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Dental Home Day

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PRACTICE MANAGEMENT AND MARKETING NEWS
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The Only Constant in Life is Change

With everything changing, the only thing that has remained constant is the chaos of legislative change in Washington, D.C. As of this writing, the Senate is working on legislation to repeal or replace the Affordable Care Act, following up on similar actions already taken by the House of Representatives. Several proposals have come and gone and will likely resurface before it is all over. The only thing that likely will happen is that something will change.

The current system in many states is overburdened and underfunded. Numerous issues also exist with the current exchanges (limited options and high deductibles to name a few). Fortunately, a significant number of our members provide Dental Homes for patients insured in the Medicaid program. Unfortunately, the children cannot rely solely on the generosity of our members to provide care when the reimbursement is less than their overhead costs. The first step in providing sustainable access to care is adequate reimbursement. We need to make the system work for our most vulnerable children and special health care needs patients.

Fortunately, the American Academy of Pediatric Dentistry provides a compass to follow – optimal oral health for all children. The AAPD is closely monitoring potential legislative changes regarding the oral health care of children. Our Congressional Liaison Dr. Heber Simmons Jr., is frequently in D.C., meeting with both sides of the aisle to discuss pediatric oral health and advocate for children. The AAPD also works closely with our lobbying firm, Hogan Lovells, the American Dental Association and other dental specialties to make sure we have a consistent message on Capitol Hill.

The AAPD is continuing to support four key issues in the developing health care legislation. The final version should require oral health coverage for children, ensure that first dollar coverage is available for preventative services, require a separate dental deductible for embedded medical/dental plans, and finally, require reauthorization of the CHIP program.

How can you help? Fortunately there are several options for you to get involved in the process.

First, you can contribute to the Political Action Committee (PAC) of the American Academy of Pediatric Dentistry. The timing is critical as the 2018 elections are just around the corner. The AAPD PAC has steering committee members from each of the AAPD districts and meets at least twice per year. It exists to help us identify and support current members of Congress and potential congressional candidates who are receptive to our message and goals. The AAPD PAC performs a very thorough evaluation process of the candidates and has been very bipartisan in its support. The PAC has several giving levels allowing everyone to participate at a comfortable level. The funding to the PAC allows the AAPD to carry its message of optimal pediatric oral health to D.C. More information about the AAPD PAC can be found at http://www.aapd.org under the Public Policy and Advocacy tab.

The second thing you can do is to make contact with your U.S. representative or senator and discuss your concerns with the potential impact of the repeal/reform efforts on pediatric oral health. The AAPD hosts a Public Policy Advocacy Conference each spring in D.C., where members meet with their congressional delegations on Capitol Hill. More effective is establishing a relationship with your congressperson at home in the district. Invite your representative or senator to your office to see first hand the concerns or issues that you have. Attend a town hall meeting, arrange to meet over a cup of coffee, or better yet offer to host a fundraiser for your member in your home or office.

Third, with the impact that the federal changes will have on the state funding levels, get involved with your state AAPD Public Policy Advocate and state dental association. Attend lobby days at the state level and get involved in the legislative affairs or state political action committees. If you are from one of the few states without an AAPD Public Policy Advocate, contact Scott Litch (slitch@aapd.org) to express your interest. The Public Policy Advocate helps to keep the state chapter and national leadership abreast of any legislation that may have an adverse impact on our patients.

Fourth, reach out and establish relationships with your local and state representatives. This is extremely important as they likely will be the people attempting to craft implementation plans that will affect you on a daily basis. They will need to understand the impact of any new legislation on our patients and businesses and it is important that we provide the resources to help them do that.

Fifth, stay informed on the potential reform efforts at a federal and state level. Parents and affected families will be seeking out information on the potential changes. As a trusted member of their care network, they may seek your opinion or advice. Our patients and families who will be impacted can help carry our message and concerns to the state and federal officials potentially amplifying our impact.

Finally, don’t forget to stop and enjoy summer and make special memories with your family and loved ones. As always, please feel free to contact me if I can ever be of service.
Editor-in-Chief Search Announced

The American Academy of Pediatric Dentistry (AAPD) is searching for an individual to fill the position of Editor-in-Chief to commence January 2019. The Editor-in-Chief is appointed by the AAPD board of trustees, and is charged with the overall responsibility for the AAPD’s didactic and clinical journals, Pediatric Dentistry and the Journal of Dentistry for Children. This is a part-time position with stipend and staff support; membership in the AAPD is strongly encouraged.

Applicants should forward a letter of interest including any previous editorial experience, a current curriculum vitae, and three (3) letters of recommendation to:

Dr. Norman Tinanoff  
Search Committee Chair  
American Academy of Pediatric Dentistry  
211 East Chicago Avenue, Suite 1600  
Chicago, Illinois 60611

The deadline for submission of application is Oct. 1, 2017

Headquarters Staff News

We’re pleased to announce the following staff promotions, effective July 1, 2017:

• Laurel Graham—Senior Evidence-Based Dentistry Manager, Research and Policy Center  
• Veronica Gomez—Accounting Coordinator  
• Michele Hidalgo—Development and Marketing Manager, HSHC  
• David Hydorn—Membership and Marketing Coordinator  
• Kelly Katona—Grants and Programs Associate, HSHC  
• Leola Royston—Policy Analyst, Research and Policy Center  
• Robin Wright—Director, Research and Policy Center  
• Paul Casamassimo—Chief Policy Officer

Congratulations to all!

We wish Jessica Parra the best and thank her for her outstanding work at AAPD over the past four years. Jessica and her husband are moving to Kansas City.

AAPD has new toll free number (888) 261-2350
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
AAPD Continues Advocacy for Children’s Oral Health Provisions as Congress Grapples with ACA Repeal and Replace Proposals

As AAPD members were alerted in a special E-News blast, Republican leadership of the U.S. Senate released its health care reform proposal on June 22, 2017. The AAPD has been advocating to Congress since the 2010 passage of the Affordable Care Act (ACA) to improve provisions in that law to enhance children’s oral health coverage. See: http://www.aapd.org/assets/1/7/2017_ACA_Replace_or_Repair_Fact_Sheet.pdf.

On June 9, 2017, the AAPD joined the ADA and over 40 other national associations or organizations to highlight key priorities in 2017 health care reform legislation. Specifically, the letter emphasizes the importance of the Medicaid guarantee of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for children’s dental coverage, and retaining children’s pediatric oral health care as an essential health benefit.

On June 26, 2017, the AAPD joined a coalition of dental organizations writing to key Senate and House committee chairs and ranking members (Senators Orrin Hatch, R-Utah, Lamar Alexander, R-Tenn., Patty Murray, D-Wash., and Ron Wyden, D-Ore.) with a copy to the Senate Majority Leader (Mitch McConnell, R-Ky.) and Minority Leader (Chuck Schumer, D-N.Y.) asking that the pediatric oral health essential health benefit provision in the ACA be retained. Below is the full text of that letter:

Dear Chairmen and Ranking Members:

On behalf of the organizations listed below that represent dentists, allied dental professionals, dental educators and dental and craniofacial researchers, we write to respectfully request that as the Senate considers changes to the Affordable Care Act (ACA), the pediatric oral health provision is retained.

Often overlooked is the fact that good oral care is inextricably linked to good overall systemic well-being. And unfortunately dental caries, although largely preventable, remains the most common chronic disease of children aged 6 to 11 years of age. In fact, tooth decay is four times more common than asthma among adolescents aged 14 to 17 years of age, and is the number one disease of childhood.

There is an undeniable unmet need of pediatric oral health care in America. Approximately 23 percent of children ages 2 to 11 have unmet dental care needs and the situation is even worse among children from lower income families.1 In some cases of untreated tooth decay, the results can be fatal. The tragic case of 12-year-old Deamonte Driver from Prince Georges County, Maryland, who succumbed to an untreated abscessed tooth, is just one example.

Given that tooth decay is the number one disease of childhood, we are asking that pediatric oral health care be made a priority in any legislation to replace the ACA. As health professionals, we are acutely aware that there are competing health interests to consider in the process, but the necessity for pediatric dental care is so profound, we do not believe it can or should be discounted. Instead, we believe it should remain a priority in any health care reform legislation.

We stand ready and willing to be a resource on this issue or any other that affects oral health and the delivery of care.

Sincerely,

American Academy of Pediatric Dentistry
American Dental Association
American Dental Education Association
Academy of General Dentistry
American Academy of Oral and Maxillofacial Pathology
American Association of Oral and Maxillofacial Surgeons
American Academy of Periodontology
American Association for Dental Research
American Association of Orthodontists
American Association of Women Dentists
American Society of Dentist Anesthesiologists
National Dental Association
Oral Health America

1The National Health and Nutrition Examination Survey (NHANES), 1999-2004

For further information see: http://www.aapd.org/aapd_continues_advocacy_for_children%E2%80%99s_oral_health_provisions_as_senate_releases_health_care_reform_proposal/.
Taking it to the NEXT LEVEL with the most influential speakers in Pediatric Dentistry, offering exhilarating topics on treatment and practice management in addition to our highly acclaimed Zirconia REINVENTED workshop. You don’t want to miss it.
Levels of Supervision in a Dental Home

The July 2017 issue of PDT under Legislative and Regulatory News featured a summary of recently approved EFDA legislation in Nebraska (LB18). Of particular note in this bill were the various levels of supervision referenced, such as:

- A dental assistant may under indirect supervision of a licensed dentist monitor nitrous oxide if the dental assistant has current and valid certification for cardiopulmonary resuscitation approved by the board and place topical local anesthesia.
- Upon completion of education and testing approved by the board, a dental assistant may take X-rays under the general supervision of a licensed dentist and perform coronal polishing under the indirect supervision of a licensed dentist.
- Upon completion of education and testing approved by the board and with a permit from the department for the respective competency, a licensed dental assistant may, under the indirect supervision of a licensed dentist:
  - Take dental impressions for fixed prostheses;
  - Take dental impressions and make minor adjustments for removable prostheses;
  - Cement prefabricated fixed prostheses on primary teeth; and
  - Monitor and administer nitrous oxide analgesia.
- Upon completion of education and testing approved by the board and with a permit from the department for the respective competency, an expanded function dental assistant may place, under the indirect supervision of a licensed dentist:
  - Restorative level one simple restorations (one surface); and
  - Restorative level two complex restorations (multiple surfaces).

To put this in perspective, it is worth reviewing the official ADA definitions of supervision and its various levels:

“Supervision: The authorization, direction, oversight and evaluation by a dentist of the activities performed by allied dental personnel.

Personal Supervision. A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

Direct Supervision. A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and evaluates their performance before dismissal of the patient.

Indirect Supervision. A type of supervision in which a dentist is in the dental office or treatment facility, has personally diagnosed and treatment planned the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

General Supervision. A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

Public Health Supervision. A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.”

These references make clear that while some duties/functions are being delegated, the dentist remains the captain of the dental home and is ultimately responsible for patient care. This is further solidified by this statement in LB18:

“... The licensed dentist supervising a dental assistant, a licensed dental assistant, or an expanded function dental assistant shall be responsible for patient care for each patient regardless of whether the patient care is rendered personally by the dentist or by a dental assistant, a licensed dental assistant, or an expanded function dental assistant.”

In this columnist’s opinion, legislation such as LB18 obviates any need to create a new category of provider for a dental practice—such as a dental therapist—in the interest of helping a practice run more efficiently and provide more care.

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


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

Now is the Time to Step in or Step up Your Support!

In July you received a specific appeal from your PAC Steering Committee along with the 2016 PAC Annual Report that highlighted how important your support of the AAPD PAC is to our advocacy efforts. I urge you to review this report closely.

You may also have received a phone call or e-mail from your PAC district representative or other PAC leader. This is a critical time to build up the AAPD PAC’s resources in anticipation of the 2018 mid-term Congressional elections. Your PAC leadership has set a bold goal of doubling our resources for this election cycle. With many critical issues for children’s oral health being debated in Congress such as ACA repeal and replace, CHIP reauthorization, and funding of Title VII health professions training (including dental faculty loan repayment), now is a critically important time to support the AAPD PAC.

Thanks to the many of you that have already supported the AAPD PAC via the voluntary PAC contribution “check-off” on your 2017 – 18 dues statement.

If you have not yet given this year, we need your support. The voluntary recommended support level for new dentists is only $100. If have been a regular PAC contributor at recommended level of $250, why not jump to the next level of support such as Cabinet ($500 – 999) or Patriot ($1000 and above)? You can contribute online at https://www.aapd.org/advocacy/pac_contributions/.

Remember that if you want your dollars applied directly to candidate support, please make your PAC contribution via a personal credit card or check.

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

Dr. Jeannie Beauchamp
PAC Steering Committee Chair

AAPD Communication Committee Connection

SDF in My Practice

Dr. Reza Ardalan, Port St. Lucie, Fla.

I remember sitting in a sparsely filled auditorium in Seattle at the 2015 Annual Session listening to Dr. Joel Berg talk about this new tool for caries management, silver diamine fluoride (SDF). A colleague and I looked at each other and thought...game changer. Rarely, does something come up in dentistry with the possibility to revolutionize the profession; SDF has that chance. Now, I’m not saying that it is a cure for all of our problems. What I am saying is that in my office it has changed the way I practice and view dentistry. I sedate less, I do less traditional restorative work, and I have happier patients (and parents!).

If you attended one of the many great lectures at this year’s Annual Session, you got more than your fill of SDF and the ever-changing research and protocols. In my office, I prefer to place multiple applications on the affected areas. In my office, I prefer to place multiple applications on the affected areas. Prior to doing this, I make sure that the parent understands what the end result will look like using a consent form with pictures. Using proper isolation, (not just of the patient but of my counters and trays as well), I generally place three applications of SDF on different days followed by a glass ionomer restoration if the patient is cooperative.

The landscape of pediatric dentistry is changing and silver diamine fluoride is on the leading edge. If you have yet to incorporate SDF in to your treatment plan, I urge you to consider adding it as a tool in your toolbox.

Share your ideas on AAPD’s Facebook Group at https://www.facebook.com/groups/aapdinfo/.
AAPD 2018
Honolulu, Hawaii
May 24-27, 2018

The AAPD invites you to join us on the beaches of Honolulu for a weekend of remarkable education and fun in the sun!

Thursday, May 24
Preconference Course
First Timers’ Reception

Friday, May 25
Keynote Address & Awards
Scientific Program
Exhibit Hall
My Kid’s Dentist Poster Research Competition
New Dentist Happy Hour
Welcome Reception

Saturday, May 26
Breakfast Rounds I
Scientific Program
Exhibit Hall
My Kid’s Dentist Poster Research Competition
HSHC Donor Circle Appreciation Gala

Sunday, May 27
Breakfast Rounds II
General Assembly & Research Awards
Scientific Program
Exhibit Hall
President’s Farewell Dinner

Registration and Housing

The meeting will take place at the Hawaii Convention Center and the headquarter hotel is the Hilton Hawaiian Village. Registration and Housing will open soon. Complete meeting and hotel details will be posted on the Annual Session website and published in the January issue of PDT. A prominent email will be sent to all members announcing when registration opens as well as all hotels in the AAPD Official Room Block.
AAPD Presentations Submission Deadlines

**Sept. 15, 2017**

- Breakfast Rounds
- MiniClinics
- String of Pearls

**Jan. 16, 2018**

- NuSmile GSRA
- My Kid’s Dentist Research Poster Competition

If you are interested in making a presentation at AAPD 2018 in Honolulu, Hawaii, please visit the AAPD website at [http://www.aapd.org](http://www.aapd.org) for a Breakfast Round, MiniClinic, or String of Pearls submission form. For additional questions contact Tonya Almond at talmond@aapd.org. For the Research Poster Competition contact Colleen Bingle at cbingle@aapd.org.

You must be an AAPD member in good standing and must be registered for the meeting in order to present at the Annual Session. The AAPD will strictly adhere to these deadlines. All submissions must be complete in order to be considered for a session at the Annual Session, GSRA, or a Poster.

**RESEARCH AWARDS**

**NuSmile Graduate Student Research Awards (GSRA)**

Up to eight finalists are selected to present their research at the AAPD Annual Session in May. Finalists receive travel to the Annual Session, complimentary registration for themselves and a guest, and a cash award and plaque at the Annual Session. A matching cash award is given to each finalist's training program. The recipients are asked to present their research at the Annual Session. NuSmile generously supports these awards. All applications and research abstracts must be submitted by Jan. 16, 2018.

**My Kid’s Dentist Research Poster Competition**

All presenters must be registered for the Annual Session. If you are a pediatric dentist, you must be a member of the AAPD to present in this research competition. The research competition will take place on Friday, May 25, and Saturday, May 26, 2018, at AAPD 2018 in Honolulu, Hawaii. Applications are due Jan. 16, 2018.
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- Regular Post Ideas
- Fun Social Signs
- New! Savvy Share App

Learn more at SmileSavvy.com
Call Us: 877-337-7037
Welcome New Members

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

Member Benefit Spotlight

AAPD Career Center

**JOB SEEKERS**

Just finished your residency program? Looking for your next career opportunity? AAPD is dedicated to providing the best industry resource for pediatric dentistry careers. The AAPD Career Center will include many robust tools for creating a personal presentation for any potential employer:

- **Job Agent** - Let the system find new jobs for you: establish your search and you’ll be notified automatically whenever a matching job is posted.
- **Career Resources**—Access to free career tips, resume writing services, webinars and more!
- **Resume Builder**—Easily post an updated resume/CV by uploading from Microsoft Word or other desktop applications.
- **Professional Profile**—Create a user-friendly professional presentation of your qualifications with information pre-populated from your resume.
- **Searchable Portfolio**—Increase your exposure to employers by uploading up to 5 career-related documents, i.e., work samples, cover letters or certification letters.
- **Job Application Preview**—Control your applications with the ability to preview your application as an employer will see it before submitting.
- **Tighter Confidentiality**—Take comfort in strict confidentiality rules throughout the Career Center.
- **Google Maps**—Assess a potential commute right from the job detail screen.

**EMPLOYERS**

Looking to grow your practice with a new associate? Have an open position? The AAPD Career Center can help you facilitate employment connections including a resume database for the Job Seekers.

- **Two Posting Options**—Employers have the choice of posting to AAPD Career Center only OR extending their reach by posting to the National Healthcare Career Network.
- **National Healthcare Career Network (NHCN) Partnership**—AAPD is a member of the National Healthcare Career Network (NHCN), a network of nearly 300 leading healthcare associations nationwide. Our partnership allows your posting to be seen on AAPD Career Center AND all relevant associations in the network, helping you attract specialized talent through multiple healthcare industry leaders.
- **Network Wizard Technology**—Our latest enhancement, the AAPD Network Wizard gives you peace of mind in knowing exactly where your job will be distributed before committing to a purchase. AAPD employers can paste their entire job description in the Network Wizard and see a list of career center sites in which their job might be listed.
- **Larger Resume Database**—NHCN job postings allow employers to have immediate access to our network database of resumes that have been posted to AAPD and the nearly 300 niche job boards in the network.
- Resume email alerts, job posting statics, and more!

Please visit the AAPD Career Center at [http://www.aapd.org/career_center/](http://www.aapd.org/career_center/).
The focus of the AAPD Fellow Program is to reward and encourage participation in organized dentistry, scholarly activity and community involvement. It is completely voluntary.

Previously, the fellow status was automatically granted when you became board certified as a pediatric dentist and nothing additional was required. The term Fellow in a professional association often refers to a person who has distinguished themselves about the standard, either by publications or contributions to the profession. AAPD wanted to create that opportunity, so in 2012, we revised and reenergized the program to bring fresh meaning and value to the designation.

Starting in 2013, Fellow Status was no longer automatically granted to board certified pediatric dentists. We introduced the new fellow program that will offer our members an opportunity to be rewarded for continuing involvement in organized dentistry, scholarly activity and community involvement.

Members who were board certified 2012 or before were grandfathered into the Fellow status until June 2017. All activities in the last five years will count to renewing your fellowship status for the next five years. Members have until Oct. 1, 2017, to renew.

RENEWING FELLOW STATUS

Fellows must renew every five years and must attain 15 points to maintain fellow status. Fellow must attain points from 2 different areas with a max of 12 points in each category. Letters of recommendation are not needed for renewing fellow.

If a Fellow allows their Fellowship status to lapse they must apply as a new Fellow and attain 20 points to be considered.

Life and Retired Members that have Fellow Status do not need to renew or pay fees and they are permanently a Fellow.

HOW TO BECOME A FELLOW OF AAPD (FAAPD)

Below is an outline of requirements, point system, fees and renewal for the FAAPD program membership. Each FAAPD activity is assessed its own maximum point score to help determine candidates’ acceptance into the program.

MANDATORY REQUIREMENTS
1. Recommendation letters from two current Fellows.
2. Board certification by ABPD.
3. At least five consecutive years of AAPD Active Member Membership.

All Fellows must score 20 points or higher for consideration.

POINT SYSTEM

A new candidate must earn points in at least three out of four categories with a maximum of 12 points per category. Points are assigned to the different accomplishments in these categories so that it is fair and equal for all members. Only activities going back five years from the date of the application will be considered with the exception of published research articles that can go back up to 10 years. If a candidate serves on more than one council for the same organization or has attended multiple annual meetings, points can be awarded for each activity.

POINT VALUES CATEGORIES
1. Active Membership in AAPD, State or District Unit
   • One AAPD State Unit meeting within the last five years (1 points)
   • One AAPD District Unit meeting within the last five years (2 points)
   • One annual AAPD meeting within the last five years (3 points)
   • Serving on a council or committee in a state or district unit (2 points)
   • Serving on a council or committee in AAPD (4 points)
   • Chair of a council or committee in a state or district unit (4 points)
   • Chair of a council or committee in AAPD (6 points)

2. Organized Dentistry
   • Leadership in ABPD, COD (4 points officer, 2 points other)
   • Leadership Roles in ADA, AGD, HDA, AAO, AAE, AAP, etc (4 points officer, 2 points committee/other)
   • Board Examiner (NERB) (3 points)
   • ABPD Examiner (3 points)
   • State Dental Association involvement (1 – 3 points; committee member – Leadership roll)
   • Local Dental Society involvement (1 – 3 points; committee member – Leadership roll)

3. Scholarly Activity
   • Publishing of articles as the first author (6 points) or co-author (3 points)
   • Service as an attending in a hospital (3 points)
   • Service as a full-time faculty (4 points) or part-time faculty (2 points)
   • Participate in AAPD Journal CE Program (1 point)

4. Community involvement
   • Volunteering at Head-Start Program (2 points)
   • Volunteering at Health fairs, Give Kids a Smile (2 points)
   • Volunteering at a Community Health Center (2 points)
   • Serving on a School Board (1 point)
   • Dental-related mission trip (5 points)

AAPD FELLOW PROGRAM

MEMBERSHIP FEES

First-Time Fellows
One-time membership fee $200

Renewing Fellows
Every five-year membership fee $100

Please contact Membership and Marketing Director Suzanne Wester for more details regarding this program at swester@aapd.org.
AAPD Resident’s Corner

Resident Burnout: Ways You Can Prevent it

Gabriel Ross, D.M.D.

As I sit here at home, I am amazed to think that when I return on Monday I will finish my residency in one week. Reflecting upon these last two years as a resident, I can honestly say I have been privileged to be at MUSC pursuing my dream of becoming a pediatric dentist. I have had the ability to learn and grow during these two years, both as an individual as well as professionally within my career. As I sit here at 9 a.m., still in my pajamas enjoying my vacation, I am pondering the issue many residents face: burnout. Even our GME Chief meetings discussed resident burnout with some specialties, particularly general surgery, instituting mandatory mental health days! Stressed out, over-tired, and sleep deprived doctors do not make the best clinical judgements. Safety of the patient is paramount, and as providers we must take time to actively prevent burnout. Within myself, I realized the signs of burnout starting this last quarter: chronic tiredness, difficulty sleeping, irritability, and general “grumpiness”.

Don’t misunderstand me, I enjoy every one of my patients, and my co-residents; but with the stress of finding a job, potentially moving to a new city, and taking the Qualifying Exam for Boards, it became too much and I needed a break (hence the reason I am home two weeks prior to finishing my residency). My spouse first noticed the signs of burnout and commented that I had become grumpier, so I decided to do something about it. I spoke to some of my mentors, and listed below is a summary of their thoughts as well as my own for combating burnout.

Don’t overextend yourself. At the end of the day there is only one of you, and your career is a small portion of your life. Your family, friends, and even your community all contribute to making you the best you can be. We all want to help and assist others—that is why we became dentists! However, many of us quickly become overextended because we lack the ability to say “No”. We think that if we miss a birthday for a friend, or forget to like a picture online, or go be with friends every weekend, we have somehow failed at life. This could not be further from the truth. Spreading ourselves too thin causes us to build up stress. We are too busy trying to achieve many things that we worry and fail to accomplish one thing.

Take time for yourself. I am blessed enough to live near some excellent beaches and try to take advantage of them as much as I can. Isak Dinesen (nom de plume of the Danish author of “Out of Africa”) was quoted as saying “The cure for anything is salt water: tears, sweat, or the sea” We sweat hard enough during residency, so take the time we are not at work to do something for yourself. Go to a yoga class, take a hike, or go workout. Whatever it is you do—do it for yourself. Withdrawing from stress gives us time to recharge and renew our purpose.

Take one day at a time. No one has ever solved all the world’s problems by staying up and worrying about them. Tomorrow is tomorrow, and whatever will happen will happen tomorrow. Stress in small amounts: worrying will not change what happens. It’s best to take each day as it comes and embrace the challenges and rewards it brings.

Take a mini vacation. If you don’t have enough time for a long vacation, take a mini vacation. Go somewhere different, learn something new, or just go hang out in your backyard with your dog! (or cat, or listen to the birds or wind rustling the leaves). Do whatever it is you do to relax! Go have lunch with a friend, take a vacation, or do a stay- cation. The point being, in order to learn and grow, we all need time to unwind and be without anything dentistry related for a day. It will give you time to recharge.

Leave work at work. It is important to be available for our patients when on call, and to plan ahead for the week and month to come. However, taking work home, and failing to leave the stress of work at work, is a cause for conflict at home. The careers we have decided to embark upon require us to be on our A-game every day. Even when we are tired or under the weather, we still put on the best experience we can for our patients each day. In one friend’s words, working in pediatric dentistry, “…is like working at a Disney theme park, there are no off days for Mickey.” When we have an upset parent, or patient, that drives us to our wit’s end, we cannot take this frustration home. We have to leave it at work. When we take the stress home every day, it causes us to be grouchier and cynical, making us forget about the good we have achieved.

To summarize these thoughts, residency has been a balancing act. It requires study, fortitude and persistence, all the while juggling family, friends, and other responsibilities. There will even be days I feel that I failed my patients, my staff, everyone. There will be times, no matter how much I prepare and plan, the day will seem to fall apart. It doesn’t make me any less of a dentist to have a bad day, as long as I can learn from the experience.

The best prevention we have against burnout is preparation, and part of that is preparing time to relax into our schedules. Without balance, we can become a grouchy, sarcastic dentist no one wants to see. Balance is the key to preventing burnout in any residency. So go take that vacation, bike ride, or beach visit you have postponing. Your health is worth it.
AAPD Resident’s Corner

Resident Leadership Via the 5 Second Rule

Chrissy Hammer, D.M.D., M.A.

5-4-3-2-1-Go! If you were lucky enough to attend the keynote address at this year’s AAPD Annual Session, you know that Mel Robbins has used this simple tool as a springboard to help people around the world self-motivate and self-initiate. Sitting in the audience, amazed by the impact that her application of the interplay between neurology and behavior has had on the entire world, I began to wonder if and how I can relate the 5 Second Rule to my current leadership role as an existing chief resident. It became clear almost immediately that 5-4-3-2-1-Go! may be best applied by future chief residents looking for a way to stimulate long term change. While Robbins stressed using the tool from a first-person perspective (i.e. “I will get out of bed,” or “I will get to the gym”), the potential is limitless, from a leadership perspective, when it is used in third-person form (i.e. “We will make this a supportive work environment”).

Understanding the implications of “We” language vs “I” language can be a major differentiator between being the best and worst chief resident. Or, to look 10 years ahead, the best and worst boss. By finding a motivational strategy and learning to communicate in parallel—something I have personally spent the last two years trying to do—we open the door to two key concepts at the foundation of leading every team: an understanding of the impact of translational leadership, and the value of growing others emotional intelligence. Chief residents are middle managers. By using “We” language to manage up, down and out (yes, out), it is possible to understand the leadership structure so well that you can use it to focus on a greater goal—growing and supporting your people.

You may be thinking that I’ve made this too simple, leaving out important buzzwords like accountability, buy-in, resilience and trust, which are all critical in maintaining the strength of a team. But for our purposes, those concepts are second-tier, the next step is transactional instead of transformational. So for all of you rising chief residents, honored, burdened and challenged by the new role you face, take a moment to think about how the 5 Second Rule can be applied to your team, and not just to yourself. Remember that when it comes to creating a movement, building motivation, or starting an initiative, the first follower is actually more important than the leader. Value your team and make this year about “We.”

Dr. Barry Setzer Receives FDA Award

Congratulations to AAPD member Barry Setzer, D.D.S., who received a Public Service Award from the Florida Dental Association (FDA), for his humanitarian service to the state of Florida during the 2017 FDA Annual Meeting in Orlando in June. Setzer was also honored for his service to the FDA as an outgoing member of their board of trustees.

The FDA Public Service Award is awarded to those who “perform extraordinary acts of charitable service related to oral health that have left an indelible mark on the individuals, groups, or communities it touched.”

Setzer volunteers with the college as a courtesy clinical associate professor in pediatric dentistry and is also a member of the college’s Academy of Alumni and Friends (AAF), where he has served as an active leader for the association for many years including as AAF president. While the word “alumni” in the association title is self-explanatory, the word “friend” means anyone who has been an active supporter of the college. When the college was first created in the late ‘60s, there were no alumni supporters in the state. There were, however, many dentists who were dedicated to the idea of having a state dental school and who advocated and worked tirelessly on behalf of the college, both in the beginning and throughout the ensuing years. Later, these people became known as “friends” when the association was formed and Setzer, who earned his dental degree from the University of Maryland, certainly exemplifies the spirit of that title.

A native of Jacksonville, Setzer completed his residency in pediatric dentistry at the Children’s Hospital of Philadelphia and the University of Pennsylvania School of Dental Medicine. He also served as a captain in the U.S. Air Force Dental Corps. Setzer is a Fellow of the International College of Dentists, American College of Dentists, Pierre Fauchard Academy, Academy of Dentistry International and the American Academy of Pediatric Dentistry. In 2016, Setzer received the Sally D. Ott Memorial Award for Outstanding Service to the Northeast District Dental Association, as well as the 2013 FDA Foundation Humanitarian Award for his exemplary humanitarian service to the state of Florida.

Setzer was instrumental in the success of the 2016 Florida Mission of Mercy, or FLA-MOM, as the fundraising lead. The FLA-MOM received more than $590,000 in donations and in-kind revenue, with a net income of more than $130,000 to support the 2017 FLA-MOM.

Setzer has practiced dentistry in Jacksonville since 1977 through his private practice, Setzer, Cochran, Soares & Hubbard Pediatric Dentistry. In addition to his volunteer teaching at the dental college, he is a courtesy assistant professor in pediatrics at the UF College of Medicine – Jacksonville. He and his wife, Ellen, have one daughter, Dena, a son-in-law, Jason Rosen, and a grandson, Adam Shepherd “Shep” Rosen.
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When I was little, I was an anxious patient. Every time I saw my dentist, he would greet me with a big smile and try to make me laugh. I don’t remember all the details of the office or the visits, but what I do remember is that he was a happy person and my experience at the dentist was positive. That’s why my goal as a pediatric dentist is to give my patients a positive experience. The administrative support I receive from PDS allows me to do that. I feel secure with my role as a clinician because I have the support of a team that expands beyond my office walls. Plus, it’s very rewarding when my patients that relocate tell me they looked for a My Kid’s Dentist® in their new neighborhood.

Dr. Kelly Kim
Supported Pediatric Owner Dentist
Murrieta, California

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949-842-7936 or LoonamE@pacden.com
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“Dental Home Day was a wonderful experience for the dental staff of Children’s National. It gave all of us an opportunity to serve our community in a new way. We were able to enjoy and learn from each other and the children during the health fair,” said Children’s National Director of Advocacy & Research and HSHC Grants and Programs Committee Chair Dr. Anu Tate. “It was such a joy to see so many smiling adults and children working together.”

Residents and staff from Children’s National provided care to the children, while 30 HSHC volunteers engaged in various activities at the oral health educational fair in the atrium of the hospital. Among the activity stations that volunteers assisted with were oral health instruction, creating stress balls and what seemed to be the crowd favorite, casting your own Dr. Bear to take home. In addition, children and volunteers had the opportunity to sit in on a few studio sessions at Seacrest Studios, located just outside of the clinic. Children and volunteers played a variety of fun trivia games during their time in the studio.

“We are so grateful for our volunteers and support from the staff at Children’s National Medical Center who made the fifth annual Dental Home Day such a success,” said HSHC President Dr. Ned Savide. “HSHC extends a big thank you to all who brought smiles to the children of D.C.”

“It was our pleasure to honor the generosity of pediatric dentists across the country by opening our clinic and expanding our service as a dental home for the children of D.C.”

Dental Home Day at AAPD 2018 will take place in Honolulu, Hawai’i, on May 23, 2018. To learn more about Dental Home Day and how to become involved, please contact Kelly Katona at (312) 337-2169 or kkatona@aapd.org.

Follow us on Instagram, Twitter and Facebook, @hsckids, to view more photos from residents, patients and volunteers.
FEBRUARY 9 – 11, 2018 Westin Kierland Resort & Spa Scottsdale, Arizona

**Early Orthodontic Treatment: Working Together for Excellent Results**

The 2018 AAO/AAPD Winter Conference Planning Committee created a unique event featuring expert orthodontic and pediatric dental lectures.

Trauma will be addressed from both perspectives. Lectures will also address impaction, malformed first molars, dental transplants, decoronation, anterior crossbites, whitespot lesion prevention and treatment, autistic and cancer patients, parental expectations and risk management.

**Co-Chairs**

Henry W. Fields, D.D.S., M.S., M.S.D.
Scott Goodman, D.D.S., M.S.

**Committee**

John R. Christensen, D.D.S., M.S.
Clarence Law, D.M.D., M.S.
David B. Kennedy, B.D.S., M.S.D., FRCD.

**CE Credits**

16 hours

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**CE Courses**

**Early Orthodontic Treatment: Working Together for Excellent Results**

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

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

**Course Chair and Speaker**

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

**Speakers**

Alan Milnes, D.D.S., Ph.D.
Cara Riley, D.M.D.
Stephen Wilson, D.M.D., M.A., Ph.D.

**Who Should Attend**

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

**CE Hours**

11 hours

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**Comprehensive Review of Pediatric Dentistry**

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

**Course Chair and Speaker**

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

**Speakers**

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

**Who Should Attend**

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

**CE Credits**

22 hours

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**Safe and Effective Sedation for the Pediatric Dental Patient**

Westin Gaslamp Quarter San Diego, California

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

**Course Chair and Speaker**

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

**Course Vice-Chair and Speaker**

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

**Speakers**

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

**Who Should Attend**

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

**CE Hours**

22 hours

---

**Dental Assistant Sedation Course**

Your Role in the Safe Sedation of Children

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

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

**Course Chair and Speaker**

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

**Speakers**

Alan Milnes, D.D.S., Ph.D.
Cara Riley, D.M.D.
Stephen Wilson, D.M.D., M.A., Ph.D.

**Who Should Attend**

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

**CE Hours**

11 hours
Journal-Based Continuing Education

One of the many benefits of membership is the opportunity to earn continuing education credits by reading the journal, Pediatric Dentistry. Three credits per issue may be earned by successfully completing a post-test along with the reading. Contact AAPD Administrative Assistant Jan Haase at (312) 337-2169 or e-mail jhaase@aapd.org for details.

2018 – 2019 Samuel D. Harris Health Policy Fellowship

The American Academy of Pediatric Dentistry is accepting applications for the Samuel D. Harris Health Policy Fellowship sponsored by Preventech. Pediatric dental residents and individuals in their first five years post-residency (academic or private practice) are eligible to apply.

EXPECTATIONS AND OUTCOMES

The Harris Fellow will work with the AAPD Pediatric Oral Health Research and Policy Center to complete a project in health policy resulting in a paper to be published in a peer-reviewed journal. The topic of the project and resultant paper will be mutually agreed upon by the Fellow and the AAPD. Relative to that goal, the Fellow participate in various meetings and events throughout the year. Additionally, the Fellow will present the findings of their research at the 2019 Annual Session in Chicago, Ill., by poster and/or oral presentation.

The AAPD, the Harris Fellow and their program director (if applicable) will work together to agree upon the exact fellowship dates. The schedule will be flexibly designed for the Harris Fellow and their program or practice. A stipend to cover the costs of travel to necessary meetings and the Annual Session will be provided. AAPD will arrange and provide housing and all fellowship-related administrative costs and supply needs.

SELECTION CRITERIA

Selection will be based on the applicant's:

• Interest and specific personal goals for the program
• Relevant activities or roles within their professional sphere (both on-going and future)
• Three required letters of reference (if the applicant is a current pediatric dental resident, one letter must be from the applicant's program director authorizing an absence from training.)
• Proposed research project topic(s).
• Phone interview with AAPD Staff and leadership (if applicable).

The application is available on the AAPD website www.aapd.org and clicking on Awards and Fellowships under the Resources tab. For more information, please contact AAPD Educational Affairs Manager Scott Dalhouse at (312) 337-2169 or by e-mail to sdalhouse@aapd.org. Applications must be submitted electronically and are due by April 13, 2018.

Save the Date
March 8 – 10, 2018
Safe and Effective Sedation for the Pediatric Dental Patient

Hyatt Centric Magnificent Mile
Chicago, Illinois

March 11, 2018
Management of Pediatric Sedation Emergencies: Simulation

Northwestern Simulation Center
Chicago, Illinois

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.
Create a Smooth Practice Sale Transition

Julie Weir & Associates is recognized as the premier consulting firm specializing in pediatric dentistry since 1996.

The psychology behind a practice sale often gets overlooked and underestimated. It is easy for doctors to get lost in purchase contract negotiations and feel overwhelmed by all the legal, financial, professional, and personal consequences of the sale and not have a future plan after executing the contract. The best way for the seller and buyer to avoid pitfalls during this period of adjustment is to have a good transition plan in place before the sale is completed.

TEAM OF ADVISORS

A team of experienced advisors can help doctors smoothly navigate a practice sale and avoid costly mistakes. It is recommended that the seller and buyer select separate advisors so each one’s best interests can be served. Advisors can include an attorney, transaction broker, banker, certified public accountant with expertise in dental practice transitions, and a dental practice management consultant.

The seller and purchasing doctor should thoroughly complete their due diligence and different responsibilities ahead of the sale to assure a successful transition of ownership and maintain the practice’s momentum and profitability.

RESPONSIBILITIES OF THE SELLING DOCTOR

• Prepare financially and emotionally
  – Planning financially during the course of a career will allow a doctor to retire in comfort and inspired for the next phase of their life. A doctor should begin working with a financial advisor by the time they are 40 years old in order to understand what is needed to fund the desired lifestyle by retirement age. A savings plan should be put in place to achieve this financial goal and revisited each year. A financially successful retirement plan has a better chance of being achieved when in place for 20+ years.
  – Practice ownership creates a sense of direction, focus, and purpose that needs to be transferred to something else to keep a sense of fulfillment. There is a saying that one should never retire FROM something, but TO something. If a doctor did not develop many outside interests while practicing, they should think seriously about how they will spend their free time and still have a sense of fulfillment before they consider a sale or completely stop working.
  – If the selling doctor is going to stay on for a period of time, they must accept the practice will have a new boss. It can be emotionally difficult to let go of the reins and remove oneself from the decision-making and leadership side of the business. This can sometimes be the most challenging part of the transition.

• Hire a dental transition broker or an attorney with dental transition experience
  Often the value of the Accounts Receivable (AR) is not adequately addressed in the following areas:
  – What is the buyer going to pay for AR that is 0-90 days, 91-120, 120+?
  – How are credits on the accounts going to be disbursed?

• Working after the sale
  – Have a written agreement for what the post-sale working relationship will entail. Minimally, it should include what services the selling dentist will provide, what daily rate will be paid, how many clinical, hospital and/or IV sedation days will be worked and how long the selling dentist will practice until fully phasing out.

• Decide when to tell the team
  – Before the sale is completed
    ° Reduces the shock of when the sale finally happens. Team members may appreciate the doctor including them and recognizing they are an important aspect of the transition.
    ° Comes with more risks of confidentiality not being kept in the community about a future sale.
  – After the sale is completed
    ° Minimizes the possibility of patients leaving the practice if they hear about a potential sale.
    ° Protects the team from riding the emotional roller coaster of going through a number of potential buyers before a sale is completed.
  – Since there are advantages and disadvantages to both scenarios, it is recommended that the selling doctor assess their team to decide which method would work best and confer with their practice broker/consultant.
• **Notify the patients of the sale**
  - A well-written letter will begin to establish a sense of security and trust in the new owner. Letters and social media messages should be sent to families informing them of the sale and if the selling doctor is staying on and for how long. Introduce the new doctor with information about their career, family and interests. This helps families begin to connect to the new owner. The letter should also endorse the new doctor’s skills and portray the selling doctor’s confidence in the new owner’s ability to take good care of the families in the future.

• **Transfer of trust and confidence**
  - Empowering the team to be secure in the new doctor as their new leader is crucial. When the team sees the selling doctor supporting and endorsing the purchasing doctor, the team will have more trust and confidence in their new boss. They will be more enthusiastic when endorsing the new doctor to families in the practice.
  - Take time to introduce the new owner to the families in the practice through an open house, introduction announcements in the local paper, social media, and personal introductions as patients come in for their appointments should the seller stay on for a defined time period.

**RESPONSIBILITIES OF THE PURCHASING DOCTOR**

• **Build leadership skills early**
  - For most doctors, the purchase of a dental practice is often the first time they have been in an ownership position. The most challenging owner responsibility will be people management; motivating, holding team members accountable and helping the employee grow as a person in their career. Becoming a great leader requires practice and learning through trial and error. Attending leadership books, listening to podcasts, watching TED Talks and seeking guidance from the selling doctor and/or doctors in the community will help build a strong foundation of leadership skills.

• **Engage the team**
  - Hold a team meeting after the sale and ask the team what is working well, what is not, and what things the team would like to change. This can give the new doctor valuable insight, especially if they were not an associate in the practice prior to the sale.
  - Share your vision and the culture you would like to create with the team.

• **Be patient and make major changes slowly**
  - As a new team, create two mission statements; a Practice Mission Statement that defines how the patients will be served by the team, and a Team Mission Statement that defines how team members will serve each other. The two mission statements will create an accountability tool for the doctor to help the team understand how they should perform their jobs. By creating these statements together, the team will feel a greater sense of buy-in and commitment to the new practice vision.
  - Many new owners inform employees their skills, attitude and commitment will be evaluated over the next 6-12 months to determine if they are a positive contributor to the team. Typically, there is a learning curve for the new owner and it is important that each team member be fully assessed before any corrective action or dismissal takes place. However, it is not recommended to retain team members who have a negative attitude or are not performing their job duties.

• **New employee manual**
  - Create or modify the Employee Manual to set guidelines for how the new team will be managed. Early on, have a team meeting to go through any changes to reduce confusion about what is expected. Each team member should read the Employee Manual and sign a document that they have done so, which is then placed in their employee file. These files are confidential and should be kept in a locked drawer.

• **Post sale team of advisors**
  - Certified Public Accountant (CPA) that specializes in working with dentists.
  - Employment attorney to help ensure the accuracy and legality of the employee manual and employee forms.
  - A practice management coach/consultant can assist in laying the foundation that aligns with a doctor’s vision. They will evaluate the efficiency of the practice systems, and allow doctors to focus on what they do best while making personal and professional goals attainable. They can also help create a practice business plan and goals, train on proper verbal skills, hiring processes, leadership and team building. Lenders often feel more confident approving loans when informed that a doctor has partnered with a practice management coach/consultant.
• **Community outreach events and marketing efforts**
  - Doctors successfully grow their reputation by becoming actively involved in the community and associating themselves with the selling doctor’s legacy. Selecting 2-3 people within the team to plan and execute internal and external patient and community relations will allow for more engagement. The marketing team should evaluate what marketing strategies should be continued and what new marketing actions should be implemented to increase new patient numbers.

There will always be challenges in the transition of a dental practice for both the selling and buying doctor; however, having a good relationship with each other and executing post-sale action plans will help ensure a successful transition. A recent purchasing doctor shared, “Although there is never a guarantee, spend time with the person you are buying from or selling to. It is easier to accomplish this amazing goal and achieve success during this period of transition with someone that you trust.”

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There are no secrets to success. It is the result of preparation, hard work, and learning from failure.

*Colin Powell*

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

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**Practice Tools to Increase Efficiency**

- **Top 10 Front Desk Verbal Skills Desk Reference** $85
- **Team Meetings Kit: Morning, Monthly & Department** $85
- **Benefits of Pediatric Dental Procedures Verbal Skills Flash Cards** $65
- **Hiring & Training Manual** $150
- **Performance Review System** $85
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Pediatric Oral Health Research and Policy Center

Workforce Study to Predict Ideal Number of Pediatric Dentists

The AAPD has partnered with The Center for Health Workforce Studies, Albany, N.Y., to produce a comprehensive pediatric dentist workforce study. The research project will gather and analyze credible evidence to provide policymakers an overall target for the ideal number of pediatric dentists in the U.S.

The project features the following efforts:

- Conducting interviews with key AAPD leaders and healthcare workforce experts
- Performing a review of relevant literature
- Revising the 2012 Survey of Pediatric Dental Practice and developing a survey instrument to collect needed data elements
- Sending the electronic survey to selected AAPD members for valuable information on their pediatric dental practices
- Processing data collected in the survey through standard data cleaning protocols to prepare them for analysis.
- Generating preliminary supply projections for pediatric dentists based on AAPD membership data, new graduate information, and prediction equations for interstate migration, practice hours and retirement
- Creating a population database for demand modeling consisting of a representative sample of population in each state

The upcoming stages of the project involve development of microsimulation supply and demand forecasting models. The models will be based on not only existing data, but estimated projections on such variables as population growth and characteristics, consumer behavior, general dentist contributions to pediatric oral care, pediatric dentist trends regarding retirement and preferred practice locales, and influences of national legislative policies.

Using the data collected in the survey of pediatric dentists and other relevant data compiled for the project, the project will offer baseline estimates and projections through 2030 of supply and demand for pediatric dentists at national and state levels. The final report will be completed in November of this year.

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

Pediatric Dentist Toolkit for Seeing Patients with Medicaid: Changing Children’s Lives One Smile at a Time

This toolkit is an invaluable guide to getting a Medicaid program started in your practice. It covers such practical concerns as how to become a dental Medicaid provider, schedule patients wisely, and find training opportunities for your team members. The publication features solid answers to common questions about how to appropriately administer Medicaid, as well as an assortment of time-saving resources.

You will find the answers to these and many other questions:
• How do I become a dental Medicaid provider in my state?
• Which patients are eligible for Medicaid?
• How can I best prepare my pediatric dental team to work with Medicaid?
• Are there any rules about which patients I accept into my practice?
• What kind of Medicaid audits can occur in dentistry?
• How do I prevent common pitfalls that make participation in Medicaid frustrating or difficult?


The long-awaited and much publicized changes to the Reference Manual are soon to be in your mailbox. The Reference Manual’s reorganization and classification, a joint venture of the Evidence-Based Dentistry Committee (EBDC) and Council on Clinical Affairs, is in response to evolving guideline standards in the larger health care community.

Here are the changes you will find:
• The term “Recommendations” is used to distinguish guidelines from definitions, oral health care policies and resources.
• There are two subcategories of Recommendations: “Clinical Practice Guidelines” and “Best Practices.” The distinction is determined by the methodology employed to develop the recommendations.
• Clinical Practice Guidelines, as redefined by the Institute of Medicine, are “statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”
• Best Practices, as defined by the Centers for Disease Control and Prevention, are “the best clinical or administrative practice or approach at the moment, given the situation, the consumer’s or community’s needs and desires, the evidence about what works for this situation/need/desire, and the resources available.”
• Best Practices would also include guidelines peripherally related to clinical care, such as informed consent and record-keeping procedures.

Predictive Model for Caries Risk Based on Determinants of Health Available to Primary Care Providers

The AAPD Policy Center is wrapping up its third year of research exploring oral health promotion in primary care and identifying common risk factors for a more effective primary care caries risk assessment tool.

The purpose of Year 3 was to extract more extensive data from dental and medical records of subjects seen at both the Nationwide Children’s Hospital (NCH) dental clinic and within the NCH primary care network. Data collection was guided by the list of approximately 40 independent variables generated in Year 2. However, more extensive work defined both previously identified and new relevant variables.

Once significant well-child variables were identified, they were used to develop a predictive model to characterize the likelihood that, based upon information noted in the early well-child visits, subjects would have predictable outcomes correlating with oral health disease. The outcomes were defined as patients having either dental caries at the time of their first dental visit or a “high” value on the caries risk assessment performed at their first dental visit.

A child’s age at the first dental visit was a strong predictor of caries risk in both outcome models. In other words, the timing of the first visit accounts for a good portion of the models’ abilities to predict the proportion of patients with existing caries or high risk for caries.

Three risk factors were statistically significant and retained in the predictive model for existing caries at the first visit:
• Age at the first dental visit
• Language other than English
• No blood test for lead

Four risk factors were statistically significant and retained in the predictive model for high risk of caries:
• Age at the first dental visit
• Language other than English
• Breast feeding
• Twenty percent no-show rate for health-related appointments

This study demonstrates that risk factors present in a child’s medical record may be used to predict the presence of dental disease and/or the assessment of “high” caries risk at the time of the child’s first dental visit. Predictive models may be used to refer children for dental care based on information available in current medical records from well-child visits. A full Year 3 report will be available later this fall.

Visit [http://www.aapd.org/assets/1/7/DentaQuest-RE.pdf](http://www.aapd.org/assets/1/7/DentaQuest-RE.pdf) to view the full Year 2 Report.
Evidence-Based Dentistry

How the New Clinical Practice Guidelines are GRADED

Unlike school, there’s no pass/fail or curve for clinical guidelines. Here at AAPD we grade tough. Our evidence-based dentistry workgroup members are trained to develop guidelines using stringent methodologies, which means coins are tossed only if randomization is required. Guideline developers employ the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach, a system for rating quality of evidence and strength of recommendations.

Each recommendation starts out as a clinical question or a PICO1, followed with outcomes ranked by importance. A search is conducted to find the best available evidence on the topic (ideally a systematic review) Then, the evidence is reviewed, extracted, synthesized (qualitatively or quantitatively) and finally graded.

Guideline recommendations will be marked as either STRONG or WEAK.

A strong recommendation implies in most situations that clinicians should follow the suggested intervention.

A weak recommendation indicates that while the clinician may want to follow the suggested intervention, the panel recognizes that different choices may be appropriate for individual patients.

Next to the recommendation’s grade is listed the strength of evidence. Strength of evidence is based on the quality of the evidence informing the recommendations. While strong evidence often denotes a strong recommendation, on occasion a strong recommendation may be based on moderate or even low-quality evidence. For example, sealants are recommended for use in primary molars, despite the dearth of studies on the effect of sealants in the primary dentition.

“The sealant guideline panel recommends the use of sealants compared with no use in primary and permanent molars with both sound occlusal surfaces and noncavitated occlusal carious lesions in children and adolescents. (Strong recommendation, moderate-quality evidence.)”2

Strong recommendations based on lower-quality evidence are determined on a case-by-case basis and serve as examples of how the clinicians and their collective expertise are essential to guideline development.

For more information, please contact Senior Evidence-Based Dentistry Manager, Research and Policy Center Laurel Graham at lgraham@aapd.org.

1Population, the Intervention (or exposure in the case of observation studies), the appropriate Control or Comparator, and the Outcomes of interest. Ann Intern Med. 1997 Sep 1;127(5):380-7. Formulating questions and locating primary studies for inclusion in systematic reviews.


The Dental Trauma Guide – Evidence-Based Treatment Guide

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

Due to a loss of funding the Dental Trauma Guide is now a membership-based website. For AAPD members, the fee (normally $25 per year) is a nominal $5.00 per user per year.

To subscribe:

• Visit http://dentaltraumaguide.org/membership-aapd-7123647361/.
• Select the number of individual users that need to have access to the Dental Trauma Guide.
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Coding Corner

Common Coding Questions for CDT 2017

The Code on Dental Procedures and Nomenclature (CDT) is updated annually. With these changes, there is a constant need to learn and understand new and evolving CDT codes. This article summarizes the common coding questions we received since the launch of CDT 2017.

**D0600** Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum

Q. Can any cavity detecting device or technique be used when reporting D0600?

A. No. D0600 describes a non-ionizing diagnostic procedure for quantifying, monitoring, and recording changes in the structure of enamel, dentin, and cementum. The technology used for this diagnostic procedure must be capable of quantifying, monitoring, and recording changes in the structure of enamel, dentin, and cementum.

It is inappropriate to use this code to report traditional transillumination technology or techniques. A few examples of technology that are capable of providing this service are CariVu™, DIAGNOCam, SOPROLIFE diagnostic camera, etc.

**D4346** Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

The removal of plaque, calculus and stains from supra- and subgingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.

Q. What is the recommended fee for D4346?

A. There is currently limited fee data available for this new procedure code. Research shows that allowable reimbursements are highly flexible among payers for this new CDT code. Currently, the most common reimbursement observed is comparable to D1110, with some charging 20 – 30 percent higher than D1110. AAPD always advises to confirm benefits prior to performing this service to help reduce financial surprises for both patients and in-network providers.

Q. Can D4346 be reported with one quadrant of D4342, periodontal scaling and root planning (SRP), when performed on the same service date?

A. The descriptor for D4346 states that there is an “absence of periodontitis” and the procedure “should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.” Typically, reimbursement for any SRP procedure performed on the same service date as D4346 would be disallowed.

Q. Some plans are reimbursing D4346 as a periodontal benefit, applicable to the plan deductible and periodontal reimbursement percentage. Can we report this procedure as a prophylaxis instead of using the new code?

A. No. You are required to report what you do, based on the diagnosis and documentation of the procedure performed, using the most specific CDT code from the current code set. This is true regardless of the benefit received or lack thereof. Reporting D1110 to receive or increase reimbursement is considered downcoding, a fraudulent billing practice.

**D9994** Dental case management – patient education to improve oral health literacy

Individual, customized communication of information to assist the patient in making appropriate health decisions 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.

Q. Is there a code to report and document interpretation services as required by Section 1557 of the Affordable Care Act?

A. Yes. CDT code D9994 may be used to document and report interpretation services.

Section 1557 of the ACA prevents dental practices from charging a patient for interpretation services; however, it is important to document what you do. Case management efforts are sometimes required to be reported for federally funded programs in order to quantify case management efforts, such as interpretation services.

As always, report what you do. Select the appropriate CDT code from the current code set that best describes the procedure performed. It is important to fully read and understand the nomenclature and descriptor of CDT codes when selecting the proper code to report. A CDT code definition determines how a procedure is reported and supersedes any outside opinions and interpretations of the code.

Maintaining a current CDT coding manual and properly educating your dental team are key for successful coding. Gaining an understanding of proper reporting procedures can result in fewer denied claims and more timely manner for payment.

For more information, contact Dental Benefits Director Mary Essling at (312) 337-2169 or messling@aapd.org.
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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. Payment 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.
AAPD Spokesperson Featured in Dental Products Report

AAPD Chief Policy Officer Dr. Paul Casamassimo was interviewed by Kristen Mott for a story titled, “Study finds that yeast-bacteria interaction may be causing tooth decay in toddler.”

According to the article:

“Dr. Paul S. Casamassimo, D.D.S., M.S., director of the American Academy of Pediatric Dentistry’s Pediatric Oral Health Research and Policy Center, says the results of the study help expand dentists’ understanding of the complex interactions in the oral cavity that relate to early childhood caries; however, he notes that the translation of basic research into clinical care is often a slow process.”

To read the full story, visit http://www.dentalproductsreport.com/dental/article/study-finds-yeast-bacteria-interaction-may-be-causing-tooth-decay-toddlers.

AAPD Featured in New York Times Story on Dental Sedation

Catherine Saint Louis with The New York Times interviewed AAPD Chief Policy Officer Dr. Paul Casamassimo (Ohio), Dr. Deborah Studen-Pavlovich (Penn.) and Dr. Jeannette MacLean (Ariz.) for a story on sedating children for dental work.

According to the story:

“Sedation is above and beyond routine dentistry,” so the first thing parents should ask is whether it’s necessary, said Dr. Paul Casamassimo, the chief policy officer for the American Academy of Pediatric Dentistry’s research center.

“The quality of dentists’ sedation training matters, because a dentist needs to be able to choose the right candidates and the appropriate drug and know how to rescue an oversedated child. Pediatric dentists train for an added two or three years to learn sedation. By contrast, a general dentist may have taken a weekend course in moderate sedation. “Classroom training is not enough,” Dr. Studen-Pavlovich said.

“The bottom line is parents should be told the risks, benefits and alternatives, Dr. MacLean said. “If not, get a second opinion.”

To read the entire story, please visit https://www.nytimes.com/2017/08/24/well/family/should-kids-be-sedated-for-dental-work.html.

New Mouth Monster Hub Content

DID YOU KNOW? 5 FUN TEETH FACTS

Your teeth are truly amazing! Do you know how many teeth you have? When do teeth start growing? Check out these fun facts and some tips on how to care for little teeth.

• The enamel on your teeth is the hardest substance in your body. In fact, one of the best ways to keep it healthy is right in your kitchen – fluoridated tap water helps strengthen weak areas of enamel on your teeth.

• Your pearly whites are your own, unique set of teeth. Even identical twins don’t have identical teeth.

• A baby’s teeth start forming before they are even born.

• Like an iceberg, 1/3 of your tooth is below the gum line. In addition to preventing cavities, flossing helps keep gums healthy by reaching food that tooth brushing alone can’t reach. As soon as your child has two teeth touching, start flossing!

• Kids have 20 baby teeth and adults have 32 permanent teeth. In comparison, cats have 30 teeth, dogs have 42 teeth, pigs have 44 teeth and an armadillo has 104 teeth!

Media Training 2017

On June 16-17, 2017, nine spokespeople were trained in Chicago to address a variety of topics within pediatric dentistry, ranging from protective stabilization to sedation, to access to care, as well as silver diamine fluoride and our Mouth Monsters’ campaign. Presenters Dr. Robin Wright (AAPD) and Dick Helton, Morning Show Host and Senior Political Correspondent with KNX1070, CBS Newsradio, provided insights on how to best address the media, especially when controversial topics arise in the pediatric dental industry.

Back row left to front: AAPD President-Elect, Dr. Joseph Castellano, Dr. Jacob Lee, AAPD PR Director Erika Hoeft, AAPD President Dr. James Nickman, Mr. Dick Helton, Dr. Tegryn Brickhouse, AAPD CEO Dr. John Rutkauskas, Dr. Kelly Gonzalez & Dr. Reza Ardalan

Front Row: Dr. Dorothy Pang, AAPD Secretary-Treasurer Dr. Jessica Lee, Dr. Susan Tavana & AAPD Policy & Research Center Director Dr. Robin Wright
Walking Barefoot, Uphill and in the Snow!

As one privileged to be involved in helping with the American Board of Pediatric Dentistry (ABPD) examination process, I had an interesting question recently. I was asked if I thought the whole exam had been “watered down” and had become too easy. The ABPD has undergone a remarkable metamorphosis over the past 30 years. Its purposes and processes have changed, and recalling some of the history of that change is an important part of answering the question.

The original certification process involved four distinctly different parts and took many years to complete. The first two parts, the written and oral exam, were fairly straightforward, and many pediatric dentists committed to take them. It was the last two parts, the four-case submission and the office visit, that stopped most from finishing.

To challenge these two parts, one had to have been in practice long enough to have a developed office site and to gather the four cases needed “perfect” pretreatment and post-treatment radiographs. Following cases acceptance, the final part, the office visit, had to be scheduled within the year. Two examiners spent a half day in your office to observe you treat specified types of patients, read your records, and examine your office for all the required components. The dilemma came with the difficulty of standardization of those “required components” and “subjective assessment” of the acceptability of your records and patient treatment. Add to that the stress and vulnerability of subjecting one’s self to such scrutiny, and it is no surprise the number of people who moved past the first two parts to become board certified was limited.

The outcome was a small group of people who belonged to a fairly exclusive “club” who prided themselves in having made it through. It was accepted that many would fail, and in fact, the exam was expected to discriminate. There was a battlefield of casualties who did not finish certification, and ill will towards the process was common. The purpose of the exam at that time came across as certifying only those individuals who were the best, and the bar was high. No wonder those who passed were proud to be among the select! No wonder they may have developed the feeling that they were better.

Fast forward to the 21st century. Board certification is now required for pediatric dentists to be credentialed to treat children in the hospital, and having hospital privileges is part of how we define ourselves as a specialty. To have an examination process where only the “best” could pass, and where lack of standardization and subjectivity was unavoidably part of the process, would leave “casualties” unable to practice their profession properly. This could have been looked upon as “restraint of trade” and could even have left the ABPD open to legal challenges.

Today the purpose of the certification process has to be to certify an individual as competent to practice their specialty, not to separate the best from the rest. It is expected that most new graduates will become board certified. It is the responsibility of the program directors to produce individuals who can challenge the ABPD with a successful outcome. It is the standard today that the certification process is routinely assessed for its validity and reliability. All of these things seem to be happening. The numbers are up from a few hundred in 2000 – to over 5,000 in 2016. The examination is now only two parts, a written and a clinical oral examination. A large number of pediatric dentists, both clinicians and academicians, participate in the process of writing and administering the examination. Every examination and all outcomes of both parts are routinely assessed by a psychometrician, and changes are made to ensure their validity to measure what they are intended to measure in a reliable manner.

So, in answer to the question posed to me, no I don’t think the process has gotten easier. I think it has gotten better – it has a better-defined and more contemporary purpose; it is a better and fairer process; it is valid and reliable; it reflects the efforts of a large, diverse group of talented individuals; approximately 85% of those who challenge it are successful. The vast majority of newly certified pediatric dentists take it and most pass. As one who “did it the old way” and feel like I “walked barefoot uphill in the snow”, I am thrilled to see the changes and honored to be part of the process.

N. Sue Seale, DDS, MSD
Dallas, TX
QE Subcommittee Member, ABPD
Board certified: 1984
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¹Data on file.
Is Buying Insurance an Act of Love?

Chances are you hadn’t thought about life insurance this way…

By Treloar & Heisel, Inc.

Part one in a series of articles about whole life insurance.

In our view, the purchase of life insurance is really an act of love. The truth is, you typically buy life insurance if you truly love somebody. You care deeply enough about a person or a cause that you would like to ensure their wellbeing even beyond your own lifetime. It’s a noble, thoughtful, and moving act.

Life insurance has a bad reputation, but that’s mostly because it’s misunderstood. To begin with, it’s often perceived as being too expensive. Clearly, it is possible to buy inexpensive life insurance, called ‘term.’ Term insurance (as opposed to permanent insurance) is fairly affordable. The reason for its affordability is its limited applicability. Term life insurance only pays if the insured dies during a certain period of time, usually well before their life expectancy. A ten-year term policy, for example, only protects you for ten years. Should you die outside of that policy period, your beneficiary does not receive any benefits. A whole life policy, (the kind of permanent insurance we will be discussing in this article series), is however, considerably costlier – but comes with significant advantages over term insurance. Not the least of which is that it is permanent. As long as you pay the premium, you are covered. The policy only expires when you expire.

So the real question is: why would you buy expensive life insurance over cheap life insurance? It’s because you have a broad horizon, and you want to see how many dimensions of this financial tool you can put to use within the context of your overall financial picture. Whole life insurance is like a Swiss Army knife of sorts. Sure, it’s life insurance, but it also comes with a certain features and guarantees that can serve you well – if you can afford to purchase it. Today we focus on the most important guarantee that whole life insurance offers, and that is the guarantee of time. Let’s explain what we mean by this.

By choosing to specialize in the dental professions, you have already selected a rich career path – both intellectually, and financially. Whether you are a middle-aged professional, or just starting out, all you need is time to achieve your various financial goals. What life insurance allows you to do is to complete those goals anyway, even if you don’t have the time to complete them by working, earning and accumulating assets. You may be lucky enough to live out a long life and achieve goals independently, or if you die early, you’ll still be able to provide everything you hoped for your family. During your working years, those goals may include educating your children, buying homes, and living a certain lifestyle. Once those goals are achieved, the goals change to retirement objectives. A properly structured whole life policy can significantly impact your income streams in retirement – in a good way! We’ll be discussing how you can leverage the multi-dimensionality of whole life insurance to enhance your retirement objectives in an upcoming article in this series.

You may be surprised about the many benefits you will discover once you really become a student of whole life insurance. It’s easy to dismiss whole life insurance precisely because it is more expensive, and frankly, more complex to understand. Plus, on an unpleasant topic such as death and dying, no one wants to dwell too long on the particulars.

Think about it not as death and dying, but as planning ahead for the people you love most. You’ll gain an entirely new perspective on whole life. You’ll feel good about spending money on insurance, because buying insurance is a selfless strategy.

Some may even call it an act of love.
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How To Prevent Your Pediatric Dental Assistants From DESTROYING Your Practice

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ABOUT THE PDAA: The mission of the Pediatric Dental Assistants Association is to help PDAs reach their full potential as professionals, helping children and supporting their dental practice. It is the only place where the professional status of pediatric dental assistants and their contribution to the field of dentistry is recognized. For more information, visit thePDAA.org
Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry supports community-based initiatives that provide Dental Homes to children from families who cannot afford dental care.

Dr. Ned Savide
HSHC President

Help us Give it Away

If there’s one thing I’ve learned during my tenure as Healthy Smiles, Healthy Children President, you’re more popular when you’re giving money away than when you’re asking for it. So, instead of asking for your contribution to Healthy Smiles, Healthy Children, I’m seeking your assistance in helping us give it away.

Next month, we will issue our eighth call for applications for HSHC Access to Care Grants. These are one-year grants of up to $20,000 for qualified organizations providing dental services to children from underserved families.

Since 2010, HSHC has issued more than $4.6 million in grants and commitments to 89 organizations in 32 states and the District of Columbia.

During the last five years, total Access to Care Grant applications have ranged between 202 and 340 per year. Last year was our most competitive year yet with applicants making the final round of consideration scoring an average of 4.4 out of 5 (up from an average of 4 from the previous year).

So, instead of asking for your contribution, I have this plea: If you’re involved with any effort to help provide care to the underserved, apply for an HSHC Access to Care Grant. If you know someone who is involved with an effort to provide care to the underserved, encourage him or her to apply.

If you’re thinking about applying, please note:

- HSHC only funds programs that are affiliated with accredited dental schools (including residency programs) and established nonprofit organizations. We do not award grants to start-up organizations, individual practitioners or private practices.
- Funded programs must be dentist-led. Whether it’s a pediatric dentist or general practitioner, every program supported by HSHC must be under the direct supervision of a dentist.
- Funded activities must provide direct support for Dental Homes. Applicants must demonstrate how their efforts provide ongoing care for treated patients. We do not fund one-time screenings and other types of intervention events.

Our full grant guidelines are available at healthysmileshealthychildren.org. By late October, qualified organizations will be able to apply online through HSHC’s website. The deadline to submit completed applications will be in late December. (Any application-related questions can be directed to Grants and Programs Associate Kelly Katona at kkatona@aapd.org.)

Since 2010, our grantees have helped provide Dental Homes for more than 320,000 kids. Earlier this spring, HSHC set the goal of helping our grantees help another 700,000 children in order to reach the 1 million child mark by June 2022. Increasing the number of annual applicants for HSHC Access to Care Grants is just one step toward reaching our million-child goal.

Besides identifying great programs for funding, applications taken together give us a bigger-picture view of what’s going on in the field. Each application cycle gives us ideas that we put to use in many other ways.

So, instead of asking for your contribution, I’m asking for your help in helping us give it away. If you’re affiliated with a qualified program, apply. If you know someone affiliated with a qualified program, ask them to apply. I’d like to be a little more popular.

Thank you.

Dr. Ned Savide
HSHC President

AAPD Past President (2005) Dr. Savide, is a retired pediatric dentist residing in suburban Chicago.
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DENTAL HEALTH CARE
SEEKING PEDIATRIC DENTIST

ARIZONA—GLENDALE. Busy pediatric dental practice in the Phoenix area looking to take on part time or full time associate, with a buy-in in the near future. We need a caring, compassionate, and outgoing pediatric dentist. Position comes with health insurance. Our practice was built 5 years ago with state-of-the-art equipment. We are rapidly growing. We have two dental anesthesiologists who come to our office on a regular basis. We have hospital privileges at 2 local hospitals and treat a variety of patients in the Phoenix area. Please email your C.V. to Salomoncz@cox.com if you are interested! Board eligible or board certified pediatric dentist required.

ARIZONA—GOODYEAR. Great opportunity for friendly quality oriented pediatric dentist in a fast growing suburban community of Phoenix (City of Surprise, Goodyear and Avondale, Buckeye). This is a single doctor private practices. We provide all levels of pediatric dentistry: N2O, conscious sedation, IV sedation with in office anesthesia team, including Phoenix Children Hospital privileges. Currently we have part time 2-3 days per week position with an opportunity for full time. We offer: Clinical autonomy to diagnose and treat patients; Comprehensive administrative support; Comprehensive compensation (minimum guarantee and percentage base) and benefits packages including 401K, Health and Vision Insurance. Primary focus: Provide exceptional dental care; Educate patients regarding their comprehensive treatment options; Maintain an environment where patients understand their health is our top priority. Requirements: D.D.S. or D.M.D. from an accredited school; Certificate from an accredited pediatric residency program; Board eligible or Board certified; Dedication to oral sedation license required.

ARIZONA—TUCSON. Every Kid’s Dentist has an excellent opportunity for a pediatric dentist to work full time in Tucson, Arizona. As a pediatric dentist practicing at Every Kid’s Dentist you’ll have the opportunity to focus 100% of your time on pediatric dentistry and patient care; likely the reasons you chose pediatric dentistry as a profession rather than dealing with the practice management side of things. Pediatric dentists are supported with trained assistants along with industry-leading tools, technology and safety equipment. Every Kid’s Dentist accepts nearly all PPO and HMO plans and we only partner with residency-trained pediatric dentists. Compensation includes a guaranteed daily draw or a percent of adjusted production along with comprehensive benefits. If patient care and the relationships you create is your passion, then practicing at Every Kid’s Dentist is likely just the place you are looking for. Contact Ed at 949-842-7956 or e-mail looname@pacden.com. Dental degree from an accredited university and an active State Dental Board license and oral sedation license required.

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

COLORADO—DENVER. Established, highly successful, state of the art pediatric dental practice is seeking an associate pediatric dentist with partnership for the right individual. You communicate well with parents, patients, and co-workers, are caring and compassionate, and highly motivated. We provide the highest quality of care while promoting a positive dental experience at every visit. We offer a full range of services including laser dentistry, hospital care, digital x-rays. We believe in a high level of patient and parent education. Located in a fast growing, family oriented neighborhood. Certification in Pediatric Dentistry, Board eligible/certified required. One year post residency experience preferred. For more information, contact debbie@ancielddental.com.

FLORIDA—MIAMI. Pediatric dental group with four locations in South Florida is recruiting full/part time pediatric dentists. Office locations are in Coral Gables, Homestead, Coral Springs and Miami Shores. We offer: state of the art offices (fully digital), Eaglesoft, central Nitrous Oxide, autonomy to choose days and locations; schedule flexibility. Providers will be able to treat patients under GA (hospital based). Compensation: $1,500 daily guaranteed or 35% production (including sealants, prophylaxis, fluoride, OHI and X-rays). Benefits for Full Time positions (4-5 days): Health Insurance; Malpractice Insurance; Disability Insurance; 10 paid vacations days/year. Florida License required. For more information, contact enacosta@pediatricdentalcare.com.

FLORIDA—MIAMI. We are looking for a compassionate and caring pediatric dentist for a fun and friendly office in North Miami. Equipped with the latest digital sensors, panoramic machine and dental materials. We also provide hospital dentistry

For information regarding placing a listing in PDT or Pediatric Dentistry please visit the AAPD Career Center at http://jobs.aapd.org or call (312) 337-2169
and Nitrous. We take pride in serving the immediate and surrounding communities and have wonderful team members to support our mission. Full and part-time positions available with a competitive compensation. Requirements: Current Florida dental license, completed a pediatric residency from accredited program; Board eligible or board certified; Malpractice insurance. For more information, contact: sankakdental@gmail.com.

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

**GEORGIA—ACALCUTA.** Kwon Pediatric Dentistry, a rapidly growing practice, is seeking a full-time pediatric dentist. We place the highest priority in lasting and trusting relationships with our patients, parents, staff and doctors. We offer oral conscious sedation and IV sedation. Our competitive package includes a guaranteed minimum salary. Please e-mail your cover letter, along with your C.V. and professional references. Send to: Liz Sanders at kwondentistry@yahoo.com, contact telephone is 678-714-7575, ext 109. For more information, please visit our website at http://www.kwondentistry.com.

**GEORGIA—SUWANEE.** Smiles For Kids, Pediatric Dentistry and Orthodontics, 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 pdntestjobs@yahoo.com or call Dr. Sharma at 404-433-1317. Duties and responsibilities: Perform all phases of pediatric dentistry services in a clinical setting and under IV sedation.

**HAWAII—IEA/AOUH.** Aiea pediatric dental center is looking for a full or part time pediatric dentist to join our well established practice. We have a ten chair (no open bay, all private room) facility that provides the following services for our patients: Mild sedation, Phase 1 and 2 orthodontics and CO2 laser dentistry (We have 2 Solea lasers) for both hard and soft tissues. Currently, our office has 1 dentist with 16 full time employees (3-6 dental hygienists working daily). We are in search of a candidate who has the ability to provide quality/compassionate/honest and conservative dentistry. Hawaii currently accepts the NERB board exam. If interested in this opportunity and would like to discuss compensation details please forward your resume to derek@h@hotmail.com.

**ILLINOIS—CHICAGO.** Pine Dental Care has a position available for an energetic pediatric dentist to join our practice. We have two offices, one urban, one suburban. All pediatric dentist have hospital privileges at Lurie’s Children’s Hospital. Our main focus is to provide compassionate care to children. This position leads to a partnership position. Must be Board Eligible and able to pass the ABPD Board Exam in 5 years from starting at our practice. For more information, contact: pine@pinepartners.com.

**KANSAS—TOPEKA.** Incredible opportunity for a highly skilled pediatric dentist! Our practice is searching for a pediatric dentist that is an excellent communicator with high clinical standards and strong organization leadership qualities. This is an excellent opportunity to work in a fun loving, non-corporate, privately owned practice. Our facility is a new, beautiful, modern free standing building that provides state of the art dentistry. Currently we are in-network with only two insurances, but are able to keep up with the growth of our practice without another pediatric dentist. Our awesome team loves what they do and enjoys building lifelong relationships with our patients and their families. This opportunity provides for an excellent balance between practice and family life in a family-oriented, Midwestern city that is an hour from all the big city attractions and shopping of Kansas City. A compensation package with excellent earning potential will be provided based on a percentage of collections, along with other great benefits available such as health insurance, 401k plan with employer match, and a continuing education allowance. If desired, a future partnership opportunity would also be available for the right person. For more information please send your C.V. and cover letter to Dr. Michael Browning at mhbrowning@hotmail.com or call (785) 608-8413.

**MARYLAND—SILVER SPRING.** Do you love seeing smiles on the face of children? Would you like to work in an environment where you and your patients are treated like family? Join our team! Our beautiful state of the art practice is located right outside our nation’s capital. We are in search of individuals with a passion for educating patients and parents in oral hygiene. Individuals who are kind, compassionate, confident and can listen as well as provide sound advice will thrive in our busy practice. We have a unique philosophy of idea sharing and practice management that allows you to focus on providing superior dentistry and leave the rest to us. Our hours are Monday through Thursday from 8-5 and some Fridays from 8-1. A Generous Benefits package is included for this full time position. Please email your C.V. to mandy@fansmiles.com. Requirements: Pediatric Dental Certificate; Dental License; DEA; MD CDS.

**MASSACHUSETTS—BOSTON.** Pediatric dentist and/or family dentist. Boston North, Boston South, Springfield, Holyoke and Hartford (CT), Part-time or full-time position with long-term potential. Opportunity is open to new or recent graduates as well as experienced clinicians. We offer a competitive base along with a reconciliation structure and a full benefit package. Interested individuals should email a resume and cover letter to pedoad2017@yahoo.com. Will sponsor for green card.

**MASSACHUSETTS—BROOKLINE.** We have a growing, well established, high quality, fee-for-service, pediatric dental/orthodontic practice in Brookline, Massachusetts. We are looking for the “right” pediatric dentist to join our team. We are well respected in the medical and dental community for our patient care, as well as our practice management. The clinical and administrative teams are great and work together well. Our ideal candidate has excellent technical skills and is enthusiastic, personable, and articulate. We work in a fun, upbeat environment with a team of special professionals and staff. This is an opportunity to be mentored and grow with us. Experience preferred, and will consider new graduates. PT (3 days) position considered to start. Possible increased time in 2018 when we move into our brand new facility. Email your C.V. and a cover
MASSACHUSETTS—WORCESTER. Our pediatric dental office is growing and looking for an energetic, personable, and skilled pediatric dentist to join our team as an associate for 2-3 days a week. We are a well-established four doctor practice with a vision of providing excellent, comprehensive pediatric dental and orthodontic care with exceptional customer service. Our newly renovated modern office is outfitted with new equipment including digital radiography and is located in a professional medical office building in central Massachusetts. We offer a competitive salary and benefits package. Candidates must be warm, caring and possess superior communication and people skills. If you would like to join our team of talented and caring professionals please provide a C.V., photo and cover letter describing your interests to: drweisbarton@gmail.com.

MISSOURI—COLUMBIA. Growing multi-specialty privately owned practice looking for pediatric dentist to join the group. Our office is in the heart of Columbia’s Medical District, and we share space in the same building as 13 pediatricians. Our partnership with an anesthesiologist group allows our pediatric dentist to perform sedation surgeries in the office as well as a hospital setting. We are directly across the street from Women’s and Children’s Hospital. We are offering a guaranteed minimum annual salary of $245,000 or percentage of collections(35%) whichever is greater. In addition, we are offering a $30,000 sign-on bonus. Becoming an owner in the group is encouraged but not required. Please send your C.V. to our Practice Administrator, Rhonda Kayser: rks@pedcolumbia.com. Board Certified or Board Eligible Pediatric Dentist required.

NEBRASKA—OMAHA. If you are an outgoing positive pediatric dentist looking for career satisfaction and personal growth, look at joining the premier dental team! We are a family owned and operated dental practice that provides pediatric, family, cosmetic and sedation dentistry under one roof. Our pediatric clinic receives a continual flow of new patients from our thriving general practice that sees over 200 new patients a month. Premier dental is adding an orthodontist which also provides great cross referrals and collaboration that benefits our little patients and our professional dental needs. Associates are provided the latest technology, a strong support team, continuing education, and training allowing them to provide amazing dental care to our patients! Why apply for a position at Premier Dental? We offer a schedule that allows you the flexibility to have work life balance and unlimited earning potential. We offer an in-office Newton® CT Scanner, CEREC® technology with Omnicam, Dental Lasers, Intraoral cameras, Digital X-rays, and STA Anesthesia System. We believe in continuing education and will invest in you. We believe in giving back to our community through many outreach programs. Our annual Dentistry from the Heart event is one of our favorites. Spacious and beautiful 25 operatory facility in southwest Omaha. If you are interested in a career at Premier Dental, please contact Karla at 402-330-6757 or email careers@premierdent.com.

NEW JERSEY—JACKSON. Work with a great team that places quality care first. Our state of the art, privately owned practice is located in Jackson, NJ. We are seeking a highly motivated, friendly and compassionate provider to join our team. If you are interested in a satisfying career that rewardsonly personally, professionally and financially, we invite you to explore employment opportunities with us. Full-time and part-time opportunities are available with a possibility of partnership for the right candidate. For more information, contact: mbiblyj@gmail.com.

NEW JERSEY—LAKEWOOD. Well established and highly respected Federally Qualified Health Center (FQHC) in Lakewood, New Jersey is seeking a full-time or part-time pediatric dentist to join their dental team. The state of the art 15 chair facility serves a diverse population of patients. The Dental Department has all updated digital technology, and provides for complete dental services from infants to seniors and the disabled. The excellent staff includes dental hygienists, registered dental assistants and medical assistant. There is a very strong emphasis on preventive dentistry with integration of “Infant Care Dentistry” in the adjacent Pediatrics Department. The pediatric dentist will supervise the preventive programs and dental hygiene with children and young adults to age 18; and provide needed restoration dentistry utilizing nitrous oxide and nearby hospital surgicenter. Live in an area that has economic stability, low crime and low unemployment with a great quality of life. This area also provides a great place to live and raise a family with an excellent public and private school system. You will enjoy this city’s friendly environment with plenty of restaurants, shopping, great attractions , outdoor recreational activities and very close proximity to the “Jersey” shore. Loan repayment program is available. Contact Yair Stern, ystern@chemedhealth.org or 732 523-7967. Requirements: New Jersey License and Specialty permit.

NEW JERSEY—TOMS RIVER. State of the art, well established, fee for service pediatric dental practice seeking a pediatric dentist to join our team. This is an excellent opportunity for a highly skilled, personable, motivated practitioner who is interested in a lucrative and rewarding future. We are seeking an associate to complement our practice. Part-time or Full-time available. Please e-mail C.V. to info@oceanpediatricdental.com. Requirements: licensed pediatric dentist, ideally board certified, NJ license, specialty permit, Board certified (ideally).

NEW MEXICO—FARMINGTON. Animas Pediatric Dental Group is looking for the next great team member. Our practice is well loved and is busy and thriving. You will be amazed at the staff, patients and facility—all are top notch! Farmington, NM is located in the “Four Corners” region and is the retail hub for several surrounding small cities (Durango, CO) and a Native American reservation. If you love the outdoors (mountain biking, river rafting, skiing) and a small town feel then this opportunity is perfect for you. Starting salary $225K in addition to bonus and part-time opportunities available for the right candidate. Please email resume, C.V., and a photo to: edwinston@southtcoma.com. New or recent graduates welcome.

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 exemplify 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@buildinghealthysmiles.com.

NEW YORK—FAYETTEVILLE. Pediatric Dental and Orthodontics for All Ages, a progressive and well-established practice seeks a pediatric dentist due to our growth and career advancement goal: to detect developing problems early and focus on properly timed treatment to enhance each child’s smile, bite and overall dental health. Our mission: to provide the highest quality in Pediatric Dental and Orthodontic treatment while making every experience enjoyable and fun for our patients. Our collegial group of pediatric dentists and orthodontist offers you a busy practice from the start and tremendous support from our exceptional clinical staff. There is excellent opportunity for Hospital Dentistry with a staff teaching position for a local hospital GPR program. We pride ourselves on offering “best practices” and provide care for individuals with special needs. The ideal candidate will have a high level of integrity and a passion for caring for children. Compensation is competitive and associates have typically earned between $300-$400K for a 4-day per week position, with some earning upwards of $500K per year. The opportunity for partnership for a satisfied associate is after two years of service. Benefits include a professionally managed pension and profit sharing plan and 401K, malpractice insurance coverage, and continuing education allowance. A portion of the moving expenses will also be covered. New York offers reciprocal licensing for new residents of NY with 1 year of post-doctoral training (NERB exam not required). Our practice is located in Fayetteville, New York, an affluent suburb of...
Syracuse where the cost of living is affordable, school districts are exceptional and there are a wide variety of local events and activities. The surrounding area offers scenic Finger Lakes boating, world class fishing, skiing, hiking and golfing. It is a short drive to the wine country of the Finger Lake region and for those that enjoy the fine arts there is the theatre, symphony and museums. Syracuse has top tier college sports, a professional lacrosse, minor league baseball, football and hockey teams. Fayetteville is easily accessible to other big cities including New York City and Montreal (4 hrs), Boston (5 hrs), Philadelphia (3.5 hrs), and Niagara Falls/Buffalo (2.5 hrs). For more information, contact: wjmq29@gmail.com.

NEW YORK—LYNWOOD. Beautiful state of the art pediatric and orthodontic office looking for caring and compassionate pediatric dentist to join our team. Located in Lynwood, NY easily accessible by LIRR only 30 min train ride from Penn Station. This position is part time 2-3 days per week with 1-2 Saturdays per month. Come join our amazing, fun, hard working team! Please email your resume to nevwapedsupplier@gmail.com. NY license and graduate of approved pediatric dental residency required.

NEW YORK—PLAINVIEW. Outstanding opportunity for the right person to join our well established Peds-Ortho practice in the Plainview community of Long Island, New York. The office has been a staple of the community for over 40 years and is continuing to grow. This is an ideal opportunity for an energetic, caring pediatric dentist to join a well respected practice with a friendly, well-trained staff. Potential for future partnership as well. If you are interested, please email C.V. to ampt1112@gmail.com. Please check out our website at www.dental4kpeds.com and click the Facebook link to learn more about us.

NEW YORK—EASTERN SUFFOLK. We are a well established busy pediatric and orthodontic practice seeking a full-time or part-time pediatric dentist. Candidate must be enthusiastic, motivated, and caring. With three practice locations in Port Jefferson Station, Wading River, and Riverhead; Suffolk Pediatric Dentistry and Orthodontics has been providing exceptional pediatric dental care for almost 40 years. Excellent compensation package. Immediate availability. This is a great opportunity for the right candidate to join our growing dynamic staff. Send your C.V. and any correspondence to info@nyPedoOrtho.com or call 631-928-8498 and ask for Lori. Please visit at: http://suffolkpediatricdentistry.com.

NORTH CAROLINA—LEWISVILLE. We are a high quality practice in the Winston Salem area of North Carolina seeking a talented pediatric dentist to join our rapidly growing practice immediately full time. We offer a generous minimum salary or a percentage of production, whichever is greater with an opportunity to grow. We also offer health benefits, 401K, profit sharing, and continuing education reimbursement. North Carolina truly has it all: beautiful beaches, mountains and vibrant cities all within close proximity. Come practice with doctors who share your passion for exceptional care in this amazing setting and enjoy a great work/life balance. New graduate welcome. Contact Dr. Chad Shohe at 336.945.5555 or send your C.V. to chadhoshede@gmail.com. Visit our website at www.southerndentalnc.com.

NORTH CAROLINA—WINSTON-SALEM. Progressive multi-doctor general dentistry practice is looking for an energetic pediatric dentist to join our team. Associateship leading to potential partnership. Must have hospital training, and orthodontics training desired. We offer a comprehensive compensation package. Our group has a residency program. New graduates are welcome to apply. For more information, contact: stowetango92@gmail.com.

OREGON—EUGENE. Our group is looking for a full-time pediatric dentist for our very busy clinic. You will have autonomy to practice your dental philosophy, support in training of your assisting staff and our management company handles the front-end portion of the clinic. This allows you to focus on patient care and back office efficiencies. Why We Feel this Opportunity is Unique: We offer a defined two-year pathway for ownership in the clinic you work. We feel that ownership is a partnership that adds value for all parties. Our hope is that you love the practice, area and want to put down long term roots. This makes a win-win for the community, stability of the clinic and you. We give a lot of autonomy when it comes formula and treatment philosophy. We also have very experienced providers in our group that love to collaborate. Our Eugene clinic is very busy. It sees approximately 950 pts per month, 180-200 new patients per month and grossed over $2 Million in collections the last 2 years. You will not have an issue keeping as busy as you want to be. The benefits of seeing all patients. Oregon Health Plan (OHP/Medicaid) reimburses very generously compared to other states (~50%). This allows a mixed social demographic clinic to thrive and weather the ups and downs of economic times. You also get to treat a portion of the population that otherwise is underserved and families are very grateful. You will have the option to work less by not having to run to the whole clinic, take home more with access to lots of production and the opportunity to have real ownership in the clinic you work in. Our Eugene clinic is very busy. It sees approximately 950 pts per month, 180-200 new patients per month and grossed over $2 Million in collections the last 2 years. You will not have an issue keeping as busy as you want to be. The benefits of seeing all patients. Oregon Health Plan (OHP/Medicaid) reimburses very generously compared to other states (~50%). This allows a mixed social demographic clinic to thrive and weather the ups and downs of economic times. You also get to treat a portion of the population that otherwise is underserved and families are very grateful. You will have the option to work less by not having to run to the whole clinic, take home more with access to lots of production and the opportunity to have real ownership in the clinic you work in. The Group Management Provides: The group is tied together through a management company that handles; HR, financials, marketing, vendor relations, management of front desk staff, legal and insurance, patient and community relations. It provides a conduit for two-way reporting and quality feedback for the providers and business side of the clinic. This allows both sides to be supported in what they do best. About the Eugene/Springfield Area: The area wedged between the coast and mountains in the southern Willamette Valley. Skiing at Bend is just a couple hours away and a trip to the coast is only an hour drive. If you need a bigger city fix, Portland is an hour away. A 15 min commute from anywhere in town will lead you to numerous hiking trails. The Willamette Valley is dubbed Napa North for award-winning wines. Organic farms support a great food scene with small restaurants serving a wide variety of cuisines all over town. The area is anchored by The University of Oregon (The Ducks) which keeps a young, fun, vibe to the area. Our cost of living is very reasonable compared to most cities. If you are into great food, wine, the outdoors, low-cost and low-stress living, you are really going to enjoy living and working in the Eugene/Springfield area! For more information, contact: careers@eugenekidstdentist.com.

OREGON—KEIZER. Hi everyone! I am a private practice pediatric dentist looking for a long-term practice partner to help manage the huge growth I am experiencing. I opened a clinic in March 2017 and just opened a second location close by. The market is very under-saturated and the community has responded very positively to having me take care of their kids. To give you an idea of the need, I am the only pediatric dentist serving a population of over 100,000 people! I need another pediatric dentist to work with me. Our first month brought in almost 200 new patients working 3 days a week, with another 50 specialist referrals besides. This includes a healthy mix of both Medicaid and privately insured patients. We provide treatment options with nitrous oxide, conscious sedation (oral and intranasal), and general anesthesia. I also specialize in laser frenectomies for infants with tongue and lip ties and work closely with nursing and speech therapists. This is another severely underserved niche in our community that keeps me busy and generates more referrals from primary care physicians and nurse midwives. I am committed to providing care for all children in the community, including the underserved and will be able to provide mentorship along the
way. The practices are in the Salem, Oregon metro area, within the beautiful Willamette Valley. If you like outdoor activities such as hiking and biking, summers that are not-too-hot and winters that are not-too-cold, wine country, u-pick farms and water sports, this is the place you want to be. The Salem area is very family friendly. Portland, the Pacific Ocean and snow skiing are all an hour away. Big-city amenities and laid-back open countryside are all close by. This is an opportunity to get into a private practice at the ground level, helping build it up into a group practice with multiple locations. With our growth curve, we will need another pediatric dentist within the next year as well. Mentorship would be provided and you would be included in management discussions from day one, with the hope that you want to enter into a partnership in the near future. All professional-related expenses are covered by the clinic, as well as a moving expense stipend and health insurance coverage. If you want to be part of building something special while filling a huge need in a great community, please visit our website at www.academicdentistryforkids.com and send an email to timrichardsondds@gmail.com. I look forward to hearing from you soon!

**Pennsylvania—Collegeville.** We are looking for an awesome full-time pediatric dental associate who has excellent communication and clinical skills. You will have the benefit of a full-time career position while having the opportunity to grow both personally and professionally. We are currently a single office practice. You will be working with a unique office, team and owner-pediatric dentist that work together to make constant improvements in our work and personal lives. Four times a year we have speakers come to our office to educate us about how to provide the best experience for our patients and parents, as well as improving our interpersonal relationships with friends and loved ones. You will have defined times where you will have the opportunity to have one on one mentoring with the practice’s owner-Pediatric Dentist. You will be given a generous continuing education stipend so you can learn about new and emerging trends and procedures in our specialty. Your medical insurance premiums, malpractice premiums, AAPD, and ADA dues will be fully provided by us. You will be eligible for our student loan payback program, which can pay up to $75,000 of your dental school loans. You will have the opportunity to go on a mission trip, fully funded by us for you, after two years of working with us. You will have a four-day workweek, but earn the same as you would if working a five-day workweek. Our practice currently is not open on Saturdays or past 6 PM during the week. You will be on call no more than six weeks a year. We believe that your life outside of work is as important as your professional life. We want you to pursue your interests and hobbies you have outside of pediatric dentistry or have the time to teach at the two local dental schools or three local Pediatric Dental Residency Programs. You will have the opportunity to learn about and perform laser dentistry as well as benefiting from a practice that utilizes other state of the art technologies. You will work with an incredible team of well educated and motivated dental assistants, dental hygienists, administrative staff and pediatric dentist whose goals are to help you and each other provide the highest level of patient dental care in a fun, and gentle environment. You will have the opportunity to provide treatment under general anesthesia in any of the three local children’s hospitals or their surgical centers. Our Mission is to provide the highest quality pediatric dental care in a fun and comfortable environment for our patients and their families. We will continue to be the leader in the field of pediatric dentistry by delivering the highest level of care and service before, during and after our patients’ appointment. Our Core Values include: Positive Attitude, Growth Oriented, Team Player, Greater Good, Caring, Compassionate, Open to Change, Live Up to Expectations, Honesty, Integrity, Self Starter and Fun. Our practice has been open for 19 years and is very well respected in the area. We are strictly a FFS practice, but do treat select in-need patients pursuant to a large state grant. Many of our patients and are proud that with few exceptions that they are able to tolerate treatment while they are physically and emotionally comfortable without sedation or GA in our office. We are honored to treat the children, grandchildren, nieces, nephews and cousins of local dentists and pediatricians. We have great base of local referring pediatricians and general dentists, and see many referrals from our current families. Each year we even get a few referrals from some area pediatric dentists. We treat all of our patients as if they were our own children, and guarantee the restorative treatment we provide. You must have graduated from an accredited dental school, graduated from an accredited pediatric dental residency, and be licensed to practice in Pennsylvania. If you are looking and ready to work in a premier, high quality, fun and friendly private pediatric dental practice, and you are a great communicator, a superior clinician, and team player who want to work in a practice where you get to know your patients and their families, and desire a career not a job, send your cover letter and C.V. to: Eric. Hani@comcast.net.

**Pennsylvania—Danville.** Geisinger Health System is seeking a Board certified/Board eligible pediatric dentist to join a dedicated team of compassionate providers located at Geisinger Medical Center (GMC), in Danville, PA. Practice hospital-based pediatric dentistry and contribute to Geisinger’s Pediatric Dental resident education. If interested, incorporate research into your clinical practice as well. Geisinger’s pediatric dental residency program currently accepts three residents per year. With Geisinger you can take advantage of: Competitive compensation package: Exceptional work life balance, favorable call schedules; Support from a full range of dedicated specialists and subspecialists; Health System backing that assists providers with routine tasks and mandated regulations, allowing you to focus on patients; Ongoing enhancements to our fully-integrated Electronic Health Record (EHR - EPIC); Advanced, nationally recognized, patient-centered medical home model; Medical/Dental School loan repayment; $1,000 monthly stipend available to current residents upon signature of an offer letter; Relocation Assistance. Join the team that America is watching. If making a difference in healthcare is your calling, we’d like to talk with you. For more information, please visit geisinger.org/careers or contact: Stephanie Figueroa at: smfigueroa@geisinger.edu.

**Pennsylvania—Philadelphia.** Dynamic pediatric and special needs dental practice in Philadelphia, PA Metro Area, is seeking a PEDIATRIC DENTAL ASSOCIATE to join our team of amazing professionals. We are a very successful, privately owned practice dedicated to providing the highest level of pediatric dental care to the children in our surrounding communities. We have a full time growth position available for the right candidate, but will consider part-time interest.

**Very competitive salary.** If working in a fun, upbeat environment with a team of experienced, energetic, professionals and staff appeals to you, then please contact us today. We are offering an opportunity to thrive and grow within a practice that is expanding, but will consider new graduates. Pennsylvania has some of best school districts in the country and is an amazing place to raise a family. We pride ourselves in using modern equipment and the best dental materials on the market in order to provide the best care possible: Dryshield, SDF, Activa, MTA, Cheong crowns and N-Smile Zirconia Crowns, Fibercore, NSK handpieces, In-office sedation with dental anesthesiologist along with access to surgicenter, Access to in-house CE courses, Requirements: Accredited U.S. Dental Programs (D.D.S./D.M.D.) with appropriate CE Credits; current state licensure must be held in good standing; completion of Pediatric Residency from accredited Program. For more information, contact: axs274@gmail.com.

**Pennsylvania—Pittsburgh.** Excellent opportunity for a dentist to own a practice with immediate income. Established pediatric dental office in the Pittsburgh Airport area of Southwestern Pennsylvania is seeking to transition the practice to a pediatric or general dentist. This part-time practice is located in a growing suburban area with new housing starts and new schools. While the number of new patients continues to increase, the practice has also maintained patients through college. Equipment is in pristine condition and includes digital radiography and three newly upholstered chairs. Collections average $360,000. The dentist is approaching retirement and is willing to work with a new dentist through a transition plan. No broker commissions or fees involved with this transaction. Please respond to: YourDentalBusiness@gmail.com with your inquiry and C.V.

**South Carolina—Clemson.** 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, contact: camillehorton@gmail.com.

**South Carolina—Lexington.** Highly motivated, compassionate pediatric dentist needed to join our patient-centered, private practice consisting of a general dentist and 2 pediatric dentists. Our practice is located in the Lexington County/ Columbia, SC area. This is a great opportunity to join our growing, state-of-the-art children’s dental practice where we offer in-office sedation and hospital dentistry. If you are looking for a fun filled, team motivated working environment in which we believe that every child should have an excellent dental experience, you should contact our office at esseal@southchildrens.com. We look forward to hearing from you.

**South Carolina—Myrtle Beach.** Growing pediatric dental practice in Myrtle Beach, South Carolina seeking a full-time pediatric dentist with a very energetic, personable and highly skilled. We are a busy state-of-the-art practice offering comprehensive care including oral sedation, IV sedation and general anesthesia at local hospital. Come work and play at the beach, we are conveniently located 10 minutes from the ocean and 3 minutes...
from the heart of Myrtle Beach. Great opportunity with competitive compensation and benefits. If interested please contact sawgrass.peds.ryan@gmail.com and include C.V.

**SOUTH CAROLINA—SUMTER.** Excellent opportunity for pediatric dentist starting **IMMEDIATELY**!!! Patients abound for a dentist who wants to work hard and enjoy Southern living in a private practice setting. We have been in practice for over 33 years and are seeking a full-time Pediatric dentist who is passionate about their career. Great relationships with all pediatricians in area. Digital radiographs since 2009. Regional hospital nearby for hospital OR cases and oral conscious sedation is performed. Full Time Position: Continuing Education stipend, health Insurance, $1000/day or 35% collections, whichever is higher, and relocation expenses provided. The Midlands of South Carolina provide quick access to the mountains and all the beaches of South Carolina, while welcoming you home like no other place. Our team is extremely loyal and dedicated to providing the absolute best in treatment and comfort for each patient. For more information send C.V. to goinsandpoag@ccdsmail.com. Visit our website at www.carolinachildrendensity.com.

**TEXAS—AUSTIN.** We are a pediatric dental practice located in and around the Austin area. Our commitment is to provide the highest quality comprehensive dental and orthodontic care to the children and teens of the Austin community in a compassionate and caring environment. Our dental practice 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 55% collections. Partnership opportunity is available after working 1 year as an associate. Completion of Pediatric Residency required. For more information, contact TXpedojobs@yahoo.com.

**TEXAS—ROCKWALL.** Excellent opportunity to join the premier pediatric dental practice in beautiful east suburb of Dallas, Texas!!! This well-respected pediatric dental practice is located in a suburb with top ranked schools and has a lot to offer more than what can be mentioned in a few sentences. Live by the lake and enjoy all the city has to offer on your days off and weekends. Current partners are kind, hardworking, and have a great name in the community. Seeking a pediatric dentist who must possess high personal standards, strong work ethic and morals, excellent technical and communication skills. Candidate must be able to treat the full range of pediatric dental patients in the office to OR. Compensation package includes malpractice insurance, CE allowance, 401k retirement plans, paid vacation. Guaranteed base pay or 55% collections. Partnership opportunity is available after working 1 year as an associate. Completion of Pediatric Residency required. For more information, contact TXpedojobs@yahoo.com.

**WISCONSIN—GREEN BAY.** We are a private group practice of board certified pediatric dentists offering comprehensive dental services and orthodontics to patients in a 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 juliasanderson@kidsdentalarts.com. Mic Drop!

**FLORIDA—FT. LAUDERDALE.** Nova Southeastern University, College of Dental Medicine located in Ft. Lauderdale, Florida is seeking applicants for a full-time faculty position in the Department of Pediatric Dentistry. Major responsibilities include overseeing Pediatric Dentistry Residents and AEGD residents providing dental treatment to infants, children, and adolescents with special health care needs at the Mailman Segal Center for Human Development (MSC) dental clinic and Joe DiMaggio Children’s Hospital Pediatric dental clinic. Primary work location is MSC site located in Davie with additional travel to other clinics. Position may be assigned administrative duties. Position is subject to grant funding. Interested applicants must apply to faculty position #999751 through the university’s career website at www.nasajobs.com to be considered for this position. For additional information about this position, contact Dr. Romer Orco, Associate Professor and Chair, Department of Pediatric Dentistry, Nova Southeastern University College of Dental Medicine, 3200 S. University Drive, Ft. Lauderdale, FL 33328. Email: rocoro@nova.edu Position requires a D.D.S./D.M.D. or equivalent; certificate of graduate studies in Pediatric Dentistry from an ADA accredited program or Canadian dental school or equivalent. A valid Florida dental license is preferred; experience treating children and adolescents with special health care needs, including children with Autism Spectrum Disorders is preferred.

**ONTARIO—OTTAWA.** Celebrate Canada’s 150th birthday by joining our pediatric dental practice located in Canada’s capital city. This is a full-time position with the possibility of purchase. Our experienced team makes for a pleasant and efficient work environment. Associates of this single owner office have autonomy to develop and grow their practices in a patient-centered and highly ethical environment. Please contact us to further discuss our practice philosophies and your opportunity be a part of an established and progressive pediatric office. Email: 1637vpdp@gmail.com. Website: WoodruffPediatricDentistry.ca. Candidate must be licensed as a pediatric dentist in Ontario, Canada.

**ONTARIO—VAUGHAN.** Excellent opportunity for a motivated pediatric dentist. Our exceptional support staff and state of the art facility offers conscious oral sedation, IV sedation and general anesthesia. The practice is well established providing pediatric dental care to the children in our surrounding communities; we have experienced tremendous growth and are looking for an enthusiastic Pediatric Dentist to join our team. The position consists of 4 days a week being divided between two clinics, Brampton and Orrilia. Scheduling would consist of one day of locals/consults and one day of General Anesthesia in each clinic. If you are interested in a career in an upbeat environment with a team of experienced energetic professionals and staff please forward resume to jdental@rogers.com.

**FACULTY POSITIONS AVAILABLE**

**FLORIDA—FT. LAUDERDALE.** Nova Southeastern University, College of Dental Medicine located in Ft. Lauderdale, Florida is seeking applicants for a full-time faculty position in the Department of Pediatric Dentistry. Major responsibilities include overseeing Pediatric Dentistry Residents and AEGD residents providing dental treatment to infants, children, and adolescents with special health care needs at the Mailman Segal Center for Human Development (MSC) dental clinic and Joe DiMaggio Children’s Hospital Pediatric dental clinic. Primary work location is MSC site located in Davie with additional travel to other clinics. Position may be assigned administrative duties. Position is subject to grant funding. Interested applicants must apply to faculty position #999751 through the university’s career website at www.nasajobs.com to be considered for this position. For additional information about this position, contact Dr. Romer Orco, Associate Professor and Chair, Department of Pediatric Dentistry, Nova Southeastern University College of Dental Medicine, 3200 S. University Drive, Ft. Lauderdale, FL 33328. Email: rocoro@nova.edu Position requires a D.D.S./D.M.D. or equivalent; certificate of graduate studies in Pediatric Dentistry from an ADA accredited program or Canadian dental school or equivalent. A valid Florida dental license is preferred; experience treating children and adolescents with special health care needs, including children with Autism Spectrum Disorders is preferred.

**M OR E I N F O R M A T I O N**, contact Amy Fitzgerald today to arrange for an interview. Phone (757) 484 8262 ext 206; Email Amy@axisdeth.com; website www.axisdeth.com. Requirements: D.M.D. or D.D.S., Licensed in or able to acquire licensure in Virginia, Pediatric dental certificate.

**WASHINGTON—SNOHOMISH COUNTY.** If you are looking for big corporate dentistry who undervalue your talents and expect you to work weekends and Saturdays, stop reading this ad. We are Puget Sound Pediatric Dentistry, and not like the other big group practices that are owned by large equity groups or hedge funds. We have four state of the art pediatric dental offices and need your skills. We are owned and operated by pediatric dentists who care about their patients and staff, and most of all – new associates! We are located in the Pacific Northwest (Snohomish County to be exact) and forget what you hear about rain and depression, thanks to global warming and Lexapro, we have one of the most enviable locations in the world. Think SF Bay Area 30 years ago – affordable homes, amazing food, outstanding people, and less saturated dental market without state tax. Are we speaking your language? GOOD. Cause if you are a person, a not working mom, and love to see screaming kids, then we are your office. We offer competitive pay with multi-year contracts plus production bonuses, tuition reimbursement options, 401K, medical and dental insurance, and if it works out we will help you move out to the area. But, if you are all about money and not taking exceptional care of our patients while you become a permanent member of the team – take a hike (and no, not in the beautiful PNW). Yes, we offer buy in options as well! We want ROCK STEARS, not punks! 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 Tricey@PugetSoundPD.com. Mic Drop!

**KANSAS**—**HO化I.** 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 friendly, 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 juliasanderson@kidsdentalarts.com. Mic Drop!

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

**ADDITIONAL FACULTY POSITIONS AVAILABLE**

**ONTARIO—OTTAWA.** Celebrate Canada’s 150th birthday by joining our pediatric dental practice located in Canada’s capital city. This is a full-time position with the possibility of purchase. Our experienced team makes for a pleasant and efficient work environment. Associates of this single owner office have autonomy to develop and grow their practices in a patient-centered and highly ethical environment. Please contact us to further discuss our practice philosophies and your opportunity be a part of an established and progressive pediatric office. Email: 1637vpdp@gmail.com. Website: WoodruffPediatricDentistry.ca. Candidate must be licensed as a pediatric dentist in Ontario, Canada.

**ONTARIO—VAUGHAN.** Excellent opportunity for a motivated pediatric dentist. Our exceptional support staff and state of the art facility offers conscious oral sedation, IV sedation and general anesthesia. The practice is well established providing pediatric dental care to the children in our surrounding communities; we have experienced tremendous growth and are looking for an enthusiastic Pediatric Dentist to join our team. The position consists of 4 days a week being divided between two clinics, Brampton and Orrilia. Scheduling would consist of one day of locals/consults and one day of General Anesthesia in each clinic. If you are interested in a career in an upbeat environment with a team of experienced energetic professionals and staff please forward resume to jdental@rogers.com.
NEW YORK—MINEOLA. NYU Winthrop Hospital was named the 18th best employer in the country by Forbes in 2017. NYU Winthrop Hospital, a proud new affiliate of NYU Langone, is a 591-bed university-affiliated medical center offering sophisticated diagnostic and therapeutic care in virtually every specialty and subspecialty of medicine and surgery. As a major regional healthcare resource, the Hospital provides the highest standards of clinical care, supported by the advanced technologies and sophisticated research and teaching programs. The Department of Dental Medicine at NYU Winthrop Hospital is seeking a full-time pediatric dentist to teach in the existing general practice residency program while developing and ultimately becoming the director of a brand new CODA approved pediatric residency program. The ideal candidate will be a dynamic and committed individual who can contribute to the diversity and excellence of the academic community through their teaching, research and service. Responsibilities will include leading seminars for the existing residents, clinical supervision of residents in the treatment and management of well and medically compromised children in both the outpatient setting and in the OR, participation in community outreach and developing the initial accreditation application for the pediatric residency program with a goal of recruiting residents for 2019. Salary and academic rank will be based on background, experience, goals of the person hired, and needs of the program. Requirements of the position include a dental degree (D.D.S./D.M.D.), completion of an ADA accredited program in advanced specialty education in Pediatric Dentistry, and eligibility or certification by the American Board of Pediatric Dentistry. Eligibility for dental and sedation licensure in New York is required. Experience in teaching and research is highly desirable. For consideration, please send a cover letter and curriculum vita to: Dr. Miriam R. Robbins, Chair, Department of Dental Medicine, NYU Winthrop Hospital, 200 Old Country Road, Suite 460, Mineola, NY 11501. Easy Commute: NYU Winthrop Hospital is conveniently located on Long Island in Western Nassau County just 25 miles from Manhattan and one block from the Mineola LIRR station. Consideration of applications will begin immediately and continue until the position is filled. EOE m/f/d/v.

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PAINTOWN—PITTSBURGH AREA. Two offices for sale together. Office A: Long standing practice. Net 200-250k. Office B: New office in growing community with great location. Be your own boss and keep all of the profits. Part time or full time. New Graduates or experienced practitioners. Very attractive price. E-mail C.V. or contact at pittsburghsmiles1217@gmail.com.

PRACTICE FOR SALE

ILLINOIS—ST. CHARLES. Well established and still growing satellite pediatric practice with excellent reputation and diverse referral base which opened in 1990 in Geneva and relocated in 2005 for larger space in St. Charles. 2500 sq ft, four open-bay operatories, fifth room with conventional x-ray and cephalometrics and panoramic unit. Patterson Eaglesoft computer system; spacious reception room, business office; large separate private offices for office manager and doctor. The building is in a professional office campus setting with numerous established medical and dental offices. Immediately adjacent to Valley Ambulatory Surgical Center and near Northwestern Medicine /Delnor Hospital with O.R. privileges available. Owner works one and a half days per week plus half day in hospital and surgical center. Spends three days in his other office in Oak Brook. Seeks to transition as mutually agreed or outright retire. St. Charles space can be rented, or purchased. St. Charles practice and space are modestly priced. Diverse patient population inclusive of all ages under 21 with many neurologically challenged and medically compromised. Practice has focused on all aspects of pediatric dental care inclusive of Interceptive orthodontics, sedation, and hospital care. Board eligibility or certification in pediatric dentistry expected by patient population. Illinois state Specialty Licensure in Pediatric Dentistry required. For more information, contact: jnathandds@gmail.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 is $1,810,000, with 98% collection rate and 48% overhead. 950+ new patient exams per year. Well trained staff, 4-1/2 day work week currently. Very efficient 2,950 square foot Pride-THE Design building with 6 operatory bay and 1 private treatment room. Recently redocrated. Building is in campus setting with another building site that could be developed or sold. ScanX digital x-rays. 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 (330) 285-9945 or email bobbadeus@aol.com for more details.

NEW HAMPSHIRE—GREATER SEACOAST AREA. Established, solo-practitioner, pediatric practice ideally situated in New Hampshire’s greater seacoast area conveniently located close to beaches, mountains and less than one hour to Boston, MA and Portland, ME. The 2,700 sq ft facility has 2 hygiene rooms, 2 operatories and plenty of room to expand. The practice is highly organized, efficient (low overhead) and virtually paperless with full computerization including digital pano and intraoral radiographic systems. We consistently rate as the top pediatric dentist in the area and enjoy a great reputation among patients and other healthcare professionals. The practice is located close to three of the area’s major hospitals and has a direct relationship and oral care program with our market area pediatricians and OB/GYNs. Revenues have been consistently increasing and are expected to reach over $1 million this year. Growth and income potential are unlimited and dependent on your practice style. Current owner prefers not to juggle operative patients simultaneously and tends to schedule longer than average operative blocks. This is an ideal opportunity for a dentist to step into a highly organized practice that has a great cross-trained staff, documented policies, documented operational procedures, established marketing programs, quality control metrics, a growing patient base and unlimited income potential. For more information please e-mail us at: ssolution.gf@julanota.com.
JOIN US IN TREATING PATIENTS IN PEDIATRIC SURGERY CENTERS.

Blue Cloud Pediatric Surgery Centers is seeking licensed dental providers for full or part-time positions to deliver restorative and exodontia care to pediatric and special needs individuals under general anesthesia (GA).

Blue Cloud is a healthcare services company that owns and operates ambulatory surgery centers throughout the country. In each center, general anesthesia is delivered and managed by licensed anesthesiology providers. The dental providers we are seeking are licensed pediatric dentists who received training from a CODA-accredited institution and willing to treat patients in an operating/procedural room setting.

Responsibilities of the providers will include: patient pre-operative assessment, informed consent processes, & treatment plan development; delivery of planned restorative, exodontia, and pulpal therapy care while the patient is under GA; and post-operative procedures including documentation of care, all in accordance with state regulations and the American Academy of Pediatric Dentistry guidelines.

Although board certified providers & years of experience in pediatric dentistry in a private-practice setting or academic institution are preferred, it is not required. Salary is based on experience and background.

All applications including a statement of interest & an attached curriculum vitae should be submitted to Dr. Stephen Wilson: swilson@bluecloudpsc.com
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The Open Wide® Mouth Rest is a helpful tool for those who lack the cooperation or motor control to keep the mouth reliably open. It is made from special high-density foam with a rigid core to add stability. It is sturdy enough to resist biting pressure, but has enough “give” to be comfortable for the person receiving care. The mouth rest has a long handle for safe, easy control. It is considered a disposable item in the office but can also be cleaned and given to a trained caregiver for daily oral hygiene.

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