



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

Administrative Policy and Procedure Manual

October 2021 Edition

Please forward comments or suggestions for revisions to AAPD, c/o Margaret Bjerklie; or by e-mail to mbj@aapd.org. Current version of the Policy and Procedures Manual may be found in the Member Resources section of the AAPD website, www.aapd.org, under “Governance”

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211 East Chicago Avenue, Suite 1600 • Chicago, Illinois 60611

312-337-2169 • Fax: 312-337-6329 • www.aapd.org • www.mychildrensteeth.org

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SECTION 1

MEMBERSHIP

A. Procedures for Membership Application

1. Active

- A. Complete formal application and submit with fee of \$100. (U.S. currency—not refundable) to the Academy’s Headquarters Office.
- B. Previous postdoctoral student members of the Academy whose applications for active membership are received in the Headquarters Office on or before December 31st following completion of a pediatric dental specialty program will become active members upon receipt of an application and approval by the Chief Executive Officer. They shall pay no application fee, dues or assessments for the first year of membership. For the following two years, these members shall pay 50% of the annual dues and assessments.
- C. Membership application must be accompanied by a copy of the certificate or degree awarded in the specialty of pediatric dentistry from an educational program accredited by the Commission on Dental Accreditation, or a letter from the program director or department chairman.
- D. Two Academy members selected by the applicant must be listed as references on application form.
- E. Membership in the Academy becomes effective upon approval of the Chief Executive Officer. At the discretion of the Chief Executive Officer, applications may be referred to the Credentials and Ethics Committee for review.

2. Associate

- A. Complete the formal application and submit with fee of \$50. (U.S. currency) to Headquarters Office.
- B. Two professional colleagues selected by the applicant must be listed as references on the application form.
- C. Membership in the Academy becomes effective upon approval of the Chief Executive Officer.

3. International

- A. Complete the formal application and submit with fee of \$50 (U.S. currency) to Headquarters Office.
- B. An application fee is not required for current active members changing membership classification.

4. International Colleague

- A. Complete the formal application and submit to Headquarters Office.
- B. Membership in the Academy becomes effective upon approval of the Chief Executive Officer.

5. Life and Retired

- A. The Headquarters Office automatically upgrades Active members to Life status once they reach the applicable requirements.
- B. An Active or Life member who retires should notify the Headquarters Offices in writing that they would like to change their membership status to Retired.
- C. Members who qualify for life or retired membership shall be exempt from payment of any application fee.

6. Affiliate

- A. Complete the formal application and submit with fee of \$50 (U.S. currency) to Headquarters Office.

- B. Membership in the Academy becomes effective upon approval of the Chief Executive Officer. At the discretion of Chief Executive Officer, applications may be referred to the Credentials and Ethics Committee for review.
- 7. **Allied**
 - A. Complete the formal application and submit with fee of \$25 (U.S. currency) to Headquarters Office.
 - B. Membership in the Academy becomes effective upon approval of the Chief Executive Officer. At the discretion of Chief Executive Officer, applications may be referred to the Credentials and Ethics Committee for review.
- 8. **Friends of Pediatric Dentistry**
 - A. Complete the formal application and submit with fee of \$25 (U.S. currency) to Headquarters Office.
 - B. Membership in the Academy becomes effective upon approval of the Chief Executive Officer. At the discretion of Chief Executive Officer, applications may be referred to the Credentials and Ethics Committee for review.
- 9. **Predoctoral and Postdoctoral Students**
 - A. Complete the formal application and submit to Headquarters Office.
 - B. No application fee shall be required of student members.
- 10. **Inactive**
 - A. Submit request for this membership classification in writing to the Chief Executive Officer.
 - B. Member must apply annually for this membership classification.

B. General Membership Policies

- 1. Upon election to membership, a certificate of membership will be provided to active and life members.
- 2. New members will be installed immediately upon approval and payment of appropriate dues and/or assessment, and shall be eligible to vote immediately (if applicable).
- 3. Distribution of Academy membership roster, as labels or in other formats, including members' names, addresses and telephone numbers, as listed in the membership directory, shall be available upon request to individuals and organizations for a fee to be determined by the Chief Executive Officer. The Chief Executive Officer may request supporting materials.

C. Fellowship Program

- 1. The AAPD shall maintain a Fellowship program for Active AAPD members. Those meeting the criteria shall be designated as a Fellow of the AAPD (FAAPD).
- 2. The program is based on the principle that the term Fellow in a professional association refers to a person who has distinguished themselves above the standard norm, either by publications, presentations, or other notable contributions to the profession.
- 3. AAPD members who became board certified prior to 2012 are automatically Fellows.
- 4. AAPD members who were Fellows under the previous program will not need to renew Fellowship status until 2017, and may use activities going back five years at the time of re-applying.
- 5. The AAPD shall maintain an outline of requirements, point system, fees, and renewal for the FAAPD program, and communicate such information to eligible AAPD members. All requirements shall be periodically reviewed by the Council on Membership and Membership Services and approved by the Board of Trustees.
- 6. Mandatory requirements for FAAPD status for new applicants shall be:
 - a. Recommendation letters from two current Fellows.
 - b. Board certification by ABPD.

- c. At least five consecutive years of AAPD Active membership.
 - d. Meeting a sufficient minimum score on the point system as defined in the Fellowship application.
- 7. Fellows must renew every five (5) years.
- 8. If Fellowship status lapses, the individual may reinstate under the following conditions:
 - a. Have 15 total points from two of the four categories, of which no more than 12 points can come from a single category, over the past five years; and
 - b. Pay a reinstatement fee of \$200.Otherwise the individual must apply as a new Fellow.
- 9. There shall be a one-time membership fee for initial fellows of \$200, and for renewing fellows a fee every five years of \$100.
- 10. When an Active member achieves Life Membership while maintaining Fellow status, he or she becomes a permanent Fellow and no longer has to renew or pay fees to maintain such status.
- 11. Fellowship status may be announced in all venues described in Section 14 E. of this manual using the abbreviation "FAAPD".

SECTION 2

GENERAL ASSEMBLY

A. Overview

1. All members of the Academy and invited guests shall be admitted to the General Assembly.
2. Voting members of the Academy shall be differentiated from non-voting members and guests by their meeting badges.
3. The agenda for the Business Meeting of the General Assembly shall be developed by the Chief Executive Officer, in consultation with the President of the Academy.
4. All voting members registered for the annual session are required to wear the registration badge issued in order to vote. Voting members not registered for the annual session but wishing to vote are required to register for the business meeting at the registration desk at least one hour prior to the meeting of the General Assembly. The member is issued a badge specific for admission to the General Assembly. At the time of this registration the member's name is checked against the list of submitted absentee ballots. If a ballot has been submitted, it is destroyed at this time.
5. The Executive Committee may, at its discretion, engage a parliamentary expert advisor to the Parliamentarian.

B. Reference Committees

1. **Purpose:** The reference committees consider all resolutions, oral health policies and clinical best practices to be brought before the General Assembly at an annual session. The composition of the reference committees shall be those councils and committees whose business is being considered; the council or committee chair shall be the chair of the reference committee. All resolutions to be considered by the General Assembly are referred to one of these committees. The reference committees hold hearings at the annual session, at which time all members have an opportunity to discuss the resolutions before they are considered by the General Assembly. After the hearings, the reference committees write reports recommending specific action on each resolution, and the reports are presented by the reference committee chair at the annual session of the General Assembly.
2. **Hearings:** The hearings are chaired by the reference committee chair and are open to all members and other annual session participants. Nonmembers will be polled and asked to identify themselves by the chair. The reference committee chairs have the authority to determine whether a nonmember may speak. The Parliamentarian and AAPD Chief Operating Officer and General Counsel are also available at the hearings to clarify any procedural issues.

At its hearing, each reference committee provides an opportunity for discussion on each resolution, scientific policy statement or position paper referred to it. A reference committee must recommend action to the General Assembly on each resolution through the submission of a written report, even if there is no discussion at the hearing. However, if there is no discussion, the reference committee need not necessarily recommend approval of a resolution but instead can recommend another action. Reference committees have several options: they may suggest the adoption of a resolution, or may propose amendment, postponement, or rejection. Reference committees are required in their report to the General Assembly to explain their recommendations briefly, noting the reasons for their agreement or disagreement with the original recommendations.

A reference committee chair cannot permit motions or votes at reference committee hearings because reference committees are intended only to receive information and opinions. Further, a chair may not debate points or issues, either at the hearing or during the reading of the report at the session of the General Assembly.

C. Resolutions

1. Format of Resolutions

- A. Resolutions must follow a specific format.
- B. "Whereas" clauses should not be used. Instead, when necessary, a succinct background statement should precede each resolution.
- C. Resolutions whose implementation would require large and unusual expenditures of Academy funds, must be accompanied by a cost impact statement estimating the total amount of funds required and the period of expenditure. Such resolutions presented without cost impact statements will be declared deficient. Staff will assist in formatting statements and estimating expenditures.
- D. Any resolution whose approval would change any AAPD scientific policy or position paper must specify exactly how the AAPD policy statement or position paper would be affected.
- E. Sometimes a proposed change in procedures would affect the Academy's Constitution and Bylaws. A resolution whose approval would change the Constitution and/or Bylaws must also specify exactly how they would be affected, and propose appropriate Constitution or Bylaws amendments. If such is the case, the proposer shall contact the chair of the Council on Constitution and Bylaws for guidance. The Council on Constitution and Bylaws is available to assist resolution drafters in effecting the appropriate revisions in any of the above documents. All resolutions that involve amendments to the Constitution and Bylaws shall be presented according to Article VII of the Constitution or Chapter XVIII of the Bylaws.

2. Introduction of a Resolution

- A. The Board of Trustees, any council/committee or any active or life member may introduce resolutions.
- B. If a member develops a resolution it shall be sent to the Chief Executive Officer at least ninety (90) days prior to the annual session. The Chief Executive Officer will review it for proper format and assign it to the council/committee of the Academy involved with the primary subject of the resolution for review and recommendation. Such proposed resolutions will also be distributed to the Executive Committee and subsequently to the Board of Trustees for their consideration and recommendation to the General Assembly at an annual session. Such resolutions shall be distributed to the general membership in written form at least sixty (60) days prior to an annual session at which they will be presented for a vote. This distribution requirement also applies to resolutions concerning AAPD definitions, oral health policies, best practices, and endorsements that are developed through the Council on Clinical Affairs and recommended by the Board of Trustees. Posting on the AAPD website accompanied by e-mail notification to members constitutes distribution in written form.
- C. All resolutions, oral health policies and clinical best practices shall be assigned to a reference committee at an annual session, as described in Section 2, General Assembly, for review and open discussion by the membership. Endorsements are not voted on by the General Assembly.
- D. Resolutions may be presented directly to the General Assembly at any annual session; however, such resolutions shall require a two-thirds (2/3) vote to be

considered. If the vote for consideration is successful, the resolution may be passed by majority vote.

D. Absentee Ballot Procedures

Ballots are not valid unless the approved procedures listed below are followed:

1. The eligible member requests an absentee ballot from the Headquarters Office at least forty-five (45) days prior to the start of the annual session of the Academy.
2. The Headquarters Office verifies the members' eligibility to vote and mails out the ballot.
3. The member completes the ballot and seals it in an unmarked envelope. This envelope is sealed in a second envelope. The member's printed name and signature are placed on the outside of the second envelope.
4. The two sealed envelopes are returned to the Headquarters Office, postmarked no later than fifteen (15) days prior to the start of the annual session.
5. The Headquarters Office logs the ballot that has been returned. The ballot is kept sealed in the double envelope and brought to the annual session.
6. At the time of the first ballot during the meeting of the General Assembly, the signed envelope is opened and the unmarked envelope containing the ballot is delivered to the Chief Teller for inclusion in the first vote total. The absentee ballots are not used for any subsequent votes at the meeting.
7. If a member has submitted an absentee ballot and does register for the annual session of the Academy, the signed and sealed envelope previously submitted is destroyed. The list of members returning absentee ballots is checked against the registration list by the Chief Teller.
8. The absentee ballot is only to be used by members not attending the annual session of the Academy. The ballot may not be used by a member registered for the annual session but electing not to attend the meeting of the General Assembly.

E. Election and Balloting Procedures

1. Tellers

- A. The President shall appoint tellers.
- B. The Parliamentarian shall provide to each teller appropriate instructions to include a definition of a quorum, bylaws definition of vote necessary for election and the procedural steps for counting ballots. Each teller shall be informed of a teller's meeting with the Parliamentarian to be held prior to the meeting of the General Assembly.
- C. It is the duty of the tellers to see that each member who is entitled to vote receives one ballot.
- D. Following the vote, the ballots are collected by the tellers and taken to a designated area for counting. Two tellers shall remain in the General Assembly to assist the presiding officer with the count for any votes taken while the ballots are being counted.
- E. It is the responsibility of the tellers to see that all voting members are properly registered.

2. Determining Legality of Ballots

- A. A mistake in voting for a candidate for one office does not invalidate the vote for candidates for other offices on the same ballot.
- B. A technical error such as misspelling or using a cross instead of a check, does not invalidate a ballot if the intent of the voter is clear.
- C. A torn or defaced ballot is valid if the intent of the voter is clear.
- D. Blank ballots or votes for ineligible persons are counted as illegal.
- E. If several nominees for equal offices (Board of Trustees, American Board Director) are voted for as a group, a ballot containing fewer votes than the

number of positions to be filled is valid. A ballot containing votes for more than the number of positions to be filled is illegal for all the positions.

3. Counting Ballots

- A. The teller designated as Chair shall supervise the ballot count.
- B. Absentee ballots shall be handled as specified in Chapter XII, Section 4 of the Bylaws and Section 2 of this Manual. Absentee ballots are included in the first ballot only.

4. Votes Necessary

- A. The number of votes necessary for election to office is a simple majority of the votes cast as specified in Chapter XII, Section 4 of the Bylaws. If additional ballots are necessary they shall be conducted as specified in Chapter XII, Section 4 of the Bylaws.
- B. All other votes at the meeting of the General Assembly will be by voice vote, the outcome to be determined by the chair.
- C. If a vote is not clear, a standing vote will be taken and, upon instructions from the chair, the tellers shall count the votes.
- D. Votes on motions and resolutions in the General Assembly shall require a simple majority vote. Exceptions will be announced by the chair.
- E. It is essential that the tabulation of the votes be accurate, determined as quickly as possible, and reported to the Secretary-Treasurer.

5. Report of Tellers

- A. The report of the tellers shall be completed on a form provided.
- B. The report must account for all ballots, both legal and illegal. If any ballots are rejected as illegal, the number and reason for rejection must be reported. The number of votes received by each candidate including write-in votes, must be included in the report.
- C. All questions or reports from the tellers shall be made to the Secretary-Treasurer.
- D. The teller appointed as chair, or a designee, shall be the only individual to make any inquiries or reports to the Secretary-Treasurer.
- E. The report of the ballot shall be recorded on the provided form and signed by all tellers involved in the count. The tally sheets shall be signed by those who kept them. All ballots, tally sheets and records shall be delivered to the Secretary-Treasurer. The records shall be kept in the Headquarters Office for at least one year after the election or until any questions have been answered or recount completed. The materials for each ballot shall be kept separately.

SECTION 3

BOARD OF TRUSTEES

A. Meeting and Decision-Making Logistics

1. **Accident and death insurance** will be provided for the Academy Board of Trustees, Academy members, Headquarters Office staff and members of the American Board of Pediatric Dentistry when traveling on Academy business.
2. **All annual and ad interim sessions** of the Academy shall be attended by all members of the Board of Trustees and their expenses shall be defrayed according to the present formula, as noted in Section 7. Members of the Board of Trustees are to be paid a per diem beginning with the first day of the Board meeting, throughout the balance of the meeting plus one day for travel, as well as travel and ground transportation allowance. Any elected trustees, or those nominated without opposition, shall be invited to such sessions prior to their assumption of office, with expenses defrayed consistent with board member policies.

The Secretary-Treasurer Elect and any elected trustees, or those nominated without opposition, shall be invited to the Board of Trustees Winter Planning Session/Meeting and the Board of Trustees Annual Session meeting prior to their assumption of office, with expenses defrayed consistent with board member policies.

It shall be at the discretion of the President-Elect to invite the Secretary-Treasurer Elect and the Parliamentarian-elect to the Executive Committee Meeting at the Annual Session. Due to the sensitive nature of some items that are discussed at this meeting, confidentiality must be maintained at all times. During such discussions and at the discretion of the President, the Secretary-Treasurer Elect, and Parliamentarian-designate may be asked to leave the meeting room.

3. **The Executive Committee** may meet prior to the meeting of the Board of Trustees.
4. **Trustee Meetings**
 - A. Motions with a cost impact may be discussed from a philosophical perspective at the time of their introduction; however, the final budget allocations for those motions will be deferred as the last order of business, at which time all budgetary requests will be prioritized in a package and considered for approval.
 - B. The Board of Trustees may have a meeting on the day of and prior to the meeting of the General Assembly.
 - C. It shall be the responsibility of each Trustee to comply with the conflict of interest policy as stated in Section 14.
 - D. Travel and per diem will be paid for persons invited to appear before the AAPD Trustees if those individuals must make a special trip to the meeting. Per diem and travel will be based on one travel day and one day for the appearance. If an invited person has previous plans to attend the meeting, travel and per diem will not be covered. Agendas, however, should be adjusted to accommodate their travel plans. The invitation to appear must be approved by the President or Board of Trustees. Members wishing to attend at their own expense are expected to comply with the provisions in Chapter V, Section 13 of the Bylaws.
 - E. Action minutes of each meeting of the Board of Trustees shall be circulated electronically for the board's review and electronic vote within two weeks after the conclusion of the meeting. Upon board approval, such minutes shall be posted in the Members-only section of the AAPD Web site. At such time, these action items may be discussed by board members with any interested AAPD member. However, internal board discussions are not to be shared with non-trustees, per the fiduciary duty/confidentiality statement that each board member signs annually ("While I am free to discuss board action items, I

understand that disclosing any information concerning discussion of such items during the board meeting is prohibited.”)

5. **Conference Calls**

Conference calls involving the Executive Committee or the Board of Trustees will follow Chapter V, Section 12.B. of the Bylaws.

6. **Mail Ballots**

Mail ballots may be utilized for decision making by the Board of Trustees in the absence of a Board meeting. The quorum provisions in Chapter V, Section 14 of the Bylaws shall apply. In compliance with Illinois State Law, the vote on the motion must be unanimous. Ballots should be mailed by the Headquarters Office and returns must be postmarked within fifteen (15) days from the day of mailing from the Headquarters Office. Late ballots will not be counted. Ballots not received or submitted as abstentions will be considered as positive votes.

7. **Conducting Electronic Business of The Board of Trustees**

A. Reporting

1. The President should report on a monthly basis important issues to the all voting members of the Board of Trustees.
2. Minutes of all Executive Committee meetings should be distributed to the Board of Trustees.
3. It is the responsibility of each Board of Trustees member to consistently check for email messages.

B. Request for Opinions

The President may solicit the members of the Board of Trustees for an opinion. The President begins an email asking for input on an issue. Each Board member may comment by typing at the top of the preceding message and replying to all the members.

C. Convening a Meeting

1. The President can convene an electronic meeting at his/her discretion or at the request of five (5) Board of Trustees members.
2. The President asks for a meeting by emailing the request on the Board of Trustees and states the reason for the meeting and makes the motion to be debated.
3. A quorum is ascertained by the President if a majority of the voting members of the Board of Trustees reply to the call for meeting.

D. The Meeting

1. Once a quorum is established, the meeting begins.
2. Comment is made by typing at the top of the previous email and replying to all the members.
3. Each member may offer comment three times before the vote is taken.

E. Meeting Time

1. The President will call for a vote 72 hours after the main motion is made. The President will immediately report the vote to all Board members.
2. Because debate is time limited, motions to close or limit debate, as well as calling the question will be out of order.

G. Right to Receive All Communications

A Board of Trustees member will receive all motions and email debate, even if they don't reply to the original call for meeting. A tardy member will be allowed to vote if they reply before the vote is taken.

H. Report of Motion and Vote

The motion and the vote will be included in the record of the next meeting of the Board of Trustees. It will be included immediately following the disposition of the minutes of the previous meeting of the Board.

8. **District Trustee Elections**

- A. District trustees are elected by the members of each district with logistical support and technical advice through the Headquarters Office staff as a cooperative effort.
- B. The Headquarters Office is responsible for the overall coordination of the process.
 - 1. During the final year of the Trustee's term of office, and no later than July 1, the Headquarters Office shall notify the members within the district that an election of a successor as District Trustee is being initiated and nominations are being accepted. Nominations may originate from the recognized state organization or from individuals.
 - 2. Nominations from a state unit must include a letter, signed and dated, from the President of the recognized state unit organization certifying that the nomination is an official action of the state unit organization.
 - 3. Nominations from individuals must include a letter signed by ten AAPD voting members from the district signifying support of the nomination.
 - 4. All nominations, from a state or an individual, must use the official AAPD nominations forms, including the Nominee's willingness to serve if elected, and three letters of recommendation from voting members of the Academy. The nominations form includes space for Nominees to list their service in a leadership position for their state or district chapter, and/or service on an AAPD council or committee.
 - 5. Whether a nomination is from a state unit or individual, the completed nominations packet must be forwarded to the applicable District organization. The applicable District organization shall review and certify that each Nominee has been an active or life dues paying member of the district for the past three years, and then forward the nominations packet (s) to the AAPD Headquarters Office postmarked or e-mailed no later than September 1. Nominations failing to meet this criteria shall be deemed ineligible for election.
 - 6. The AAPD Headquarters Office staff shall provide logistical support and technical advice to the process. No later than October 1, the Headquarters Office staff shall forward to each AAPD voting member in the district a "voting package" including the following:
 - i. A cover letter describing the election process.
 - ii. A ballot with the alphabetical listing of the nominees.
 - iii. Each nominee's official AAPD curriculum vitae form.
 - 7. Ballots dated no later than October 31 will be accepted and tabulated by the Headquarters Office. If the initial balloting does not result in a simple majority, the Headquarters Office staff will conduct additional ballots, as needed, in accordance with Chapter XII, Sections 4 and 5, of the Bylaws, until a single nominee is elected by a majority vote to the position of District Trustee. Any additional balloting shall be tabulated and announced no later than December 31.
 - 8. Immediately following official notification of the results by Headquarters Office staff, the incumbent district trustee shall inform members of the district of the outcome of the election.
- C. Due to the inherent conflict of interest, the following may not serve concurrently on the AAPD Board of Trustees:
 - 1. Current members of the Board of Trustees of the American Dental Association.
 - 2. Current members of the Executive Committee of the Section on Oral Health of the American Academy of Pediatrics.

9. Affiliate Trustee Election

- A. Nominations for the office of Affiliate Trustee shall originate from members of the Affiliate membership category and must be accompanied by a letter signed by five (5) members signifying support of the nomination. One of the signatories must be a voting member of the Academy. It is recommended that one of the signatories be the president of the state unit where the affiliate member practices.
 - B. The Headquarters Office is responsible for the overall coordination of the process.
 - 1. During the final year of the Trustee's term of office, and no later than September 1, the Headquarters Office shall notify the members within the affiliate district that nominations are being accepted. Nominations may originate from a recognized state organization or from an individual.
 - 2. All nominations must use the official AAPD nomination form. The applicants must indicate in writing their willingness to serve.
 - 3. The AAPD Headquarters Office staff shall accept nominations postmarked no later than December 1.
 - 4. Submissions shall be directed to the Headquarters Office and shall include and be limited to the materials described in Section 3.9.A in addition to the standard AAPD Nominations Candidate Consideration form. This form must include the signature of the nominee indicating his/her willingness to serve as Affiliate Trustee. The nominee will include with his/her submission: (a) a one page essay explaining their interest in serving as Affiliate Trustee and summarizing their leadership skills; (b) a background description suitable for publishing in *Pediatric Dentistry Today*; and (c) a photograph in electronic format suitable for publication in *Pediatric Dentistry Today*.
 - 5. The Headquarters office will send all complete nominations to the Nominations Committee who will bring one candidate to the General Assembly. Nominations Committee procedures as described in Section 8.N.5. shall apply.
 - 5. The General Assembly will vote on the Affiliate Trustee, who will be installed along with other Trustees at the conclusion of the General Assembly.
- 10. District and At-Large Trustee Reports**
- A. Each district trustee shall provide a written report to be included with the reports of the other officers at the Annual Session. The report shall include three sections: (1) Trustee activities; (2) District organization activities; and (3) State unit reports.
 - B. Each district trustee shall provide reports as needed for any quarterly all-district E-News that is coordinated by and distributed through the AAPD Headquarters office.
 - C. Each trustee shall alert the President to any issues impeding progress on charges for each council or committee the Trustee serves as board liaison.
 - D. Each trustee shall provide a written report for each Board meeting concerning district activities and progress on charges for each council or committee the Trustee serves as board liaison.

B. Procedures for Recall of Trustees

1. Individuals Subject to Recall

Any current member of the Board of Trustees of the American Academy of Pediatric Dentistry may be recalled according to these procedures. Any trustee sought to be recalled shall continue in office unless and until recalled pursuant to Paragraph 16 of these recall procedures. If the chair of the Credentials and Ethics Committee is the subject of the recall petition, the President will designate an acting chair.

2. Initiation of Recall

A recall shall be initiated by the filing of a recall petition. No petition may seek to recall more than one trustee.

3. Form of Recall Petition

A petition for recall shall state (a) the name of the trustee sought to be recalled and (b) the reason that recall is sought. It shall leave space for signatures by qualified signers. Each signature shall be accompanied by the printed name and address of the signer.

4. Responsibilities of the Chair of the Credentials and Ethics Committee

The chair of the Credentials and Ethics Committee shall make available upon written request of a voting member of the Academy blank forms of recall petitions. Within ten days after receiving the request, the chair shall:

- A. Inform the requesting individual, in writing, of the number of signatures required for the calling of a recall election.
- B. Make the Academy's voting membership records available to the requesting party solely for use in connection with circulation of the recall petition.
- C. Immediately inform the trustee who is the subject of the petition, in writing.

5. Qualification of Signers and Circulators

A petition for recall of a district trustee may be signed only by voting members of the district which the trustee represents. A petition for recall of a trustee-at-large may be signed only by voting members of the Academy. A petition for recall of an affiliate trustee may be signed only by voting members of the Academy. A petition for recall may be circulated only by an individual qualified to sign the petition.

6. Number of Signatures Required

A petition for recall of a district trustee must be signed by at least 25% of the voting members of the district represented by the trustee. A petition for recall of a trustee-at-large must be signed by at least 25% of the voting members of the Academy. It must include the signatures of at least 15 members of each district. A petition for recall of affiliate trustee must be signed by at least 25% of the voting members of the Academy. Every petition for recall may be inspected by any voting member of the Academy at the offices of the Academy upon reasonable notice to the Chief Executive Officer.

7. Filing of Petition

Any petition shall be accompanied by a certificate signed by the circulator certifying that, to the best of the circulator's knowledge, no individual has signed the petition (a) more than once, or (b) without being qualified to sign.

8. Appointment of Recall Review Committee

Within 10 days after the filing of a valid recall petition, the President shall appoint a Recall Review Committee from the voting membership to monitor the recall process. The Recall Review Committee shall consist of three individuals and shall not include the trustee sought to be recalled. The circulator of a petition of recall shall not serve on the Recall Review Committee. The Committee shall designate one of its members as chair.

9. Responsibilities of Recall Review Committee

Within 20 days after the filing of the recall petition, the Recall Review Committee shall determine whether the petition (a) is in proper form, and (b) contains at least the number of proper signatures required in Paragraph 6. Any improper signature shall not be counted, but the petition is not invalidated if it contains an improper signature. Except as provided in Paragraph 18 of these recall procedures, the Recall Review Committee shall make all decisions relating to the recall process.

10. Action on Petition Found Invalid

If the Recall Review Committee determines that the petition does not contain the required number of proper signatures, the chair of the Committee shall promptly return the petition to the circulator and advise the circulator in writing of the

deficiencies in the petition and the number of additional signatures required. The circulator may remedy the deficiencies and submit a new petition. The circulator of the petition of recall shall be notified within one week of the determination of the invalidity of the petition.

11. Action on Petition Found Valid

If the Recall Review Committee determines that the petition contains the required number of proper signatures, the chair of the Committee shall promptly so advise in writing the circulator and the trustee sought to be recalled. At the same time, the chair shall in writing give the trustee sought to be recalled the opportunity to resign. If the trustee chooses to resign, the resignation shall be tendered in writing to the President within 10 days after receiving notice of the recall petition. If the trustee resigns, a recall election shall not be held, and the provisions of Paragraph 19 of these recall procedures shall govern. The circulator of the petition of recall shall be notified within one week of the determination of the validity of the petition.

12. Timing of Recall Election

If the trustee does not resign, the Recall Review Committee shall set a date for a special recall election to be held not later than 60 days from the date of filing of the valid recall petition. All members of the Academy qualified to sign the recall petition shall be notified in writing of the calling and the date of the recall election. However, no special recall election shall be held within six months of the date of a regular election.

13. Procedures for Recall Elections

Except as otherwise provided herein, the procedures governing a recall election shall be the same as those governing regular elections. All reasonable expenses of a recall election shall be borne by the Academy.

14. Ballot for Recall Election

The ballot for a recall election shall be separate from any other ballot. It shall contain the question, "Shall _____ be recalled from the office of Trustee?" The blank shall be filled in with the name of the trustee sought to be recalled. Immediately below this question there shall appear a box marked "Yes" and a box marked "No." The ballot must include a statement of not more than 250 words submitted by the circulator setting forth why the trustee should be recalled. It may, at the discretion of the trustee being challenged, include a statement of not more than 250 words submitted by the trustee setting forth why he/she should not be recalled. If the statement of the circulator is not received within 20 days after the circulator receives notice pursuant to Paragraph 11 of these recall procedures, the recall election shall not be held. If the statement of the trustee is not received within 20 days after the trustee receives notice pursuant to Paragraph 11 of these recall procedures, such statement need not be included on the ballot.

15. Distribution of Recall Ballots

Where a recall election is held at the time of a regular election, the procedures governing regular elections shall apply. Where a recall election is not held at the time of a regular election, the following procedures shall apply. Ballots for the recall of a member of the Board of Trustees shall be distributed to all voting members of the district which the trustee represents. Each ballot must identify a date, 20 days after the distribution of the ballots, by which an executed ballot must be received at the Academy. On that date the election shall be closed.

16. Result of Recall Election

At the close of the recall election, all returned ballots shall be opened and tallied. If 50% of the ballots or less are marked "Yes," the trustee shall not be recalled. If more than 50% of the ballots are marked "Yes," the trustee shall be recalled. The chair of the Recall Review Committee shall promptly certify the results of the recall election to the President. Upon certification, the President shall declare the office of

the recalled trustee to be vacant. The chair of the Recall Review Committee shall also advise the trustee sought to be recalled and the circulator of the recall petition of the results of the recall election.

17. Filing of an Appeal

A recalled trustee who believes that the recall petition contained an inadequate number of proper signatures, that the ballots were improperly counted, or that the recall process did not otherwise comply with procedures may appeal the recall to the General Assembly. An appeal shall be initiated by the filing of a notice of appeal with the President within 10 days after the result of the recall election is certified. The notice shall state with precision how the recall election is alleged to have violated these procedures. The recalled trustee shall not hold office while an appeal is pending.

18. Consideration of an Appeal

The President shall immediately appoint an Investigative Committee of five members of the General Assembly to investigate the allegations of the appeal. The Investigative Committee shall not include the recalled trustee or any member of the Recall Review Committee. Within 30 days after the result of recall election is certified, or on the day prior to the convening of the General Assembly, if the Assembly meets less than 30 days after the certification of the result of the recall election, the Committee shall report its finding. It shall also make a recommendation regarding whether or not the recall election should be overturned. The appeal and the report of the Investigative Committee shall be taken up by the General Assembly as soon as practicable at its next regular session. If a majority of the members of the General Assembly votes to reinstate the recalled trustee, said trustee shall be reinstated to office. Otherwise, the trustee shall remain recalled. The recalled trustee and the members of the Recall Review Committee shall not participate in this vote. The decision of the General Assembly shall be final and binding on all members of the Academy.

19. Filling of Vacancy Caused by Recall

If a Board of Trustees member is recalled, the vacancy shall be filled by a special election to be held in conjunction with the next regular election following the recall. The President may appoint an active member from the district of the recalled trustee or from the General Assembly in the case of an at-large position, to serve in the place of the recalled trustee until the special election takes place, as described in Chapter V, Section 7 and Chapter XII, Section 4 of the Bylaws. However, if a recall election is overturned by the General Assembly, any person who has assumed the office of the recalled trustee will be deemed to have held that office on an acting basis only.

20. Disability of Recalled Official

A trustee who has been recalled or who has resigned from office after the filing of a recall petition shall not be elected to office or appointed to fill any vacancy in any office during the term of the office previously held by the trustee.

C. Policies Governing Recognition of Other Organizations

1. Society of Post-Doctoral Program Directors — The Board of Trustees recognizes and supports the Society of Post-Doctoral Program Directors (SPPD) through the following policies:

A. The Academy shall provide, at its own expense, appropriate facilities for a meeting of the SPPD in conjunction with, and at the site of, the Annual Scientific Session. Wherever possible, outside funding or support will be sought to underwrite certain of the food and other costs associated with this meeting. Members of the SPPD will attend the meeting at their own expense.

- B. Upon its request the SPPD shall be given a place on the agenda of any meetings of the Board of Trustees through the submission of written reports that contain actionable items.
 - C. The Board Liaison to the Council on Post-Doctoral Education will also act as the Board Liaison to the SPPD and will represent the SPPD at meetings of the Board of Trustees.
2. **Pre-Doctoral Program Directors** — The Board of Trustees recognizes and supports Pre-Doctoral Program Directors group through the following policies:
- A. The Academy shall provide, at its own expense, appropriate facilities for a meeting of the pre-doctoral program directors and/or department chairs in conjunction with, and at the site of, the Annual Scientific Session. Wherever possible, outside funding or support will be sought to underwrite certain of the costs associated with this meeting. Members of the SPPD will attend the meeting at their own expense.
3. **American Academy of Pediatrics Section on Oral Health** — The Board of Trustees recognizes and supports the American Academy of Pediatrics (AAP) Section on Oral Health (SOOH) through the following policies (complete details are provided in a Memorandum of Understanding that is maintained between the AAPD and SOOH):
- A. The Chair of the SOOH or his/her designee shall be invited to attend, at the expense of the AAP, all regular meetings of the AAPD's Pediatric Oral Health Research and Policy Center (POHRPC) Advisory Board. The POHRPC Advisory Board will generally meet once twice a year, during the AAPD Winter Planning meeting and AAPD Annual Session. The SOOH Chair shall serve as an ex-officio, non-voting, member of the POHRPC Advisory Board. The SOOH Chair shall maintain AAPD membership in either Active, Life, Associate, or Affiliate category. He/she shall be provided in advance of the POHRPC Advisory Board meeting with an Agenda and related materials.
 - B. The Board of Trustees of the AAPD will annually appoint a Board Liaison representative to the AAP SOOH. The AAPD Board Liaison shall be invited to attend, at the expense of the AAPD, all meetings of the SOOH Executive Committee and shall be included in the written, electronic, and phone communications of the Committee that are sent to all liaisons. The liaison will not have voting privileges. The AAPD Board Liaison shall be a member of the AAPD SOOH. The liaison shall submit a written report to SOOH regarding information and activities of the AAPD that may affect AAP and its members. The report shall be submitted bi-annually, prior to each SOOH Executive Committee meetings.
 - C. The SOOH representative shall submit an annual written report to the AAPD POHRPC Advisory Board on the actions and issues before the Section and those of the AAP concerning oral health matters. The report may contain actionable items requiring the consideration of the POHRPC Advisory Board and the AAPD Board of Trustees. Between annual meetings of the AAPD, the SOOH Chair shall inform the AAPD Board Liaison of any matters concerning oral health clinical or public policy that may come before the Section or of which the Section becomes aware.
 - D. The AAPD Board Liaison shall be expected to attend, at AAPD expense, the meetings of the SOOH Executive Committee and whatever other AAP meetings, conferences, symposia and the like to which he/she is invited and/or is eligible to attend as necessary to represent the AAPD and its oral health policies, best practices, and clinical practice guidelines.
 - E. The AAPD Board of Trustees will make available to the Executive Committee of the SOOH a meeting room at the AAPD Annual Scientific Session and to the SOOH general membership a meeting room at the AAPD Annual Session. In

accordance with its bylaws, the SOOH may hold a Section business meeting for all Section Members and those interested in the Section as a forum to update members on AAP and Section activities, discuss issues concerning pediatric oral health, promote member recruitment, and prioritize action items. In addition, the AAPD will make available to the SOOH a meeting room or facility for a social reception in conjunction with the AAPD Annual Session in a manner consistent with annual meeting policy governing social events. as well as a table in the registration or exhibit hall to display information about the Section.

- F. The SOOH and the Board of Trustees of the AAPD shall each keep the other advised of pertinent policy statements, reports, and clinical practice guidelines being proposed and/or revised within their organizations and by the councils, committees and other bodies therein. This will be an ongoing process by which each group will be appraised by the other as early-on in the development process as practical, and whereby meaningful input will be sought from the other so as to avoid, insofar as possible, conflicting and/or confusing policies and clinical recommendations from the parent organizations.

Each party will inform each other of the development, revision or evaluation of practice guidelines, policy statements, planning documents and related matters concerning children's oral health, regardless of which internal committee originated the project. Taking into account the time constraints and other needs of the authoring party, the Executive Committees of the AAPD and the SOOH will work together to determine the appropriate development process so that the responses and documents represent the views, policies, guidelines and philosophy of the AAPD as well as the SOOH. The Board of Trustees of the AAPD will make available to the SOOH the expertise of its councils, committees, and individual consultants in the development of policy statements, practice guidelines and responses to individual oral health issues as they may arise. The AAP will make available to the AAPD the expertise of AAPs councils, committees, and sections in the development of policy statements, best practices, and clinical practice guidelines that will affect the practice of pediatrics. Each party will provide the other with draft documents or policies for review prior to public distribution, publication, or submission to their parent organization. The AAPD/AAP and the members of its councils, committees, sections, and Board of Trustees agree to respect the confidentiality of all AAPD/AAP documents during the development and review processes. Policy statements or practice guidelines developed and disseminated as joint documents will be handled in accordance with the operational policies of the respective organizations.

D. Special Travel Reimbursement

1. For events or meetings where a board member's presence is required per directive from the President, this policy shall apply.
2. Total expense of a flight to and from the destination of travel will be reimbursed. Coach seating and two week advance booking for the flight is required. Travel to and from the airport will also be reimbursed.
3. If Board members choose to drive to the destination city, they should submit their car mileage to the place of stay (e.g. hotel) and the return trip. Mileage incurred for driving within the metropolitan area on days of the meeting/event is included in the per diem.
4. Hotel costs will be fully covered by AAPD for dates of attendance at the event, with the exception of incidental expenses.
5. A per diem of \$100 per day will be provided for the dates of attendance at a meeting plus \$100 for one day of travel. This per-diem covers meals (the per diem amount

should be applied to non-hosted group dinners for an individual's portion of the cost) and tips.

6. AAPD will reimburse expenses for the following:

- Internet connection.
- Phone service – Members should inquire with the AAPD about corporate calling cards that may be available for use. However, members are urged to use their cell phones, if cheaper, while traveling; a phone bill for the minutes used during travel may be submitted when requesting reimbursement)
- Fax/ printing charges.
- Registration fees (for a required event).
- Parking.
- Taxi/bus rides.

SECTION 4

OFFICERS

A. General Policy - Installation of Officers

1. The elective officers and elected members of the Board of Trustees, shall be installed at the annual session. The President Elect shall be installed as President at the next annual session following election. The incoming President (President Elect) shall determine the individual who will install the incoming officers.
2. Newly elected officers and trustees may participate in an annual orientation session to familiarize them with the Academy's policies and procedures.

B. Elected Officers

1. **Appointment Duties of the President Elect**
 - A. At the first Board meeting of the year, the trustees will be advised to identify selected individuals within their districts who are ready to serve. These individuals would be recommended according to their particular experience, talent, or history.
 - B. The trustees will forward to the President elect their recommendations in writing prior to the ad interim meeting.
 - C. The President elect will use these recommendations in conjunction with individual council chairs in selecting potential appointees. The council chairs will have the responsibility of calling potential appointees for a brief interview to determine the appointees' level of interest, willingness to serve, etc.
 - D. The President elect will receive final recommendations from council chairs in writing prior to the mid-winter planning session.
 - E. The President elect will finalize all council appointments immediately after the mid-winter session and direct Headquarters Office staff to forward confirmation correspondence at that time.

C. Appointed Officers

1. The Board of Trustees delegates to the Executive Committee the responsibility of contractual arrangements with all appointed officers, unless otherwise stated.
2. **Editor in Chief** (Also see Chapter IX of the Bylaws)
 - A. A stipend, as determined by the Executive Committee, shall be paid to the Academy's Editor in Chief, under contractual arrangements approved by the Executive Committee. The terms of the contract shall include the length of the term, procedures for renewal and the method of payment of the stipend. The stipend level will be reviewed by the Budget and Finance Committee every two years.
 - B. Members of the Search Committee for Editor in Chief shall be nominated by the President and appointed by vote of the Board of Trustees in the last year of the Editor in Chief's tenure.
 - C. Should the Editor in Chief not be able to fulfill the term, the vacancy shall be filled according to Chapter V, Section 5 of the Bylaws.
 - D. The performance of the Editor in Chief shall be evaluated on an annual basis by the Executive Committee prior to the ad interim meeting, with the immediate past president leading the performance evaluation process.

3. Chief Executive Officer

- A. The Chief Executive Officer shall be appointed by vote of the Board of Trustees under contractual arrangements determined by the Executive Committee.
- B. The Chief Executive Officer shall be responsible for the administrative management of the Headquarters Office staff, its budget and its day-to-day operations.
- C. The Chief Executive Officer shall coordinate the activities of all councils, committees, ad hoc committees, and task forces and projects of the Academy.
- D. The Chief Executive Officer shall systematize the preparation of all reports of the councils, committees, ad hoc committees, and task forces and the officers of the Academy.
- E. The Chief Executive Officer shall be cognizant of and review charges to all councils, committees, ad hoc committees, and task forces annually and recommend action to the Board of Trustees.
- F. The Chief Executive Officer shall provide the Executive Committee and Budget and Finance Committee with monthly financial reports.
- G. The Chief Executive Officer may accept invitations to participate in allied related, regional and state society meetings, such expense to be borne by the AAPD, when necessary.
- H. The Chief Executive Officer will serve as managing editor, serve as interface between the Editor-in-Chief and Board of Trustees, direct the editorial and production process, and coordinate activities of the Communications Department and journal.
- I. The performance of the Chief Executive Officer shall be evaluated under procedures and criteria described in his/her employment contract with the AAPD.

4. Parliamentarian

- A. The tenure of the Parliamentarian shall be for one (1) year, unless otherwise approved by the Board of Trustees.
- B. Prior to installation, the Parliamentarian designee should complete a formal educational course of instruction in parliamentary procedures at Academy expense.

5. Congressional Liaison(s)

It is preferable that the appointed Congressional Liaison(s) has: served as a past president of the Academy; developed a good working relationship with a key Member(s) of Congress; been a regular participant in the AAPD's annual Pediatric Oral Health Advocacy Conference in Washington, D.C; and regularly donated to the AAPD PAC.

- A. A stipend, as determined by the Executive Committee, shall be paid to the Academy's Congressional Liaison(s), under contractual arrangements approved by the Executive Committee. The terms of the contract shall include the length of the term, procedures for renewal and the method of payment of the stipend. The stipend level will be reviewed by the Budget and Finance Committee every two years.
- B. Several of the duties of the Congressional Liaison(s) are contained in Chapter IX, Section 3.D. of the Bylaws.
- C. Works collaboratively with AAPD's contract lobbyist in Washington D.C. on strategies to achieve AAPD's legislative priorities.
- D. Develops and maintains a cadre of AAPD members who have close personal contact with top federal elected legislators from their respective states, and relays this information to the Chief Operating Officer and General Counsel for continued growth of the Academy's advocacy network
- E. Represents the AAPD PAC at appropriate events in Washington, D.C. and locally in order to further promote and build relationships with legislators.

- F. Serves as an ex-officio member of the Council on Government Affairs.
- G. Brings issues of importance to the Executive Committee and the Board of Trustees in a timely manner.
- H. Works with the AAPD Headquarters Office staff and coordinates activities and strategies with the Chief Executive Officer and Chief Operating Officer and General Counsel.
- I. Works with other organizations to promote the AAPD's legislative agenda.
- J. Manages the Liaison(s)'s budget responsibly.
- K. The performance of the Congressional Liaison(s) shall be evaluated on an annual basis by the Executive Committee prior to the ad interim meeting, with the immediate past president leading the performance evaluation process.

SECTION 5

HEADQUARTERS OFFICE

- A. Staff personnel policies are contained in an employee handbook, which is updated as needed by the Chief Executive Officer and Chief Operating Officer and General Counsel and provided to the Executive Committee.
- B. All minutes and annual reports to the Board of Trustees shall be retained in the Headquarters Office.
- C. Recorded proceedings shall be retained in the Headquarters Office for at least one year.

SECTION 6

ANNUAL SESSION

A. Finances

1. Cancellation and Refund Policy
 - A. All cancellation requests must be made in writing to AAPD Registration and Housing Services.
 - B. All cancellation requests postmarked on or before May 1 will be refunded less a \$150 processing fee (\$50 for office staff and guests).
 - C. No refunds shall be provided for requests received after the above deadline. Any extenuating circumstances must be submitted in writing to the AAPD Vice President for Meetings and Continuing Education. Those refunds approved are processed after the Annual Session.
 - D. Refunds are not granted for no-shows.
2. The Academy will provide complimentary meeting registration for the Graduate Student Research Award winners and spouses. The winner of the Ralph E. McDonald Research Award will receive a \$1,000 cash award; other winners shall receive a \$500 cash award; matching awards are presented to each winner's institution. The Graduate Student Research Award winners shall be limited to a maximum of \$500 coach air fare for attendance at the annual session.

B. Speakers

1. Honoraria paid to speakers for the annual session shall include:
 - A. Honoraria as negotiated by the Vice President for Meetings and Continuing Education and Chief Executive Officer;
 - B. Current Academy per diem + 1 day for travel; (See Section 7)
 - C. Round-trip coach air fare or mileage at the prevailing IRS allowable rate.
 - D. Ground transportation, by receipts.
 - E. Complimentary tickets to social functions for speaker and spouse/guest.
 - F. Hotel accommodations for two nights, unless they are presenting multiple times.
2. Members of the Academy who speak at AAPD annual sessions for a half day or full day program, will have their meeting registration fee waived and hotel accommodations paid for the number of days presenting.

C. Reimbursement and Accommodations

1. Members of the Board of Trustees shall be reimbursed for each day of the annual session for which they are in attendance, plus one day for travel.
2. Complimentary annual session registration and hotel room shall be granted to the local arrangements chair.
3. Sleeping rooms for the annual session shall be compensated by the Academy for the Board of Trustees, Chief Executive Officer and Local Arrangements Chair. The President shall be assigned a suite suitable for entertaining and the Chief Executive Officer a suite suitable for Headquarters Office functions.
4. GSRA finalists, the Preventech Samuel D. Harris Research and Policy Fellow(s), and the Sunstar Postdoctoral Research Fellows shall be reimbursed as follows:
 - A. Awardees are urged to use the AAPD's designated travel service when booking their travel to the Annual Session, so that the AAPD will be directly billed for this expense. Up to \$500 in flight expenses to and from the annual session will be reimbursed. Coach seating and two week advance booking for the flight is

- required. Ground transport to and from airport, if within the \$500 limit stated above, will also be reimbursed; this does not apply to limo/luxury rides.
- B. If awardees choose to drive to the destination city, they should submit car mileage to the place of stay (e.g. hotel) and the return trip. Mileage within the metropolitan area on the days of meeting attendance is not covered.
 - C. GSRA finalists and Preventech Samuel D. Harris Research and Policy Fellows receive a complimentary registration to the Annual Session for the individual and one guest. This does not include any other ticketed member receptions or social events requiring a paid reservation, with the exception that Harris Fellows also receive a complimentary invitation to the HSHC Donor Appreciation Gala.
 - D. GSRA finalists receive a \$500 cash award, and their training program receives a matching \$500 award. The recipient of the Ralph E. McDonald Award (overall GSRA winner) will receive an additional \$1,000 award and their training program receives an additional \$500 award. Sunstar Postdoctoral Research Fellows receive \$10,000 each to support their research project, which shall be allocated towards supplies (\$5,000), a stipend (\$2,000), institutional support (\$1,500) and travel and lodging (\$1,500) at the AAPD Annual Session where their research will be presented.
 - E. GSRA finalists and the Harris Fellow(s) and guests receive two nights lodging at any of the AAPD preferred hotels either through reimbursement or with advanced registration. Sunstar Postdoctoral Research Fellows receive one night's lodging at any of the AAPD preferred hotels either through reimbursement or with advance registration.
 - F. All Annual Session reimbursements for Harris Fellows and Sunstar Postdoctoral Research Fellows apply to the year they complete their fellowship, not the year selected. The Research and Policy Center may also budget for additional Harris Fellow costs related to their research project and attendance at the AAPD's annual Public Policy Conference in Washington, D.C.
5. Sunstar Postdoctoral Research Fellows receive \$10,000 each to support their research project, which shall be allocated towards supplies (\$5,000), a stipend (\$2,000), institutional support (\$1,500) and travel and lodging (\$1,500) at the AAPD Annual Session where their research will be presented. Sunstar Postdoctoral Research Fellows receive one night's lodging at any of the AAPD preferred hotels either through reimbursement or with advance registration. Sunstar Postdoctoral Research Fellows may utilize travel funds from their award to subsidize additional nights and air travel to the Annual Session.

D. Guidelines for Annual Session Site Selection

1. The annual session of the Academy shall be held at such time as determined by the Board of Trustees. The Board shall take into account the historical success of the Memorial Day weekend.
2. It is recommended that meeting sites be rotated among the five (5) Districts of the Academy, so that there will be a meeting within each district at least once every ten (10) years. Meetings outside of the United States may be considered. Sites chosen for selection should be based on the following criteria:
 - A. The city/venue selected should be in a location attractive and accessible to a large majority of the membership. Adequate exhibits and meeting space—whether at a single hotel or at a convention center—must at the top of the priority list along with a host of nearby overflow hotels offering a number of amenities and price options.
 - B. In addition to the adequate event space and hotels, the city should have an overall appeal as a destination to help draw attendance of members and their

- office staff and families, based on the restaurants, venues, entertainment, and other cultural attractions.
3. It is recommended to consider meeting sites five (5) to seven (7) years in advance. At the Board of Trustees Winter Meeting, the Meetings Staff will recommend a district along with potential host cities in such district for consideration. The Board will direct the Meetings Staff as to which cities should be investigated via a formal RFP process and site visits.
 4. The Meetings Staff shall observe the following process in developing prospective sites:
 - A. In conjunction with the Council on Annual Session, periodically survey the AAPD membership regarding various aspects of the annual session. Due consideration should be given to surveying members who do not regularly attend AAPD annual sessions, as well as those who do.
 - B. The Meetings Staff shall maintain a list of "acceptable" cities within each district. This shall be updated periodically as the needs of the Academy change and as new facilities are built in various cities. The list of acceptable cities shall be grouped by district and divided into two categories. The first, "A", category will include cities that fulfill all or nearly all selection criteria. The second, "B", category will include cities that do not meet as many of the criteria, but may still merit consideration.
 - C. When necessary in evaluating a potential venue, the Meetings Staff may conduct a site visit prior to making the final report to the Board of Trustees. Those participating in a site visit with the Meetings Staff may include the current chair of the Council on Annual Session, the Chief Executive Officer, and other members of the Headquarters Staff or volunteer leadership as approved by the Executive Committee.
 - D. The Meetings Staff will deliver a final report with recommendations for no less than two viable venues to the Board of Trustees at the Ad Interim meeting. The report shall rank, in so far as possible, the venues and list in appropriate detail the reasons for the rankings. The Board will consider the report and, after adequate deliberation, vote to approve a city for the designated meeting year. The Headquarters Office will then be directed to finalize contracts to secure the hotels and convention center (if applicable) in the selected city.

E. Miscellaneous Annual Session Policies

1. In order to participate in any portion of the annual session all attendees, including spouses, children and auxiliaries must register and wear badges at all times.
2. The President may, at his/her discretion, invite individuals to the annual session as special registrants.
3. Dental auxiliaries (dental hygienists, assistants and office staff) who wish to attend the annual session of the Academy may do so and will be required to pay a registration fee as determined by the Board of Trustees.
4. Groups other than AAPD shall be discouraged from conducting any program prior to, or in conjunction with the annual session. However, the College of Diplomates of the American Board of Pediatric Dentistry has specific approval to conduct a scientific program, limited to its members, in conjunction with the annual session program. The AAPD Board of Trustees is opposed to any programs sponsored by groups other than the Academy held in direct conflict with the annual session or continuing education programs.
5. Arrangements for annual sessions are to include security guards to check badges of official registrants and guests whenever it is deemed necessary by the Board of Trustees.

6. Literature and advertising materials involving non-Academy activities shall be permitted only in a commercial exhibit booth.
7. The booth rental fee for commercial exhibits at the annual session shall be determined by the Vice President for Meetings and Continuing Education and Chief Executive Officer.
8. The policy of attendance at the Past Presidents' Luncheon will be those past presidents in attendance at the annual session.
9. Materials requiring action of the General Assembly will be distributed prior to the meeting upon request to voting members of the Academy. The *Pediatric Dentistry Today* newsletter shall announce availability of this information.
10. Policy on AAPD Annual Session Week and external events during Annual Session:
The American Academy of Pediatric Dentistry Annual Session occurs each May; show dates typically are the Friday through Sunday of Memorial Day weekend. Pre-conference events begin as early the Tuesday before Memorial Day. As such, the AAPD designates Annual Session Week to be the period from 12:01 a.m. (host city time) the Monday prior to Memorial Day through 11:59 p.m. Sunday night of Annual Session.

Official AAPD and AAPD Foundation events, both sponsored and unsponsored, are conducted in the host city during the Annual Session Week period. Individuals, organizations, or corporations who wish to participate in or sponsor official AAPD and AAPD Foundation functions or events, and/or exhibit in AAPD Annual Session venues during Annual Session Week, are **prohibited** from hosting other functions and events during such time.¹ This prohibition applies to any program- or event-free periods during Annual Session Week.

Individuals, organizations, or corporations participating in the AAPD Annual Session who are found to be in violation of this policy during Annual Session Week will be subject to immediate removal from the Exhibit Hall and forfeiture of any recognition for sponsored events during that Annual Session, at the sole discretion of authorized AAPD representatives. Violators also will be subject to:

- A minimum two-year ban from exhibiting at future AAPD Annual Sessions.
- Forfeiture of remaining contracted sponsorship benefits for any future AAPD event(s).
- Ineligibility to participate in future AAPD continuing education offerings.

This Annual Session Week policy will go into effect with AAPD 2022, in San Diego, Monday, May 23, through Sunday, May 29, 2022. ~~Upon approval by the AAPD Board of Trustees, t~~This policy will be shared with all AAPD corporate partners and included with all promotional and contractual documents.

¹ This policy does not apply to meetings or receptions of AAPD district and state chapters, and pediatric dentistry alumni organizations, which are considered official AAPD functions or events.

SECTION 7

BUDGET AND FINANCES

A. Financial Philosophy

1. It shall be the duty of the Board of Trustees to maintain financial solvency of the AAPD.
2. It shall be Academy policy to target a reserve balance of equal to one year's actual operating expenses. Actual operating expenses are those amounts necessary to meet annual Academy expenditures exclusive of grants and other "pass through" funding.
3. Adjustments to the budget must be approved by the Board of Trustees.

B. Dues and Assessments

1. The annual dues shall be:
 - A. \$690 for active members;
 - B. \$345 for associate, affiliate, and friends of pediatric dentistry members;
 - C. \$386 for international members;
 - D. \$100 for international colleague members, or \$200 for those who sign up for three years of membership;
 - E. \$0 for retired members, (retired members are allowed to subscribe to Academy publications and purchase other services at cost);
 - F. \$345 for life members who derive some income from dentistry. Life members who derive no income from dentistry are exempt from payment of dues.
 - G. \$172 for affiliate life members who derive some income from dentistry. Affiliate life members who derive no income from dentistry are exempt from payment of dues.
 - H. \$172 for allied members;
 - I. \$32 for predoctoral student members;
 - J. \$30 for international student members.
2. The Board of Trustees approves the addition of a voluntary contribution opportunity in the amount of \$250.00 to the Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry dues statement on an annual basis. However, for new dentists in practice 1-19 years the recommended voluntary contribution shall be \$100.
3. The Board of Trustees approves the addition of a voluntary contribution opportunity in the amount of \$250.00 to the AAPD Political Action Committee on the Academy dues statement on an annual basis. However, for new dentists in practice 1-10 years the recommended voluntary contribution shall be \$100.
4. Previous postdoctoral student members of the Academy whose applications for active membership are received in the Headquarters Office on or before December 31st following completion of a pediatric dental specialty program will pay no application fee, dues or assessments for the first year of membership and the second and third year's dues and assessments will be reduced 50%.
5. Previous predoctoral student members of the Academy for at least two years' duration whose applications for affiliate membership are received in the Headquarters Office on or before October 1 following completion of dental school will pay no application fee, and the first and second year's dues and assessments will be reduced 50%.
6. Foreign associate and affiliate members: An additional mailing charge of \$35 shall be assessed to foreign associate and affiliate members for the mailing of Academy publications and communications.

C. Travel and Meeting Expense Reimbursement

1. All expenses for meetings and travel for the purpose of conducting Academy business must be budgeted or approved by the Board of Trustees in advance. The President shall determine the appropriateness of any members' attendance at Ad Interim, Winter Board Meeting and Planning Retreat, or annual session Board of Trustees meetings and authorize appropriate reimbursement.
2. The per diem allowance paid by the AAPD is \$100 per day for each day of a meeting, plus one day per diem for travel.
3. Travel allowance is coach air fare or mileage at the prevailing IRS allowable rate.
4. Ground transportation is reimbursed by receipt.

D. Reimbursement for Continuing Education Course Invited Speakers

1. Total expense of a flight to and from the continuing education course destination will be reimbursed. Coach seating and two week advance booking for the flight is required. Travel to and from airport is also reimbursed.
2. If speakers choose to drive to the destination city, they may submit car mileage to the place of stay (e.g. hotel) and the return trip. Parking fees will also be reimbursed. Any driving within the metropolitan area days the speakers are attending the meeting/event is included in the per diem described below.
3. Room and tax at a hotel will be fully covered by the AAPD for dates of attendance at the course, with the exception of incidental expenses.
4. A per diem of \$100 per day will be provided for the dates of attendance at the course plus \$100 for one day of travel. This per diem includes meals (the per diem amount should be applied to non-hosted group dinners for an individual's portion of the cost) and tips.
5. Complimentary registration for the course is provided.
6. An honorarium or fee of a set amount may be paid for the speaker's services at the course if so indicated in the confirmation letter.

E. Grants

Grant submissions in the name of the AAPD shall be initiated only after prior authorization of the Board of Trustees.

F. Solicitation of Financial Support for the Academy and/or its Foundation

The Chief Executive Officer, in collaboration with the Vice President for Development and Charitable Programs and the Meetings, Exhibits, and Sponsorship Manager, shall be empowered to act as the agent of the Academy and/or its Foundation to negotiate financial support and contributions from organizations and individuals outside the Academy.

G. Charitable Contributions

Charitable contributions made by the Academy must be approved by the Board of Trustees.

H. Refunds for Events

Full refunds shall be provided to registrants for AAPD events (including registration fees for continuing education) upon written request received by the Headquarters Office thirty (30) days prior to the first day of the event, with the exception of the annual session. (See Annual Session Finances, Section 6). A fifty (50) percent refund shall be provided if written notice is received up to two weeks prior to the event. Deducted from any refund shall be a \$150 cancellation fee for multi-day courses or a \$75 cancellation fee for a one day course. No refunds shall be provided if notice is received within one

week prior to the course. No refunds shall be provided for no-shows. When instances of unusual circumstances exist, the Chief Executive Officer in consultation with the Vice President for Meetings and Continuing Education shall be empowered to review and make decisions regarding such refunds.

I. General Financial Policies

1. The fiscal year of the Academy shall be July 1st through June 30th.
2. Consultants shall not be paid for travel or other expenses incident to attendance at council/committee meetings unless specifically authorized by the Executive Committee.
3. The Budget and Finance Committee will regularly review and make recommendations to the Board of Trustees regarding the Academy's investment allocations. The current allocation will be referenced in the report of the Budget and Finance Committee as approved by the Board of Trustees.

J. Budget Development

1. Each proposed council and committee chair shall submit a budget request and an outline of planned activities for the following year to the Budget and Finance Committee. This form shall be returned to the Headquarters Office 90 days prior to the annual session.
2. Expenditures in excess of the annual appropriated budget must be approved by the Board of Trustees.
3. Each district trustee must submit a yearly budget which may include items such as travel expenses for state unit or other meetings, or administrative costs such as production and distribution of a District newsletter. District Trustees are also encouraged to post written reports on the District Web site that is supported by the AAPD.

SECTION 8

COUNCILS AND COMMITTEES

A. Definitions

1. Councils are based on geographic (district) representation and are organized around high priority activities necessary to fulfill the mission and strategic plan of the AAPD, where a representative input of the membership is important to carry out and/or oversee such activities.
2. Committees usually operate under the authority of and are subordinate to councils, with membership based on subject matter expertise rather than geographic representation. They are organized around important activities requiring specialized knowledge or expertise. Some committees operate independently of councils, such as committees of the Board of Trustees and the PAC Steering Committee.
3. Ad hoc committees are based on member expertise and experience and are designed for a specific problem or project that is time-sensitive and of high importance. Their tenure is always limited to one Academy year from annual session to annual session unless extended by the Board of Trustees. The board can also migrate an ad hoc committee to a permanent committee if such a need is determined.
4. Task forces and work groups are temporary groups similar in scope and intent to ad hoc committees, but can also include AAPD staff as members in addition to volunteers. They are charged with accomplishing a defined objective, completing their duties in a specified period of time, and presenting a written report to the Board of Trustees.

B. Appointments

1. Members of all councils and committees shall be nominated by the President Elect unless otherwise provided in these policies. Council/committee appointments become effective when the President Elect becomes President. The President Elect shall seek input, through the Board of Trustees, from the District Organizations and current council and committee chairs in making appointments. The AAPD shall maintain a volunteer section on the AAPD website that provides information on the AAPD's governance structure, the duties of councils and committees, positions coming open on councils and committees, and an online portal for members to express their interest in serving on councils and committees.
2. Chairs of all councils and committees shall be nominated by the President Elect unless provided otherwise in these policies. Chair appointments become effective when the President Elect becomes President, with the approval of the Board of Trustees.
3. At the first new Board of Trustees meeting of the year (the final day of the annual session), the district trustees are asked by the President-Elect to identify selected individuals within their districts who are ready to serve, based on particular experience, talent, or history. This shall include a review of those members who indicated their interest in council/committee service via the AAPD's online portal. The trustees forward such names in writing to the President-Elect prior to the Ad Interim Meeting. The President-Elect uses these recommendations in conjunction with individual council chairs, in selecting potential appointees. The council chairs have the responsibility of calling potential appointees for a brief interview to determine the appointees' level of interest, willingness to serve, etc. The council staff liaison will assist the chair in this process. The President-Elect will receive final recommendations from council chairs in writing prior to the mid-winter board of trustees meeting/planning session. The President-Elect will nominate individuals for

all council and committee appointments during the mid-winter session for review and approval by the Board of Trustees, and direct Headquarters staff to forward confirmation correspondence immediately after that meeting. This will include an invitation to any new council chairs to attend the new council chair orientation program at the annual session.

4. The President may nominate consultants to councils/committees for appointment by the Board of Trustees. Additional appointments as consultants, expert consultants, and members ex officio without voting privileges are to be made according to responsibilities assigned to the council or standing committee.
5. Should there be an unexpected vacancy in a council position during the service year, including the position of chair, to the extent practical the Executive Committee shall appoint a replacement who shall serve until the next AAPD annual session (which marks the end of the current service year).

C. Term of Office

1. Appointments of regular members, additional members or consultants to a council, committee, task force or ad hoc committee are for one (1) year, unless provided otherwise in these policies. Council, committee, ad hoc committee or task force members are eligible for appointment to five (5) additional one (1) year terms. Consultants to councils and committees are appointed by the president, and their term concludes with the conclusion of the president's term. Consultants may be reappointed by the President-Elect as he prepares for his year for as many one year terms as deemed necessary.
2. Appointments of chairs to a council, committee, ad hoc committee, or task force are for one (1) year. Chairs are eligible for appointment to two (2) additional one (1) year terms.
3. Cumulative years of service on a council, committee, ad hoc committee or task force shall not exceed eight (8) years. Immediately after the Ad Interim meeting, a letter will be sent to all council and committee members advising them of the amount of time left in their term.

D. Additional Members of Councils/Committees

Additional members and consultants deemed necessary to fulfill the charges of any council or committee may be appointed by the President with the approval of the Board of Trustees. The additional member's term will expire with the term of the President who made the appointment.

E. Ex-Officio Members of Councils and Committees

An ex-officio member of a council or committee is neither elected nor appointed to a council or committee as an individual, but becomes a member when elected or appointed to a particular office. When an ex-officio member ceases to hold office, the successor in office shall replace the incumbent on the council or committee. An ex-officio member has all the rights, responsibilities and duties of any other member, including the right to vote, unless otherwise provided in these policies.

F. Additional Councils/Committees

Additional councils, committees, ad hoc committees, task forces and work groups deemed necessary to fulfill the mission and strategic plan of the AAPD may be appointed and discharged by the President with the approval of the Board of Trustees.

G. Board of Trustees Liaisons

1. An officer or trustee may be assigned by the President as a liaison to a council or committee as needed.
2. The liaison shall attend council/committee meetings as necessary and appropriate.
3. The officer or trustee liaison shall receive copies of all council/committee correspondence and communications between the chair and council/committee members.
4. The liaison shall become familiar with the existing and proposed activities and charges of the council/committee and be prepared to discuss council/committee budget issues during development of the AAPD budget.
5. The liaison shall assume the role of an observer for the Board and provide information to the council/committee. The liaison should avoid dictating council/committee positions and making commitments for the Board of Trustees.
6. The liaison shall be responsible for the presentation of the council/committee chair's report to the Board of Trustees in the absence of the chair and recommending subsequent actions relating to the report. The liaison shall also be prepared to provide the Board of Trustees with a brief oral report when necessary and appropriate, including observations of the council's/committee's capability for accomplishing its charges and its general effectiveness as a viable agency of the AAPD.

H. Staff Liaison

A Headquarters staff member will be assigned by the Chief Executive Officer to each Council/Committee as needed. The liaison will facilitate the coordination of efforts between the Council/Committee and the headquarters office, apprise the Chief Executive Officer and other staff of relevant issues and assist in planning, writing and analysis as needed.

I. Chair Responsibility

1. The performance of a council/committee is a reflection of the leadership provided by its chair. The chair has all of the responsibilities of an individual member, with the further obligations of obtaining maximum participation from other members and administering the activities of the council/committee.
2. The chair maintains active communication with all members of the council/committee. A chair who does not fulfill this obligation is remiss in carrying out a major responsibility.
3. The chair evaluates the performance of members of the council/committee at the request of the elected leadership of the AAPD.
4. The chair shall provide reports of council/committee activities for the ad interim, winter, and annual session Board meetings, utilizing the reporting format determined by the Board of Trustees, according to the schedule requested by the headquarters office.
5. The chair and chair-elect (if applicable) of each council shall attend, at the expense of the AAPD, the annual AAPD Winter Planning Session.
6. The chair of the Pediatric Dental Resident Committee shall attend, at the expense of the AAPD, the annual AAPD Winter Planning Session.

J. Member Responsibility

1. All members must have access to e-mail.
2. Attendance at all meetings of the respective council/committee is a primary obligation of all members. Ability to fulfill this obligation should be carefully

evaluated before accepting appointment. All councils/committees meet in conjunction with the AAPD annual session. Additional meetings may be conducted as necessary throughout the year. Council and committee members are expected to attend the annual session.

3. Members may receive special assignments from the chair and should respond promptly to assignments.
4. Each member should evaluate carefully all materials received in the course of assignments and forward comments to the chair in a timely manner.
5. Developing new ideas and suggestions and the transmittal of information relating to council/committee activities to other members and the chair are on-going responsibilities of each member. This should be a spontaneous activity.
6. A member who has not participated in committee activities or who finds it difficult to assume responsibility for productivity should consider relinquishing the appointment.
7. A member is responsible for obtaining the views of colleagues on matters pertaining to council/committee activities and transmitting this information to the chair. The member must also assume responsibility for keeping colleagues informed about such activities in order to stimulate discussion and understanding at the local level.

K. Council/Committee Meetings

1. Dates and sites of council/committee meetings are established by the chair in consultation with the members and the Headquarters Office. Council/committee members should be informed of meeting dates well in advance.
2. Each meeting should be preceded by the development of an agenda, with all members being invited to contribute agenda items. The agenda should be provided to all members in advance of the meeting. It is the chair's responsibility to see that the agenda is inclusive, pertinent and contains the necessary supporting material to clarify each item.
3. Each member should be given the opportunity to express an opinion, but the chair should control the meeting so that adherence to the subject is maintained. Following adequate discussion, the chair should conduct a vote on the issues and clearly state the recommended course of action.
4. Council/committee recommendations must be accurately recorded and submitted in writing to the Headquarters Office with the council/committee report for appropriate distribution and action by the Board of Trustees.
5. Official attendance at meetings of councils/committees shall be limited to members, Board of Trustees Liaisons and invited guests. AAPD members may attend as observers on a self-sustaining and space-available basis.

L. Council/Committee Reports

1. The chair is responsible for accurately articulating the goals, objectives, activities and decisions of the council/committee to the President and the Board of Trustees. The primary vehicle is the council/committee report. The Headquarters Office staff liaison may assist in the distribution of the reports, but their organization and content are the responsibility of the chair, subject to the approval of the majority of the members. Reports shall contain comment on all subjects considered by the council/committee and shall embody such resolutions and recommendations as are deemed proper by the council/committee.
2. The chair shall write a council/committee report and submit it for approval of all council/committee members prior to submitting it to the Headquarters Office. Council/Committee members should respond within thirty (30) days of receipt of the report. The report shall include the results of the council's/committee's action and shall be submitted through the Headquarters Office to the Board of Trustees for consideration.

3. A council/committee report cannot be amended, except by the council/committee. A council/committee report, after it is presented to the Board of Trustees, may be disposed of in any of the following ways:
 - A. The report may be filed. (A filed report is not binding.)
 - B. The report may be referred back to the council/committee for further study, modifications, recommendations, etc.
 - C. The report may be postponed definitely, to be considered at another stated time.
 - D. The report may be adopted (accepted) in whole or in part. Adopted reports or recommendations of a council/committee are binding on the organization unless they deal with Academy bylaws, oral health policies, or clinical best practices, in which case they must be submitted to the General Assembly for approval.
4. All council/committee recommendations shall be presented in the form of a motion and each recommendation presented in the report shall be presented, discussed and acted upon as a separate motion by the Board of Trustees.
5. Council/committee reports and recommendations are not to be construed as official Academy policy unless approved by the Board of Trustees and the General Assembly.

M. Council/Committee Budgets

The council/committee chair shall submit a budget, along with justification, to the Budget and Finance Committee. When a new chair is to be appointed for the ensuing year, the budget shall be prepared by the council/committee chair in concert with the new chair.

N. General Council/Committee Policies

1. Council/committee appointments: Members shall receive written notification of council/committee appointments and date(s) of meetings and are required to reply within thirty (30) days to the Headquarters Office. In the event no reply is received within this time, the appointment will be considered null, and another appointment will be made. As a condition of acceptance of the appointment, the appointee's attendance at council/committee meetings is mandatory.
2. Council/committees shall deal with subject areas and respond to directives as specified by the President and/or the Board of Trustees. Where the interests of several councils/committees are of mutual interest or overlap, task forces composed of council/committee chairs and/or members may be formed to coordinate activities.
3. Each council/committee should review its present charges on an annual basis and recommend changes to the Board of Trustees.

O. Committees of the Board of Trustees

1. **Executive Committee**
 - A. The composition as several of the duties of the Executive Committee are contained in the Bylaws: Chapter V, Section 18.A.
 - B. The Executive Committee shall be empowered to obtain the services of outside legal counsel.
 - C. In general, the President, or in his or her absence, the President Elect, shall be the spokesperson for the AAPD concerning major policy issues.
 - D. Executive Committee meetings and conference calls are at the prerogative of the President.
 - E. Where there is no clear agreement between members of the Executive Committee, or where it is considered by the President to be of great importance, the subject shall be referred to the members of the Board of Trustees for final decision, if time permits, to the next regular meeting of the Board of Trustees; if urgent, to a special conference call of the Board of Trustees with as much notice and sufficient background material as possible.

- F. The Executive Committee can serve as the negotiating agent on contracts entered into by the Academy at the direction of the Board of Trustees.
 - G. The Executive Committee will annually review the stipends of the Editor-in-Chief, Clinical Editor, and Congressional Liaison(s).
2. **Budget and Finance Committee**
- A. The composition and duties of the Budget and Finance Committee are contained in the Bylaws: Chapter V, Section 18.B.
 - B. It is the responsibility of the Budget and Finance Committee to authorize the CEO to evaluate fraud risks, implement antifraud measures, ensure the integrity of the financial reporting process, and maintain the appropriate culture of honesty and ethical behavior. The CEO shall apprise the Committee of such activities.
 - C. It shall be the policy of the Budget and Finance Committee to invite, at Academy Expense, the Secretary-Treasurer Nominee to the spring meeting of the Committee in the year preceding his or her election and to include the Secretary-Treasurer Nominee in all communiqués and committee deliberations. The costs associated with this policy are to be included in the Committee’s annual budget line item request.
3. **Constitution and Bylaws Committee**
- The composition and duties of the Constitution and Bylaws Committee are contained in the Bylaws: Chapter V, Section 18.C. This committee focuses on technical drafting of proposed Bylaws amendments to accurately capture the intent of each proposal, but shall not make recommendations concerning the policy merits of the proposal. The committee shall indicate in its notice to the membership the originator of each Bylaws amendment proposal. In such notice to the membership, the Board of Trustees shall state its recommendation concerning each Bylaws amendment proposal.
4. **Credentials and Ethics Committee**
- The composition and duties of the Credentials and Ethics Committee are contained in the Bylaws: Chapter V, Section 18.D.
5. **Nominations Committee**
- A. The composition and duties of the Nominations Committee are contained in the Bylaws: Chapter V, Section 18.H. The individuals selected from Districts to serve on the Committee must be knowledgeable in the workings of the AAPD. The District Trustee must work with his/her district to ensure that a qualified person is selected. Criteria must include previous service on the AAPD or HSHC Board of Trustees and/or completion of the AAPD Leadership Institute. A former trustee is eligible to serve on the Nominations Committee only after at least three years pass from the date their board term ends. At each District election, no later than sixty (60) days prior to the AAPD Winter Planning meeting, the district will elect, by whatever democratic manner chosen, a representative to the Nominations Committee. The term of office of the District representative shall be three years, with terms staggered by District. District representatives cannot serve consecutive terms.

Current members of the AAPD Board of Trustees are ineligible to serve as the district representative to the Nominations Committee during his/her tenure. Any Nominations Committee member who is nominated or elected as a District or At-Large Trustee must immediately resign from the committee, with a replacement to be selected in accordance with the procedures in this paragraph.
 - B. Procedures
 - 1. The submission deadline for prospective Secretary-Treasurer, the appropriate number of at-large trustees, and the designated number of Directors of the American Board of Pediatric Dentistry to the Nominations Committee shall be December 1.

2. Submissions shall be directed to the Headquarters Office and shall include and be limited to the standard AAPD Nominations Candidate Consideration form. This form must include the signature of the nominee indicating his/her willingness to serve in the specific office. The nominee will include with his submission: (a) a one page essay explaining their interest in serving in the specific office and summarizing their leadership skills; (b) a background description suitable for publishing in *Pediatric Dentistry Today*; (c) three letters of personal recommendation from active, life or retired members of the Academy; and (d) a photograph in electronic format suitable for publication in *Pediatric Dentistry Today*. The Chair of the Nominations Committee will review all submissions for correctness and completeness. Those deemed incomplete will be excluded. The Headquarters Office shall distribute the nominations received to all members of the Nominations Committee no later than thirty days after the deadline for submissions. All nominations are strictly confidential. Committee members will be required to sign a confidentiality agreement. Committee members shall also receive a cover letter to these forms from the Chair, stating that lobbying and politicizing of the process is forbidden.
 3. Names of the candidates recommended by the Nominations Committee and a brief background description will be published in an issue of *Pediatric Dentistry Today* that precedes the next Annual session.
 4. The Nominations Committee may solicit whatever information it may require in its deliberations. All information must be shared with all committee members.
 5. Due to the inherent conflict of interest, the following individuals may not serve concurrently on the AAPD Board of Trustees and therefore shall not be nominated:
 - a. Current members of the Board of Trustees of the American Dental Association.
 - b. Current members of the Executive Committee of the Section on Oral Health of the American Academy of Pediatrics.
 6. The Nominations Committee may not nominate one of its own members.
- C. Meetings of the Nominations Committee
1. A Nominations Committee meeting shall be scheduled to coincide with the AAPD's Winter Planning Meeting.

At this meeting, the Nominations Committee shall interview all nominees either in person or via teleconference or web conference or other appropriate technology. At this meeting, discussions of all nominees will be undertaken and one nominee for each position will be selected by secret ballot. A simple majority vote of the members of the Nominations Committee shall be required for nomination. The secret ballots are to be counted by the chair in the presence of either the AAPD Chief Executive Officer or Chief Operating Officer and General Counsel and another person selected by the Chair. All names, deliberations, votes, and results must remain strictly confidential. A record of the votes will be maintained in confidence by the Headquarters Office for one year.
 2. The nominees selected by the Nominations Committee will be announced immediately to the candidates and to the President of the AAPD. The President shall immediately inform the Board of Trustees. The identities of the nominees become public information once the Board of Trustees has been informed. The chair shall officially present these nominees to the General Assembly for voting purposes at the next Annual Session.

3. In the event a member of the Nominations Committee cannot be present for a Nominations Committee meeting, he or she will be invited to participate in the meeting via teleconference or web conference or other appropriate technology. However, under no circumstances will voting by proxy be allowed.
 4. In the event a Nominations Committee member resigns, the following replacement protocol becomes effective:
 - a. District Member – the District shall select a replacement.
 - b. American Board of Pediatric Dentistry – the ABPD President shall appoint a replacement from among members of the ABPD Board.
 - c. American Academy of Pediatric Dentistry – if the First or Second Immediate Past President resigns, the Board of Trustees shall select a replacement for that year.
 5. Conflict of Interest: No member of the Nominating Committee shall be permitted to be nominated by the Committee during his/her term of service.
- 6. Policy and Procedure Committee**
- A. The composition and several of the duties of the Policy and Procedure Committee are contained in the Bylaws: Chapter V, Section 18.E.
 - B. The Policy and Procedure Committee shall be charged with reviewing all scientific and philosophical policy statements and administrative policies and procedures as prepared by individual Academy members, Academy committees or the Board of Trustees as per the following guidelines:
 1. Suggestions for scientific or philosophical policy issues may be submitted by any Academy member, council, committee, component organization or other affiliated group to the Chief Executive Officer.
 2. The Board of Trustees will refer all issues deemed appropriate for consideration to the appropriate council/committee for analysis. The council/committee will develop a position statement or position paper which addresses the topic under consideration.
 3. The council/committee will forward a formal recommendation to the Policy and Procedure Committee, which will review it and forward recommendations to the Board of Trustees for its review.
 4. The Board of Trustees shall be responsible for establishing and approving all administrative policies and procedures.
- 7. Strategic Planning Committee**
- The composition and duties of the Strategic Planning Committee are contained in the Bylaws: Chapter V, Section 18.F.
- 8. Awards Committee**
- A. Composition: The Awards Committee shall consist of five (5) members of the Board of Trustees: the President-elect who shall serve as Chair, a senior Trustee, a junior Trustee, a freshman Trustee, and the Chief Executive Officer. The senior, junior, and freshman Trustees shall be appointed by the Board of Trustees. For the Ann Page Griffin Humanitarian award the committee shall obtain input from Practicon, and for the Dr. Lewis A. Kay Excellence in Education award the committee shall obtain input from Pediatric Dental Associates, Ltd.
 - B. Duties:
 1. Solicit nominations from AAPD members and the committee.
 2. Review nominations for the following AAPD awards that are not selected by another entity (such as the Board of Trustees or Executive Committee) and are described in Section 14.G. of this manual:
 - a. Pediatric Dentist of the Year;
 - b. Manuel M. Album award;
 - c. Jerome B. Miller "For the Kids" award;
 - d. Ann Page Griffin Humanitarian award; and

- e. Dr. Lewis A. Kay Excellence in Education award.
2. Make award decisions based on the most deserving nominee.
3. Regularly report to the Board of Trustees concerning their award reviews.
4. Perform such other duties as assigned by the President or the Board of Trustees.

9. Leadership Development Committee

The composition and duties of the Strategic Planning Committee are contained in the Bylaws: Chapter V, Section 18.G.

P. Councils/Committees¹

1. Council on Annual Session

A. Composition: The Council on Annual Session shall consist of the AAPD Vice President, who shall serve as chair, and the chairs of the Scientific Program Committee and the Local Arrangements Committee. The Chief Executive Officer shall serve as an ex-officio member without the right to vote.

B. Duties:
Supervise and coordinate all aspects of the annual session.

2. Scientific Program Committee of the Council on Annual Session

A. Composition: The Scientific Program Committee shall consist of at least one (1) member from each of the five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the committee. The chair of the Council on Scientific Affairs and the chair of the Council on Continuing Education shall serve on the Scientific Program Committee as ex-officio members, without the right to vote. The Chief Executive Officer shall serve as an ex-officio member without the right to vote. Appointees should represent an interest and background in scientific program planning and, when possible, members from private practice, academics and research in pediatric dentistry should be represented.

B. Duties:
Propose and develop the scientific program for the annual session.

3. Local Arrangements Committee of the Council on Annual Session

A. Composition: The Local Arrangements Committee shall consist of the chair of the Local Arrangements Committee, who is appointed by the Board of Trustees, upon recommendation of the annual session host organization, 24 months in advance of the applicable annual session. The chair, with the approval of the Board of Trustees, shall appoint qualified members to serve in such capacities as are deemed essential to the successful operation of the annual session.

B. Duties:
Collaborate closely with the chair of the Council on Annual Session (AAPD Vice President), AAPD Executive Committee and the Headquarters Office staff to complete all annual session local arrangements.

4. Council on Clinical Affairs

A. Composition: The Council on Clinical Affairs shall consist of at least one (1) member from each of the five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the council. The membership of this council should reflect a broad interest, background and experience in the various aspects of the clinical practice of pediatric dentistry.

B. Duties:

¹ Given the 2013 merger of Districts 1 and 2, the transition to council representation from five (5) districts will be implemented starting in 2014-15.

1. Advise the Board of Trustees on matters concerning the clinical practice of pediatric dentistry.
 2. Review and develop oral health policies and best practices regarding the clinical practice of pediatric dentistry and submit recommendations through the Board of Trustees.
 3. Perform such other duties as assigned by the President or the Board of Trustees.
5. **Committee on Sedation and Anesthesia of the Council on Clinical Affairs**
- A. Composition: The Committee on Sedation and Anesthesia shall consist of up to six (6) members, one of whom shall be the appointed chair.
 - B. Duties:
 1. Provide technical assistance to state licensing boards drafting or modifying sedation or general anesthesia legislation or regulation.
 2. Review AAPD oral health policies and best practices on sedation and anesthesia for scientific and clinical accuracy and make recommendations for updates.
 3. Maintain information on state statutes and regulations concerning the administration of sedation and general anesthesia in the dental office.
 4. Perform such other duties as assigned by the President or the Board of Trustees.
6. **Committee on Special Health Care Needs of the Council on Clinical Affairs**
- A. Composition: The Committee on Special Health Care Needs shall consist of up to nine (9) members, one of whom shall be the appointed chair.
 - B. Duties:
 1. Develop recommendations for future AAPD action based on the *Symposium on Lifetime Oral Health Care for Patients with Special Needs*.
 2. Review AAPD oral health policies and best practices related to patients with special health care needs, and make recommendations for updates and revisions.
 3. Regularly review scientific literature in this area.
 3. Perform such other duties as assigned by the President or the Board of Trustees.
7. **Council on Continuing Education**
- A. Composition: The Council on Continuing Education shall consist of at least one (1) member from each of the five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the council.
 - B. Duties:
 1. Monitor member needs and desires regarding continuing education courses sponsored by AAPD.
 2. Plan and implement AAPD continuing education courses in collaboration with the Headquarters Office.
 3. Make recommendations to the Board of Trustees regarding the continuing education activities of AAPD.
 4. Recommend faculty for continuing education courses.
 5. Perform such other duties as assigned by the President or the Board of Trustees.
 - C. Specific guidelines concerning new and ongoing continuing education programs:
 1. The Council on Continuing Education shall:
 - a. Identify topics for new continuing education courses.
 - b. Develop proposals for new continuing education courses to submit to the Board of Trustees for approval.
 - c. Identify the target audience and intended outcomes for the course.

- d. Recommend the course chair.
 - e. Recommend course speakers.
 - f. Recommend the course program outline and agenda.
 - g. Require course faculty to provide written documentation to validate the sound clinical, scientific and efficacy basis of the course and any related material validating evidence based dentistry for course offerings. This documentation may be in the format of a course syllabus, bibliography of resources or other substantiation. This documentation is to be reviewed by the Council.
 - h. Require the course director/chair of each continuing education course offered on a repeated basis to annually review its content with course faculty to ensure material presented is timely and provides a sound scientific base. Copies of the review will be provided to the Council and kept on file at the Headquarters Office.
 - i. Identify potential exhibitors and sponsors, as needed.
 - j. Suggest ideal and alternative dates, with advisement of AAPD staff, so as to avoid conflict with other upcoming AAPD meetings and events.
 - k. Suggest desired course locations.
2. The Course Chair shall:
 - a. Provide text to the AAPD Headquarters Office for the following promotional materials:
 - Course description
 - Objectives
 - Course agenda
 - Course faculty/speakers
 - b. Create/revise the course manual and supplemental materials, as needed, in accordance with AAPD guidelines and timeframes.
 - c. Create course presentation material, i.e. Word or PowerPoint presentation.
 3. The AAPD Headquarters Office staff shall:
 - a. Create a budget for the course.
 - b. Contact and collect proposals from preferred hotels with whom the AAPD has existing relationships.
 - c. Secure the course location and dates.
 - d. Select and negotiate the hotel contract.
 - e. Negotiate and contract with speakers, include terms of honoraria and per diem.
 - f. Include a written disclaimer in all course handout materials regarding the assessment of the risks and benefits associated with any clinical recommendations or treatment options presented.
 - g. Design and distribute all promotional material for the course, including course brochure, AAPD Web site promotions, *Pediatric Dentistry Today* newsletters and blast e-mail notifications.
 - h. Liaise with the hotel for all needs of the speakers, attendees and AAPD staff.
 - i. Communicate to the AAPD-authorized travel agency concerning speaker and VIP airfare verification.
 - j. Establish and set up meeting room needs and food and beverage events at the hotel.
 - k. Produce the course manual and supplemental materials.
 - l. Collect, analyze, and summarize course attendee evaluations.
 - m. Provide a course financial recap.

4. The AAPD Board of Trustees shall:
 - a. Make final selections on course speakers as recommended by the council.
 - b. Approve the amount of honoraria and reimbursement for course speakers, in consultation with the AAPD Headquarters Office staff.
 - c. Recruit new course speakers periodically in order to rotate speakers as appropriate.
8. **Committee on Journal-Based Continuing Education of the Council on Continuing Education**
 - A. Composition: The Committee on Journal-Based Continuing Education shall consist of up to four (4) members, one of whom shall be the appointed chair.
 - B. Duties:
 1. Develop, monitor, implement and evaluate the Journal-Based Continuing Education Program.
 2. Promote participation in the Journal-Based Continuing Education Program by AAPD members.
 3. Perform such other duties as assigned by the President or the Board of Trustees.
9. **Speakers Bureau Committee of the Council on Continuing Education**
 - A. Composition: The Speakers' Bureau Committee shall consist of seven (7) voting members, one of whom shall be appointed chair. Members should be selected for their interest and expertise in pediatric dentistry continuing education.
 - B. Duties:
 1. Identify and recruit the most competent content area experts to meet the needs of AAPD and district and state chapters for exceptional continuing education program speakers.
 2. Maintain an AAPD Speakers Bureau listing that is conveniently accessible by AAPD, district and state chapter leadership, with periodic updates.
 3. Manage an ongoing process for speaker evaluation, recruitment, and monitoring.
10. **Council on Post-Doctoral Education**
 - A. Composition: The Council on Post-Doctoral Education shall consist of at least one (1) member from each of the five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the council. The chair of the Society of Post-Doctoral Program Directors shall sit ex officio on the council under the same financial policies governing other council members and shall not be counted as one of the trustee district representatives.
 - B. Duties:
 1. Recommend criteria for establishment of acceptable training for the current practice of pediatric dentistry,
 2. Monitor and recommend to the Board of Trustees activities concerning workforce issues.
 3. Perform such other duties as assigned by the President or the Board of Trustees.
11. **Committee on the Post-Doctoral In-service Examination of the Council on Post-Doctoral Education**
 - A. Composition: The Committee on the Post-doctoral In-service Examination shall consist of at least five (5) members, one of whom shall be the appointed chair.
 - B. Duties:
 1. Develop, monitor, implement and evaluate the Post-doctoral In-service Examination.
 2. Promote participation in the Post-doctoral In-service Examination among program directors.

3. Perform such other duties as assigned by the President or the Board of Trustees.
- 12. Council on Pre-Doctoral Education**
- A. Composition: The Council on Pre-Doctoral Education shall consist of at least one (1) member from each of the five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the council.
 - B. Duties:
 1. Monitor and recommend to the Board of Trustees activities concerning pre-doctoral pediatric dentistry education.
 2. Perform such other duties as assigned by the President or the Board of Trustees.
- 13. Council on Government Affairs**
- A. Composition: The Council on Government Affairs shall consist of at least one (1) member from each of the five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the council. In addition, the AAPD Congressional Liaison(s), board liaison to the AAP Section on Oral Health, and chairs of the New Pediatric Dentist Committee, Committee on Dental Benefit Programs, and Pediatric Dental Medicaid and CHIP Advisory Committee shall serve as ex-officio members with vote. The Chief Executive Officer of AAPD shall serve as ex-officio without the right to vote.
 - B. Duties:
 1. Monitor legislative and regulatory activities at the national level that may affect the health of children and make recommendations to the Board of Trustees regarding AAPD policy on these matters.
 2. Collaborate with related organizations on legislative and/or regulatory matters of mutual interest, including the ADA's legislative offices in Washington, D.C. and Chicago.
 3. Provide information to district organizations and state units that would be of benefit in their regional and local legislative and regulatory efforts.
 4. Make recommendations to the Board of Trustees concerning the Academy's legislative and regulatory priorities and additionally recommend activities related to these priorities.
 5. Perform such other duties as assigned by the President or the Board of Trustees.
- 14. Pediatric Dental Medicaid and CHIP Advisory Committee of the Council on Government Affairs**
- A. Composition: The Pediatric Dental Medicaid and CHIP Advisory Committee shall consist of one (1) member from each of the eleven (11) federal regions, one of whom shall be appointed chair. In addition, the AAPD representative to the Dental Quality Alliance (DQA) shall serve as a special consultant. Because of the goal of securing long term relationships with Medicaid and CHIP state officials, members of this committee may serve beyond the Terms of Office specified in Section 8.C.
 - B. Duties:
 1. Regularly communicate with state and regional Medicaid and CHIP officials to advocate for children's oral health, provide the perspective of a pediatric dentist, disseminate AAPD views and strategies, and encourage adoption of model Medicaid and SCHIP dental programs in states.
 2. Act as conduit for Medicaid and CHIP information from state units to the AAPD headquarters office.

3. Provide information to district organizations and state units that would be of benefit in their legislative and regulatory efforts.
 4. Assist state units to formalize leadership in each state on Medicaid and CHIP issues, utilizing trainees from AAPD legislative workshops, and assist with linkages to organized dentistry.
 5. Mentor other pediatric dentists interesting in advocating on these issues.
 6. Make recommendations to the Council on Government Affairs concerning Medicaid and CHIP issues.
 7. Perform such other duties as assigned by the President or the Board of Trustees.
- 15. Committee on Dental Benefit Programs of the Council on Government Affairs**
- A. Composition: The Committee on Dental Benefit Programs shall consist of at least five (5) pediatric dentist members, one of whom shall be appointed chair, in addition to one member of the AAPD staff to be appointed by the CEO. All committee members should have knowledge, expertise and/or experience in dental care insurance programs for children and patients with special health care needs (SHCN) and related dental reimbursement mechanisms, as well as in dental and medical coding. One of the members shall also be appointed by the Board of Trustees as the AAPD's representative to the ADA's Code Maintenance Committee (CMC). Due to the specialized expertise required for service on this committee, members of this committee—including the chair—may serve beyond the Terms of Office specified in Section 8.C.
 - B. Duties:
 1. Formulate and recommend official AAPD policies to the Board of Trustees related to pediatric oral health care in various health care insurance programs for children and SHCN patients and related reimbursement mechanisms.
 2. Monitor and investigate developing trends impacting pediatric oral health in health care programs and related reimbursement mechanisms.
 3. Provide review and feedback to AAPD staff assisting individual members with third party insurance matters.
 4. Provide review and feedback to the AAPD's CMC representative on all matters related to dental coding, including development of code proposals by the AAPD and review of code proposals submitted by other organizations.
 5. Serve in a support capacity or as faculty for AAPD coding workshops offered at the state level or during the annual session.
 6. Closely coordinate all activities related to publicly subsidized health insurance programs (such as Medicaid, CHIP, and ACA) and government regulated private health insurance programs, with the Council on Government Affairs.
 7. Perform such other duties as assigned by the President or the Board of Trustees.
- 16. Council on Membership and Membership Services**
- A. Composition: The Council on Membership Services shall consist of at least one (1) member from each of the five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the council. The membership of this council should reflect a broad interest, background and experience in membership issues.
 - B. Duties:
 1. Monitor membership trends.
 2. Make recommendations to the Board of Trustees regarding mechanisms for recruiting and retaining members.
 3. Perform such other duties as assigned by the President or the Board of Trustees.

17. The Committee on Early Career Pediatric Dentists of the Council on Membership and Membership Services

- A. Composition: The Committee on Early Career Pediatric Dentists shall consist of at least one (1) member from each of the five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the committee. Each member of the committee shall be a current Active member and a former Post-Doctoral Student member of AAPD who has completed training in pediatric dentistry within the past ten (10) years; this time period shall also serve to define whether a member is an "early career pediatric dentist." The chair of the Pediatric Dental Resident Committee shall serve as an ex-officio member of this committee.
- B. Duties:
1. Encourage the participation of early career pediatric dentists in AAPD activities.
 2. Make recommendations to the Board of Trustees regarding issues of interest to early career pediatric dentists.
 3. Perform such other duties as assigned by the President or the Board of Trustees.

18. The Pediatric Dental Resident Committee of the Council on Membership and Membership Services

- A. Composition: The Pediatric Dental Resident Committee shall consist of at least six members, one of whom shall be appointed chair, and six consultants. Each member of the committee and each consultant shall be a Post-Doctoral Student member of the AAPD. Each member shall be in their second year of training, and serve a one-year term, after serving as a consultant during their first year of training; provided that the newly appointed residents will attend the annual session prior to the commencement of their term of service. After graduation members may continue for one year as consultants to the committee. The chair shall serve a one year term comprising either their second year of training or their first year post-training, after serving either as a member the previous year or as the Harris Fellow. The chair's term shall begin on October 1 of each year. The applicable year of training is based on the resident's status as of the July 1st following the AAPD's annual session.
- B. Duties:
1. Provide a forum for residents' issues and a communications mechanism to link residents across the country.
 2. Facilitate opportunities for residents to contribute to AAPD activities and initiatives.
 3. Assist residents' education about the AAPD as well as current issues facing pediatric dentistry on a local, national, and global level.
 4. Cultivate future pediatric dentistry leaders.

19. Communications Committee of the Council on Membership and Membership Services

- A. Composition: The Communications Committee shall consist of at least five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the council. The membership of this committee should reflect a keen interest and knowledge in communicating and marketing member services and critical information of value to AAPD membership, and be regular readers of AAPD publications.
- B. Duties:

1. Periodically review communications concerning AAPD member services and make recommendations for enhancement of such communications.
 2. Periodically review *PDT (Pediatric Dentistry Today)* and assist with the development of reader surveys and other feedback mechanisms to enhance the magazine's quality, with an ultimate goal of making *PDT* the premier magazine for children's oral health care issues.
 3. Make recommendations and justifications regarding the need for the development of new AAPD publications, including books.
 4. Perform such other duties as assigned by the President or the Board of Trustees.
- 20. Affiliate Advisory Committee of the Council on Membership and Membership Services**
- A. Composition: The Affiliate Advisory Committee shall consist of the current Affiliate Trustee, who shall serve as chair, the immediate past Affiliate Trustee, and at least one (1) Affiliate member from each of the five (5) trustee districts. In addition, one pediatric dentist member from each of the following councils or committees shall serve as liaison to the Affiliate Advisory Committee: Scientific Program Committee of the Council on Annual Session, Council on Continuing Education, and Council on Predoctoral Education. The liaison shall be appointed by the chair of the respective council or committee.
 - B. Duties:
 1. Identify Affiliate members interested in participating in councils and committees of the AAPD, and convey this information to the President-elect for consideration during the appointments process.
 2. Identify and inform the Council on Membership and Membership Services on issues and concerns of Affiliate members, and make appropriate recommendations.
 3. Implement marketing strategies for maintaining and growing Affiliate membership, based on recommendations of the 2015 Affiliate Task Force Report per the timeline approved by the Board of Trustees.
 4. Assist in the content development of any annual session or other CE programming targeted to Affiliate members.
 5. Assist in support of Predoctoral Student Chapters, in collaboration with the Council on Predoctoral Education.
- 21. Council on Scientific Affairs**
- A. Composition: The Council on Scientific Affairs shall consist of at least one (1) member from each of the five (5) trustee districts. A chair may be appointed from the district members or may be an additional member who has special knowledge and expertise in the subject matter of the council. The membership of this council should reflect a broad interest, background and experience in research in pediatric dentistry.
 - B. Duties:
 1. Make recommendations to the Board of Trustees relative to research priorities and involvement for AAPD;
 2. Administer the Graduate Student Research Award (GSRA) and the Sunstar Postdoctoral Research Fellowship competitions;
 3. Plan the Contemporary Clinical Issues Workshop at the AAPD annual session in collaboration with the Scientific Program Committee;
 4. Perform such other duties as assigned by the President or the Board of Trustees.
- 22. Consumer Review Committee of the Council on Scientific Affairs**

- A. Composition: The Consumer Review Committee shall consist of at least four (4) pediatric dentist members, one of whom shall be appointed chair, and one member of the AAPD staff to be appointed by the CEO. The membership of this committee should reflect a keen knowledge of the current science, adult learning, and effective consumer messages concerning children’s oral health care.
- B. Duties:
1. Develop a protocol, consistent with the Principles for Interaction with Industry and Other Organizations described in Section 14.K, for determining whether the AAPD should review or develop scientifically accurate consumer messaging that is adjunct to the marketing of a consumer product and or included in a commercial print or electronic publication intended for consumers.
 2. Based on the developed protocol, determine when the AAPD logo should accompany such messaging, and ensure that in all cases the following phrase should be included in a prominent location immediately adjacent to the AAPD logo:
“The information presented in this _____ has been reviewed [or provided] by the American Academy of Pediatric Dentistry and is consistent with the current science related to oral health care for children. This does not represent any endorsement by the AAPD of the product [or service or publication].”
 3. Implement licensing agreements with such organizations permitting use of the AAPD logo as indicated in paragraph 2, in exchange for an appropriate organization commitment to Healthy Smiles, Healthy Children. Such commitments may be via a direct charitable contribution, or via a percentage of proceeds from sales being donated to Healthy Smiles, Healthy Children.
 4. Regularly report to the Board of Trustees concerning such reviews.
 5. Perform such other duties as assigned by the President or the Board of Trustees.

SECTION 9

PROCESS FOR DEVELOPMENT OF AAPD ORAL HEALTH POLICIES AND BEST PRACTICES

A. Guiding principles and procedure for work on policies or best practices

1. Any charge for development of a new policy or best practice must be well described by the Board of Trustees. The council responsible for the charge must be made aware of the purpose and how this relates to the goals and objectives of the AAPD. If there is a "political climate" that precipitates development, that must be acknowledged. Potential internal/external consultants should be mentioned. This information must be conveyed in a detailed Background and Intent Statement submitted by the board of trustees to the charged council/committee/task force.
2. Background and intent statements should include:
 - A. Date
 - B. Charge submitted by
 - C. Contact person
 - D. Assigned Council/Committee
 - E. Charge
 - F. Background/History
 - G. Intent/Purpose
 - H. Relation to goals and objectives of AAPD
 - I. Potential internal/external reviewers (CSA, AAP, legal counsel, etc.)
3. A certain skill set is required for those involved in the process of document development. All participants must possess the ability to use e-mail, word-processing skills with a basic understanding of editing, and the ability to perform a literature search. Members involved in the development of documents must exhibit appreciation for the science behind the statements or recommendations. Skills of CCA and CSA members, therefore, would overlap and the councils could work in unison, not isolation. Upon appointment to CCA and CSA, all members/consultants involved in policies and best practices development should attend at no charge the evidence-based training session at the AAPD annual session.
4. The diversity and number of participants in the development of new policies and best practices should be sufficient to accomplish the charge within one year. The number of CCA appointees (members and consultants) should be equal to the number of policies and best practices to be developed or reviewed in a given year. The team must comprise members from both academia and clinical practice. Recommended minimum membership would be:
 - Lead author from assigned council/committee/taskforce
 - 2 participants who are members/consultants of Council on Scientific Affairs (CSA)
 - 2 or more additional participants selected by chair of the primary council for interest, expertise on topic, and/or editorial abilities.

This composition would move development toward a "panel of experts" and away from a finite number of council members who may be overwhelmed with numerous other responsibilities. Ad hoc committees charged with document development would have the benefit of CSA support and could request a CCA participant or CCA review for consistency with other AAPD documents. Upon approval of charges for a new Oral Health Policy or best practice, the Board of Trustees should consult with the CCA

chair to identify experts within the AAPD who might contribute substantially to the development process as expert consultants. CCA and CSA should also collaborate to identify individuals outside the AAPD who might offer unique expertise or perspective. Any such identified individuals may be nominated by the President for approval by the Board of Trustees as provided under Section 8.B.4.

5. To be effective advocates for infants, children and adolescents, AAPD policies and best practices must be supported by the best available evidence. There is increasing scrutiny of these policies and best practices by educators, other health care professionals, policy makers, and third party payors. Discussion of the strength of the scientific basis for recommendations should be included in review of the literature. When there is lack of good science to support clinical recommendations, research interest may be promoted.
6. At this time, rating the levels of scientific evidence and grading recommendations are beyond the capabilities of the current volunteer council in terms of time constraints, skill sets, and/or access to resources. Topics for which systematic reviews exist or the evidence lends itself to a systematic review may be referred to the Evidence-based Dentistry Committee for potential development into a clinical practice guideline.

B. Uniform format in the development of new policies and best practices

1. Oral Health Policies. Oral Health Policies are statements of prescribed conduct related to AAPD positions on various public health issues. Oral Health Policies serve as an aid in accomplishing organizational objectives. While some Oral Health Policies are based on scientific research, their intent is not to guide clinical decision making. These statements are evaluated regularly and updated with changing views and developments.
2. Types of policies:
 - A. Statement policy: This is a straightforward statement or declaration of AAPD policy on a particular issue. These self-evident statements are short and concise and do not include background information or discussion relative to the policy.
 - B. Position policy: This is a comprehensive, more in-depth declaration of the academy's position on a particular issue. Position policies contain background information and discussion to provide more thorough understanding of the issue and rationale behind the position (e.g., Prevention of Sports Related Injuries).
 - C. Format. An AAPD position policy should be formatted as follows:
 1. Title: Policy on _____
 2. Date adopted: Only the year is listed as all documents are approved at the AAPD annual session
 3. Purpose: Explains why the AAPD has developed the policy and who the targeted audience would be. The primary intention of a position policy is to promote the AAPD's position on a given topic rather than to educate their audience.
 4. Methods: Explains process of development such as review of literature or positions of other organizations, expert opinions within specialty, expert opinions outside of specialty.
 5. Background: Contains significant history of the issue and discussion of pertinent literature. The rationale for the AAPD's stance should be clearly developed.

6. Policy Statement: the conduct prescribed by consensus of the AAPD membership. Phrases begin with "The AAPD endorses/encourages/opposes/etc."
 7. References: are listed in the order they are used as support for the policy. They require a superscript within the body of the document. Citations of textbooks or policies of other professional organizations should utilize only the most recent edition unless the intention is for comparison/evolutionary changes. The format will be consistent with references for articles in AAPD journals.
 8. Abbreviations: includes all initialisms used in the policy.
3. Best practices. Best practices are intended to help practitioners in clinical decision making. A charge for developing a best practice often follows a stated request or perceived need for clinical advice or instruction. These documents should be evidence-based and well substantiated with references from current scientific literature.
- A. Format. The following format is used in the development of AAPD best practices.
1. Title: Best practice on _____. Exceptions could occur when the AAPD co-authors a document with another organization.
 2. Date adopted: Only the year is listed as all documents are approved at our annual session.
 3. Abstract: Abstracts will utilize an unstructured format with a 250-word limit. General guidelines for abstracts consistent with those for AAPD's journals (e.g., content limited to that found within the best practice, no references) will apply. Because the content for AAPD best practices tends to be quite broad (e.g., restorative dentistry, adolescent oral health care), summarizing all recommendations will not be possible. Therefore, abstracts will highlight the topics covered, parameters addressed, and populations to which the parameters apply. Each abstract will end with a separate paragraph naming the council(s) responsible for the document's development, but not an explanation of the process for development, as well as the document's intent, followed by a list of keywords. Keywords should be a minimum of five (5) searchable (MeSH) terms.
 4. Purpose: This is both the reason behind and the intent of the best practice. That is, it explains why the AAPD has developed the best practice (from the Background and Intent Statement) and what the document will/will not do (e.g., assist in diagnosis and/or management, supplement/not duplicate information found in another AAPD best practice, provide general recommendations to be tailored to the individual patient, etc.)
 5. Methods: This section describes the process of development.
 - a. Identify the type of document (i.e., best practices).
 - b. Identify the originating group (e.g., Council on Clinical Affairs), not individuals.
 - c. For review of current dental and medical literature, list detailed search strategies.
 - i. Cite the data bases used, all search terms and combinations of search terms (combinations of search terms use AND), and inclusion and exclusion criteria (e.g, fields, languages, limits). No abbreviations should appear in the search terms unless those abbreviations were

- used as part of the search. Search includes a minimum of articles from the past 10 years.
- ii. Mention any other strategies for identifying resources and types used for citations. This would include hand searches (reviewing all content of a specific journal within a defined date range), snowballing (searching the bibliography of a key document to identify other pertinent resources on the topic), grey literature (literature that is not formally published [e.g., theses, reports, conference proceedings]), textbooks, websites of the CDC and other organization with recognized expertise, etc.
 - d. Include the number of articles found using the specific search parameters to show the quantity of literature on the topic(s). This is NOT the number of articles reviewed or selected for inclusion.
 - e. The strength of the scientific data must be discussed. Best practices do not utilize a grading scheme for evidence and/or a rating scale for individual recommendations. Therefore, authors should include statements regarding the type of evidence supporting all the recommendations (e.g., "The recommendations were based primarily on a comprehensive review of published systematic reviews. When data did not appear sufficient or were inconclusive, recommendations were based upon expert and/or consensus opinion by experienced researchers and clinicians.")
 - f. As part of the process for development, include significant steps that extend beyond the council/committee/workgroup's deliberations. This could include discussion of the Delphi process or that an open forum for commentary and consensus of best current practice was held prior to adoption of these recommendations.
 - g. Include explanations if issues such as cost, patient preference, and values are considered during recommendation formulation. When AAPD best practices were compared to those by another organization, discussion of similarities/differences be noted.
6. Background: Contains significant history of the issue and discussion of pertinent literature. This section does not contain "must" or "should" statements as those are the recommendations. Rather, Background addresses the scientific evidence that will support the recommendations.
 7. Recommendations: the suggested clinical performance. Authors must consider potential practice/liability implications; the difference between "must" and "should" cannot be overemphasized.
 8. References: Cited articles are listed in the order they are used as support for the best practice. They require a superscript within the body of the document. The format will be consistent with references for articles in AAPD journals.

C. Process for document development

1. Board initiation. The board of trustees sends the charge to council, committee or task force along with a background and intent statement.
2. Because of their expertise, members of CSA should regularly review and identify pertinent scientific literature that might warrant the development or revision of a policy or best practice, and make such recommendation to the Board of Trustees, along with a background and intent statement.

3. Workgroup composition. The council, committee or task force identifies a workgroup to author document. The composition of a workgroup to develop a new policy or best practice will consist of:
 - a. An author who is an appointed member/consultant from responsible council/committee/task force.
 - b. Two participants who are members/consultants of the Council on Scientific Affairs (CSA).
 - c. Two or more additional participants selected by chair of the primary council for interest, expertise on topic and/or editorial abilities (These can be appointed members/consultants of the council or members of AAPD at large.)
4. Document drafting, circulation, approval, and publication.
 - a. A draft of the document is circulated among members of the workgroup until consensus is reached.
 - b. The draft with literature review is submitted for board of trustees' review and comments.
 - c. The workgroup prepares a final draft for the Annual Session.
 - d. The document is presented for comments at Reference Committee Hearings.
 - e. Any needed adjustments are made by the authoring group, and the final version is presented for adoption by the General Assembly.
 - f. After undergoing editorial clean up, the document is published in *The Reference Manual of Pediatric Dentistry*.

D. Schedule for review process

1. Five year cycle. There is a general review cycle of 5 years for all policies and best practices.
2. More frequent reviews when needed. Where there is a perceived need (e.g. publication of summary of consensus conference, newly published research of significance, updated guidelines or best practices from other dental or health organizations, etc.), documents would be reviewed in advance of the scheduled review. The Board of Trustees shall determine the need for such expedited (advance of schedule) review of a policy and best practice, provide specific charges to the Council on Clinical Affairs for such review, and assign special consultants as needed to allow the council to meet such additional workload. Alternatively, the Board could initiate an Addendum to a Policy or Best Practice, as described below in paragraph G.

E. Methodology for document review

The Methods section for documents undergoing review is consistent with methods for new documents with the following exceptions:

1. Identify the date the document was adopted and cite the original publication.
2. Identify the date of the last review and cite the first printing of that version.
3. Identify the council/committee/taskforce responsible for the current revision.
4. The literature search should cover articles for a minimum of the past five years (since the last review).

F. Designated reviewers

Two CSA consultants would be assigned to participate in the development or review of each document.

G. Process for Addendum to Policy or Best Practice

1. Suggestion for addendum. Any AAPD member, trustee, or officer may request an addendum to an Oral Health Policy or best practice by submitting to the Board of Trustees (BOT) a written request that indicates:
 - a. Why an addition is necessary (e.g., a therapeutic agent not included in our best practice has received approval, the Centers for Disease Control and Prevention or Surgeon General has released a new report, a landmark study has been published).
 - b. How the addition will enhance the document, affect the AAPD's position on public health issues, or change recommendations for clinical practices (e.g., will allow our best practice to address all accepted treatment options, recommendations would be consistent with another recognized health care organization).
 - c. The suggested changes with documentation (new references).
2. Charge by BOT. The BOT could take action on such a request at any time during the year except as noted below in Paragraph G.4. If deemed meritorious, the BOT would forward the charge to the chair of CCA with a background and intent statement. As with any charge, the council must be made aware of how the charge relates to the goals and objectives of the AAPD. In addition, any significant "political climate" associated with the request must be identified. Potential expert consultants should be suggested.
3. Development of addendum. The CCA chair would assign the charge and request from the chair of CSA the names of 2 CSA co-reviewers. The reviewers would limit their work to the topic of the addendum, developing a new section that compliments the style of the primary document. If the assigned council members determine that an addendum is inadequate to address the topic and that a total document revision is indicated, they would prepare a summary report explaining the rationale for a revision. Otherwise, they would develop an addendum that would follow the approval process for revisions of any oral Health Policy or Best Practice (confirmation by the entire council, inclusion in the report of the council chair to the BOT, comments at Reference Committee hearings, presentation to the General Assembly for approval).
4. Timeline. Since a request for an addendum is expected to occur infrequently, such a charge at any time during the year through the winter planning session would allow the normal progression of document development to occur. However, if the BOT agreed that consideration of a change during the next General Assembly meeting was advisable, the BOT could charge the CCA to develop an addendum at any time as long as the draft can be made available to the membership 60 days prior to the annual session. Any such addendum would be reviewed by the BOT for the first time at its meeting immediately prior to the annual session, acted upon by the CCA during its annual session meeting, and made available to the membership at the Reference Committee hearings. Thus, the membership would be able to take action at the meeting of the General Assembly.

H. Process for development of clinical recommendations in collaboration with another organization

1. Board initiation. The BOT sends the charge to its preferred council, committee, or task force along with a background and intent statement.
2. Workgroup composition. The council, committee, or task force nominates a workgroup, subject to BOT approval, to author the document. Workgroup

- membership should include representation from CCA and/or CSA to promote consistency with other AAPD's clinical practice recommendations. Additional participants (members/consultants of the councils or members of AAPD at large) may be selected for expertise on the topic. The collaborating organization will determine its own representation on the workgroup.
3. Document drafting, circulation, approval, and publication.
 - a. A draft of the document is circulated among members of the workgroup until consensus is reached. The process of development and final format will be determined by the authoring workgroup.
 - b. The draft is reviewed by the appropriate AAPD councils (typically CCA and CSA) and the BOT as well as other groups per BOT desire and protocol of the co-authoring organization.
 - c. After receiving feedback from these reviewers, any needed adjustments are made by the authoring group, and the final version is presented for adoption by both organizations. On behalf of the AAPD, the final version would list as authors the names of the councils/committee/task force of the AAPD rather than individuals.
 - d. Given the rigors of the development process by two organizations with recognized professional expertise, and because the final draft could not be modified by the General Assembly, the document would be considered an endorsement necessitating BOT adoption but not General Assembly ratification.
 - e. The document would be published simultaneously in the primary journal of each organization. The document subsequently would be reprinted in *The Reference Manual of Pediatric Dentistry*.
 4. Review/revision of the joint clinical recommendations would occur within a five-year timeline as a charge to CCA in collaboration with the other authoring organization.

I. Clinical Practice Guideline Process

1. Overview. The AAPD shall regularly develop, publish, and disseminate clinical practice guidelines via the process described in this section. The topic for each clinical practice guideline should be recommended by the Evidence-Based Dentistry Committee and approved by the Board of Trustees.
2. Evidence-Based Dentistry (EBD) Committee.
 - a. Composition: This committee shall consist of five individuals – two CSA and two CCA members – that are nominated by their councils and approved by the Board of Trustees, and the Journal editor-in-chief who shall serve as an ex officio member. The committee chair shall be selected from the appointed committee members by the Board of Trustees. Additional expert consultants deemed necessary to fulfill the charges of the committee may be appointed by the President with the approval of the Board of Trustees. There shall also be a board liaison to the committee.
 - b. Duties: The EBD Committee provides oversight and management of the clinical practice guideline development process, and in the course of its activities shall:
 - Attend EBD Committee meeting(s) at AAPD Headquarters.
 - Participate in conference calls before and after the meeting.

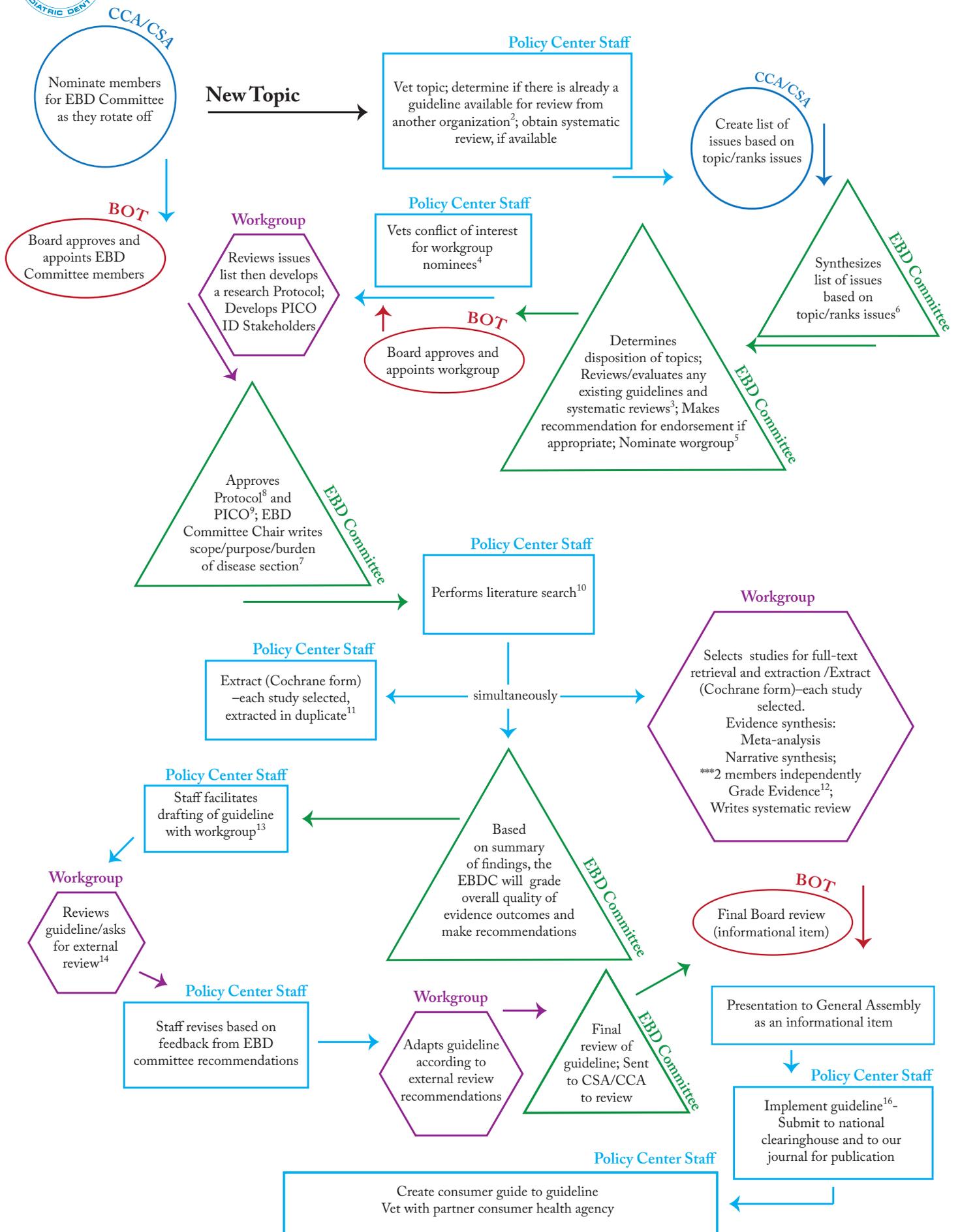
- Determine whether specific topics are a high priority for the EBD process, a lower priority, or not appropriate.
 - Review/evaluate any existing guidelines and systematic reviews.
 - Make recommendations for an endorsement if appropriate.
 - Nominate a workgroup for each specific clinical practice guideline.
 - Prioritize a list of guidelines and the timing for production of such guidelines, for review and approval by the Board of Trustees.
 - Approve a Protocol and PICO (P-Patient, Population, or Problem, I-Intervention, Prognostic Factor, or Exposure, C-Comparison or Intervention, O-Outcome you would like to measure or achieve) for each guideline.
 - Based on a summary of findings, grade the overall quality of evidence across outcomes and make recommendations.
 - Review each guideline and coordinate external review.
- c. Term of appointment. EBD Committee members will serve a minimum of three years, concluding their term with the completion of any working guidelines initiated during their term.
- d. Administrative and technical support. The committee is housed within the Pediatric Oral Health Research and Policy Center and is supported by the Research Project Manager within the center.
3. EBD Clinical Practice Guideline Development Workgroups
- a. Composition. An EBD workgroup for development of a specific guideline is composed of between five and ten individuals nominated by the EBD Committee and approved by the Board of Trustees. Workgroup members shall be respected clinicians (end users), authors of peer reviewed publications in the topic under review, and methodology experts. All workgroup members should be capable of knowledgeably assessing a body of evidence using criteria approved by the EBD Committee. In addition, the EBD Committee may consider nominating a layperson (such as a parent of a patient or a consumer/health/child advocate) to any workgroup if the topic would benefit by such addition.
- b. Duties. An EBD workgroup shall:
- Develop a research protocol.
 - Develop PICO.
 - Select studies for full-text retrieval and extraction / Extract (Cochrane form) for each study selected.
 - Perform evidence synthesis: Meta-analysis or Narrative synthesis.
 - Grade Evidence (based on GRADE criteria – Grading of Recommendations Assessment, Development and Evaluation).
 - Write a systematic review or utilize an existing systematic review.
 - Review and edit a guideline;
 - Modify a guideline according to external review recommendations.
- c. Term of appointment. Workgroup members will serve terms of variable length, from appointment at the initiation of the guideline development process until completion of their assigned guideline.
- d. Writing of guidelines. The process for drafting, review, and approval of clinical practice guidelines is described in the attached flowchart.

- e. Performance requirements. In order to be acknowledged as a co- author of an EBD clinical practice guideline, an EBD workgroup member shall:
 - i. Participate in a majority of calls and/or in-person meetings.
 - ii. Produce requested work in a timely manner as directed by the chair.
 - iii. Contribute substantially to the conception of the work, or the acquisition, analysis or interpretations of data for the work, in addition to participating in discussion and debate of the topic under review.
 - iv. Agree to be accountable for all aspects of the work, including the accuracy and integrity of any part of the work.

Failure to achieve these performance requirements may result in dismissal from the workgroup.



Evidence-Based Guideline Development Process



- 1 Confirm term length with EBDC
- 2 If another organization of professional expertise and stature has developed clinical recommendations on a suggested topic utilizing a transparent, rigorous, and systematic protocol of collecting, assessing, and rating the evidentiary base to support clinical recommendations, the EBDC may (upon a comprehensive review which would include application of the Appraisal of Guidelines for Research and Evaluation [AGREE] Tool) recommend endorsement of an existing guideline. Endorsement of a document would require approval by the AAPD General Assembly and permission for reprinting copyrighted material in the Reference Manual.
- 3 This may include: development of EBD guideline, recommendation for further research or table topic ; use of Table 1 Criteria for Assessing Topic Suitability
- 4 Use ICMJE form (may use, after approval of council)
- 5 Appointees representing both councils Appointees within or outside of AAPD membership who have needed expertise Other stakeholders (eg, representatives of an organization impacted by the recommendations, end-users of the clinical practice guideline, patient advocacy representative)
- 6 (use Delphi method) –could send before meeting
- 7 Or a designated EBDC member
- 8 Documents formulation of the questions; methods of the review before retrieving the literature. The methods for literature searching, screening, data extraction, inclusion/exclusion criteria and analysis should be contained in a written document to minimize bias before starting the literature search
- 9 PICO questions based on ranked topics/determines search strategy (has it peer reviewed by ADA EBD team)
- 10 Staff searches for best available evidence according to the established criteria. A list of titles and abstracts will be generated. If there is doubt on the appropriateness of inclusion, the article will be included in the initial list.
- 11 Extract such items as:
 1. the study's objective
 2. the study's design.
 3. key findings and conclusions
 4. evidence of applicability to the PICO question/CPG. (i.e., Are the demographics of the study sample, the care setting, and the providers consistent with the targets of by this CPG?)
 5. quality of evidence
 6. clinical implications
- 12 For purposes of systematic reviews, the GRADE approach defines the quality of a body of evidence as the extent to which one can be confident that an estimate of effect or association is close to the quantity of specific interest. Quality of a body of evidence involves consideration of within-study risk of bias (methodological quality), directness of evidence, heterogeneity, precision of effect estimates and risk of publication bias, as described in Section 12.2.2. The GRADE system entails an assessment of **the quality of a body of evidence for each individual outcome**.
 The GRADE approach specifies four levels of quality (Table 12.2.a). The highest quality rating is for randomized trial evidence. Review authors can, however, downgrade randomized trial evidence to moderate, low, or even very low quality evidence, depending on the presence of the five factors in Table 12.2.b. Usually, quality rating will fall by one level for each factor, up to a maximum of three levels for all factors. If there are very severe problems for any one factor (e.g. when assessing limitations in design and implementation, all studies were unconcealed, unblinded, and lost over 50% of their patients to follow-up), randomized trial evidence may fall by two levels due to that factor alone.
 Review authors will generally grade evidence from sound observational studies as low quality. If, however, such studies yield large effects and there is no obvious bias explaining those effects, review authors may rate the evidence as moderate or – if the effect is large enough – even high quality (Table 12.2.c). The very low quality level includes, but is not limited to, studies with critical problems and unsystematic clinical observations (e.g. case series or case reports). (Cochrane Handbook)
- 13 A draft CPG is prepared by staff, reviewed and edited by the workgroup prior to submission to the EBD Committee for review.
 The format for the final report will be:
 1. Abstract
 2. Date(s) and status (ie, new/reviewed/revise)
 3. Purpose and scope – the objectives, interventions and practices considered, major outcomes considered, clinical questions to be covered, and intended beneficiaries (patients & targeted users)
 4. Introduction – background including significant history of the issue
 5. Methods – documentation of each step of, the development process to include;
 - a. Description of methods used to collect/select the evidence - specific methods used including detailed search strategies, lists of journals scanned, keywords, database sources, inclusion and exclusion criteria, etc
 - b. Number of source documents (as identified above, not references used)
 - c. Description of methods to analyze the quality and strength of the evidence
 - d. Rating scheme for the strength of the evidence
 - e. Description of methods to translate the evidence into the recommendations
 - f. Rating scheme for the strength of the recommendations
 - g. Cost analysis
 - h. Description of method of guideline validation
 6. Definition of terms
 7. Evidence statements – with levels of evidence assigned
 8. Recommendations – with strength assigned to each statement
 9. Discussion – rationale for each recommendation (along with its strengths/weaknesses/benefits/harms/contraindications/cost implications/barriers) is discussed.
 10. Conclusions
 11. Clinical algorithms
 12. Tools for application (if any)
 13. Plan for review/revision
 14. Future research areas - insufficient or inconclusive evidence, with encouragement for future research, is addressed
 15. Workgroup members (with professional degrees and relevant affiliations noted)
 16. Conflicts of interest
 17. Sources of funding, if any
 18. References – listed in the order of citation per the format currently used in AAPD's journals. Links are provided to PubMed® where applicable
- 14 Who? Budget for?
- 16 Note: All guidelines will be evaluated on a regular basis for update.

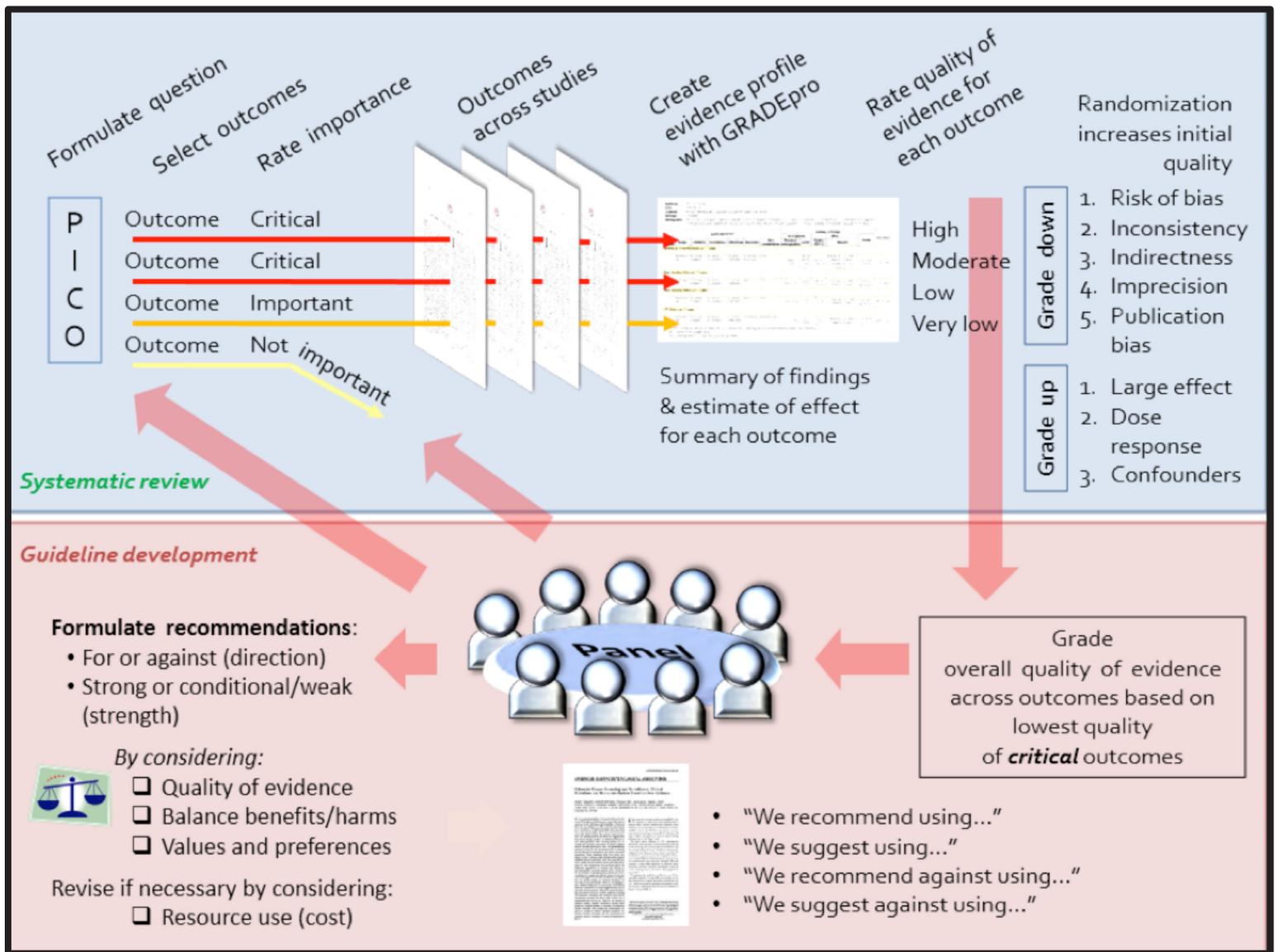


Table 1: Criteria for Assessing Topic Suitability for Developing Evidence-Based Clinical Practice Guidelines

1. Will the AAPD be able to add value by issuing guidance? This would take into account whether
 - a. there is a substantive or developing body of research or related evidence in the topic area, where plausible linkages between treatment decisions and outcomes can be demonstrated, and/or
 - b. there is a need for guidance by expert consensus in the absence of high quality evidence, and
 - c. a guideline would not duplicate the efforts of another organization of professional expertise and stature that has developed clinical guidelines utilizing a transparent, rigorous, and systematic protocol of collecting, assessing, and rating the evidentiary base to support clinical recommendations.
2. Would it be timely to provide guidance on the proposed topic? In particular,
 - a. would the guidance still be relevant and timely at the expected date of publication, and/or
 - b. is there emerging significant professional/public concern, and/ or
 - c. is this emerging as an important new area for public health action?
3. Would guidance promote improvement in patient care? In particular, does the topic aim to
 - a. improve methods for disease prevention, and/or
 - b. improve methods of diagnosis, treatment and clinical management, and/or
 - c. address a condition for which effective treatment is proven and morbidity or mortality can be reduced, and/or
 - d. address an area of clinical uncertainty as evidenced by wide variation in practice or outcome, and/or
 - e. address an iatrogenic disease or intervention carrying significant risks?
4. Is the AAPD the most appropriate source of guidance on the topic?

Adapted from: American Dental Association Center for Evidence Based Dentistry. 2011 ADA Clinical Recommendations Handbook, Chicago, Ill. October, 2009. Available at: http://ebd.ada.org/contentdocs/FINAL_2011_Revised__ADA_Clinical_Recommendations_Handbook.pdf

SECTION 10

DISTRICT AND STATE CHAPTERS

A. The AAPD is strongly committed to the success of District and State Chapters, pursuant to the various activities described in this section.

B. Strategic Directions of District Chapters

District Trustees are encouraged to be present at as many state chapter meetings within his/her district as possible.

C. Strategic Directions of State Chapters

1. Each State Chapter Trustee/President should communicate prior to District Chapter Board of Trustees meetings with his/her constituents and give direct input to the District Chapter Board of Trustees.
2. Each State Chapter Trustee/President should send minutes of State Chapter meetings to the District Chapter and District Trustee.
3. State Chapter Trustees are responsible for reporting the results of District Chapter Board of Trustees meetings to their constituents.

D. District Organization and State Unit Reports

Each District Chapter should report annually on its activities and meeting dates to the AAPD Headquarters Office and each State Chapter shall report to the District Chapter and District Trustee.

E. Guidelines for Organizations Applying for District or State Chapter Status

1. A proposed District or State Chapter shall be a duly incorporated, non-profit entity with a stated purpose that is in concert with the stated purpose of the AAPD. The AAPD Headquarters Office shall be available for technical assistance to any Chapter on matters of maintaining non-profit corporate status and federal tax exemption.
2. The constitution and bylaws of a District or State Chapter must not be in conflict with the Constitution and Bylaws of the AAPD.
3. All members of District or State Chapters shall be strongly encouraged to join the AAPD.
4. There shall be no financial obligations between the AAPD and the District or State Chapters with the exception of the Officers and Directors Liability Insurance Premiums.
5. General policy statements affecting pediatric dentists and the specialty of pediatric dentistry must not conflict with those of the AAPD.
6. The final determination of District Chapter status shall be determined by the AAPD Board of Trustees. The final determination of State Chapter status shall be determined by the District Chapter Board of Trustees and ratified by the AAPD Board of Trustees at its next regularly scheduled meeting.
7. All requests for applications and information for District Chapter status shall be made in writing and directed to the Headquarters Office of AAPD. All requests for applications and information for State Chapter status shall be directed to the Board of Trustees of the District Chapter in writing.

F. Coordination and Support of Continuing Education Programs

1. The AAPD's Chapter Affiliation Agreement provides that a Chapter shall not offer educational or other programs and services which compete with those of the AAPD. A competing program shall be defined as a program provided by the Chapter outside of the Chapter's district or created within the district with the intent to compete nationally on an annual or consistent basis. A Chapter shall be permitted to offer annual Chapter meetings and non-competitive Chapter CE courses and Web-based programs and services.
2. A Chapter may submit or be asked to submit any proposed programs and/or services to the AAPD which may be deemed to be a competing program/service for review and approval by the AAPD. Such approval shall not be unreasonably withheld. When a proposed district or state CE course is forwarded to the AAPD for review, the AAPD shall respond within one week to determine whether there is any competition with an AAPD course.
3. In the planning of Chapter CE courses, Districts and State Chapters shall have full access to the AAPD Speakers' Bureau roster. The fact that such speakers may cover a topic presented at AAPD CE courses or annual sessions does not represent a course conflict.
4. To market Chapter CE courses, the AAPD Headquarters shall, at the request of District or State Chapter leadership include the CE course listing in the AAPD's regular E-News which is published bi-monthly. Alternatively, AAPD Headquarters shall prepare and send a quarterly District e-newsletter at the request of District leadership, which shall include Chapter CE course information.
5. The AAPD shall coordinate the location of its own CE offerings to ensure that an AAPD course does not conflict with the time and location of a Chapter CE course.

G. Amendments to this section

Any proposals to amend this Section 10, District and State Chapters, shall be circulated electronically to District and State Chapter leadership for review and comment no later than 30 days prior to the next meeting of the AAPD Board of Trustees where such amendment (s) will be considered. Such comments shall be conveyed to the District Trustee.

SECTION 11

FOREIGN CHAPTERS

A. Application

Consistent with the AAPD Bylaws (Chapter VIII), in order to be designated as a foreign chapter of the AAPD the following application materials must be submitted to the AAPD Board of Trustees:

1. Letter from an AAPD member or members practicing or residing in the applicable country indicating their interest in obtaining AAPD foreign chapter status.
2. Statement of the organization's good standing as a non-profit organization in the applicable country.
3. Copy of the organization's Bylaws.
4. List of at least 10 AAPD members practicing or residing in the applicable country.

B. Review

After receipt of the above materials, the AAPD Board of Trustees shall consider the application at its next regularly scheduled meeting.

SECTION 12

AMERICAN BOARD OF PEDIATRIC DENTISTRY

A. General Procedures

1. The officers of the American Board of Pediatric Dentistry shall submit annually to the Board of Trustees of the AAPD at its Ad Interim session, a report of activities as well as a current detailed audited financial report and a summary of candidates, categories and achievements.
2. The American Board of Pediatric Dentistry considers a dentist to be a board candidate if he/she has completed successfully a two-year advanced program in pediatric dentistry accredited by the Commission on Dental Accreditation of the American Dental Association or the Commission of Dental Accreditation of Canada, completed the ABPD Board Candidacy and Qualifying Examination applications, and the applicant's application and credentials have been approved by the ABPD.
3. Eligibility to be a Board Director:
 - A. Shall be a Diplomate of the Board for a period of at least three (3) years.
 - B. Shall be a member in good standing of the AAPD and the College of Diplomates of the American Board of Pediatric Dentistry.
 - C. Shall be recognized by peers as someone who has considerable experience in but not limited to one of the following areas: patients with special health care needs, management of the developing occlusion, or management of sedated and/or hospitalized patients. This recognition can be documented by an active continuing education record and/or contribution to the advancement of the specialty through refereed publications, lecturing and innovative projects.
 - D. Shall possess exemplary ethical standards.
 - E. Shall have served on the Examination Committee of the American Board of Pediatric Dentistry.
4. The American Board of Pediatric Dentistry shall be included in the existing Academy travel insurance policy.
5. The Immediate Past President of the American Board of Pediatric Dentistry shall serve a one year term as a member of the Nominations Committee.

B. Procedures for Recall of Board Directors

1. **Individuals Subject to Recall**

Any member of the Board of Directors of the American Board of Pediatric Dentistry may be recalled according to these procedures. Any director sought to be recalled shall continue in office unless and until recalled pursuant to Paragraph 16 of these procedures.
2. **Initiation of Recall**

A recall shall be initiated by the filing of a recall petition. No petition may seek to recall more than one director.
3. **Form of Recall Petition**

A petition for recall shall state (a) the name of the director sought to be recalled and (b) the reason that recall is sought. It shall leave space for signatures by qualified signers. Each signature shall be accompanied by the printed name and address of the signer.
4. **Responsibilities of Secretary**

The Secretary-Treasurer of the Academy shall make available upon written request of a voting member of the Academy blank forms of recall petitions. Within ten days after receiving the request, the Secretary-Treasurer shall:

- A. Make blank recall petition forms available to the individual making the request.
- B. Inform the requesting individual, in writing, of the number of signatures required for the calling of a recall election.
- C. Make the Academy's voting membership records available to the requesting party solely for use in connection with circulation of the recall petition.
- D. Immediately inform the director who is the subject of the petition, in writing.

5. Qualification of Signers and Circulators

A petition for recall of a director may be signed only by voting members of the Academy. A petition for recall may be circulated only by an individual qualified to sign the petition.

6. Number of Signatures Required

A petition for recall of a director must be signed by at least 25% of the voting members of the Academy. It must include the signatures of at least 15 members of each district. Every petition for recall may be inspected by any voting member of the Academy at the offices of the Academy upon reasonable notice to the Chief Executive Officer.

7. Filing of Petition

Any petition shall be accompanied by a certificate signed by the circulator certifying that, to the best of the circulator's knowledge, no individual has signed the petition (a) more than once, or (b) without being qualified to sign.

8. Appointment of a Recall Review Committee

Within 10 days after the filing of a recall petition, the President shall appoint a Recall Review Committee from the voting membership to monitor the recall process. The Recall Review Committee shall consist of three individuals and shall not include the director sought to be recalled. The circulator of a petition shall not serve on the Recall Review Committee. The Committee shall designate one of its members as chair.

9. Responsibilities of Recall Review Committee

Within 20 days after the filing of the recall petition, the Recall Review Committee shall determine whether the petition (a) is in proper form, and (b) contains at least the number of proper signatures required in Paragraph 6. Any improper signature shall not be counted, but the petition is not invalidated if it contains an improper signature. Except as provided in Paragraph 18, the Recall Review Committee shall make all decisions relating to the recall process.

10. Action on Petition Found Invalid

If the Recall Review Committee determines that the petition does not contain the required number of proper signatures, the chair of the Committee shall promptly return the petition to the circulator and advise the circulator in writing of the deficiencies on the petition and the number of additional signatures required. The circulator may remedy the deficiencies and submit a new petition. The circulator of the petition of recall shall be notified within one week of the determination of the invalidity of the petition.

11. Action on Petition Found Valid

If the Recall Review Committee determines that the petition contains the required number of proper signatures, the chair of the Committee shall promptly so advise in writing the circulator and the director sought to be recalled. At the same time, the chair shall, in writing, give the director sought to be recalled the opportunity to resign. If the director chooses to resign, the resignation shall be tendered in writing to the President within 10 days after receiving notice of the recall petition. If the director resigns, a recall election shall not be held, and the provisions of Paragraph 19 shall govern. The circulator of the petition of recall shall be notified within one week of the determination of the validity of the petition.

12. Timing of Recall Election

If the director does not resign, the Recall Review Committee shall set a date for a special recall election to be held not later than 60 days from the date of filing of the valid recall petition. All members of the Academy qualified to sign the recall petition shall be notified in writing of the calling and the date of the recall election. However, no special recall election shall be held within six months of the date of a regular election. Should the date for a special recall election fall within the six-month period preceding a regular election, the recall election shall take place at the time of the regular election.

13. Procedures for Recall Elections

Except as otherwise provided herein, the procedures governing a recall election shall be the same as those governing regular elections. All reasonable expenses of a recall election shall be borne by the Academy.

14. Ballot for Recall Election

The ballot for a recall election shall be separate from any other ballot. It shall contain the question, "Shall be recalled from the office of Director of the American Board of Pediatric Dentistry?" The blank shall be filled in with the name of the director sought to be recalled. Immediately below the question there shall appear a box marked "Yes" and a box marked "No". The ballot must include a statement of not more than 250 words submitted by the circulator setting forth why the director should be recalled. It may, at the discretion of the director being challenged, include a statement of not more than 250 words submitted by the director setting forth why he/she should not be recalled. If the statement of the circulator is not received within 20 days after the circulator receives notice pursuant to Paragraph 11, the recall election shall not be held. If the statement of the director is not received within 20 days after the director receives notice pursuant to Paragraph 11, such statement **need not** be included on the ballot.

15. Distribution of Recall Ballots

Where a recall election is held at the time of a regular election, the procedures governing regular elections shall apply. Where a recall election is not held at the time of a regular election, the following procedures shall apply. Ballots for the recall of a member of the Board of Directors shall be distributed to all voting members of the Academy. Each ballot must identify a date, 20 days after the distribution of the ballots, by which an executed ballot must be received by the Academy. On that date the election shall be closed.

16. Result of Recall Election

At the close of the recall election, all returned ballots shall be opened and tallied. If 50% of the ballots or less are marked "Yes," the director shall not be recalled. If more than 50% of the ballots are marked "Yes," the director shall be recalled. The chair of the Recall Review Committee shall promptly certify the results of the recall election to the President of the Academy. Upon certification, the President shall declare the office of the recalled director vacant. The chair of the Recall Review Committee shall also advise the director sought to be recalled and the circulator of the recall petition of the results of the recall election.

17. Filing of an Appeal

A recalled director who believes that the recall petition contained an inadequate number of proper signatures, that the ballots were improperly counted, or that the recall process did not otherwise comply with the procedures may appeal the recall to the General Assembly. An appeal shall be initiated by the filing of a notice of appeal with the President within 10 days after the result of the election is certified. The notice shall state with precision how the recall election is alleged to have violated these recall procedures. The recalled director shall not hold office while an appeal is pending.

18. Consideration of an Appeal

The President shall immediately appoint an Investigative Committee of five members of the General Assembly to investigate the allegations of the appeal. The Investigative Committee shall not include the recalled director or any member of the Recall Review Committee. Within 30 days after the result of the recall election is certified, or on the day prior to the convening of the General Assembly, if the Assembly meets less than 30 days after the certification of the result of the recall election, the Committee shall report its finding. It shall also make a recommendation regarding whether or not the recall election should be overturned. The appeal and the report of the Investigative Committee shall be taken up by the General Assembly as soon as is practicable at its next regular session. If a majority of the members of the General Assembly votes to reinstate the recalled director, said director shall be reinstated to office. Otherwise, the director shall remain recalled. The recalled director and the members of the Recall Review Committee shall not participate in this vote. The decision of the General Assembly shall be final and binding on all members of the Academy.

19. Filling of Vacancy Caused by Recall

If a Board Director is recalled, the vacancy shall be filled by a special election to be held in conjunction with the next regular election following the recall. The President of the Board may appoint a member of the American Board of Pediatric Dentistry eligible to serve as described in Section 12, Paragraph A.3 of the *Administrative Policy and Procedure Manual* in the place of the recalled director until the election takes place, as described in Chapter XII, Section 4 of the Bylaws. However, if a recall election is overturned by the General Assembly, any person who has assumed the office of the recalled director will be deemed to have held that office on an acting basis only.

20. Disability of Recalled Official

A director who has been recalled or who has resigned from office after the filing of a recall petition shall not be elected to office or appointed to fill the vacancy in any office previously held by the director.

C. Procedure for Filling of Vacancy

When a Director vacancy occurs in the ABPD Board because of resignation, illness, incapacitation or death, the ABPD President in consultation with the AAPD President may appoint to such vacant position an ABPD Diplomate eligible to serve. The appointee shall serve until the election takes place as described in Chapter XII, Section 4 of the AAPD Bylaws.

D. Relationship between the American Academy of Pediatric Dentistry and the American Board of Pediatric Dentistry

1. The AAPD is the sponsoring organization of the American Board of Pediatric Dentistry.
2. The American Dental Association's "Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists" shall guide any and all issues related to the sponsorship of the American Board of Pediatric Dentistry by the AAPD.
3. The bylaws of the American Board of Pediatric Dentistry should not be in conflict with the bylaws of the AAPD, the sponsoring organization.

SECTION 13

EDITORIAL

The editorial policies and procedures will pertain to *Pediatric Dentistry*, the *JDC* (Journal of Dentistry for Children), *PDT* (*Pediatric Dentistry Today*), and those publications and documents indicated by the Board of Trustees of the AAPD.

A. *Pediatric Dentistry* and the *Journal of Dentistry for Children* (JDC)

1. Mission and Purpose

Pediatric Dentistry and the *JDC* are the official scientific and clinical publications of the AAPD, the American Board of Pediatric Dentistry, and the College of Diplomates of the American Board of Pediatric Dentistry. The purpose and mission of the journals are to facilitate communication of a scientific and clinical nature among pediatric dental practitioners, academicians, and researchers. The journals are the mediums for dissemination of new techniques, professional issues, educational methodology, and discoveries related to pediatric dentistry which have merit.

2. Functions and Responsibilities

A. Board of Trustees

1. The Board governs the mission and general policies of the journals in such matters as formula and finances. It considers and acts on the recommendations of the Editor-in-Chief and the Associate Editor/*JDC* Editor.
2. The AAPD Board of Trustees delineates in writing the duties of the Editor-in-Chief and the Associate Editor who serves of editor of the *JDC*.
3. The Board of Trustees annually evaluates the function of the Editor-in-Chief and the Associate Editor/*JDC* Editor.
4. The Board of Trustees shall approve a written contract with the Editor-in-Chief and the Associate Editor/*JDC* Editor, the former consistent with the Bylaws, Chapter V, Paragraph A.4. The Associate Editor/*JDC* Editor's contract term shall be consistent with that of the Editor-in-Chief.

B. Editor-in-Chief

The Editor-in-Chief is the chief editorial and administrative officer for *Pediatric Dentistry*. The role and responsibilities of the Editor-in-Chief are to:

1. Determine the editorial and scientific content of the journal.
2. Supervise publication staff in the production of the journal.
3. Nominate Section Editors, members of the Editorial Board and abstract editors.
4. Chair meetings of the Editorial Board.
5. Edit AAPD scientific or policy documents as directed by the Board of Trustees.
6. Report to the Board of Trustees semiannually on the status of the journal, including production statistics and budget.
7. Serve as an ex-officio member without vote of the Board of Trustees.
8. Nominate an Associate Editor/*JDC* Editor, for approval by the Board of Trustees.

C. Associate Editor/*JDC* Editor

The Associate Editor/*JDC* Editor is appointed by the Board of Trustees based on the recommendation of the Editor-in-Chief. This individual shall serve under the direction of the Editor-in-Chief as the *JDC*'s chief editorial and administrative officer. The role and responsibilities of the Associate Editor/*JDC* Editor are to:

1. Determine the editorial and scientific content of the *JDC*.
2. Supervise publication staff in the production of the *JDC*.

3. Nominate members of the *JDC* Editorial Board.
4. Co-chair meetings of the *JDC* Editorial Board.
5. Report to the Board of Trustees semiannually on the status of the *JDC*, including production statistics and budget.

D. Section Editors

The Editor-in-Chief appoints Section Editors, which are separate from the Editorial Board, whose names will appear on the masthead with such title. The Section Editors will be the main source of recommendations for reviewers to become members of the Editorial Board as terms of existing members expire. Section Editors shall be pediatric dentists and members of the American Academy of Pediatric Dentistry.

1. The Section Editor areas of expertise shall include:
 - a. Immunology/Microbiology/Periodontology/Radiology/Dental Education.
 - b. Endodontics/Pulp Therapy/Trauma/Genetics.
 - c. Dental Materials/Restorative Dentistry/Clinical Trails.
 - d. Oral Pathology/Oral Medicine/Syndromology/Craniofacial anomalies.
 - e. Growth and Development/Dental Development/Orthodontics.
 - f. Epidemiology/Public Health/Health Administration/Access to Care/Health Promotion.
 - g. Prevention/Fluoride/Sealant/Infant Oral Health/Cariology.
 - h. Behavior Management/Sedation/Local Anesthesia/Special Patient Care/Hospital Dentistry.
 - i. Other areas as determined by the Editor-in-Chief, subject to approval by the Board of Trustees.
2. Responsibility of a Section Editor:
 - a. Recruit a cadre of ad hoc reviewers in his/her area of expertise who understand research design and how it relates to the evidence produced by the investigation. These individuals may be from any discipline of dentistry or related fields and not necessarily limited to pediatric dentists.
 - b. Provide the Editor-in-Chief with names of individuals who are well-qualified in his/her area of expertise to be nominated for positions on the Editorial Board each year
 - c. Advise the Editor-in-Chief as necessary concerning submissions at the abstract level in his/her areas of expertise as to whether they represent new information, appear well designed, and are worthy of a full review.
 - d. Assist the Editor-in-Chief with reviewing revision requests to ensure they are not contradictory, and help resolve conflicting recommendations from reviewers. Assist with final revisions when problems are identified during final edits in preparation for final acceptance.
 - e. Provide counsel to the Editor-in-Chief and Chief Executive Officer concerning journal management issues such as: number of manuscripts in each issue, overall appearance and readability of the journals, periodic assessment of the quality, and suggestions for areas of improvement.
3. Reimbursement: Each Section editor shall be reimbursed up to \$700 to attend one AAPD-sponsored CE course in each calendar year.

E. Editorial Boards

There shall be separate editorial boards for *Pediatric Dentistry* and the *JDC*.

1. The Editor-in-Chief, in conjunction with the Section Editors, submits nominees for the *Pediatric Dentistry* Editorial Board to the AAPD Board of Trustees. Nominees are Academy members from a broad geographic area who provide specific clinical, education, or scientific expertise. In consultation with the Editor-in-Chief, the Associate Editor/*JDC* Editor submits nominees for the *JDC* Editorial Board subject to the same criteria as above. The Editor-in-Chief and

the Associate Editor/*JDC* Editor may also recommend non-pediatric dentist, non-Academy members, to the Editorial Boards in situations where such individuals have special areas of expertise not available within the AAPD membership.

2. Members of the Editorial Boards shall be of a number determined by the Editor-in-Chief for *Pediatric Dentistry*, and the Associate Editor/*JDC* Editor for the *JDC*, with approval of the Board of Trustees and serve in term appointments of four years. A member could serve for an unlimited number of terms. New Editorial Board members have terms beginning and ending with the annual session. The Editor-in-Chief or the Associate Editor/*JDC* Editor may appoint members to fill incomplete terms of applicable Editorial Board members who resign or cannot complete terms, with the approval of the Board of Trustees. These appointments will last for the duration of the original term and can be renewed once.
 3. The Editorial Boards, in conjunction with the Editor-in-Chief and Associate Editor/*JDC* Editor, help determine the review process and editorial policy for the journals. Members of each Editorial Board review all manuscripts for the applicable journal.
- F. Abstract Editors for *Pediatric Dentistry*
1. A separate group of editors assumes the responsibility of providing abstracts for *Pediatric Dentistry*. This group is nominated by the Editor-in-Chief with advice from the Editorial Board. Members of the abstract editors shall be of a number determined by the Editor-in-Chief with the approval of the Board of Trustees. The Editor-in-Chief assigns journals to each member, according to topics selected by the Editorial Board. New members are appointed each year for a one year term. A member could serve for an unlimited number of terms. The Editor-in-Chief will have the authority to fill incomplete terms of abstract editors who cannot complete terms. This appointment will last for the duration of original term and can be renewed once, before the one-year hiatus is applicable.
 2. Abstract editors begin and end terms with the date of the annual session.
- G. Production of the Journals
1. The Communications Department is responsible for the production of the journals, under the direction of the Chief Executive Officer, who is the managing editor. Staff is responsible for legalities (copyright and mailing regulations) and advertising.
 2. The Communications Department shall direct the flow of manuscripts, production of the journals, and the overall operation of the publication process as it relates to the journals under the supervision of the Editor-in-Chief and the Associate Editor/*JDC* Editor. The managing editor shall direct the production staff in publication of the journals and develop the budget in conjunction with the Editor-in-Chief and Associate Editor/*JDC* Editor. The Chief Executive Officer will serve as managing editor, serve as interface between the Editor-in-Chief and Board of Trustees, direct the editorial and production process, and coordinate activities of the Communications Department and journal.
3. **Review Process**
- A. Scientific manuscripts will undergo impartial and anonymous review unless otherwise indicated, as with:
1. Those manuscripts, abstracts, or reports that have undergone scientific scrutiny by a committee of the Academy or a process equivalent to the review process of *Pediatric Dentistry* or *JDC*. The Editor-in-Chief or Associate Editor/*JDC* Editor will determine those manuscripts that meet this criterion.

2. Items dictated by the Board of Trustees. Items that might appear in the journals that are dictated by the Board of Trustees, such as proceedings of scientific or business meetings, abstracts, reports, etc., should be identified as such.
 3. Items submitted by the other two sponsoring organizations, the American Board of Pediatric Dentistry or the College of Diplomates of the American Board of Pediatric Dentistry. These items will be identified as such.
- B. The initial function of the Editor-in-Chief and Associate Editor/*JDC* Editor in the review process is to select capable members of the Editorial Boards to review manuscripts. All manuscripts are reviewed by at least one Editorial Board member unless the Editor-in-Chief or Associate Editor/*JDC* Editor determines the subject matter requires ad hoc reviewers with special expertise that is lacking on the applicable Editorial Board. Reviewers are allowed the flexibility of consulting with appropriate non-Board members to review specific articles when additional expertise is needed. Reviewer selection should utilize individual expertise and avoid conflicts of interest.
 - C. In situations in which disagreements occur among reviewers, the Editor-in-Chief or Associate Editor/*JDC* Editor may: (1) select an additional Editorial Board member to review the paper; or (2) contact the disagreeing reviewers for a resolution to the problem; or (3) choose one or more additional referees with expertise in the area of question; or (4) make a decision based on available referee opinion. In all cases, the decision of the Editor-in-Chief or Associate Editor/*JDC* Editor is final.
 - D. Reviewers of individual submissions will be informed of who the other reviewer was and each reviewer will receive a copy of the other reviewer's remarks along with the Editor-in-Chief's or Associate Editor/*JDC* Editor's decision.
 - E. All material accepted for publication will be subject to style and format editing, regardless of its scientific review.
4. **Human Subject and Animal Research Policies**
The AAPD requires that research on human or animal subjects published in official publications has been approved by the appropriate institutional review board or committee when appropriate. Documentation must be submitted.
 5. **Procedures for Handling Allegations of Misconduct¹**
Through the use of anti-plagiarism screening software, the AAPD will reject any submission containing an unacceptable comparison score, to be determined at the sole discretion of the AAPD. This will be communicated to the submitter, who will not be allowed to submit another article to any AAPD publication for a period of three years.

For articles that have been previously published in *Pediatric Dentistry* or *JDC*, the procedures described in this section will apply.

The Editor-in-chief (EIC) may also initiate an investigation, subject to the procedures described in this section, if the EIC learns that an author may have acted

¹ Based upon plagiarism policy expressed in IEEE Publications Services and Products Board Operations Manual © 2011 IEEE and *Introduction to the Guidelines for Handling Plagiarism Complaints* at

http://www.ieee.org/publication_standards/publications/rights/plagiarism.html

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improperly. This may include but is not limited to misrepresenting data or plagiarizing text.

A. Complaint Received

1. In handling a case of alleged plagiarism or other misconduct, the EIC shall request the following information from the complainant:
 - A. The original article (including title, full list of author names, journal in which original appeared).
 - B. The article that allegedly plagiarized the original article (including title, full list of author names, journal in which article appeared, and documentation and/or highlighted text showing all instances of alleged inappropriate use).
 - C. The full name and address of complainant.
2. All inquiries shall be handled promptly and fairly. All parties relevant to the allegation shall be given the opportunity to respond.
3. The EIC shall notify the COO and General Counsel that an inquiry has been undertaken. This individual shall maintain a record of the complaint and subsequent proceedings.
4. An investigation shall be conducted with the following parameters. In considering the allegation, the EIC shall appoint an independent ad-hoc committee of experts in the topic area of the article to confidentially investigate and make a recommendation on the allegation to the EIC. In addition to the material supplied by the EIC, the ad-hoc committee may seek other sources of relevant information. However, the ad-hoc committee shall not contact the institution where the work was performed unless it has explicit information that such institution has already investigated the issue.

B. Corrective Actions for Finding of Author Misconduct

1. If a finding is made by EIC that the complaint stems from differences in opinion, then the complaint shall be dismissed and each party so notified.
2. If a finding of misconduct relevant to an AAPD publication (data misrepresentation/fabrication, plagiarism, multiple submission, or prior publication, etc.) is made by the EIC, then appropriate corrective and/or disciplinary actions shall be initiated.
3. Notification of the finding and corrective actions shall be made to individual named in the finding as well as the plagiarized author (s) if applicable. The individual may accept such findings and corrective actions, or appeal to the Editorial Board of the applicable journal, which shall review the matter and make a final determination within thirty (30) days of receiving the appeal.
4. Possible corrective actions range from requiring the offending individual (s) to prepare and submit a written apology to the plagiarized author (s), to prohibiting publication of articles by the offending individual in AAPD journals for a specific period of time. Actions may also include rejection and return of all papers by the offending individual (s) that are currently in review for publication in any AAPD publication.
5. Appropriate corrective actions will be determined based on the following degrees of severity of misconduct (listed from most severe to less severe):
 - A. Uncredited verbatim copying of a full paper or a major portion (more than 50%) of a paper without quotation marks, credit notice, reference, and bibliography.
 - B. Uncredited verbatim copying of a significant portion (up to 50%) of a paper without quotation marks, credit notice, reference, and bibliography.
 - C. Uncredited verbatim copying of individual elements (paragraphs, sentences, illustrations, etc.), e.g. where portions of an original paper are

used in another paper without quotation marks, credit notice, reference, and bibliography.

- D. Uncredited improper paraphrasing of pages or paragraphs (instances of improper paraphrasing occur when only a few words and phrases have been changed or when the original sentence order has been rearranged; no credit notice or reference appears with the text).
- E. Credited verbatim copying of a major portion of a paper without clear delineation (instances could include sections of an original paper copied from another paper; credit notice is used but absence of quotation marks or offset text does not clearly reference or identify the specific, copied material).

B. Pediatric Dentistry Today (PDT)

1. Mission and Purpose

PDT communicates news and information of a nonscientific nature in a timely fashion to the membership of the AAPD. The newsletter shall contain announcements, reports of meetings, advertisements, and other information deemed useful to the AAPD membership. Content does not undergo peer review.

2. Functions and Responsibilities

A. Board of Trustees

The Board of Trustees will govern the general policies of *PDT* through the Chief Executive Officer.

B. Editor

The Magazine and Web Editor shall serve as editor of *PDT* and determine its content in conjunction with the Chief Executive Officer and the staff editorial review committee.

C. Communications Committee of the Council on Membership and Membership Services

The Communications Committee is responsible for reviewing *PDT* as directed by the Board of Trustees.

D. Chief Executive Officer

The Chief Executive Officer will be responsible for the content of *PDT*. Any Board actions published in *PDT* shall be reviewed by the Chief Executive Officer for accuracy before publication.

C. Patient Education Materials

1. Mission and Purpose

AAPD patient education brochures and other educational materials are developed and updated by the AAPD and sold or otherwise distributed to AAPD members and others for use in the education of parents, guardians, and adolescents on a variety of pediatric oral health care issues.

2. Functions and Responsibilities

A. Board of Trustees

The Board of Trustees shall provide final approval of all patient education materials and shall authorize the development of new brochures, updates of existing brochures, and termination of outdated brochures.

B. Communications Committee of the Council on Membership and Membership Services

The Communications Committee shall make recommendations to the Board of Trustees concerning the development of new brochures, updates of existing brochures, and termination of outdated brochures and other patient education materials.

C. Review Process

All patient education brochures and similar publications developed by the Communications Committee shall be reviewed and approved by:

- i. The Council on Clinical Affairs, for consistency with AAPD policies and guidelines;
- ii. The Council on Scientific Affairs, for consistency with scientific basis and accuracy; and
- iii. Legal counsel as appropriate.

3. Procedures

- A. The Communications Committee will develop patient education materials in accordance with the above guidelines and will submit such materials for final approval of the Board of Trustees on a form approved by the Board.

D. AAPD Advertising Code

The American Academy of Pediatric Dentistry chooses to adhere to current ADA Advertising Standards and Advertising Challenge Procedures.

E. Acceptance of CE Course Advertisements in AAPD Publications.

Advertisement for a continuing education course will be accepted in AAPD publications if offered by a provider recognized by the ADA Continuing Education Recognition Program (ADA CERP) or the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), or conducted under the auspices of the following organizations: an AAPD chapter; an ADA constituent or component dental society; a dental specialty certifying board or sponsoring organization; an accredited dental or medical school; or any organization specifically referred to in the Bylaws of the ADA. However, the AAPD may reject any advertisement if it is determined, within the AAPD's sole discretion, that the course is in direct competition with an AAPD CE course or the Annual Session, or a CE course offered by an AAPD chapter.

SECTION 14

GENERAL POLICIES

A. Additional Procedural Guidance

In the absence of clear direction from the AAPD Constitution and Bylaws or *Administrative Policy and Procedure Manual*, minutes or reports which have been adopted by the Board of Trustees will be used in decision making.

B. Communications Guidelines

1. **Headquarters Office**

The Communications Department is responsible for the management of requests from local or national, print or broadcast media.

2. **Board of Trustees, Councils/Committees, and Spokespersons**

Academy members serving in an official capacity as spokespersons or otherwise speaking on behalf of the Academy must accurately present current Academy policies. The Headquarters Office must be contacted when an Academy member is speaking in an official capacity or otherwise representing the Academy.

3. **General Members**

All calls for Academy information or comments from local or national print or broadcast media, even if located in your community, should be directed to the Communications Department.

C. Liaison with the American Dental Association

1. The AAPD shall cooperate with the American Dental Association as vigorously as possible. The AAPD shall also encourage organized efforts for pediatric dentists' representation in the House of Delegates of the American Dental Association.
2. When AAPD policy conflicts with that of the American Dental Association, it shall be the obligation of the Executive Committee, in consultation with the Board of Trustees, to discuss the matter thoroughly with ADA officials so that mutual attitudes may be well understood, and if possible, some agreeable solution found.

D. ADA Consultants

1. The Board of Trustees shall receive nominations from the Pediatric Dentistry Review Committee of the ADA Commission on Dental Accreditation, with consultation from the American Board of Pediatric Dentistry.
2. The Board of Trustees accepts the following criteria for evaluation of consultants to the Commission on Dental Accreditation:
 - A. Advanced education involvement, including years of experience;
 - B. Board certification;
 - C. Hospital involvement;
 - D. Participation in organized pediatric dentistry, specifically Academy activity;
 - E. Contribution to the dental literature;
 - F. Administrative experience in institutional settings, such as dental schools or hospitals;
 - G. Evaluation and objective reporting ability;
 - H. Significant involvement with clinical pediatric dentistry;
 - I. Only one representative from any advanced training program in pediatric dentistry shall serve as a consultant during any single term.

E. Use of AAPD Logo

The AAPD allows the use of the AAPD logo by active and life members in good standing, as well as recognized chapters, state units and district organizations.

The logo may be used by active and life members in good standing on:

- Professional stationery
- Letterheads
- Business and referral cards and forms
- Practice promotional materials (including direct mailers to families)
- Interior and exterior doors and windows only, in AAPD member offices (limited to the member categories noted above)
- Plaques hung in offices
- Patient educational literature (so long as consistent with AAPD policies and guidelines)
- Yellow pages print and electronic advertisements (active and life members should utilize the AAPD-endorsed Yellow pages service)
- Websites

The provisions above do not allow logo use on exterior signs.

In these instances, the logo shall not be used alone, but must always be accompanied by the phrase: "Active [or Life] Member". The logo must always be accompanied by the phrase: "AMERICA'S PEDIATRIC DENTISTS: THE BIG AUTHORITY on little teeth."

The AAPD annually mails the logo in a sticker/decal format to each Active or Life member upon renewal of dues, facilitating display of the logo in the offices of pediatric dentists.

The size of the reproduced logo shall be reasonable and in good taste, consistent with the public image of the AAPD and the intent of this logo policy. The size must be sufficient so that the term "American Academy of Pediatric Dentistry" within the logo is clearly legible. To promote "branding" of the AAPD image to the public, the AAPD Headquarters Office will provide exact specifications. At all times, the use must comply with federal and state advertising laws and regulations. The logo shall not be altered in any way. The logo shall not be combined or incorporated into the graphic appearance of any other logo. Members may display the AAPD logo alongside other professional logos such as those indicating membership in the American Dental Association or diplomate status with the American Board of Pediatric Dentistry. However, the AAPD logo must be clearly separate and distinct from other logos. Membership in the AAPD must not be presented as implying membership in other dental associations or diplomate status.

The logo may be used under the conditions above for a partnership or group practice of pediatric dentists, but only if accompanying descriptions indicate which principal, associates, and or employee dentists in the practice are active or life members of the Academy, and which are not in these requisite member categories.

Because of the potential for confusion to the public concerning a practitioner's specialty status, the logo may not be used by Affiliate (general dentists) or Associate (other dental specialists, physicians) members of the AAPD.

Official district and state unit organizations (i.e. chapters) must use the AAPD logo on (1) professional stationery; (2) letterhead; (3) emails; and (4) an official chapter website to advise to their members and the public that they are an official chapter of the

AAPD. The AAPD logo will be available to official chapters via an .EPS, .PNG, or .JPG file depending on their needs. The logo may only be used on websites maintained by official chapters for the purpose of informing their membership about issues relating to the practice of pediatric dentistry and the activities of the official chapters and the AAPD and/or for the purpose of informing the public about the practice of pediatric dentistry. The logo may only be used once per official chapter website, either on the home page or the first page, to establish their relationship to the AAPD. No chapter shall make any abridgement or alteration of the AAPD seal or use any elements of the design of the AAPD seal in the development of their own insignia or mark. Such logo use must always be accompanied by the phrase: “[name of district] District or [name of state] chapter.” The logo must always be accompanied by the phrase: “AMERICA’S PEDIATRIC DENTISTS: THE BIG AUTHORITY on little teeth.” Two examples are provided below:



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

Southeastern District



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

Tennessee Chapter

District and state unit organizations may utilize separate logos that indicate their specific name, provided such logos are approved by the AAPD Board of Trustees and do not conflict with the AAPD logo in terms of design and color scheme. Requests for any uses not specifically mentioned above shall be referred to the Chief Executive Officer, and considered by him or her in consultation with the Credentials and Ethics Committee.

Official predoctoral student chapters may use the AAPD logo on (1) professional stationery; (2) letterhead; (3) emails; and (4) promotional items such as tee-shirts (to be approved in advance by the AAPD). A predoctoral chapter shall not make any abridgement or alteration of the AAPD seal. Such logo use must always be accompanied by the phrase: “[Predoctoral chapter, University of X School of Dentistry].” The logo must always be accompanied by the phrase: “AMERICA’S PEDIATRIC DENTISTS: THE BIG AUTHORITY on little teeth.” An example is provided below:



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

Predoctoral Chapter, University of Pittsburgh School of Dentistry

Whenever the AAPD or the AAPD Foundation executes a corporate sponsorship agreement for support of activities and programs of the AAPD and/or the AAPD Foundation, the sponsoring organization is permitted to include the AAPD and/or AAPD Foundation logo and a link to the AAPD and/or AAPD Foundation website home page on the sponsor's website, with a listing of the specific program being sponsored. An example is provided below:

XYZ Corporation is a Proud Sponsor of the Chapter Leadership Summit of the American Academy of Pediatric Dentistry



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

F. Advertising by Affiliate members

The AAPD Credentials and Ethics committee considers the follow phrases to be acceptable and consistent with membership obligations of the Affiliate (general dentist) category:

- Family Dentistry
- General Dentistry for Children
- General Dentistry for Children and Families

Conversely, the Credentials and Ethics Committee considers the following phrases to be contrary to the membership obligations of the Affiliate category, and subject to disciplinary actions as provided in Chapter XIV of the Bylaws:

- Child Dentistry
- Children's Dentistry
- Dentistry for Children
- Dentistry for Kids
- Pediatric Dentistry

G. Criteria and Process for Certain Awards and Gifts

1. Requests for the presentation of awards and gifts shall be reviewed either by the AAPD Board of Trustees or its Executive Committee or the AAPD Awards Committee.
2. Certificates of recognition shall be presented to outgoing Board members.

3. Traditionally, gifts are presented at the annual session to the outgoing President and chair of the Local Arrangements Subcommittee.
4. A memorial fund has been established within Healthy Smiles, Healthy Children: The Foundation of the American Academy of Pediatric Dentistry (HSHC). Contributions to HSHC are reviewed on an individual basis by the AAPD Board of Trustees.
5. The Academy may recognize its deceased members with a moment of silence at the General Assembly.
6. The Academy makes the following special awards to acknowledge individuals or organizations whose contributions to pediatric dentistry exemplify a standard of excellence and directly benefit the oral health of children:
 - A. The *Pediatric Dentist of the Year* award, established in 1998, award honors a pediatric dentist who has made significant contributions to the dental profession and the pediatric dentistry specialty through clinical practice, academics, research, or policy development over the past year. Recipients also will have devoted extensive volunteer leadership service to the dental profession and specialty. Current board of trustees members are ineligible to receive this award. Nominees are solicited from the membership and considered by the AAPD Awards Committee, which shall make the final selection.
 - B. The *Merle C. Hunter* award, established in 1998, honors the memory of Merle C. Hunter, AAPD Chief Executive Officer from 1968 to 1986, and is presented to the AAPD volunteer who has provided exemplary leadership service in the volunteer structure of the organization over the past year. Nominees are solicited from the membership and considered by the AAPD Executive Committee, which shall make the final selection.
 - C. The *Manuel M. Album* award, established in 1997, is presented annually to the individual or organization that has made the greatest contribution to the oral health of children with special needs. The award honors Manuel M. Album, who devoted an entire career in pediatric dentistry toward improving the oral health of children with special needs. Nominees are solicited from the membership and considered by the AAPD Awards Committee, which shall make the final selection.
 - D. The *Jerome B. Miller "For the Kids"* Award, established in May 2007 by HSHC, honors the lifetime work of former AAPD and HSHC President Dr. Jerome B. Miller for his many years of service to children, philanthropy, and giving back to the profession of pediatric dentistry. One award is presented annually to an up-and-coming clinician, researcher or academician in pediatric dentistry for their outstanding efforts directed to children's oral health and welfare. Nominees are solicited from the membership and considered by the AAPD Awards Committee which shall make the final selection.
 - E. The *Ann Page Griffin Humanitarian Award*, established in May 2010 by HSHC and the AAPD, honors Ann Page Griffin, AAPD member and president and founder of Practicon. The award is presented to an AAPD member dentist who has demonstrated outstanding commitment to alleviating suffering and improving the oral health of under-served populations in the United States or abroad. Nominees are solicited from the membership and considered by the AAPD Awards Committee, in conjunction with Practicon, which shall make the final selection. In the event that there is not a qualified applicant in a given year, the award will not be presented.
 - F. The *Dr. Lewis A. Kay Excellence in Education Award* was established in 2011 by Pediatric Dental Associates, Ltd. of Fort Washington, Pennsylvania to honor the director of the pediatric dental program determined to best exemplify the dedication and values set forth by Dr. Lewis A. Kay. The award includes the following criteria:

- The recipient must demonstrate outstanding leadership;
- The recipient must be committed to educating pediatric dental residents to provide children with comprehensive quality oral health care;
- The recipient must bring recognition to their program through their contributions to society and the profession of dentistry.

Nominees will be considered by the AAPD Awards Committee, with representatives from Pediatric Dental Associates, Ltd., which shall make the final selection.

- G. The *Paul P. Taylor* award is given to the lead author (s) of the most prestigious journal article in *Pediatric Dentistry* from the previous year. This award is determined by the AAPD Editorial Board.
7. The Academy presents a Distinguished Service Award, only when warranted, to recognize individuals who have made a major contribution over an entire career, on a national or international level, to the improvement of children's health, advocacy for children, or to a health profession related to children. Such recipient shall be solely determined by the AAPD Board of Trustees.
 8. The Academy presents an Evidence-Based Dentistry Service Award, only when warranted, to recognize a pediatric dentist(s) who has made a major contribution via service or publication, on a national or international level, to the dental profession and the specialty of pediatric dentistry through evidence-based clinical practice, academics or policy development over the past year. Nominees are solicited from the membership and considered by the Evidence-Based Dentistry (EBD) Committee, which shall make recommendations to the Board of Trustees who shall make the final selection. Teams may apply, such as a systematic review workgroup.

H. Conflict of Interest

1. General Statement

The AAPD considers a conflict of interest to exist when a trustee, officer, chair, member of a council/committee, media spokesperson, or consultant has a relationship with or engages in any activity or has a personal, financial interest which might impair his or her independence of judgment or influence his or her decisions or actions concerning the Academy's business. An effective conflict of interest policy is essential to the smooth operation of an association such as the AAPD, both for member satisfaction (that decisions have been fairly reached) and for risk management (to show that various boards, councils, and committees have operated in a good faith manner and upheld their fiduciary duty to the AAPD). In the event of a transaction where no appropriate disclosure of a conflict was made, the burden of proof in case of litigation would be on non-disclosing directors, and perhaps even disinterested directors who supported the transaction, to prove fairness. Therefore, non-disclosing directors expose him or herself and the board to substantial risks. Judicial deference to good faith board decisions does not apply in such situations.

It is not unusual or necessarily problematic for an individual with active commitments in the dental field to have occasions where the duty to the AAPD as a director, officer, committee member, etc., may be affected by personal obligations to some other person or entity. It is important to have a process in place that informs of potential conflicts initially and is followed properly when conflicts arise. Conflicts might include but are not limited to:

- AAPD actions that would materially benefit the particular individual's state or district organization to the exclusion of other such entities, such as in the awarding of a contract or selection of a consultant; and
- AAPD actions that would benefit a corporation in which a board member has a consulting relationship, or ownership of stock, such as a decision to "endorse" a product marketed by such corporation.

2. **Procedures Pertaining to Board of Trustees, Officers, Chairs, Members, and Consultants of Councils/Committees**

It is in the best interest of the AAPD and the responsibility of the members of the Board of Trustees and councils/committees that at the time the agenda is adopted for each meeting, the member should announce any conflict of interest and subsequently decline to participate in decisions or voting on that issue. This includes absenting oneself from the room during discussion of the issue. During any scheduled meeting, should a member become aware of a previously undisclosed conflict of interest on any issue, the member shall immediately announce the fact and decline to participate any further in discussion or voting on that issue.

In order to insure uniform adherence to the policy, it is important for all relevant individuals fill out conflict of interest disclosure forms when each new member joins the Board of Trustees, or councils/committees/task forces. An oral reminder of the need to be aware of conflicts of interest should be given at the beginning of all board, council, and committee meetings. All individuals covered by this policy should annually fill out the relevant disclosure form as provided and maintained by the Headquarters Office.

3. **Procedures Pertaining to Media Spokespersons.**

All Board of Trustee members, Chairpersons of councils/committees, members of councils/committees, and trained media spokesperson shall be considered spokespersons of the AAPD when there is a contact with the media in any form, print or electronic.

As a spokesperson, there may be occasions that will arise in which a conflict of interest may occur. It is necessary for all spokespersons at all times to represent the best interest and policies of the Academy without self-interest being considered. Should a spokesperson become aware of an apparent conflict of interest on any issue, the spokesperson should immediately announce this fact to the AAPD Chief Executive Officer who will evaluate and decide if that particular media placement should be suspended.

I. Miscellaneous Policies

1. The AAPD shall maintain a formal appointed liaison with other dental, health and health-related organizations and agencies, particularly those related to the health of children, including but not limited to:
 - A. American Academy of Pediatrics;
 - B. International Academy for Sports Dentistry;
 - C. ADA Commission on Dental Accreditation;
 - D. American Dental Education Association.Liaisons may be established with other organizations as directed by the Board of Trustees.
2. Dental health educational materials may be made available directly to consumers at no cost to the Academy.
3. There shall be no smoking permitted in any meeting room of the AAPD or its Board of Trustees.
4. Use of cellular phones and beepers is prohibited in meeting rooms.
5. All approved oral health policies shall be published in the Reference Manual.
6. Oral health policy statements shall not be published prior to approval by the General Assembly except in such instances where immediate publication of such policy statements is deemed by the Board of Trustees to be in the best interest of the Academy. In such instances the Board of Trustees has the power to establish and publish ad interim policies which must be subsequently submitted to the General Assembly for final approval.

J. Guidelines for Collaboration with Other Organizations

1. Introduction

In order to advance its mission to improve the health and well-being of all children, the AAPD may accept outside support and engage in collaborative efforts with both for-profit and not-for-profit organizations. The purpose of these guidelines is to:

- A. Review criteria for AAPD involvement in a program*.
- B. Describe the nature of the AAPD's relationship with other organizations (not including government agencies).
- C. Outline the process for gaining approval to endorse/sponsor/approve outside programs and to develop programs in a collaborative relationship.
- D. List ways in which the AAPD may acknowledge and recognize outside support of AAPD programs.
- E. Define ways in which others may recognize the AAPD's endorsement/support/review of outside programs.
- F. Delineate terms of recognition in cooperative programs.
- G. Discuss terms under which outside organizations may use the AAPD name and logo.
- H. Recognize relationships and circumstances which require special attention.

* For purposes of clarity in these guidelines, the term "program" applies generically to all projects, publications, events, products, resources, conferences, and other efforts in which the AAPD may participate in any manner.

2. Criteria for AAPD Involvement in a Program

Regardless of whether a program is originated by the AAPD, by an outside group, or cooperatively by the AAPD and another organization, any program with which the AAPD is involved must:

- A. Advance at least one of eight areas of interest:
 1. Child Advocacy
 2. Public Education
 3. Parent/Patient Education
 4. Dentist/Patient Education
 5. Physician/Health Professional Education
 6. Research
 7. Health Care Delivery
 8. Membership Benefit
- B. Satisfy the following criteria:
 1. Include accurate professional information
 2. Support an existing AAPD program, goal, or objective
 3. Be consistent with AAPD's standards of quality
 4. Not present real or potential conflicts of interest between the AAPD, the supporting organization and/or the subject of the project
 5. Not be used to endorse or directly promote a commercial product

3. Relationships Between the AAPD and Other Organizations

There are three general categories of relationships between the AAPD and other organizations with which these guidelines are concerned. These include:

- A. Programs developed by the AAPD which receive financial or in-kind support from outside organizations.
- B. Programs developed by outside organizations for which the AAPD grants endorsement/sponsorship/approval.
- C. Programs developed cooperatively by the AAPD and outside organizations.

4. Definition of Terms and Procedures

- A. Review

Any activity between the AAPD and other organizations must first be approved by the Board of Trustees. Review constitutes a minimal level of recognition of a program intended for public or professional education, research, or to increase public or professional awareness in matters of child advocacy or children's health. Review may be granted by the Board of Trustees and does not require AAPD involvement in the planning, development, production, distribution or evaluation of the program. All program materials must indicate that the program was developed by the outside organization and reviewed by the AAPD.

B. Endorsement

Endorsement constitutes a higher level of AAPD recognition of a program developed by an outside organization. It is a middle level of recognition requiring that the AAPD have knowledge of the program goals and objectives from its initiation and that the AAPD has the opportunity to review and approve all components of the program. All program materials must indicate that the program was developed by the outside organization and endorsed by the AAPD. Program materials must also clearly state that AAPD endorsement does not constitute endorsement of a specific commercial product, nor the safety, efficacy, benefit or risk associated with any commercial product.

Endorsement Procedures

Any request from another association or from a corporate entity for the AAPD to endorse an activity (such as a meeting), a product (such as a book or other publications), or other material shall be reviewed in the following manner:

- Referral to appropriate AAPD council or committee and Headquarters Office staff for review and recommendation. This review shall ensure that the subject matter is consistent with Academy policies and guidelines. A recommendation shall be made to the Board of Trustees.
- The Board of Trustees shall review the recommendation and make the final determination at its earliest convenience depending on the timing of the request.
- The requesting organization shall provide any additional materials requested by the AAPD for assistance in making a determination; failure to do so may result in the request being rejected.
- A final letter of the Academy's decision shall be sent to the applicable organization, signed by the President and the Chief Executive Officer.

This procedure is similar to current procedures for considering endorsement of legislation, where review is done by the Council on Government Affairs, which then makes a recommendation to the Board of Trustees.

Any request that has financial implications for the Academy must be reviewed by the Chief Executive Officer and the Budget and Finance Committee.

C. Sponsorship

Sponsorship constitutes the highest level of AAPD recognition of a program developed by an outside organization. This level of recognition requires that the AAPD is involved to a major degree in the planning, development, production, distribution, and evaluation of the program. Sponsorship requires the same meticulous review by the same AAPD entities as does endorsement, but indicates a higher level of AAPD control over program content. Final approval may be granted by the Board of Trustees. All program materials must indicate that the program was developed by the AAPD and sponsored or co-sponsored by the outside organization. Program materials must also clearly state that sponsorship does not constitute endorsement of a specific commercial product, nor the safety, efficacy, benefit or risk associated with any commercial product.

5. **Guiding Policies**

The AAPD's definition of these categories (review, endorsement, and sponsorship) may, in some instances, not be applicable to programs developed by outside organizations. Exceptions to these guidelines may be granted upon review and approval by the Board of Trustees.

The AAPD reserves the right to enter into contracts with outside organizations for compensation for expenses incurred to include, when applicable, royalty fees in return for approval, endorsement, or sponsorship of the program(s).

Program materials indicating AAPD approval, endorsement, or sponsorship may not be released until specific written approval is received from the AAPD for each individual program element.

These guidelines do not apply to AAPD endorsed member benefit programs such as insurance programs, audiotape series, etc., that are marketed to AAPD members with the endorsement of the AAPD.

6. Special Considerations for International Collaboration

- A. It is recognized that collaboration between the AAPD and international professional organizations interested in children's oral health may be mutually beneficial to the AAPD for one or more of the following reasons in order to obtain:
- Greater exposure in the US and global marketplace.
 - Increased US and international membership.
 - Increased US and international attendance at the AAPD Annual Session.
 - Increased attendance at domestic and international AAPD symposia.
 - Increased exposure and purchase of AAPD publications.
 - Enhanced opportunities for AAPD speakers to promote their work and that of the AAPD.
 - Increased recognition of the AAPD as the recognized authority on children's oral health.
- B. The following guidelines apply to the AAPD's interactions with international professional organizations interested in children's oral health.
- The AAPD shall proactively identify existing and developing international organizations, or initiatives, that currently promote children's oral health issues.
 - The AAPD shall identify which of the above organizations, or initiatives, have the potential to be productive collaborators in promoting children's oral health issues
 - Collaboration proposals may be received, or solicited, by the AAPD. Such proposals should be submitted for review utilizing the AAPD's template international collaborative proposal form. This form is included below.
 - Types of collaboration may range from full affiliation agreements to simple event co-sponsorship.
 - Proposals to be approved by the AAPD must:
 - o Be mutually beneficial.
 - o Align with the AAPD's strategic plan.
 - o Align with these Policies and Procedures.
 - o Align with AAPD's Oral Health Policies, Best Practices, and Clinical Practice Guidelines.
 - o Be fiscally sound.
 - o Avoid competing goals or objectives.
 - o Avoid conflict of interests for AAPD officers and other leadership
 - Budget implications for the AAPD must be clearly stated in the proposal.
 - Collaboration proposals shall be reviewed, and agreements negotiated, by the Executive Committee with the support of appropriate AAPD staff. Agreements would then be reviewed and voted upon by the Board of Trustees.

K. Principles for Interaction with Industry and Other Organizations

1. Introduction

The *vision* of the American Academy of Pediatric Dentistry (AAPD) is optimal health and care for all children. The Academy is the leader in representing the oral health interests of children. The pediatric dentist is a recognized primary oral health care provider and a resource for specialty referral.

The *mission* of the AAPD is to advance optimal oral health for all children by delivering outstanding service that meets and exceeds the needs and expectations of our members, partners, and stakeholders. The Academy serves and represents its membership in the areas of professional development and governmental and legislative activities. It is a liaison to other health care groups and the public. The AAPD acknowledges that opportunities and resources exist through partnerships that can serve to further its vision and mission, provided that these relationships are in agreement with its core values. The maintenance of public trust and the Academy's integrity, ethical standards, and credibility are of paramount importance and will be protected with the utmost vigilance.

The principles outlined in this document serve as a general guide addressing the AAPD's philosophy on relationships with industry and other organizations (e.g. corporations, government agencies, foundations; hereafter referred to as "entities"). More detailed guidance on issues relating to support of AAPD programs and activities is contained in the Policy and Procedure Manual.¹ In addition, the AAPD adheres to the Continued Education Recognized Provider certification of the American Dental Association

2. Suitability of Relationships

The AAPD will proactively develop relationships with those entities that, through their products, activities, and/or their philosophy, enhance the quality of life for children and are aligned with the Academy's values and mission. Before the AAPD enters into any relationship or collaboration, a clear delineation of the parameters of such engagement are communicated to the potential partnering entity:

- Maintaining and supporting the mission and goals of the AAPD.
- Acting in the best interests of optimal oral health for children.
- Offering no actual or implied AAPD endorsement of the entity's products or services.

3. Appropriateness of Activity

Public education campaigns and/or programs developed by external entities can have great merit and are of potentially significant benefit to the public, AAPD members, and their patients. Participation will be determined based on Academy priorities. Partnerships that provide only financial gain with no clear advantage to pediatric oral health, or no professional or educational benefit relating to the practice of pediatric dentistry, will not be considered for AAPD participation.

4. Objectivity and Editorial Control

Sponsorship of AAPD programs does not permit influence over content, nor does it imply AAPD approval or endorsement of an entity's policies or products, whether a program is funded by a single source or multiple sources.

For programs developed by an external entity for which AAPD collaboration is sought, the AAPD will require review of all program-related materials to ensure that quality and accuracy are in accordance with the standards of AAPD materials. In some cases, the AAPD will allow the use of its name and logo to signify its participation in these worthwhile collaborations. The use of the Academy name or

¹ See especially Section 14.J: *Guidelines for Collaboration with Other Organizations*.

logo must not be used as an endorsement, either actual or implied, of an entity or product.

5. **Review Process**

The Board of Trustees has overall responsibility for the Academy's interactions with other entities. Programs must be approved by the Board of Trustees, or through a procedure adopted by the Board. All AAPD volunteer member and staff efforts seeking non-governmental outside support for programs are under the supervision and coordination of the Chief Executive Officer.

6. **Adoption of Principles**

Non-dues revenues assist the Academy in its endeavors to enhance the lives of children everywhere. By adopting these principles, Academy leaders, members, and staff can better utilize collaborative partnerships to provide optimal benefits to children, their families, and their communities.

L. Diversity Policy

The AAPD's members represent all aspects of society, including but not limited to race, ethnicity, national origin, geographic location, gender, age, physical ability, appearance, sexual orientation, and family status. The AAPD is a totally inclusive organization that values the variety in its membership and recognizes this adds value and effectiveness to the organization in terms of the quality of service provided to members and advocacy for children's oral health care. The AAPD seeks diverse and inclusive participation in pediatric dentistry and the activities of the AAPD.

M. Antitrust Compliance Policy

1. **Overview**

The antitrust laws of the United States and the various states prohibit agreements, combinations and conspiracies in restraint of trade. Because the AAPD and other professional associations are, by definition, combinations of competitors, one element of a possible antitrust violation is generally present, and only some action by the association that unreasonably restrains trade generally needs to occur for there to be an antitrust violation. The antitrust laws can be enforced against associations, association members, and the association's employees by both government agencies and private parties (such as competitors and consumers) through treble (triple) damage actions. As the principal federal antitrust law is a criminal conspiracy statute, a dentist who attends a meeting at which competitors engage in illegal discussions may be held criminally responsible, even if he or she says nothing at the meeting. The dentist's attendance at the meeting may be sufficient to imply acquiescence in the discussion, making him or her liable to as great a penalty as those who actively participated in the illegal agreement. The antitrust laws prohibit competitors from engaging in actions that could result in an unreasonable restraint of trade. Above all else, association members should be free to make business decisions based on the dictates of the market – not the dictates of the association. Some activities by competitors are deemed so pernicious and harmful that they are considered *per se* violations – it does not matter whether or not the activities actually have a harmful effect on competition; the effect is presumed. These generally include price fixing, allocation of customers, markets or territories, bid-rigging, and some forms of boycotts.

2. **Specific AAPD Policy**

The AAPD has a policy of strict compliance with federal and state antitrust laws. AAPD members should avoid discussing certain subjects when they are together – both at formal AAPD General Assembly, Board of Trustees, council, committee, and other meetings and during informal contacts with other dental industry members – and should otherwise adhere strictly to the following guidelines:

- A. DO NOT discuss dental practice patient fees, or features that can impact (raise, lower or stabilize) them such as discounts, costs, salaries, or profit margins. Note that a price-fixing violation may be inferred from price-related discussions followed by parallel decisions on pricing by association members — even in the absence of an oral or written agreement.
- B. DO NOT agree with competitors as to uniform terms of dental practice fees.
- C. DO NOT exchange data concerning dental practice fees, production, costs, salaries, customer credit, or other business practices unless the exchange is made pursuant to a well-considered plan that has been approved by AAPD’s legal counsel. Note that this does not apply to comparing vendor/supplier pricing for products or services provided to a dental office.
- D. DO NOT agree with competitors to divide up customers, markets or territories.
- E. DO NOT agree with competitors not to deal with certain vendors/suppliers or others.
- F. DO NOT try to prevent a vendor/supplier from selling to your competitor (s).
- G. DO review AAPD governance meeting agendas that are circulated in advance and ensure that minutes of all such meetings properly reflect the actions taken at the meeting.
- H. DO leave any meeting (formal or informal) where improper subjects are being discussed. Tell everyone why you are leaving.
- I. DO ensure that AAPD officers, trustees, council or committee members, or other members do not hold themselves out as speaking or acting with the authority of the AAPD when they do not, in fact, have such authority.
- J. DO ensure that if questions arise about the legal aspects of AAPD’s activities or your individual responsibilities under the antitrust laws, you seek advice and counsel from your own counsel or from the legal counsel of the AAPD.

Any questions about the AAPD’s antitrust compliance policy should be directed to the AAPD’s Chief Operating Officer and General Counsel.

SECTION 15

AAPD PEDIATRIC ORAL HEALTH RESEARCH AND POLICY CENTER (POHRPC)

A. Mission Statement of POHRPC

To perform and promote research and policy analysis that advances optimal oral health and oral health care for children.

B. POHRPC Activities

1. Conduct oral health research, including but not limited to health services research, that advances children's oral health issues and AAPD public policy and public relations initiatives at the national, state, local, and international levels. The policy center will work with legislatures, government agencies, professional associations, and other non-governmental organizations.
2. Monitor and report on state, national, and international data concerning the oral health status and overall health status of children.
3. Develop and implement special project activities that advance children's oral health issues and public understanding of such, in accordance with AAPD policies and guidelines.
4. Produce policy analysis on critical issues impacting children's oral health.
5. Produce studies and analyses that contribute to understanding best practices which will advance the oral health of all children.
6. To review, seek clarification, and provide comment to written reports related to pediatric oral health issues that are issued by federal agencies and other organizations.

C. POHRPC Advisory Board

1. Purpose. The Advisory Board shall periodically develop and maintain a portfolio of research and policy analysis projects for the Center based on current public policy and public awareness initiatives of the AAPD.
2. Composition. The Advisory Board shall consist of:
 - a. The current chair of the Committee on Dental Benefit Programs.
 - b. The current chair of the Council on Government Affairs.
 - c. The current chair of the Council on Clinical Affairs.
 - d. The current chair of the Council on Scientific Affairs.
 - e. The current Pediatric Dentistry CODA Commissioner.
 - f. The AAPD representative to the ADA's Dental Quality Alliance.
 - g. The AAPD representative to the Board of Directors of the Medicaid/SCHIP Dental Association.
 - h. One at-large member to be determined according to knowledge, background and skill set necessary to provide guidance and/or contribute to activities supportive of current policy center priorities and activities.
 - i. Any additional members and consultants deemed necessary. These may include those who have rotated out of ex-officio positions, but possess skills and interest in continuing to serve on the Advisory Board.
3. Relationship to the AAPD Board of Trustees. All recommendations of the Advisory Board shall be submitted to the AAPD Board of Trustees for final approval or other action. All appointments to the Advisory Board that are not ex-officio shall be made by the President with the approval of the Board of Trustees. Due to the nature of the Center and the need for continuity of expertise, there shall be no set term limits for

such appointments. However, all Advisory Board members will be reviewed annually for their contribution and commitment to the responsibilities and goals of the Center and the AAPD; annual renewal of each appointment by the Board of Trustees is required.

4. Board Liaison. The President will appoint, with the approval of the Board of Trustees, a liaison to the Advisory Board from among the sitting trustees-at-large.
5. Staff Liaisons. The Director and Assistant Director of the POHRPC shall serve as co-staff liaisons to the Advisory Board. The liaisons will facilitate the coordination of efforts between the Advisory Board and the headquarters office, apprise the Chief Executive Officer and other staff of relevant issues, and assist in planning, writing and analysis as needed.

D. POHRPC Fellows

1. Purpose: Fellows shall serve as principal investigators for POHRPC projects and also as expert resources by:
 - a. Constituting a queue of researchers or scholarly experts prepared to respond to research opportunities presented by/to the POHRPC.
 - b. Assisting POHRPC in monitoring the quality of current research activities.
 - c. Identifying funding and research opportunities consistent with POHRPC goals.
 - d. Advising POHRPC as requested by the Advisory Board and AAPD leadership.
2. Process. The Advisory Board shall recruit and select Fellows, subject to the approval of the Board of Trustees. Fellows should be outstanding researchers or scholarly experts and leaders in pediatric dentistry or related fields. Each Fellow shall have a term limit as determined by the Advisory Board, subject to renewal. The Advisory Board shall also create a mentoring program whereby more experienced Fellows can serve as mentors and advisors to their less experienced colleagues.

E. POHRPC Publications (print and/or electronic)

POHRPC has wide latitude in determining the best type, scope, format, etc. in disseminating its research and policy analysis. In general, publications will be in one of the following categories, subject to the review and approval process described for each category:

1. Statistical analysis of trends in society impacting children and trends in pediatric dentistry and oral health, subject to approval by the Center Director and the CEO.
2. Presentations in PowerPoint or other formats designed for health professional or other related meetings, addressing children's or pediatric oral health issues or current projects of the Center, subject to approval by the Center Director and the CEO.
3. Policy analysis reports and briefs, which may also be referred to as "White Papers" or "Technical Briefs", subject to approval by the Advisory Board. Due to the potential for confusion, the term "position papers" will no longer be used by the AAPD. Center reports are not to be considered official AAPD oral health policies or clinical best practices, and are not subject to the General Assembly resolutions process under Section 2.C. of this manual.
4. Research reports on projects conducted by the Center, which shall either be published directly by the Center or submitted to *Pediatric Dentistry*, *Journal of Dentistry for Children (JDC)*, or other appropriate peer-reviewed journals for approval and publication.
5. Recommendations for changes to current AAPD oral health policies or best practices, or development of new oral health policies or best practices, based on research findings of the center. Such recommendations shall be reviewed by the Advisory Board and submitted to the Board of Trustees for review. If the Board of Trustees approves, the proposal shall be submitted to the Council on Clinical Affairs or

Evidence-Based Dentistry Committee for development in accordance with Section 9 of this manual.

Items 3 and 4 reflect the contents of the portfolio of research and policy analysis projects for the center, which are developed by the Advisory Board but must also be approved by the AAPD Board of Trustees.

F. Committee on Safety

1. Purpose, Vision and Mission. The Committee on Safety shall periodically develop and maintain a portfolio of safety recommendations. The vision of the Committee is to champion the safest possible oral health care delivery system to protect the health and well-being of patients and their providers. The mission of the Committee is to apply the diverse resources of the AAPD in aiding dentists to create a culture of safety for both patients and providers in the dental setting. This is done by building and incorporating systems of safety into all aspects of the delivery of oral health care.
2. Composition. The Committee on Safety shall consist of:
 - a. The current chair of the Sedation Committee of CCA.
 - b. The current chair of the Council on Clinical Affairs or the chair's designee.
 - c. The current chair of the Council on Scientific Affairs or the chair's designee.
 - d. The Chief Policy Officer.
 - e. Other knowledgeable individuals.

All appointments to the Committee on Safety that are not ex-officio shall be made by the President with the approval of the Board of Trustees. Due to the nature of the Committee and the need for continuity of expertise, there shall be no set term limits for such appointments. However, all Committee members will be reviewed annually for their contribution and commitment to the committee; annual renewal of each appointment by the Board of Trustees is required.

3. Relationship to the Advisory Board. All recommendations of the Committee on Safety shall be submitted to the Advisory Board, who shall in turn make recommendations for the Board of Trustees for action and implementation.
4. Board Liaison. The President will appoint, with the approval of the Board of Trustees, a liaison to the Safety Committee.
5. Staff Liaisons. The CEO shall designate a staff liaison to the Committee on Safety (in addition to the Chief Policy Officer). The liaison will facilitate the coordination of efforts between the Committee on Safety and the headquarters office, apprise the Chief Executive Officer and other staff of relevant issues, and assist in planning, writing and analysis as needed.

SECTION 16

SHARED INTEREST GROUPS (SIGs)

A. Purpose of SIGs

The AAPD maintains SIGs to promote ongoing membership dialogue, discussion, and information exchange related to a number of key clinical and practice management issues in pediatric dentistry.

B. Specific SIGs

The following SIGs are maintained by the AAPD. These may be amended from time to time as needed by the Board of Trustees.

1. Caries risk assessment
2. Behavior guidance
3. Fluoride therapy (including SDF)
4. Restorative techniques
5. Sedation/anesthesia
6. Children with special health care needs
7. Oral Pathology/Oral Medicine
8. Hospital-based practice
9. Practice management
 - a. Coding
 - b. Finances
 - c. Marketing
 - d. Patient and family dynamics
 - e. Staffing (officer managers, dental hygienists, dental assistants, etc.)
 - f. Associates and partnerships
10. Residency program management
11. Sports dentistry

C. SIG Chairs

1. Duties. A SIG chair shall be experienced in the designated SIG topic, and shall make at least twice a month postings on a SIG discussion board/forum hosted on the AAPD website. The chair must monitor the discussions and make comments as needed, including reminding participants of rules and etiquette for postings. The chair shall coordinate any issues or concerns with the AAPD's Web and Social Media Coordinator, and advise the Board of Trustees of any issues or concerns along with recommended action(s).
2. Selection. SIG chair selection shall be made by the President with the approval of the Board of Trustees.
3. Staff Liaison. The Chief Executive Officer shall designate a staff liaison to each SIG chair.