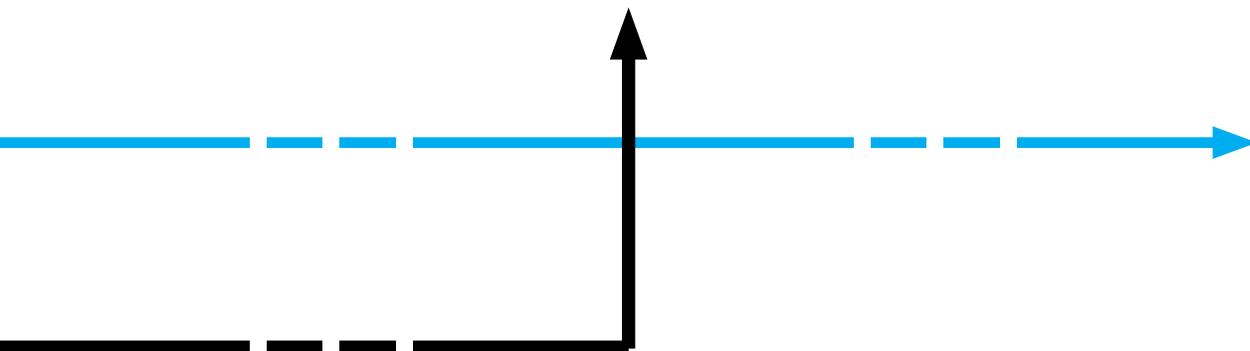
When it came to actually searching for jobs, I began looking earnestly the November before graduation. I found my networking efforts at the Annual Session, Lobby Day, and local meetings to be a crucial factor in finding a position. You never know when or with whom new opportunities may crop up. Additionally, I regularly checked the AAPD Career Center and the ADEA DentEd Jobs pages.

The application process at academic institutions can be daunting and time consuming. Although all places are different, I was flown out to visit and provided accommodations to have a chance to experience my potential new home. Each interview required a 20-45 minute presentation on any topic of interest. This was the most intimidating part of the process. Otherwise, it was a lot of meeting faculty, learning about the institution, and deciding if our interests and goals meshed.

Once a job was officially offered, a lawyer reviewed my contract, but there was not much to negotiate as the hospital provides a standard contract to new doctors. The onboarding and credentialing process required locating and processing a lot of documents, which I didn't fully consider when trying to wrap things up at the residency and study for boards. Conversely, some aspects of taking an academic job made things easier. I was given a generous relocation package that covered a house hunting visit and moving expenses, the hospital staff enrolled me as a provider for different payers, and my malpractice and disability insurance were arranged and paid through the hospital.

Now that I am fully entrenched in my new job, I could not be happier with my decision. Every day of the week is different, which suits my wide interest base. On Monday I treat patients conventionally in a private-practice type outpatient clinic, on Tuesday I teach residents in the operating room, on Wednesday I treat my own patients in the operating room, on Thursday I have research time, and on Friday I teach residents in the clinic. I take call for two months total each year. I have unique opportunities to collaborate with the community, local and scientific. I am not financially tied to my patients or a business and consequently have the freedom to practice ideally and actually enjoy my paid time-off. I leave work every day feeling satisfied.

The Job Search can be a simultaneously exciting and stressful experience. In the end, I think the key to successfully finding a position was giving myself plenty of latitude and time. Latitude to decide exactly what type of job I wanted and time to meet the right people to find it. Despite the anxiety, my best advice is to *enjoy the ride*. You have worked hard for this moment! Be confident in your training, humble in your approach, and honest about what is going to sate your professional goals.



aapd 17 WASHINGTON DC



Drs. Shari Kohn and Mitali Patel

AAPD 2017 Local Arrangements Co-Chairs

Welcome to AAPD 2017 in Washington, D.C.! Washington is a dynamic city known for not only its rich history and monuments but also its growing restaurant scene and beautiful location right on the Potomac River.

This year, we will all fit under one roof at the Gaylord National Hotel and Convention Center located right on the banks of the Potomac River, footsteps away from the Capital Waterfront. The National Harbor is home to the Capital Wheel, which takes you 180 feet high with breathtaking views of the Capitol, White House and the National Mall. Take a boat ride down the Potomac River, getting a close-up view of the monuments including the Washington Monument, Lincoln Memorial and Jefferson Memorial. Shuttles will be available to visit the National Mall and experience the history of our wonderful city.

On behalf of the American Academy of Pediatric Dentistry and the Local Arrangements Committee, we are honored to be your hosts for an exciting and educational 70th Annual Session. The Scientific Program Committee has worked diligently to develop a program that incorporates local talent from some of the leading medical and dental practitioners and researchers in the country. As always, there will be a strong educational balance encompassing pulp therapy, caries management, orthodontics to practice management, staff enrichment and outliers we see but don't often discuss, such as; abuse, neglect, street drugs and overdose. We guarantee that there is something for everyone.

We wanted to thank John Rutkauskas, and the AAPD staff of Tonya Almond, Kristi Casale, Jessica Parra and Colleen Bingle for helping design great events throughout the city. If you have not been to Washington, D.C., or if you are returning, you and your family are guaranteed an excellent experience! Mark your calendars now and join us at the AAPD Annual Session in Washington D.C., May 25 – 28, 2017.

Welcome to Washington, D.C.!

Thursday, May 25

Preconference Course
Joint Academic Day
First Timers' Reception

Friday, May 26

Keynote Address: Mel Robbins
Awards
Scientific Program
Exhibit Hall
My Kid's Dentist Poster Research Competition
New Dentist Happy Hour
Welcome Reception: FedEx Field

Saturday, May 27

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

Sunday, May 28

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

Registration and Housing

Registration and Housing open in December. Complete meeting details will be published in the January issue of *PDT*. Check the AAPD website at www.aapd.org for updates regarding the Annual Session. In order to secure a hotel room in the AAPD room block, you must register for the meeting first. A prominent e-mail will be sent to all members announcing the hotels in the AAPD Official Room Block once registration opens!



Preconference Course

Frenums to Pacifiers

Thursday, May 25

With the AAPD's successful messaging on the Dental Home (age 1 dental visit), pediatric dentists are confronting issues of toddler dental care daily; in fact it takes up major portion of the pediatric dentist's morning office hours. Providing oral health care to this cohort requires a special knowledge of diagnostic factors and treatment techniques not inherent in the treatment of the rest of our patients.

Learning Objectives

- Review the clinical importance of growth and development in the comprehensive evaluation of the infant and toddler
- Provide evidence based guidelines on the management of ankyloglossia and the maxillary frenum as they relate to breast feeding and oral development
- Explore the importance of the developing airway and tongue posture in the growth and development of the oro-facial complex
- Understand how non-nutritive sucking habits can affect oral development and occlusal disharmony
- Learn how to identify and manage developing malocclusions in the primary dentition

Speakers

David Tesini, D.M.D., M.S.

Bobak Ghaheri, M.D.

Scott Rickert, M.D. Facs

German Ramirez-Yanez, D.D.S., M.D., S.C, Ph.D.,
FRCD

Josh Wiseman, M.S.

Career Fair

Saturday, May 27

3:30 – 5:30 PM

The Annual Career Fair is a great opportunity for a new pediatric dentist seeking their first practice position or the more experienced pediatric dentist who is looking for a change to network with hiring organizations. The Career Fair is a personal and dynamic way of connecting with members of the Academy.

Space is limited! For more information, visit <http://www.aapd.org/annual> or contact Meetings and Exhibits Associate Colleen Bingle at (312) 337-2169 or cbingle@aapd.org. The cost to participate for AAPD Members is \$150; for recruiting companies the price is \$500.



Opening Ceremony & Keynote Address

Mel Robbins

Friday, May 26

Meet Mel Robbins. Mel is a third generation entrepreneur, a married mother of three, and here's a fun fact – she used to be a public defender representing violent felons in New York City.

She's no longer arguing reasonable doubt to a jury; she's teaching people around the world about the power of learning to push ourselves and how to break our habit of self-doubt.

You may have seen Mel's TedX Talk "How To Stop Screwing Yourself Over," which has racked up over 10M views across social channels in 37 countries, and is climbing by the hour. Perhaps you've seen her on TV, she's one of CNN's senior legal and social commentators. Or on the pages of *SUCCESS Magazine*, where she is a contributing leadership editor.



AAPD Abstract Submission Deadlines

Jan. 17, 2017

NuSmile Graduate Student Research Awards (GSRA)

My Kid's Dentist Research Poster Competition

2018 Sunstar Research Fellowship

The Sunstar/AAPD Postgraduate Research Fellowship Program was established for the purpose of promoting and supporting innovative research by residents in pediatric dentistry. The Sunstar Research Fellowships are possible through the generous support of Sunstar Americas, Inc. Up to three pediatric dental residents are selected each year to receive a yearlong research fellowship. The AAPD Council on Scientific Affairs selects the recipients on a competitive basis from eligible submissions. Each award will be made by July 5, 2017, and will provide up to \$7,500 of funding. Recipients are required to present their research results at the AAPD 2018, May 25 - 28, in Honolulu, Hawaii.

Thank You for ALL You Do



This month's feature article shines a spotlight on our 10,000-strong membership. We recognize that one of the key benchmarks of a successful professional organization is one in which members continue to obtain value, and it is through your loyal dedication, innovative ideas, and most importantly your commitment to providing children with access to optimal pediatric dental care, that we're able to celebrate nearly 70 years as your very own American Academy of Pediatric Dentistry.

To this end, we wanted to update our members on specific initiatives occurring within the AAPD and thank you again for your devotion to children's oral health.

MEMBERSHIP DEPARTMENT AND THE COUNCIL ON MEMBERSHIP AND MEMBERSHIP SERVICES

The membership department is in charge of attending to the professional needs of AAPD's 10,000 members and has many projects and services they provide as membership benefits.

Many of these member benefits come from the members themselves through the Council on Membership and Membership Services, and its numerous committees. For example, last year after hearing about the increasing student debt problem, AAPD partnered with SoFi, the student debt refinancing program. Due to this partnership, more than \$10 million of AAPD members' student debt has been refinanced as of today! In addition, the AAPD Career Center is a great place for members to look for a new position or recruit within your current practice.

AAPD is also committed to the general dentist member and created a task force for enhancing the general dentist membership. The new Affiliate Advisory Committee is made up of general and pediatric dentists members addressing the general dentist's needs, as well as increasing the member value and benefits with their membership, including networking and continuing education.

AAPD is not about staying the course. We recognize the need to appeal to all members and because our membership is always changing, AAPD has three committees and task forces dedicated to our younger members. The AAPD Resident Committee is one of the first opportunities a new resident has to get involved. This committee writes articles for the *PDT* from their perspective and also developed the Resident Recognition Award for residents to showcase their achievements.

The Pediatric New Dentist Committee focuses on the needs for members 10 years out of residency programs. Each year at Annual Session, they have the New Pediatric Dentist program for continuing education and the New Pediatric Dentist Happy Hour for networking and fun.

This year the Millennial Task Force is taking a closer look at the needs of our millennial members. They are tasked with putting recommendations to implement programs, packages of benefits and other products that will maximize millennial member value.

MEMBER PARTICIPATION

We thank our members for being so generous. Even in these challenging political times, 10 percent of our members donate to the Political Action Committee (PAC).

In addition, thank you to the over 300 members who donate their time to council and committee work throughout the year.

PEDIATRIC ORAL HEALTH RESEARCH AND POLICY CENTER

The Pediatric Oral Health Research and Policy Center extends great appreciation to our members for recognizing that strong policy is based not on popular opinion, but on solid science. Through membership support, we have examined the Affordable Care Act (ACA) and access to care for children, explored practical ways for pediatric dental practices to promote healthy weight in child patients, and are developing a tool for caries risk assessment within the electronic health record to encourage needed dental referrals from primary care providers. Perhaps most important, we have published the AAPD's first ever evidence-based clinical guideline – with more to come. Thanks to membership commitment to ongoing research, the AAPD is truly the “big authority on little teeth.”

MEETINGS DEPARTMENT

Thank you to our attendees who arrive ready to learn and are open to trying new educational formats. We know there are plenty of opportunities available to you and appreciate you selecting AAPD as your source for education.

The Meetings Services Department is grateful to each and every member who speaks at our CE courses, webinars, and the Annual Session. Sharing your knowledge with our membership and audience is invaluable to the thousands of pediatric dentists. Thank you for engaging with our audience, providing feedback and being so wonderful to work with. You work with staff to constantly make improvements regarding delivery methods and schedules and you always deliver high-quality education.

We all agree working with the multiple volunteers on councils and committees is part of the fulfilling work we do. Thank you for showing up, building a solid foundation and doing the work to produce the products and services we offer.

CONCLUSION

In the immortal words of President John F. Kennedy, “One person can make a difference, and everyone should try.” We know first-hand that our members share this sentiment and apply it every day to children across this country, and for that we remain forever grateful and proud.

PUBLIC RELATIONS EFFORTS

Because of your expressed desire to better educate the lay public on children's oral health, we commenced two parallel consumer campaigns—one with Weber Shandwick in which the Mouth Monster concept was born, and the other with the Ad Council and our 2min2x.org initiative.

We continue to be amazed at the adoption of both campaigns from our members, whether they're being referenced to patients and their families, or via the application of the information, materials, and resources to your respective social media channels. The fact that these campaigns continue to resonate with the lay public and industry influencers is beyond thrilling, and we have you to thank for this feat.

HEALTHY SMILES, HEALTHY CHILDREN: THE FOUNDATION OF THE AAPD

Healthy Smiles, Healthy Children's success is attributed to you – AAPD members who support Dental Homes for children who don't have access to year-round, comprehensive care. Thanks to your support and generosity, HSHC has awarded more than \$4 million in grants and commitments to 81 organizations in 29 states helping more than 300,000 children. HSHC will continue to expand efforts to support community-based initiatives that provide Dental Homes to underserved children.

We will explore ways in which AAPD members can employ their expertise to support Dental Homes for more children. HSHC will release another \$1 million in grants in 2017. Membership support is needed to fight child tooth decay. The average pediatric provides pro bono care totaling 53 hours of service, care for 68 children, and a total value of \$8,000 in service. Nationally, 81 percent of pediatric dentists report providing some type of pro bono care last year. Also, the Southeastern District is most active with 88 percent of pediatric dentists in that district providing pro bono care. The NorthCentral District provides the greatest average hours of pro bono care (58). The Western District provides the greatest average cost of pro bono care (\$9,317).





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What Dr. Jeffery Arrowood (featured above) had to say
about his experience with Smile Savvy...

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GOOGLE ★★★★★

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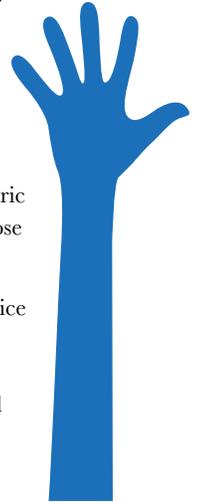
Laurel Graham

Leola Mitchell

New Publication: Advocacy Training Guide for Pediatric Dental Residency Programs

The POHRPC published a curriculum guide to prepare future pediatric dentists for their roles as advocates within the community. Released in September 2016, “Advocacy Training for Pediatric Dental Residency Programs: A Guide To Assist Programs in Developing Curricula to Address Standard 4.26 and 4.27 on Advocacy” is authored by Homa Amini, D.D.S., M.S.; Jessica Y. Lee, D.D.S., M.S.; Courtney Chinn, D.D.S., M.S.; Paul Casamassimo, D.D.S., M.S.; and Robin Wright, Ph.D. The guide offers curriculum assistance to dental educators in developing and promoting programs in pediatric dentistry advanced education that enhance the oral health of all children, including those with special health care needs.

The publication provides residents with knowledge and skills to incorporate the service of advocacy as an integral aspect of pediatric dental care. Advocacy education during residency provides a distinctive opportunity for pediatric dentists-in-training to explore issues that affect their patient populations, identify available resources, become involved with mentors and organizations experienced in oral health advocacy, and ultimately, to understand their responsibilities to support necessary changes in public policy.



AAPD Survey on Sugared Drinks and Childhood Obesity

AAPD members and pediatric dental residents reported on their experiences discussing nutritional and obesity concerns with the parents of patients ages 0–12 in a national survey conducted by the POHRPC. Funded through a grant from the Robert Wood Johnson Foundation, the survey was designed to discover the attitudes, skills and practices of pediatric dentists related to preventing childhood obesity and reducing the consumption of sugar-sweetened beverages in young patients.

Caries Risk Assessment in the Medical Office: Identifying Common Risk Factors for a More Effective Screening Tool

The AAPD Policy Center continues its third year of research exploring oral health promotion in primary care, “Interprofessional Study of Oral Health in Primary Care: Common Risk Factor Study II.”

To further validate the significant variables identified in Year 2, we are taking a second look at retrospective data on the 1,700 Nationwide Children’s Hospital (NCH) patients previously analyzed. Using new technology not available during Year 2, we are exploring additional variables that were previously non-extractable. A new patient query is also being performed to include patients that meet study criteria for the time period since June 2015 (when the last run for Year 2 analysis was completed).

In order to increase the study population, data analysis from another test site is being conducted at Marshfield Clinic, a large multi-site community health and dental system based largely within central Wisconsin. This site’s semi-rural population is an ideal complement to NCH’s mostly urban population. Its population faces different sets of barriers to care; some of the facilities are FQHCs, whereas NCH centers are not. Like NCH, Marshfield Clinic has an integrated medical and dental EHR system. The feasibility analysis indicated a large number of patients meeting the study criteria. Additionally, the Marshfield Clinic Research Institute is well known for large-scale studies based on its EHR system. We are excited to be partnering with them on this project and look forward to fruitful data analysis.

Visit the POHRPC webpage at [aapd.org](http://www.aapd.org/assets/1/7/DentaQuest-RE.pdf) to view the full Year Two Report. (<http://www.aapd.org/assets/1/7/DentaQuest-RE.pdf>)

Ask the Policy Center

The Role of Pediatric Dentistry in Preventing Childhood Obesity

Q. Is childhood obesity still increasing in the United States?

A. The good news: Childhood obesity has stabilized in recent years. The bad news: The incidence of obesity in children tripled during 1980–2010, rising from 6 percent to 18 percent of children ages 6–17 in just one generation.¹ In 2011–2012, about 17 percent of children ages 2–18 were obese, 32 percent were either overweight or obese, and 8 percent of infants and toddlers had high weight for recumbent length.²

Q. Which of my patients are most likely to be affected?

A. The obesity epidemic in children is not an equal opportunity health concern. Although the prevalence of obesity is fairly similar between boys and girls, obesity rates tend to be higher among children in low-income households and among Hispanic and non-Hispanic black children.³ In 2011–2012, 22 percent of Hispanic children and 20 percent of non-Hispanic black children were found to be obese compared with 17 percent of White, non-Hispanic children.¹

Q. What part does sugar consumption play in childhood obesity?

A. Numerous individual, social, economic and environmental forces—including diet, physical activity and technological advances—have contributed to the high prevalence of obesity in children. Within this broad picture, the trends toward increased obesity rates have been paralleled by an increase in sugar consumption.

In particular, sugared beverages are the single largest category of caloric intake in children ages 2–18, providing nearly one-quarter of empty calories in their average daily diet. For example, adolescents ages 14–18 drink an average of 260 calories a day of added sugars from sugar-sweetened beverages.⁴

Q. Is there a clear relationship between obesity and oral health in children?

A. You would think so, since many of the same foods and drinks can contribute to both tooth decay and obesity. But it's complicated. Some studies have concluded that obese children have an increased caries risk, some have shown a decreased caries risk, and still other

studies have found no relationship. That said, evidence suggests dental caries may be associated with both a high and low body mass index (BMI). Different factors may be involved in the caries development in children who are either underweight or overweight.^{5,6}

Q. What are pediatric dentists doing to prevent obesity in their patients?

A. Many pediatric dentists offer nutritional education and counseling related to caries prevention, but few provide weight-related screening, information or counseling services. A national survey of pediatric dentists reported that about 50 percent of the respondents expressed an interest in offering obesity-related services, yet only six percent provided obesity-related interventions.⁷

Q. Why aren't more pediatric dentists providing services related to healthy weight for their patients?

A. The majority of pediatric dentists agree that childhood obesity is a significant health problem and are willing to address it, but face perceived barriers in supplying obesity information and interventions to the parents of their patients. Major barriers mentioned in surveys of pediatric dentists included concerns about offending or appearing judgmental of the patient or parent, a lack of knowledge and training about obesity and/or weight-loss counseling, a lack of trained personnel, insufficient time in the daily schedule, and concerns that state dental boards might consider such counseling as practicing medicine.⁸ These perceived barriers would need to be managed effectively to facilitate more weight-related interventions for child patients by pediatric dental professionals.

Q. Can pediatric dentists play a vital role in preventing childhood obesity?

A. In view of your frequent contact with pediatric patients, you and your team have an excellent opportunity to promote healthy weight in children. Because you have the educational foundation to address dietary habits and are adept at nutritional counseling for caries prevention, you can adapt these skills to intervene for early obesity prevention as well.

1Wallman KK. *Federal Interagency Forum on Child and Family Statistics. America's Children in Brief: Key National Indicators of Well-Being. 2015.*

2Ogden CL, (US) NC for HS. *Consumption of Sugar Drinks in the United States, 2005-2008. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics Hyattsville, MD, USA; 2011.*

3Centers for Disease Control and Prevention. *Disparities in oral health: Division of oral health.*

4Reedy J, Krebs-Smith SM. *Dietary sources of energy, solid fats, and added sugars among children and adolescents in the United States. Journal of the American Dietetic Association. 2010;110(10):1477-1484.*

5Davidson K, Schroth R, Levi J, Yaffe A, Mittermuller B. *Higher body mass index associated with severe early childhood caries. BMC Pediatrics. 2016;16(137).*

6Hooley M, Skouteris H, Boganin C, Satur J, Kilpatrick N. *Body mass index and dental caries in children and adolescents: a systematic review of literature published 2004 to 2011. Systematic reviews. 2012;1(1):1.*

7Curran AE, Caplan DJ, Lee JY, et al. *Dentists' attitudes about their role in addressing obesity in patients: a national survey. The Journal of the American Dental Association. 2010;141(11):1307-1316.*

8Lee JY, Caplan DJ, Gizlice Z, Ammerman A, Agans R, Curran AE. *US Pediatric Dentists' Counseling Practices in Addressing Childhood Obesity. Pediatric dentistry. 2012;34(3):245-250.*



Meeting Representation Builds Visibility for Pediatric Dental Issues

American Academy of Pediatrics National Conference and Exhibition
Oct. 22–25, 2016, San Francisco, Calif.

DentaQuest Oral Health National Network Gathering
Oct. 26–28, Phoenix, Ariz.

Healthy Futures: Engaging the Oral Health Community in Childhood Obesity Prevention National Conference
Nov. 3–4, 2016, Washington, D.C.

National Network of Oral Health Access Annual Conference
Nov. 6–9, 2016, Denver, Colo.

Society of Teachers of Family Medicine, Conference on Practice Improvement
Dec. 1–4, 2016, Newport Beach, Calif.

Evidence-Based Dentistry

Three University of Maryland School of Dentistry pulp therapy workgroup members agreed to an interview about their mentoring relationship Warhol-style—Dr. James Coll is a clinical professor; Dr. Shahad AlShamali completed an advanced pediatric dentistry program for international dentists; and Dr. Abdullah Marghalani is a pediatric dentistry resident.

Like all tools used in systematic reviews, the interview questions have been peer reviewed and validated, sort of. The questions are based on those asked by Andy Warhol to the famous and infamous for his magazine *Interview*. These questions are meant to glean the secret element that makes a workgroup tick. Visit www.pediatricdentistrytoday.org to read the full interview.

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Harvey S. Firestone

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AAPD Stands Behind Members on Insurance Matters

Recently, we had a member call reporting that Delta Dental of California denied services for code denied D7270 tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth because it was performed on a primary tooth.

AAPD contacted Delta Dental of California national dental director and this was their response:

Our pediatric dental consultant reviewed this case and the radiograph originally submitted with the claim. His evaluation found that the tooth has a complete mid-line root fracture. Our consultant's opinion is that the prognosis is poor as the fracture is very close to the ridge and the fragments were not well approximated. Additionally, he cited a statement from the AAPD Guideline on Management of Acute Dental Trauma that avulsed primary teeth should not be replanted because of the potential for subsequent damage to developing permanent tooth germs. So the determination is that this is not approved for payment. Our pediatric dental consultant will contact Dr. _____ to discuss the specifics of this case and the determination.

This case has brought to our attention a disconnect between our system, policies and processes. We acknowledge that the letter dated 8/12/16 from _____ in our Correspondence Dept. to Dr. _____ was inaccurate in stating that "D7270 is for permanent teeth." Our system is set up to allow procedure D7270 on permanent teeth only due to the very low utilization of this code for primary teeth. Our process should have been to forward Dr. _____'s claim for re-evaluation of D7270 for the primary tooth. As with any service, we will consider on re-evaluation if the service was justified. In this instance, Dr. _____'s request was handled as an inquiry rather than being forwarded as an appeal or request for re-evaluation. We are evaluating potential updates to our system, processes, and communication with providers to allow D7270 on primary teeth when appropriate.

AAPD greatly appreciates Delta Dental of California's efforts in researching this claim denial and acknowledging Delta Dental CA's incorrect rationale for denying the claim in the EOB. We are pleased to know that Delta Dental will be making revisions to its EOB communication with providers to allow D7270 on primary teeth when appropriate.

For help with insurance matters, please contact Dental Benefits Director Mary Essling at messling@AAPD.org or (312) 337-2169.

Behind the Code

Code D9994 Recommended for Documenting Interpreter and Translator Services

Beginning Jan. 1, 2017, the new dental case management and patient education code D9994 will be the code the AAPD recommends dentists use when billing plans for providing patients with language assistance services or documenting these services.

Section 1557 is the part of the Affordable Care Act that prohibits entities that receive federal financial assistance from discriminating on the basis of race, color, national origin, age, disability and sex. Providing language assistance at no cost to patients with limited English proficiency is one of the many provisions of the final rule on Section 1557.

Compliance requirements under the final rule include requiring covered entities to "take reasonable steps to provide meaningful access to individuals with limited English proficiency eligible to be served or likely to be encountered" as well as providing qualified interpreters and translators. Individuals with limited English proficiency may not be charged for language assistance services; the final rule does not require plans to modify fee schedules to reimburse providers for the service.

According to the Code on Dental Procedures and Nomenclature, Code D9994 applies to any "individual, customized communication of information to assist the patient in making appropriate health decisions" and is "designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation."

The AAPD, as always, prompts members that the existence of a CDT Code is not a guarantee of reimbursement for the service by a third-party payer; and also notes that Health Insurance Portability and Accountability Act only requires a third-party payer to accept a CDT Code that is valid on the date of service, and does not mandate coverage. Using this CDT Code documents the provision of the service, regardless of payment considerations.

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

Prospective Possibilities for Coding and Income Potential

Potential opportunities to bring in income can be ignored when billable services are not submitted for reimbursement. Overutilization of a code/service can also lead to an increased risk of an audit and/or a request for refunds. It always helps to identify areas where there may be an increased risk of coding errors or a potential for increased reimbursement requests. For these identified codes, supporting documentation is imperative. Visit www.pediatricdentistrytoday.org to read the full article.



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mychildrensteeth.org/mouth_monsters



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NuSmile Graduate Student Research Awards

The Graduate Student Research Awards (GSRA) sponsored by NuSmile were established in 1989 for pediatric dentistry residents and recent graduates. Finalists receive complimentary registration to the Annual Session for themselves and a guest, reimbursement for travel expenses, a cash award and plaque presented during the General Assembly.

Applications for the GSRA will be available during the first week in November by clicking on the Awards and Fellowships page under the Resource Center tab on the AAPD website at <http://www.aapd.org>.

AAPD / HSHC Proudly Announces Seven Scholarships for the Master Clinician Program

Building on the momentum of the past several years, the AAPD and Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry proudly announces the 2017 Master Clinician Scholarship Program.

AAPD/HSHC scholarship recipients will attend the *Institute for Teaching and Learning* in Atlanta, Georgia as well as complimentary registration to the AAPD *Comprehensive Review of Pediatric Dentistry* continuing education course.

Scholarship applications are available by clicking the *Awards and Fellowships* link at www.aapd.org. Applications must be received by the AAPD by March 31, 2017.

Please contact Educational Affairs Manager, Scott Dalhouse at (312) 337-2169 or e-mail sdalhouse@aapd.org for further information.

**Save the Date – Annual Joint Academic Day
Thursday, May 25, 2017**



annual session 2017
may 25 – 28

COMPREHENSIVE REVIEW OF PEDIATRIC DENTISTRY

JAN. 27-29, 2017 | NASHVILLE, TENN.

register now CE credits: 22 hrs
Early rate ends Dec. 27

COURSE DESCRIPTION

Taught by expert clinicians, the Comprehensive Review Course will provide attendees an extensive review of pediatric dentistry. The topics discussed in this course include growth and development, assessment and prevention, oral pathology, care for special needs patients, restorative dentistry and materials, trauma, behavior management and pulp therapy. This course is an in-depth summary for all pediatric dentists.

WHO SHOULD ATTEND

All AAPD members, whether you are preparing for the ABPD examinations or just need a refresher.

LOCATION

Renaissance Nashville
661 Commerce Street
Nashville, TN 37203

SPONSOR



COURSE CHAIR & SPEAKER

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

SPEAKERS

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

MANAGEMENT OF PEDIATRIC SEDATION EMERGENCIES: A SIMULATION COURSE

FEB. 11 OR FEB. 12, 2017 | TAMPA, FLA.

register now CE credits: 9* hrs
Early rate ends Jan. 11

COURSE DESCRIPTION

This course is designed to simulate emergencies that may occur in a pediatric dental office. It will offer some didactic materials but will focus on team-driven assessment and responsiveness to situations that might arise during sedation of children for operative care. The course is intended for pediatric dentists who are currently using sedation techniques in their office and will allow for the participant to make quick assessments of patient status and simulate airway techniques, while managing real-time trending of physiological status with the goal of stabilizing the patient.

* Two (2) hours required online learning in advance and seven (7) hours hands-on.

WHO SHOULD ATTEND

Pediatric dentists who wish to sharpen and practice their cognitive skills and rescue techniques involving emergent pediatric sedation scenarios using SimMan technology.

LOCATION

CAMLS: Center for Advanced Medical Learning and Simulation

COURSE CHAIR & SPEAKER

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

COURSE VICE CHAIR & SPEAKER

Sarat "Bobby" Thikkurissy, D.D.S., M.S.

SAFE AND EFFECTIVE SEDATION FOR THE PEDIATRIC DENTAL PATIENT

FEB. 9-11, 2017 | TAMPA, FLA.

register now CE credits: 22 hrs
Early rate ends Jan. 9

COURSE DESCRIPTION

This course features the recognized leaders in the field, both in dental anesthesia as well as pediatric dentistry. You will 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 in a personalized setting with real equipment and monitors.

WHO SHOULD ATTEND

Any dentist who sedates children in their office.

LOCATION

InterContinental Hotel
4860 West Kennedy Blvd.
Tampa, FL 33609

SPONSOR



COURSE CHAIR & SPEAKER

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

COURSE VICE CHAIR & SPEAKER

Sarat "Bobby" Thikkurissy, D.D.S., M.S.

PEDIATRIC MEDICINE UPDATE

MARCH 24-25, 2017 | BOSTON, MASS.

register now CE credits: 15 hrs
Early rate ends Feb. 24

COURSE DESCRIPTION

This course will provide the pediatric dentist, dental resident, hygienist and assistant an update on a wide variety of areas of pediatric medicine. Each lecture will provide a medical review of the more common disorders and diseases that may be encountered in a pediatric clinical practice setting, followed by a discussion of the latest advances in management. For some of the topics there will be a specific emphasis on dental management.

WHO SHOULD ATTEND

All members of the dental team who treat pediatric patients.

LOCATION

Westin Boston Waterfront
425 Summer St.
Boston, MA 02210

COURSE CHAIRS

Isabelle I. Chase, D.D.S. FR.C.D (C)
Man Wai Ng, D.D.S., MPH.

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.



AAPD President on *Parents.com*

AAPD President **Dr. Jade Miller** was quoted in an article by Melissa Willets of *Parents.com* titled, “What Parents Need to Know about the 14-Month-Old Who Died During Dental Anesthesia,” regarding the tragic passing of Daisy Lynn Torres in Austin, Texas. According to the article:

“We talked to Jade Miller, D.D.S., president of the American Academy of Pediatric Dentistry (AAPD), to ask what parents should know. When asked how young might be too young for general anesthesia, Dr. Miller replied, “The primary factor to consider is the severity of the dental disease. Young children with dental pain and/or infection require treatment at any age. Alternatives should be assessed to determine all options that may be available. In some cases, a general anesthesia is the very best approach for that child and can be completed in a safe and effective manner.”

If your dentist recommends general anesthesia, Dr. Miller said to keep these three tips in mind:

- Get ALL your questions answered. “We always recommend if a parent has any concerns or questions related to their child’s dental care to make sure they are answered to their satisfaction,” Dr. Miller said.
- Don’t be afraid to seek a second opinion. If you’re uncomfortable with or have questions about your child’s diagnosis or treatment, there’s no harm in talking to your child’s dentist or getting a second opinion.
- Know your options. “Parents should understand any alternatives to a general anesthesia, which could include a conscious sedation and the advantages and disadvantages of an alternative approach,” Dr. Miller said. “They should ask about where the procedure will take place, such as in a surgery center or a dental office, and the experience and training of the anesthesia provider.”

<http://www.parents.com/health/parents-news-now/what-parents-need-to-know-about-the-14-month-old-who-died-under-dental/>

AAPD’s Dr. Casamassimo Featured in *The New York Times*

AAPD’s Director of its Pediatric Oral Health & Research Center **Dr. Paul Casamassimo** appeared in an article titled, “Are Dental X-Rays Necessary for Children?” According to the article:

“Cavities between teeth are best caught early. If you wait until you can see it without an X-ray, that tooth is in big trouble, possibly requiring a root canal or extraction,” Dr. Casamassimo said.

http://well.blogs.nytimes.com/2016/08/19/do-kids-need-dental-x-rays/?_r=1

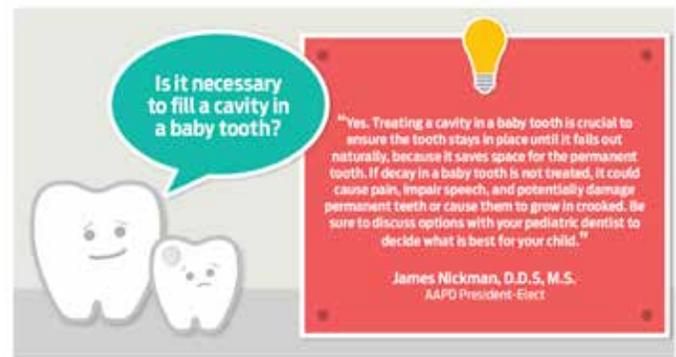
Recent Press Release

DENTAL SEALANTS DECREASE RISK OF TOOTH DECAY BY 80 PERCENT IN PERMANENT MOLARS

Aug. 1, 2016

<http://www.multivu.com/players/English/7736451-american-dental-association-dental-sealants/>

Mouth Monster Hub Articles



LITTLE TEETH TRUTHS—IS IT NECESSARY TO FILL A CAVITY IN A BABY TOOTH?

By AAPD President-Elect **Dr. James Nickman**

<http://mouthmonsters.mychildrensteeth.org/little-teeth-truths-is-it-necessary-to-fill-a-cavity-in-a-baby-tooth/>

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Retirement Planning: It's About so Much More than Investing



Contributed by Jeffrey E. Wherry, CFP, CLU, ChFC

Managing Director, Wealth Management, Treloar & Heisel Wealth Management

Perhaps you've started setting aside some money toward retirement in one or more different savings vehicles. Or maybe you'd like to save, but you don't know where to get started. What we frequently come across in our practice are clients who haven't given much thought to how much they ought to be saving. More often than not it's because they worked with financial professionals who didn't challenge them to examine how much they really should save. Instead, the focus is on the actual investments, and of course, the return on those investments.

As a financial planner, I find an excessive focus on returns troubling. If there is one thing neither you nor I have any control over, it is the performance of the stock market. What can we control? Our saving and spending! As basic as it sounds, the most useful thing a financial advisor can do for you in the introductory phase of your relationship is to help you figure out how much you need to save and how to create those savings.

MAKE A PLAN

Once you know how much you can save, then you can talk about a realistic timeframe for your retirement. Most importantly, a good advisor will talk to you about your vision for retirement, the kind of lifestyle you would like to lead. This conversation is necessary for determining how much retirement will cost. Now that you know what you can afford, versus how much you can expect to spend, the real work begins. Your advisor should present some strategies to help you bridge the gap between where you are today and where you'd like to be.

THINK TAXES FIRST

Tax efficiency is one of the last things average investors look for when thinking about where to put their money. It should be their first priority. Some investment vehicles are tax-preferred at the time of contribution; others are tax efficient when you take withdrawals. You need to know your options (Roth, defined benefit plans, IRAs, etc.) and choose wisely for your particular situation.

NEXT STOP: ALLOCATION

OK, now that we are in the correct tax bucket, let's talk allocation. Allocation means the distribution of stocks to bonds and cash in our overall portfolio. Your investments must be aligned with your retirement goals. If you have plenty of time you can afford to take more risk, but if retirement is around the corner, you'll want to allocate more conservatively. Research shows that

90 percent of your investment success is based on allocation of your portfolio* and not based on the actual funds in your bucket. Let's recap, because this is important: the allocation is more important than the actual investment itself.

A SOLID RETIREMENT PLAN LOOKS AT RISK, TOO

It's easy, in the zeal of the saving, to lose track of things that could easily derail your dream of sipping frosty beverages against a beautiful sunset. Gaps in your overall financial plan could hold you back from your goals. *What would happen if you were to become disabled, or too ill to work? What if you had major damage to your property?*

A properly designed retirement plan integrates disability income insurance, life insurance, and property and casualty insurance, wherever the need exists. Any risk that you absorb now takes money away from your future. Why not shift that burden to an insurance company? For a relatively small premium, you can avoid the potential for a large out-of-pocket payment that could jeopardize your larger plans.

STRESS TEST YOUR PLAN

Yes, seriously. Your existing retirement program needs the equivalent of a boot camp. Will it be able to withstand the ups and downs of the markets? How much before it breaks? Thankfully, in the financial industry we have access to tools that can simulate stormy seas without risking your real cash. Your advisor should be using Monte Carlo simulations to assess the realism of your assumptions. Granted, there are no guarantees in life, but your retirement plan definitely needs a reality check.

WORK WITH A PROFESSIONAL

If you're like most of our specialist clients, you are probably too busy to figure this out on your own. Sit down with a financial planner early on to do some big picture thinking. Understand what's feasible and what's not, and create a game plan. We frequently hear: "I didn't realize it would take so long or cost so much...if I had known this ten/fifteen/twenty years ago, I could have made it work with less pain." That said, it's *never* too late to start planning.

Good luck!

*Determinants of Portfolio Performance, *Financial Analysts Journal* (July/August 1986): 39-40, Gary P Brinson, L. Randolph Hood, Gilbert L. Beebower

Securities, investment advisory services and financial planning services offered through duly qualified Registered Representatives of MML Investors Services, LLC, member FINRA / SIPC. Supervisory Office: Six PPG Place, Suite 600, Pittsburgh, PA, 15222, Phone: (412) 562-1600. Treloar & Heisel, Inc. is not a subsidiary or affiliate of MML Investors Services, LLC or its affiliated companies. CRN201806-202756

Sitting at the Table...

Four years ago, I wrote a PDT article for the American Board of Pediatric Dentistry (ABPD) about becoming a subcommittee member of the Examination Committee after years of being a Diplomate. I responded to parents' questions about me taking time off for the board exams by explaining that as an examiner I was "sitting on the other side of the table." In 2015, I was elected as a director of the ABPD, and now find myself "sitting at that table." Of course, with each new role there has been greater responsibilities, but there have also been even greater rewards.

Since the first Oral Clinical Examination (OCE) was given in 2006, I have enjoyed being an examiner for the OCE. All of us who have been asked to participate as examiners have worked hard during the exam week, but enjoyed the time spent interacting with our colleagues and catching up with friends from across the country and around the world.

As I furthered my involvement with the examination process by becoming a Part Leader for the Renewal of Certification Examination (ROC), part of Renewal of Certification Process (ROC-P), one of the benefits was seeing the infrastructure of the examination and working more closely with the board's great staff members, Jasey Bratek and Linda Sojka.

Prior to being a subcommittee member of the ROC, I was aware that my colleagues that started the board certification process more recently than I were required to complete additional learning tasks to remain board certified as Time-Limited Diplomates. Well, if they were board certified more recently and were more up-to-date, I decided that I, too, should participate in the ROC-P. What I found was that doing the Continuous Quality Improvement modules (CQIs) was not only an informal exercise for testing, but gave me the added benefit of discussing new ideas with staff and dental friends. For Unlimited Diplomates, participating in the ROC-P is one of the easiest ways to get involved with the ABPD, with the added benefit that you may learn something new along the way.

So, now I was pretty well acquainted with the workings of 2 of the 3 exams and had served several terms as an Examination Committee subcommittee member and decided to apply for a director position. I wasn't sure how much of a commitment this would be, but when I asked some current directors, they were helpful in explaining what would be involved and the personal commitment that was expected of a director. There are now monthly phone conferences, four board meetings annually, an annual Examination Committee Workshop, and the OCE, in addition to serving on numerous committees of the board. It sounded like a lot of work – and you do this for 6 years!

I have recently completed my first year as a director and am happy to report that the rewards have outweighed the increased workload. The best rewards are getting to meet new Diplomates and seeing colleagues that I have encouraged to become active members of the ABPD and enjoying their new adventure, as well as the camaraderie that is experienced by participating as an Examination Committee subcommittee member.

You too should consider applying for the Examination Committee. Visit www.abpd.org to learn more today!



Leila Younger, DDS, MS
Director and ROC-P Subcommittee Chair, ABPD
Lake Zurich, IL
Board Certified in 1998

For questions or comments on this article, contact Dr. Younger via email, lcy0418@aol.com.

Can Your Office Benefit From a Portable Device Policy?



More than ever, people are using portable electronic devices (such as laptops, cell phones, tablets, e-readers, and other “smart” devices) as part of everyday life. This trend will no doubt continue to grow as a result of technological advances and consumer demand.

Although these devices can be entertaining and convenient, they also can create challenges in the workplace, including healthcare settings. Let’s consider the risk management implications of this “age of instant access” for dental practices.

THE CASE FOR USE OF PORTABLE ELECTRONIC DEVICES

Charlotte is a working mom who has a toddler in daycare. Typically, she checks in with her daycare provider once a day around 12:30 p.m. These “touch-base” calls generally take only a few minutes of Charlotte’s time. Calls like these are common in the workplace and were typical in many work environments before telephones became mobile.

Charlotte isn’t taking advantage of her employer; rather, she is attempting to avoid workplace distractions by ensuring that things are going well with her child. Few employers object to this type of communication — whether on a work phone or a personal cellphone.

COMPARE AND CONTRAST THE ISSUE

The same dentist who employs Charlotte hires another employee named Diane. Diane has two elementary school-aged children who are watched by a neighbor in the afternoons. Just as Charlotte calls to check in on her toddler at daycare, Diane calls her babysitter in the afternoon to check on her kids. However, Diane is good friends with the babysitter, so these calls are rarely brief.

Typically, Diane multi-tasks while she talks to her children’s babysitter. She walks around the office speaking into her phone’s headset. At the same time, she completes various clerical tasks, and sometimes even interacts with patients. She may schedule appointment or collect payments, all while chatting with the babysitter on the phone.

Many times, Diane’s conversations with the babysitter include personal information, (e.g., details about arguments with friends or ongoing family issues). Further, Diane texts her husband throughout the day and checks in on her personal social media accounts frequently via her cellphone.

INCONSISTENCY

The dentist who employs Charlotte and Diane does not have a staff policy about portable electronic devices, personal calls, or personal use of social media. Without these policies in place, the dentist may find it difficult to ask Diane to alter her phone habits. After all, Diane continues to work while she’s on the phone — Charlotte doesn’t. Therefore, isn’t Diane actually the more dedicated employee?

If Charlotte has always been allowed to make personal phone calls to her daycare provider, then isn’t Diane being discriminated against if she is forbidden to call her children’s babysitter?

The accommodation of allowing employees such as Charlotte to make a reasonable number of personal phone calls during work hours shouldn’t be misinterpreted if another employee puts a different spin on the matter.

ADDITIONAL RISKS

Multi-tasking and multiple distractions can increase the risk of errors. In any healthcare environment, errors may pose harm to patients. Errors may range from noting a patient’s appointment for the wrong day or time (an inconvenience) to misfiling a biopsy report (a potentially significant injury). Distractions caused by multi-tasking can also antagonize patients who, although unharmed, may perceive these interruptions as disrespectful or dangerous.

Expanding on the issue of security, violations of personal privacy can occur if conversations are overheard — not just by individuals in the office, but by persons who are on the other end of a telephone conversation. Further, if telephone conversations can occur anywhere within the office, inadvertent eavesdropping may increase.

The use of portable electronic devices in the workplace may also tempt employees to engage in inappropriate activities. Reports of cybersecurity breaches proliferate on a nearly daily basis.

Hospitals and other healthcare organizations have reported significant security breaches as a result of: (a) employees who use their cellphones to take pictures of patients’ social security numbers and credit cards; (b) illegal transmission of electronic patient files via mobile devices; and (c) numerous other types of criminal activity.

POLICY PLANNING

Every dental practice should be committed to providing safe, courteous, and efficient patient care. As part of this effort, practices should consider implementing an employee policy related to the use of portable electronic devices.

The policy should note that, to the extent possible, personal phone calls should be taken care of during breaks or lunchtime. The policy should be broad to cover a variety of situations and to keep it as fair as possible. In Diane’s case, there is no reason why she can’t call her children’s babysitter during her afternoon break, and Charlotte can touch base with her daycare provider during her lunch break.

On occasions when an employee is forced to make or receive personal calls outside of personal time (e.g., the daycare provider calls to report that Charlotte’s toddler has a fever, or the school calls because one of Diane’s children was hurt on the playground), then these infrequent calls can be promptly managed — or, if they are not emergencies, can be deferred until a more appropriate time.

In addition, the presumption that friends or family can chitchat with an employee at work should be addressed, courteously but firmly.

Employees should not be allowed to carry personal portable devices with them throughout the office. Rather, the devices should be turned off during business hours and kept in employees’ purses, bags, or desks. They can check and respond to personal calls during their break time.

Also, the practice's portable device policy should prohibit the photographic use of phones in the office; abuse of this policy might be cause for immediate termination of employment.

Finally, employees should be educated about the dental practice's portable device policy — and the consequences of violating the policy — as part of new staff orientation and periodic staff training.

CONCLUSION

Every technological advance presents potential new opportunities, e.g., expanded services and enhanced income. At the same time, new technologies may pose challenges that won't be identified unless risk assessment is part of the ongoing function of the dental practice.

As part of an ongoing commitment to patient privacy and security, most dental practices already have in place policies and procedures that address security of computers, use of passwords, message encryption, and so on.

The next step in security is making sure that employees understand the role — and necessary limitations — associated with the use of portable electronic equipment in the scope of dental practice. For further information about cybersecurity, dentists and practice administrators are urged to contact their professional liability carrier's risk management staff or their personal attorneys.

This article was produced by the Patient Safety & Risk Solutions Team at Medical Protective, a national leader in healthcare malpractice insurance coverage and risk solutions. For additional information, please visit the Medical Protective website at <http://www.medpro.com/>.

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AMERICA'S PEDIATRIC DENTISTS
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Dr. Ned Savide

HSHC President

Pediatric Dentists' Generosity Worth Millions

Pediatric dentists have always struck me as exceptional. Yes, I'm biased, having practiced nearly 40 years, but I've got new evidence that proves it.

We shared details in the September *PDT* about member generosity based on an AAPD membership survey report received earlier this year. Specifically, we asked members about the pro bono care they provide in the United States and we learned that 81 percent of our members provided some type of free dental care last year. That's not write-offs, Medicaid rates, or international mission trips; but planned, no-charge dental care provided by our members in the United States.

Maybe the actual percentage was a little higher than I might have expected, but we are a generous bunch. In fact, the Southeast District is the top of the heap with 88 percent of our members in that district reporting providing some type of pro bono care. Eighty-eight percent!

This, however, isn't the exceptional part. Where we really shine is when we compare pediatric dentists' volunteer time to the U.S. national average.

The Corporation for National and Community Service (CNCS) reports 25.3 percent of U.S. adults participated in some type of volunteer activity in 2014, valued at \$23.56 an hour.

The CNCS statistics made us take a different look at the pro bono information shared with us by our members. If the value of U.S. volunteer time on average is \$184 billion a year, the combined value of our members' pro bono care last year was \$64.8 million. That's not a bad slice of the pie for a profession our size.

More important, AAPD members on average provide pro bono care to as many as 53 children, which means our members collectively provided care for at least 429,000 kids last year.

Yes, the membership survey results were self-reported and, yes, the dollar values reported were estimates, but it's a staggering impact nonetheless. I'm bursting with pride.

This all is terrific news, but we want to know more.

Starting this month, HSHC staff will be reaching out to a small number of randomly-selected members seeking their participation in focus groups at regional and state dental meetings around the country. If you're invited to join in one of these focus groups, I urge you, please participate.

Second, don't be shy! Drop us a note and tell us what you're doing. Send a quick e-mail to HSHC Donor Relations Assistant Cristine McDowell at cmcdowell@aapd.org. We'll follow up with you so we can learn more.

Finally, keep an eye out for more news about volunteering and volunteer opportunities through Healthy Smiles, Healthy Children. We know our members have a lot going on in their personal, professional and volunteer lives, but as the old saying goes, "If you want something done, give it to a busy person."

Thank you for all you do to help children everywhere! I'm proud to be a member of our generous profession.

AAPD Past President (2005) Dr. Savide, is a retired pediatric dentist residing in suburban Chicago.

Healthy Smiles, Healthy Children's Gala brings joy to Dr. Jason Clapp, Dr. Jessica Bell and Dr. Edward Rick



Dr. Jason Clapp and wife Dr. Jessica Bell



Dr. Edward Rick and wife Kathy Rick

Healthy Smiles, Healthy Children held their annual Gala during AAPD Annual Session at the Briscoe Western Art Museum in San Antonio. Donors and guests explored western art and history while admiring artifacts from across cultures of the American West.

Guests had an opportunity to bid on a “Life Experience” auction item. This year’s Gala featured an array of exciting items.

Auction items included Prosecco, a seven day stay in The Reef Atlantis suite in the Bahamas, A. Marek fine jewelry, Chihuly glass art, an AAPD handmade quilt, and a Hilton Hawaiian package. One of the favorites of the night included the Pay-it-forward dinner which allows a donor to host a dinner in their hometown and the winners of the auction are guests for a private dinner the following year during Annual Session.

Artist Erik Wahl even painted an Einstein piece upside down during AAPD Opening Session. Dr. Jason Clapp and wife Dr. Jessica Bell received a Bono painting by Erik Wahl then won a second Erik Wahl painting at the HSHC Gala. “After being gifted the Bono painting by Erik Wahl at the keynote address of the AAPD annual meeting, my wife (also a pediatric dentist) and I felt a calling to try to raise the roof on the bidding of his paintings for a greater cause, Healthy Smiles, Healthy Children. This led us full circle to also taking home the Einstein painting of his at the HSHC Gala and auction when we “won” that piece as well. As a bonus, I have always been a huge admirer and fan of

Bono’s and we also love graffiti art! The pieces we now have will remain reminders of the bigger picture—taking care of children on a daily basis in our practice and continuing to work towards improving the lives of all children through the Healthy Smiles, Healthy Children Foundation, “Dr. Jason Clapp expresses.

HSHC’s auction is both emotionally and financially rewarding for guests. It’s great for guests to be able to help children in need of dental care while winning amazing artwork!

Dr. Ed Rick expresses winning Erik Wahl’s Statue of Liberty painting. “With not a dry eye in the house at the Lila Cockrell Theater, Keynote Speaker, Erik Wahl’s painting of “Lady Liberty” and the video that was shown hit a nerve with me. It reminded Kathy and I of when we welcomed home, our son, Marine Capt. Joshua Rick, from a tour in Iraq. It was a very special memory, very emotional. The opportunity to bid on the painting at HSHC’s Gala and win it was incredible.”

Join the excitement next year at HSHC’s Gala in May 2017, which will be held at the Italian Embassy! Participate in our auction next year as an enjoyable way to gather as a community and support Grantee children.

HSHC Donors at the Leader’s Circle level and above receive two complimentary tickets. Limited tickets are available for purchase at \$625 per person. For information or to purchase tickets for next year’s Gala, contact Michelle Hidalgo at (312) 337-2169 or mhidalgo@aapd.org.

Do your Holiday shopping this year at Amazon Smile and Amazon will donate to Healthy Smiles, Healthy Children! Give the gift of healthy smiles to children this holiday season!

Please follow this link to make sure your purchases go towards HSHC: <http://smile.amazon.com/ch/36-3542658>

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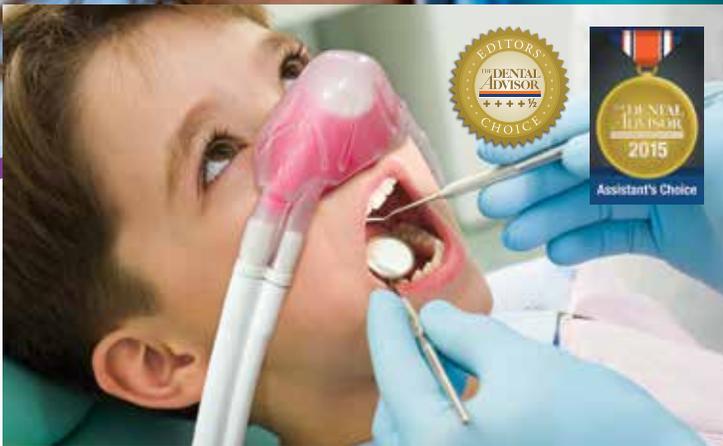


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The Two BIGGEST Problems Facing Pediatric Dentists

By Rhea Haugseth, D.M.D.

My name is Dr. Rhea Haugseth, and like you, I am a practicing pediatric dentist in Marietta, Georgia. Over the years, I found myself feeling very frustrated with the lack of efficient, cost-effective training available for pediatric dental assistants. In fact, there were two major problems that I continually had to deal with when hiring a dental assistant for my pediatric practice:

1. **They had no clinical training.** Even if they had dental assistants' training, they still fell short of the unique needs of a pediatric practice.
2. **They had no communication skills.** They often did not know how to talk or act professionally or how to communicate effectively with children and their parents. Newly hired dental assistants tend to be young people who are just starting their careers. For a variety of reasons, many of them had very little people skills and life skills such as how to manage their resources or prioritize efficiently.

There was plenty of training for general dental assistants, but nothing for the pediatric field. I knew what it took to create a spectacular PDA, but frankly, I was tired of training and re-training with every new PDA.

Dealing With Problem #1

Knowing that my colleagues were also frustrated with these same challenges, I formally created the Pediatric Dental Assistant School (PDAS) in Atlanta where newly hired PDAs in Atlanta-based pediatric dental offices or those seeking a career as a pediatric dental assistant could get the training they need (for an entry-level position) in 9 weeks of training at my office in Atlanta.

Dealing With Problem #2

Although the PDA graduates were trained clinically, I realized there were other issues I needed to address; namely, teaching them the soft skills that came with working closely with children, parents, and the office staff. So I created training modules on parent/patient communication that teaches PDAs the art of effective communication in a professional setting, and specifically how to communicate and connect with children and their parents. This training can make a remarkable impact in patient/staff relationships.

I realized that the need for specialized training was universal, and pediatric dentists across the nation had to deal with these two problems regularly. "How can I help them?" I wondered. That is when I launched the Pediatric Dental Assistants Association. It not only provides the instruction and resources needed to train newly hired PDAs to quickly become a valuable and fully-functioning member of the staff, it is also a place where high-performing PDAs have been able to grow in their skills and in their careers.

The development of the Pediatric Dental Assistant School, along with the Pediatric Dental Assistant Association has been a wonderful addition to my practice. My staff truly loves these programs!

Pediatric dental offices who would like to receive more training and mentorship for their pediatric dental assistants should enroll their assistants in the PDAA.

For further information, please contact the Pediatric Dental Assistants Association at 770-823-3534 or email pdadirector@gmail.com.

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- Pediatric dental assistant video training modules in key practice areas.
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- 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.

A PDAA membership is a truly hands-off program for you as the owner/doctor. Your dental assistants will gain valuable knowledge and training that will increase their abilities and help grow and develop your practice. Teaching new skills and sharpening the skills of your existing assistants is the key to keeping your practice happy, productive, and profitable.

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

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ARIZONA—TUCSON. Associate to Partner opportunity. Join a thriving, multi-office practice in Tucson, AZ. Enjoy a great quality of life working in a market that's not saturated and living in the beautiful Sonoran Desert. Competitive compensation package, including full benefits. For more information please contact Megan@tucsonsmilesaz.com.

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FLORIDA—FORT MYERS. Pediatric Dentistry of Ft. Myers, Dr. Tim Verwest, D.M.D. is looking to add a second full-time associate in 2017 to join our growing practice in Southwest Florida. The associate will be apart of a grand opening for our third office location. Duties and Responsibilities: Perform all phases of pediatric dentistry services in a clinical setting • Supervise office staff, including hygienists, dental assistants, receptionists and other office staff. • Coordinate laboratory services for the dental office. Offer: • Clinic hours: Monday—Friday, 9am—5 pm, 401K, paid vacation, pension and bonus potential. Interested parties please email resume to communityoutreach@drverwest.com or fax to (239) 482-7877 with attention to Jeffrey Shafer. • Commitment to quality patient care and patient education of dental health. • D.D.S. or D.M.D. degree, licensed in the state of Florida. • Background experience in conscious sedations and hospital dentistry.

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our doctors through a higher compensation model. Ability to Focus on Patient Care— By delegating all the management and administrative stresses to us, our doctors can focus on providing the best patient care possible. State-of-the-Art Facilities— Our dentists enjoy working in state-of-the-art facilities with the latest dental technology and equipment. Quality of Life— Since you don't have to worry about insurance claims, payroll, staffing, accounting and marketing, you have the time to enjoy everything Florida life has to offer, including our many golf courses and beautiful beaches. If you are ready to take the next step in your career as a Specialist and want a position with excellent earning potential, Sage Dental has what you are looking for. Apply today! Contact: Bradford Cabibi—Doctor Recruitment. Email: bcabibi@mysagedental.com; careers@mysagedental.com. website: <http://www.mysagedental.com/>; https://www.appone.com/MainInfoReq.asp?R_ID=977494; <http://www.mysagedental.com/career-opportunities/> Phone: (561) 999-9650 Ext. 6146 Cell: (561) 866-8187. Fax: (561) 526-2576 Florida Dental License.

FLORIDA. The finest leading pediatric dental practice in the Tampa Bay area has an incredible opportunity for an energetic and confident full-time pediatric dentist to join our family and team. We are a modern, state of the art facility that has experienced rapid, valuable growth due to our extraordinary patient care and service. Our dedicated and supportive team members care about our patients, our team, and strive to provide first-class pediatric dentistry. Our practice is team oriented, and each of our staff members is committed and eager to gain a new pediatric dentist so we can fulfill the needs of our growing number of patients! We provide a fun, friendly, and professional working environment that allows each of our dentists to continuously learn, grow, and reach their full potential. The qualified candidate will be a licensed D.M.D. or D.D.S., must have completed Pediatric Dentist residency, and should be licensed or qualified to obtain license in Florida. Competitive compensation and benefit package to be determined based on experience. If you are interested in this excellent opportunity, please submit your resume and tell us a little bit about yourself! For more information please contact Tampabaypedo@gmail.com.

GEORGIA—ATLANTA. Pediatric Dentists. Full-Time or Part-Time Opportunities! Atlanta, Ga. Formed in 1991, Dental Care Alliance is a Dental Support Organization with over 280 affiliated dental practices in 13 states. Specialized career paths and practice support solutions for Pediatric dentists committed to making kids smile! The success of our business models let you focus on patient care and leave the administrative hassles to qualified business professionals. You'll gain the control and satisfaction you want in your career while realizing the benefits of consolidating the cost of supplies, marketing and services. We'll also make it easy to stay up to date with the latest technologies and procedures. In addition, our proven marketing strategies will help you grow your existing patient base while you focus on doing what you do best—providing exceptional care to your patients. As a DCA-affiliated dentist, you'll maintain autonomy and control over all your

clinical decisions. Work with a great team that places quality of care at the top of their list. Our large well established practices enjoy a high level of success and it is a result of just the right combination of excellent staff, marketing plan and a practice philosophy of patients first. It has taken years of development of systems and practices that have elevated us to where they are today and we are ready to add an additional pediatric dentist to our top notch team. Offering: Generous guarantee salary with production based bonus. Full schedule from day one. State of the art facilities with top of the line equipment. Excellent benefits package. Great Earnings Opportunity Equity Ownership opportunity. We're always looking for forward-thinking dentists to join our unique organization. If you're a dentist who is ambitious, conscientious and talented, we're confident we have a career path that's right for you. Let DCA provide the ideal environment for you to excel in—while you enjoy a successful career focused on the care your patients need. The successful candidate will be a licensed D.M.D. or D.D.S. and must have completed Pediatric Dentist Residency and should be licensed or qualified to obtain license in the State of Georgia. www.dentalcarealliance.net.

GEORGIA—RICHMOND HILL. Kidsdentree is a specialty practice dedicated to caring for the children in our community. The practice in coastal Georgia has been around for just at 2 years and extremely busy. We did over a million in revenue with one provider and are adding a second. We are looking for someone to be the leader of the practice. You have complete patient autonomy, set your treatment plan and follow through as your

experience dictates. We seek a kind, compassionate and motivated pediatric dentist to help be a part of the community. Currently this practice sees no medicaid patients. We offer amazing benefits including: Great salary. Health Insurance. Paid Continuing Education. Paid Malpractice. HSA/FSA. Paid retirement. 401K. Vision/Dental. Family Friendly environment. Ownership. Come and see for yourself what makes this practice so special. Licensed or able to be licensed in Georgia Pediatric Dentist. Preferably board certified. Honest. Hard-working. Dependable. Preferably a pediatric dentist who can do some hospital and sedation.

GEORGIA—SUWANEE. Smiles For Kids, Pediatric Dentistry, is looking to add a second full-time associate in 2017 to join our growing practice in North East Georgia. The associate will be a part of our practices in Cumming and Norcross. You will receive guaranteed Salary with percentage of production if preferred. We also offer CE coverage, moving budget, and a sign-up bonus. Interested parties please email resume to pdentistryjobs@gmail.com or call Ms. Daniel at 404-433-1317. Duties and Responsibilities: • Perform all phases of pediatric dentistry services in a clinical setting and under IV Sedation • Coordinate laboratory services for the dental office.

GEORGIA. Pediatric Dentistry & Orthodontics has an opening for a Pediatric Dentist and Orthodontist for our practice in Metro Atlanta, GA. We are a non corporate, fun, private practice with 6 locations in the Atlanta area. Employee retention is excellent. We are thoroughly modern with paperless/chartless offices, solid infrastructure, and in-house sedation center with an MD pediatric anesthesiologist. The individual we

hire may be an employee or general contractor. You will receive guaranteed per day pay with percentage of production or salary if preferred. We also offer CE coverage, 401 K, medical benefits, Dental and vision, moving budget, and a sign-up bonus. We love CE in all areas of pediatric dentistry to keep up with technology and new innovative procedures. You will receive mentorship directly from our pediatric dentist. If interested, please contact us at (678) 763 2600 or email us at vwishant@me.com.

MARYLAND—BEL AIR. Pediatric Dental Practice in Bel Air, Maryland proudly looking for an associate. Well established private pediatric dental practice 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! info@growingsmiles.com or (410) 569-6700 www.growingsmiles.com.

MARYLAND—BOWIE. LARGO/Bowie Maryland. Busy pediatric/orthodontic office looking for a pediatric dentist to join our staff. We are a fun energetic team with lots of kids to treat. This is a wonderful opportunity for an ambitious, dedicated and hard working individual. So if you love working with children and can appreciate being compensated well for your efforts. Then look no further because this is the place for you. We have two beautiful state of the art locations featuring digital radiography, paperless charting systems and ceiling mounted t.v's for children to enjoy while getting their treatment completed. Tremendous amount of exposure to hospital dentistry as well. This position is for an associate willing to work 3-4 days per week. Potential partnership opportunity available for the



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

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

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

DAVID OKUJI, DDS, MBA, MS ASSOCIATE DIRECTOR, PEDIATRIC DENTISTRY David.Okuji@LutheranDental.com Phone: 617-903-7117	NEAL A. DEMBY, DMD, MPH SENIOR VICE PRESIDENT, NYU LUTHERAN DENTAL Nealdemby@gmail.com Phone: 718-630-7177	MARGARET K. MASON, DMD VICE PRESIDENT, SENIOR ADMINISTRATOR Margaret.Mason@nyumc.org Phone: 718-630-8524
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right associate after a year of service. Interested individuals fax resume/C.V. to (301)333-2286, or email: berrychildsdental@comcast.net.

MARYLAND—FREDERICK. Pediatric Dental Practice in Frederick and Hagerstown and Frederick MD, is looking for an Associate. Unique opportunity for 3/4 days a week part-time leading to full time pediatric dentist to join our multi location practice. We are a well respected and high quality pediatric office. State of the art facility with digital x-rays, nitrous, sedation and hospital privileges in nearby hospital. The candidate must be board certified and have exceptional communication and clinical skills, as well as being compassionate to our patients. Great compensation. Fax resume to 301-682-3887 or email to info@fpdentistry.com.

MASSACHUSETTS—BOSTON. Looking for a Pediatric Dentist for a Multi-specialty, multi-location group practice in the Boston, MA area. Hard working, good communicator, collaboration all traits we are looking for. Great opportunity in a well established practice. Board eligible Pediatric Dentist. For more information please contact msciallaba@greathilldental.com.

MASSACHUSETTS—BROOKLINE. Pediatric Dentist—Part Time. Massachusetts—Within 128 corridor. We have a thriving, long-established, high quality, fee-for-service, pediatric dental practice. We are looking for the “right” pediatric dentist to join our team. While we have multiple doctors and hygienists, each child is cared for individually with the appropriate time scheduled. We are well respected in the medical and dental community for our care of children as well as the organization and way we run our practice. The clinical and administrative teams are great, act as a family, and have a great deal of fun while they work and play. The candidate must have excellent technical skills and be enthusiastic, personable, and articulate. PT (2-3 days) position considered to start. Submit your C.V. and a cover letter describing your qualifications for this position. Graduate of Pediatric Dental Post-graduate program. Board Eligible. Excellent clinical and behavior management skills. Good communicator. For more information please contact aiweiss@aol.com.

MICHIGAN. Pediatric Dentist opening, West Suburb of Detroit-Michigan. Come and Join an established Orthodontic practice. Tremendous opportunity with great income potential. New graduates are encouraged to apply. State of the art newly constructed dental complex. Abundant patient volume. Full Time /Part Time. Base Salary and commission on production. Ownership opportunity is available with minimum investment, generous sign up package. Please inquire and send your resume to michiganteeth@gmail.com. Licence to practice in Michigan.

NEVADA—LAS VEGAS. Once in a lifetime opportunity available for a pediatric dentist who wants to make a difference. Dental Care International, a non-profit 501(c)3, has an immediate opening for Clinical Director of their 10 chair Las Vegas facility. Candidate must have a heart for inner-city kids, be board certified or board eligible, licensed to do dentistry in Nevada, and have strong administrative skills. Full time position is 4 days clinical and 1 day administration. Competitive compensation package with full benefits, plus opportunity to participate in international programs. Come to where it is fun to work and live. Please email your resume today to info@dcare.org and visit us at www.dcare.org. It'll make you smile. Board Certified or Board Eligible Pediatric Dentist.

NEW JERSEY—CHERRY HILL. Are you looking for the perfect opportunity to fulfill your career and life goals? If you are an enthusiastic, hard working, passionate about your work, kind of Pediatric Dentist, who performs high quality dentistry and wants to maintain a great life/work balance; If you are someone who is looking for a great place to live and a great place to work; If you take pride in your work and would like to be well compensated, as well as be recognized in the community for your efforts; THIS IS IT. Located just outside Philadelphia, our practice has been in continuous existence for more than half a century. We serve a diverse population with healthcare needs that are balanced between routine Pediatric Dental care as well as those requiring Oral Rehabilitation under Gen Anesthesia. Guaranteed base salary plus collections as well as great benefits. Contact us at kidsdmd1@gmail.com.

NEW JERSEY—HAMILTON SQUARE. Outstanding opportunity for a Pedodontist looking to join a well established multidisciplinary dental practice that specializes in pediatric dentistry. Located in beautiful Hamilton Square, New Jersey, just outside historic Princeton, New Jersey. Hamilton Dental Associates has been serving the greater Mercer County area for 60 years. We are a highly respected private practice in search of a recent graduate or an established practitioner for a full time or part time position with potential for partnership. Applicants should be highly skilled, ethical and compassionate. We offer a comprehensive full benefits package. Please email: DrJeng@hamiltondental.com or Drdeluca@hamiltondental.com or phone (609) 586-6603.

NEW MEXICO—ALBUQUERQUE. Rare opportunity to buy a turn-key Comfort Kids Pediatric Dentistry practice in beautiful, sunny New Mexico. Expected income of \$400,000+ with a sale price of \$299,000. Also offering a \$5,000 moving bonus to help find the right pediatric dentist! The practice focuses on providing quality pediatric dental care in a convenient and comfortable setting to a good mix of PPO, Medicaid, and FFS patients. The practice is 4 years old and includes 2 locations. Both locations are A+ locations with great visibility and strong new patient numbers. The 2 locations are shared with an orthodontist (great for referrals and for minimizing overhead). Dental rehabilitation surgery cases are completed with general anesthesia at 2 local hospitals. In-office nitrous oxide sedation is offered and the treatment pace is comfortable. The practice has low overhead, strong referrals, and is positioned for continued growth. The practice is located in beautiful Albuquerque, New Mexico. The buying dentist will own 100% of the practice and will be the only pediatric dentist in Comfort Dental New Mexico. Comfort Dental is expanding quickly and consistently in New Mexico, and it's a huge advantage to be the only pediatric dentist associated with Comfort Dental in New Mexico. Albuquerque is the largest city in New Mexico and is a great place to raise a family. Albuquerque is over 1 mile high in elevation (5,300 ft) and is situated at the base of the majestic Sandia Mountains that reach over 10,600 ft in elevation. While Albuquerque is best known for its International Balloon Fiesta and laid-back Southwest lifestyle, it's also a dream city for outdoor enthusiasts. Albuquerque has over 310 sunny days a year and is an excellent place to live for those who enjoy skiing, hiking, running, mountain biking, rock climbing, fishing, hunting, and being in the outdoors. The practice has a strong and proven record of success. The sale price is \$299,000 with a moving bonus of \$5,000. The buying dentist will be buying-out the current pediatric dentist who owns the practice

(both locations). Depending on experience/ability of buying dentist, income should be \$400,000+ per year (interested pediatric dentists can visit comfortdental.com to see average net income of dentists in Comfort Dental). It's a rare opportunity to buy a turn-key pediatric dental practice with low overhead, great referrals, a comfortable treatment pace, and a commitment to quality pediatric dentistry. The sale price is less than the expected first-year income and much lower than the appraised value of the practice. Additionally, there is a \$5,000 moving bonus. This practice is selling at a tremendous bargain, and opportunities like this in an excellent market are not common. If you are interested, you will need to attend a partnership disclosure meeting in Denver. To find out more information, please contact Daniel at NMKidsDental@gmail.com.

NEW YORK—ALBANY. Looking for Pedodontist for a busy growing office in Albany. Great team in place to help transition into new office. Everything needed for success is in place for unlimited potential. New modern office in busy plaza has all technology and equipment for treatment. Competitive compensation offered. Full time or part time. Send resume to learn more about this fantastic opportunity. For more information please contact sierradental1@yahoo.com.

NEW YORK—CLIFTON PARK. Are you interested in serving patients with unsurpassed clinical excellence? Come explore a truly unique pediatric practice where we routinely surprise patients and their parents by doing ordinary tasks extraordinarily well each and every time. We treat each child and family with respect and strive to serve all children of the Capital District including the least privileged of our society. Our office exemplifies what can be achieved by a team of people inspired to be collectively more than the sum of our parts. We seek an extraordinary associate to join our team. We offer an unmatched benefit package including a four day work week, 1,500.00 per day, 401K, longevity bonus, continuing education allowance, reimbursement for board certification, PALS training, two weeks vacation, all fees associated with professional organizations and licensing, malpractice insurance, and full premium coverage on medical and dental insurance individual or family. Please contact Dr. McDonnell or Dr. McMahon at info@smilelodge.com.

NEW YORK—COMMACK. Growing pediatric dental office looking for a highly motivated, energetic, compassionate part-time associate to join our team of doctors. We strive to provide only the best care to our pediatric patients. For more information please contact hjped@yahoo.com.

NEW YORK—SAINT JAMES. Part time pediatric dentist wanted to join our high quality multi-specialty group practice. Looking for the right individual that is a caring and compassionate individual. Pediatric dentistry certificate for more information please contact gus91tyfd@optonline.net.

NEW YORK—WEST SENECA. Passionate pediatric dentist with positive attitude towards kids is needed immediately. Pedo/ortho practice seeks Pediatric Dentist for 2-3 days per week. Buffalo, New York suburb. Please call 716-822-2499 or email resume to purcelldds@verizon.net Pediatric Dentist.

NORTH CAROLINA—FAYETTEVILLE. We are looking for a full or part time Pediatric Dentist to join our large and growing practice. This is a fantastic opportunity to make a great income and have complete control of your schedule. Current and

former pediatric dentists earned 400k to 500k based on a 40 hour work week. The provider can make his or her own schedule and have unlimited time off if they desire. We have a large number of patients so a full schedule is guaranteed. A signing bonus may also be available for the right candidate. Accredited Dental School and active NC dental license. For more information dnydental@gmail.com.

NORTH CAROLINA—GREENVILLE. Make a difference every day! Full-time pediatric dentist needed to work in our James D. Bernstein Community Health Center in Greenville, NC primarily with underserved children. We are a provider of comprehensive dentistry including implants and orthodontics. In addition to our ten clinic operatories, we also have a local school-based program. Benefit package includes medical, dental, life and disability insurance, paid time off, continuing education allowance, paid license and membership dues, and 401(k). Malpractice coverage under the Federal Tort Claims Act. We are a National Health Service Corp loan repayment site with HPSA score of 17. Greenville is home of East Carolina University and is about an hour's drive to NC beaches and the Raleigh area. Must be licensed in good standing with the North Carolina Board of Dental Examiners. For more information please contact lhardy@greencountyhealthcare.com.

NORTH CAROLINA—SOUTHERN PINES. We have an outstanding opportunity for a motivated Pediatric Dentist to join our progressive, high-quality, and rapidly expanding multi-specialty group practice in Southeastern North Carolina. This area is desperately underserved. There are only 176 pediatric dentists in the state to serve a population of 8,186,268 of which 1,424,538 are school-aged children. Our practice offers the unique opportunity to have four hospitals with which we are credentialed so we have OR block time every day. In addition, as a family practice, serving this area for more than thirty years, family referrals are always available. We are currently under design of a dental only ambulatory surgery center, to open in 2017. Placement needed for provider to live in the PINEHURST, NC area and work in regional offices twenty miles from Pinehurst/Southern Pines, NC. Live in the beautiful resort area. In addition, a placement is needed to live in FAYETTEVILLE, NC and work in regional offices as well. Visit us on the web at <http://www.yfdental.com>. Must be dentist that has completed a pediatric residency.

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

OHIO—EAST LIVERPOOL. Pediatric Dental position East Liverpool OH. We are looking for an associate who is seeking to work in an established office with an experienced staff. The office is located

in South Eastern Ohio very close to the Pennsylvania border, about 25 min North West of the Pittsburgh airport. We offer a great comprehensive package as well as Hospital Dentistry. We also have a school Loan forgiveness program available. If you are interested please contact rj6davis@msn.com for more information. Have completed a Pediatric Dental residency.

PENNSYLVANIA—ALLENTOWN. We are a well-established, thriving, private pediatric dental practice looking to add a third pediatric dentist to our staff. This is an excellent long term career opportunity for an energetic, compassionate pediatric dentist to join our highly respected, quality oriented office. Our goal is to provide the highest quality of pediatric dental care from infancy to teenage years, including special needs children, in a safe and nurturing environment, tailored to each individual's unique dental, behavioral, and developmental needs. A full range of dental services are provided including sedation and OR with hospital privileges available. We are a fee for service practice located in South Whitehall township, Pennsylvania. Please visit our website to learn more about our practice at www.gordonjanikpediatricdentistry.com. Interested candidates please e-mail resume to Carrie Breyer at marshapeddent@gmail.com. Pennsylvania License Required.

PENNSYLVANIA—UNIONTOWN. Uniontown. Full/Part-time—ownership potential. Offering generous salary and benefits that easily exceed other offers. Scenic area in wonderful family-oriented community. Three lakes, four ski resorts and largest state park with river rafting, hiking, biking, skiing, swimming, trout fishing, hunting and picnicking all within 20-45 minutes. You won't waste time in traffic! Pittsburgh is to the North and the booming Morgantown, WV is just 20 minutes to the South. Incredible place to raise a family...football, soccer, running clubs abound. You will find our practice to be on the cutting edge with all the latest technology. We enjoy a stellar reputation; being awarded "Best Dentist" in county for 16 years. Check out our Mission Statement and Practice Philosophy at: geshaypediatricdentistry.com. Please email C.V. with cover letter to geshaypedo@gmail.com. Applicant must have Pediatric Dental Certificate and be AAPD Board eligible/certified.

RHODE ISLAND. Immediate associate position in a reputable pediatric dental practice in beautiful, historic Newport, Rhode Island seeking a confident, motivated, highly skilled pediatric dentist. Effective communication skills, friendly disposition and understanding of quality of care is of primary importance in this practice that serves a small and tight-knit community. Opportunity for operating room privileges in a local hospital. Competitive compensation package available. Please email C.V.: staff@drennondmd.com.

SOUTH CAROLINA—COLUMBIA & SUMTER. Excellent Opportunity for pediatric dentist starting IMMEDIATELY!! Patients abound for a dentist who wants to work hard and enjoy Southern living in a private practice setting. We have been in practice for over 33 years in two locations, Columbia and Sumter, both seeking full-time Pediatric dentists who are passionate about their careers. Great relationships with all pediatricians in area. Digital Radiographs in both offices. Two major hospitals and one surgical center for hospital OR cases between the two offices, and oral conscious sedation performed both locations. Full Time Position: Continuing Education stipend, Health

Insurance, \$1000/day or 35% collections, whichever is higher, 401K, and relocation expenses provided. The Midlands of South Carolina provide quick access to the mountains and all the beaches of South Carolina, while welcoming you home like no other place. Our teams are extremely loyal and dedicated to providing the absolute best in treatment and comfort for each patient. For more information send C.V. to goinsandpoag@ccdsmail.com. Visit our website at www.carolinachildrestdentistry.com.

SOUTH CAROLINA—SENECA. Seeking full-time pediatric dentist for a busy state-of-the-art practice with two locations in Seneca and Clemson, South Carolina. Conveniently located near Clemson University at the foothills of the Blue Ridge Mountains. Offering opportunities with sedation dentistry, including in-office IV sedation with a pediatric anesthesiologist and hospital privileges. Competitive benefits package and compensation provided. For more information please contact camillehorton@gmail.com.

SOUTH CAROLINA. Wonderful opportunity for a caring, ethical pediatric dentist to join an established, busy and well-respected practice in Rock Hill and Fort Mill, South Carolina. This is a growing area close to Charlotte, NC with excellent schools and a lot to offer for young families. Our practice has an exceptional staff with very low turnover. We have easy and regular access to the Operating Room. We can accommodate a full-time or part-time pediatric dentist. Our top priority is to provide high-quality, compassionate dental care with a focus on prevention and patient/parent education. If you are interested in joining our team, please submit your C.V. to drsteph4kids@gmail.com. Board Certified or Board Eligible Pediatric Dentist; South Carolina license.

TENNESSEE. East Tennessee. What an opportunity! Great young pediatric dentist searching for an associate. Can lead to a partnership if interested. Great facility. Great staff. Great location. Great area of the country. What else could you want? Oh how about great compensation and flexible working hours. To get more information, email Bill @ wedavis@aftco.net.

TEXAS—AUSTIN. Pediatric Dental Practice, located in and around the Austin area, is looking for a Pediatric Dentist to join our team. We offer a comprehensive compensation package, full benefits, company paid life and long term disability insurance; as well as, 401K with company matching. New grads welcome to apply. Please e-mail C.V. to Joinourpractice2010@gmail.com TX Dental License (or in the process of applying for one). Pediatric Dental Residency Completion (or near graduation date), Current CPR/PALS.

TEXAS—CONROE. Excellent opportunity for a pediatric dentist to join our well-established, highly successful fee for service pediatric practice that has been in business for 40 years. Our new facility opened in 2007 along with another office location that opened in 2015. We are ideally located near a privately owned orthodontic practice, 2 general dentist's offices, and an oral surgeon's office. We offer the latest advancements in dental technologies, including: chart-less system, electronic charting, built-in nitrous oxide system and in-office monitored oral sedation along with IV sedation. We are a privately owned practice with a part-time opening, possibly leading to full-time. Please contact Bradley Harris, D.M.D. at cpdpuffin@gmail.com.

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

TEXAS—SAN ANTONIO. Surrounding areas and Laredo. Tots to Teens Pediatric Dentistry & Orthodontics is seeking a part-time/full-time pediatric dentist. We are NOT a cooperate dental office. We are locally owned and operated. We have the following locations available. San Antonio, TX, Kerrville, TX, and Laredo, TX. 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. Partnership opportunities are available for the right candidate. 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 CE 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, up-and-coming dental practice, we are happy to meet with you. Email your resume to totstoteenspd@gmail.com.

TEXAS. Seeking part time or full time pediatric associate for busy, established practice in the DFW area. For more information please contact shellyclark@pobox.com.

VIRGINIA—NORFOLK. Norfolk, VA. We are seeking a motivated, energetic self-starter to join our practice. Must be on track for American Board of Pediatric Dentistry candidacy, and willing to participate in organized dentistry and community outreach. Certificate in Pediatric Dentistry (or forthcoming) and Virginia license required. Children's Hospital of the King's Daughters is located 7 blocks away from the office, where we use block time for our general anesthesia cases. The office performs a full range of pediatric dental services for children in a modern, convenient and friendly setting. Our area offers year round outdoor activities with a mild climate. Just minutes from the most magnificent beaches, and the mountains are just a short trip away. Guaranteed salary with benefits and partnership opportunity. email inquiries to [pediatricDDSResume@gmail.com](mailto:pedsdres@pediatricDDSResume@gmail.com) Pediatric Dental Certificate Board Eligibility for American Board of Pediatric Dentistry Virginia License DEA License Hospital staff eligible (criminal background check is required for hospital privileges).

WASHINGTON—STANWOOD. Fun, friendly, totally awesome Pediatric Dental Group in quest of an outstanding associate to join a highly respected, established, quality oriented private pediatric dental practice. We have multiple locations in Marysville, Monroe Lake Stevens, and Stanwood Washington, all located within Snohomish County in the beautiful Pacific Northwest! If you feel you are compatible and are interested in exploring the possibility of joining our remarkable team please respond with your C.V. to Tracy@PugetSoundPD.com. Our associates must: 1) Demonstrate high ethical standards and possess excellent leadership qualities. 2) Possess exceptional child coaching and behavior management skills. 3) Dedicated to providing high quality preventive and restorative dental treatment. 4) Fully understand that the private practice of pediatric dentistry is a people business and requires EXCELLENT interpersonal/social skills.

WASHINGTON—WENATCHEE. A rare opportunity for a Pediatric Dentist in Central Washington! The doctors of Wenatchee Pediatric Dentistry are seeking a full-time Pediatric Dentist to join their team. The ideal candidate has a passion for our profession, is highly skilled and is dedicated to providing unmatched patient care. We have a state-of-the-art office and we provide conscious sedation, in office general anesthesia, and patient care that is beyond our patients/parents expectations. Not to mention, we are fun and enjoy our team and profession! If this rare opportunity is intriguing to you, email your C.V. and resume' to julie@trgcoaching.com. A current Washington license and Board Certification, a plus!

WISCONSIN—GREEN BAY. Successful, well respected and growing pediatric dental office serving our community for over 40 years seeking a compassionate and motivated pediatric dentist. We are a private group practice of board certified pediatric dentists offering comprehensive pediatric dentistry and orthodontics to patients in a fun, family centered atmosphere. We currently have a large patient base with 100+ new patients every month in addition to our busy recall system. We are completely digital, paperless and have a well-trained team. We are seeking a full time pediatric dentist with the opportunity for partnership. Our practice is located in beautiful northeastern Wisconsin which offers professional sporting events, year round outdoor recreation, excellent school systems, convenient art and cultural events, and a wonderful community for families. We are offering a generous starting salary with bonus potential based on production and an excellent benefits package. New residents and experienced practitioners encouraged to apply. Send letter of interest along with C.V. to julieanderson@kidsdentalexerts.com.

WYOMING—CASPER. Great opportunity for personable, energetic, full-time associate pediatric dentist. Enjoy the outdoors with scenic views? Casper offers numerous outdoor activities with excellent fishing. Our rapidly growing practice is an all digital office. Enjoy 2 ops with Nitrous and 5 hygiene chairs. General anesthesia performed at local surgery center with in office oral conscious sedation. Office space shared with orthodontist. Compensation is \$225,000 guaranteed with bonus based on production. Benefit package includes generous retirement package (401K, profit sharing, and cash balance plan), health insurance, and paid continuing education. Student loan repayment assistance available. \$5,000 signing

bonus offered for moving expenses. Ownership opportunity available to associate period. Send resume to: mikepedodmd@gmail.com or call/text (208) 851-1679 for more information. Visit our website Thesmileacademy.com

FACULTY POSITIONS

COLORADO—AURORA. Children's Hospital Colorado's Pediatric Dentistry Residency Program is searching for a FT clinical or tenure track faculty member. Its facility, the Pediatric Dental Center, is located on the Anschutz Medical Campus in Aurora, CO 80045. Primary responsibilities include clinical and didactic resident instruction in concert with other faculty members. The ideal candidate will be an enthusiastic EBD-oriented clinician interested in scholarly activities and an effective instructor in the classroom. Requirements include a D.D.S./D.M.D. degree or foreign equivalent, a certificate in pediatric dentistry from an ADA accredited program, and Board eligibility or certification. Academic rank and salary will be commensurate with qualifications and experience. Children's Hospital Colorado is an EEO institution and affiliated with the University of Colorado School of Dental Medicine. Please apply electronically at www.cu.edu/cu-careers (job reference 05767). Review of applications will continue until the position is filled. Requirements include a D.D.S./D.M.D. degree or foreign equivalent, a certificate in pediatric dentistry from an ADA accredited program, and Board eligibility or certification. Academic rank and salary will be commensurate with qualifications and experience.

ILLINOIS—CHICAGO. SEARCH EXTENDED. Clinical Assistant/Clinical Associate Professor (Non-Tenure Track). Department of Pediatric Dentistry. College of Dentistry. University of Illinois at Chicago. The Department of Pediatric Dentistry in the College of Dentistry at University of Illinois at Chicago is seeking a qualified candidate for a full-time faculty non-tenure track position of Clinical Assistant or Clinical Associate Professor. The Department seeks an excellent educator, mentor, and clinician with an interest in research to teach in both the pre-doctoral and post-graduate programs. The Department has a history of strong interaction with Public Health; thus, the ideal candidate should be able to work well within that environment. Responsibilities will include resident, dental student, physician and medical student education and training, delivery of dental care for children under general anesthesia and sedation, professional service and scholarly activity, including mentoring of graduate student research projects. Participation in intramural or extramural practice is available. Qualifications include a Doctor of Dental Surgery (D.D.S.)/Doctor of Dental Medicine (D.M.D.) or equivalent degree; completion of an accredited specialty program in Pediatric Dentistry; currently hold or be eligible for dental licenses in Illinois and maintain current dental, specialty, and controlled substances licenses, and current CPR/BLS/PALS certificates; be board certified or board eligible. If board-eligible, the candidate will be expected to complete the board certification process within three years of the date of hire; experience utilizing conscious sedation and general anesthesia; and must be eligible for rank at the Clinical Assistant Professor level (minimum) or Clinical Associate Professor (depending on prior education and experience) commensurate with

norms and criteria for faculty appointments within the Department of Pediatric Dentistry. Preferred qualifications include a strong background working with diverse patient populations, and experience or training in the care of medically compromised and/or special needs patients. Experience in evidenced-based dentistry, curriculum development, and practice management preferred. 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/job-board/job-details?jobID=65284> through the close of business on Monday, November 14, 2016. 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.

MASSACHUSETTS—BOSTON. Boston Children's Hospital, a major teaching affiliate of the Harvard Medical School, is accepting applications for full-time faculty positions in Pediatric Dentistry. The Department of Dentistry is academically within the Department of Developmental Biology at the Harvard School of Dental Medicine. Major responsibilities include patient care in clinic and in the operating room, and teaching pediatric dental residents at Boston Children's Hospital. Research and scholarly activities are encouraged. Applicants must have a D.D.S./D.M.D. degree or equivalent, be board certified or candidate for board certification in pediatric dentistry and be able to obtain a Massachusetts dental license. Experience with treating children with special health care needs, including children who have complex medical conditions, developmental disabilities, cleft lip/palate, craniofacial abnormalities, and dental care in a hospital setting are highly desirable. Academic rank at the level of Instructor/Assistant Professor/Associate Professor and salary are commensurate with qualifications and experience. Boston Children's Hospital is an Equal Opportunity Employer. Please send a C.V. with the names and addresses of three references to Man Wai Ng, D.D.S., MPH, Department of Dentistry, Boston Children's Hospital, 300 Longwood Avenue, Boston, MA 02115. Email: chad.cotter@childrens.harvard.edu. Applicants must have a D.D.S./D.M.D. degree or equivalent, be board certified or candidate for board certification in pediatric dentistry and be able to obtain a Massachusetts dental license.

SOUTH CAROLINA—CHARLESTON. Pediatric Dentistry—The Medical University of South Carolina, James B. Edwards College of Dental Medicine, invites applications for a full-time tenure-track faculty position as the Pediatric Dentistry Graduate Program Director. Located in the historical peninsula of Charleston, SC, the Medical University of South Carolina is the State's only comprehensive academic health science center. The primary area of responsibility of the faculty position is to lead the Pediatric Dentistry Graduate Program, including active participation in the teaching and patient care components of the program. Other expectations include teaching pediatric dentistry in the D.M.D. program and conducting research in related areas. The ideal candidate must have excellent leadership, mentorship, administrative, and organizational skills. In addition, the candidate must have a creative and positive attitude toward maintaining a team-oriented work environment. Outstanding opportunities exist for teaching and curriculum development and participation in an active intramural faculty practice. Candidates must possess a D.D.S. or D.M.D. degree or equivalent and a certificate or master's degree from a CODA-accredited graduate pediatric dentistry program. Candidates must be eligible for licensure in South Carolina. Board certification in pediatric dentistry and previous teaching and research experience are required. Academic rank and salary will be based on the candidate's qualifications and commensurate with level of experience. Preference will be given to applicants with demonstrated expertise in didactic and clinical teaching, scholarship and program administration. Review of candidates will begin immediately and applications will be accepted until the position is filled. The Medical University of South Carolina is an Equal Opportunity/Affirmative Action employer. Please submit a letter of interest including statement of career goals and curriculum vitae to: Dr. Cynthia L. Hipp, Interim-chair, Department of Pediatric Dentistry and Orthodontics, Medical University of South Carolina, 30 Bee Street, Room 120, MSC 507, Charleston, South Carolina 29425, Phone: (843) 792-3916, Fax: (843) 792-3917.

OFFICE SPACE

COLORADO—LOUISVILLE. Colorado-Louisville/Superior. Building for rent. Money Magazine repeatedly rates Louisville, CO near the top as one of the, "Best Places to Live" in the US. The Louisville/Superior community is located approximately 20 miles northwest of Denver, via Hwy 36 and just 12 miles from beautiful Boulder, CO. The building is part of a small medical campus, which includes an established orthodontic practice as well as a group of family practice physicians. The building was constructed in 1998 and has operated continuously as a busy and well respected pediatric dental practice to present with interior remodels and updates. The property is conveniently adjacent to a school campus that includes a K-8 school

and a high school, making it an ideal location for pediatric patients. It is also located across the street from a comprehensive medical center, providing a full-range of medical specialties and separate professional building. The interior office space is approximately 4200 sq. ft., with an additional 1349 sq. ft. of partially finished basement space. The space has all necessary plumbing, electrical, gas and cabling existing in sites that are conducive to a modern office design and equipment installation. The office is currently configured for 12 patient treatment areas with room to expand or reconfigure and currently offers several private offices, lab, X-ray, sterilization, separate staff space, and plenty of storage. There is direct ground level access from the outside and the office meets all ADA accessibility requirements with plenty of parking for patients. Please email, jkinvestments4@gmail.com for more information or to view the property.

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

PRACTICE FOR SALE

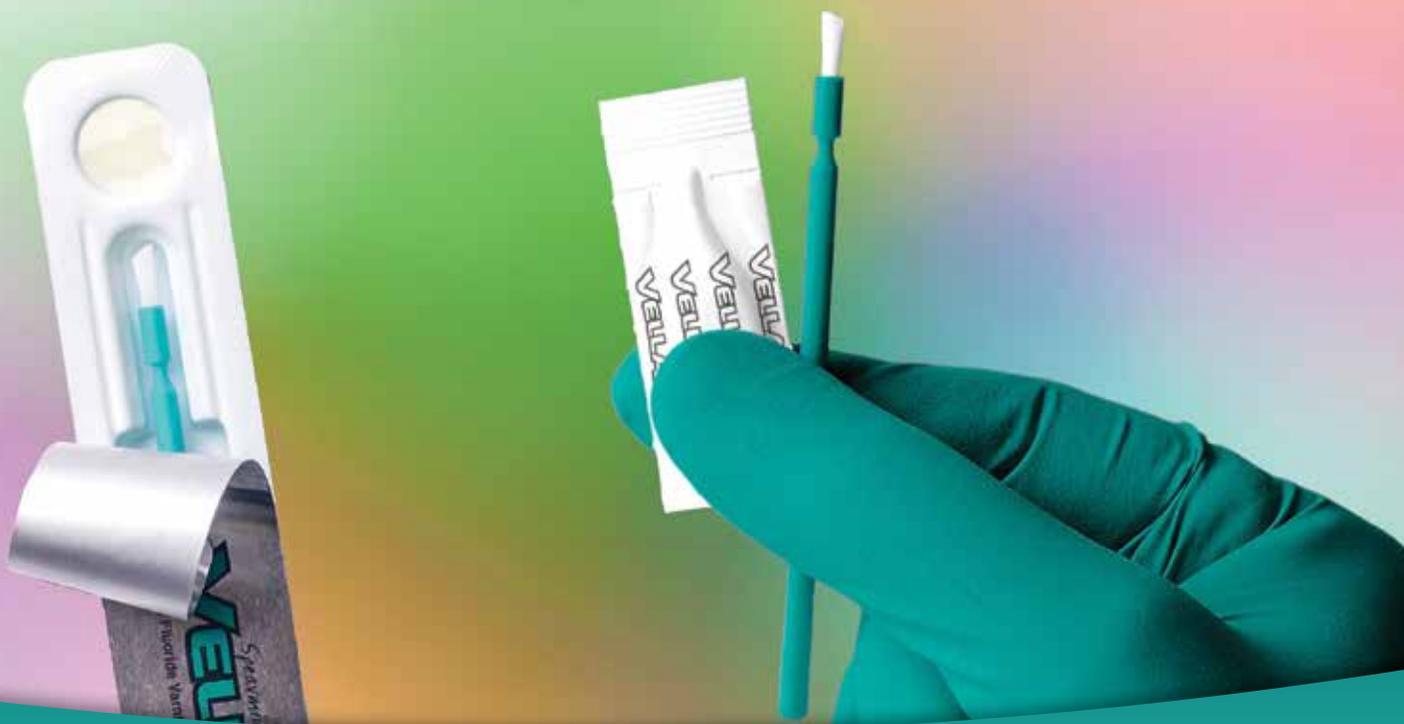
NEVADA. Well established, still growing, 20+ years, pediatric dental office available for sale. Full range practice: preventive, restorative, oral sedation, in office IV sedation and hospital dentistry. ScanX digital X-rays. Pan-ceph machine. 4 operatories and 3 bay chairs. Recently renovated and redecorated. Excellent location, close to schools. For more details please contact us at msinadds@aol.com.

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

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