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QUARTER 4 Volume LX Number 4

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PEDIATRIC DENTISTRY TODAY
QUARTER 4 Volume LX Number 4

THE MAGAZINE OF THE AAPD

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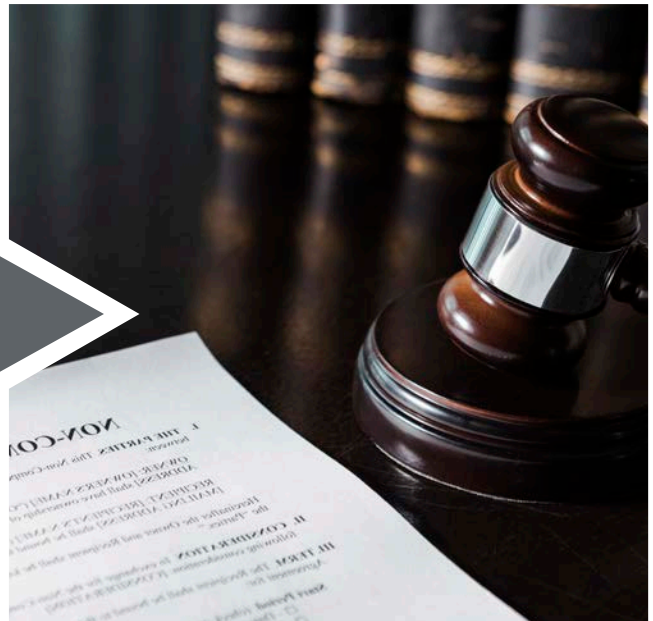
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AAPD FOUNDATION PRESIDENT

Dr. Mario Ramos

Dear Friends and Supporters,

We are at a crucial moment for children's oral health in our country. Nonprofit clinics that serve our most vulnerable children are facing unprecedented challenges. Rising costs and federal funding cuts threaten the very infrastructure that provides dental care to marginalized children who have nowhere else to turn.

The children that the AAPD Foundation serves have not changed. Underserved children across the U.S. still wake up with toothaches that prevent them from concentrating in school or even prevent them from being able to go to school. They still suffer infections that could have been prevented. We all can agree that they still deserve the same quality of care as any other child. What has changed is that the safety net that was designed to protect them is fraying.

This is precisely the moment the AAPD Foundation was built for. Thanks to our donors' support, we stand ready to meet this crisis. Your generosity has allowed the Foundation to step up when our grantee clinics need us most. Now, we must do exactly that.

I'm asking you to stand up for all children. Your year-end donation will directly support the nonprofit clinics on the front lines of this crisis in 2026. These clinics are real dental homes. They are the only places where many children can receive dental care. When they struggle, children suffer.

To our long-time supporters: your sustained commitment has prepared us for this challenge, and I cannot thank you enough. To those considering joining our mission: there has never been a more critical time. Together, we can ensure that funding cuts don't translate into children in with pain. We know this is a stopgap, not a solution. But doing nothing simply isn't an option.

The need is urgent. Our resolve is firm. And with your support, we will continue to ensure that every child has access to the dental care they deserve. Donate at aapdfoundation.org/donate or scan the QR code.



With gratitude and determination,

Mario E. Ramos, D.M.D.



CommuniCare: A One-Stop Shop for Hope

Hey there, Smile Squad! It's the Healthy Smile Hero here, reporting from the heart of Texas—where compassion is as big as the state itself. Thanks to supporters like you, the AAPD Foundation provides dental grants to nonprofit clinics nationwide. Today, I'm excited to introduce a standout recipient in San Antonio: CommuniCare.

Since 1972, *CommuniCare* has served as a beacon of hope for low-income individuals and families across south-central Texas. What makes this organization truly special is its one-stop-shop model—offering medical, dental, and behavioral health services under one umbrella. Their campuses provide pediatrics, family medicine, women's health, OB-GYN care, behavioral health, dental services, senior care, and more.

CommuniCare's dental program was created out of necessity to address the overwhelming need for affordable care in the community. Services range from exams, cleanings, sealants, and fillings to stainless steel crowns, extractions, root canals, pulpotomies, nitrous oxide, conscious sedation, and prosthodontics. Their robust pediatric dental program emphasizes early intervention, education, and prevention—working to break generational cycles of poor oral health before they begin.

But CommuniCare understands that health goes beyond the dental chair. The team addresses social determinants of health, recognizing that access

to housing, transportation, education, nutritious food, and a safe environment all impact well-being. Outreach Coordinators partner with local food banks, churches, and social service organizations to ensure families receive the support they need. At CommuniCare, patients are treated as whole people—not just a set of teeth.

Serving a large Hispanic population, CommuniCare prioritizes cultural competency with a strong bilingual staff fluent in English and Spanish. Translation services are also available at no cost because every family deserves to understand their care.

More than half of individuals in CommuniCare's service area live at or below 200% of the federal poverty level. To reduce financial barriers, the clinic offers a sliding fee scale, making dental care accessible without adding to families' financial stress. Transportation is another major hurdle, and thousands of families lack reliable access. CommuniCare intentionally located its East and West Campuses along bus routes to help ensure geography doesn't stand in the way of care.



Our Secret Weapon: The Access to Care Grant

Enter the Healthy Smile Heroes! The AAPD Foundation awarded CommuniCare a Three-Year Access to Care Grant, funding an additional pediatric dentist. This specialized provider is expanding access for more than 1,000 additional pediatric patients each year, including children with behavioral and sensory needs—resulting in shorter wait times and brighter smiles across San Antonio.

Real Impact, Real People

The true impact goes beyond numbers. When a refugee family with three children arrived in San Antonio, they faced the daunting challenge of navigating healthcare in an unfamiliar system. CommuniCare stepped in, providing comprehensive, affordable care for all three children. Specialized pediatric providers ensured fear-free visits that encouraged ongoing care. As a team member shared, “The family was so thankful for the services we were able to offer.”

This is about more than dental treatment—it’s about trust, dignity, and helping families feel cared for in a new home.

Thanks to supporters like you, families can focus on building their futures instead of worrying about dental bills. Children receive the care they need today while developing positive relationships with dental care for life.

**One grant. One clinic. One family at a time.
That’s how lasting change happens.**

I’m leaving Texas inspired by CommuniCare’s holistic, compassionate approach. When we help a child achieve a healthy smile, we’re doing more than treating disease—we’re helping kids thrive in school, feel confident, and chase dreams as big and bright as the Texas sun.

CommuniCare and the AAPD Foundation can’t do it without you. Will you **donate today** and help kids across the country access the care they deserve? Be a family’s Healthy Smile Hero! Visit aapdfoundation.org/donate.

Sincerely,

Healthy Smile Hero

Two wineries. Two barrels. One challenge.

THE ONE BARREL CHALLENGE: A COLLABORATION BETWEEN MCCOLLUM HERITAGE 91 & ADELSHEIM VINEYARD

McCollum Heritage 91 and Adelsheim Vineyard may come from different chapters of Oregon's wine story, but both share a common passion for community, craftsmanship, and giving back. McCollum Heritage 91, founded by CJ and Dr. Elise McCollum, brings a fresh perspective rooted in heritage and purpose. Adelsheim, established in 1971, is one of the Willamette Valley's pioneering wineries, with a long tradition of innovation and stewardship.

Together, these two like-minded wineries came together for the One Barrel Challenge; a project born from the idea that a single barrel of wine can make a big difference. Each winery crafted just one barrel, Adelsheim a 2021 Pinot Noir and McCollum Heritage 91 a 2021 Chardonnay with only 25 cases of each wine available. The wines are offered in curated 6-packs, with discounted flat rate shipping, making this collaboration both rare and meaningful.

This year, **100 PERCENT** of the proceeds of wine sales will be donated to the AAPD Foundation, which supports children's oral health for *all* kids across the U.S. For Dr. Elise McCollum, who has dedicated her career to nonprofit work in pediatric dentistry, this cause is deeply personal. She has seen firsthand the life-changing impact the AAPD Foundation makes helping children receive the care they need.

With each bottle, wine lovers not only enjoy a unique expression of Oregon's terroir but also join in supporting healthier, brighter futures for children.



Wine Information

Curated 6 pack - 3 bottles of Chardonnay and 3 bottles of Pinot Noir
\$300 + \$35 discounted flat rate ground shipping
Limited quantities available

The 2021 One Barrel Challenge

Heritage 91 Chardonnay from Adelsheim's Boulder Bluff Vineyard dazzles with notes of honeysuckle, crisp apple, and flint. Sleek yet creamy, this elegant expression of Chehalem Mountains terroir offers striking minerality and balance, promising graceful aging and long-lasting allure.

The 2021 One Barrel Challenge

Adelsheim Pinot Noir, sourced from Adelsheim's Calkins Lane Vineyard, reveals layers of roasted hazelnut, red licorice, and cocoa powder. Silky tannins and a velvety core lend depth and finesse to this refined, age-worthy Chehalem Mountains Pinot.



A Rare Pour, A Lasting Impact — Support Children's Oral Health Today.

Limited quantities available





AAPD PRESIDENT

Dr. Thomas G. Ison

STRENGTH IN SERVICE: AAPD'S COMMITMENT TO CHILDREN'S ORAL HEALTH IN 2025

As we reflect on the past year and look ahead to the next, I'm reminded of Winston Churchill's profound words, "We make a living by what we get, but we make a life by what we give."

This sentiment captures the essence of our work—not only as dental professionals but as advocates for the health and well-being of children. The impact we make in pediatric oral health is shaped not just by our clinical efforts, but by the selfless contributions we offer to our communities, our profession, and the future of pediatric dentistry.

This year has been a dynamic one for the AAPD, marked by significant milestones and challenges. We've witnessed shifts in the pediatric dentistry landscape, and I'm proud that our organization has remained at the forefront, championing what's best for children and the families we serve. From the ongoing search for a new CEO to navigating complex issues like community water fluoridation, the FDA's stance on supplemental fluoride, and dentistry's evolving role in revamped federal agencies, we've worked diligently to ensure pediatric dental professionals have a strong voice.

A major issue this year was the ADA's decision to develop new pediatric sedation guidelines, which notably excluded references to the AAPD/AAP's

recently updated guidelines. We responded swiftly and assertively, recognizing that omitting our standards could lead to conflicting practices and, most importantly, compromise patient safety. I'm deeply proud of our members who rose to the occasion providing courageous testimony and actions in both the ADA House and Reference Committees.

Their professionalism and advocacy led to the passage of a compromised resolution with key amendments, preserving collaboration with the American Academy of Pediatrics and reaffirming our role as the unwavering voice for children. As the ADA prepares this new document for its 2026 House of Delegates, we remain committed to contributing every step of the way and ensuring children's oral health and safety remains a top priority.

I have had the opportunity to attend several state and district pediatric dental meetings as well as the privilege of meeting with colleagues from the European Academy of Paediatric Dentistry and



Royal College of Surgeons of Edinburgh in Scotland and the International Association of Paediatric Dentistry in South Africa. These conversations reinforced that the challenges we face—caries rates, access to care for underserved populations, engaging with parents and financial barriers—are shared, not just across our nation, but globally. Yet within these shared struggles lies strength. The camaraderie and collaboration with our international partners are invaluable as we work together to elevate pediatric dental care worldwide.

I'm also incredibly grateful for the steadfast support of our AAPD members. Whether you serve within the AAPD, ADA, your state or district dental organizations, or on a state dental board, your involvement is more critical than ever. As we look forward to 2026, I encourage you to consider how you might deepen your engagement. Will

you volunteer for a leadership role, advocate with state and national legislators, or serve on a local community board? Will you support the PAC as we navigate federal policy, or contribute to the Foundation to help provide essential care to children in need? Every action—large or small—makes a meaningful difference.

As we close out the year, I want to extend my heartfelt thanks for your dedication, hard work, and passion for pediatric dentistry. We are stronger together, and I'm confident that the coming year will bring new opportunities to advance our mission with renewed energy and focus. Let us continue to make not just a living—but a life—through what we give.

Wishing you joy, fulfillment, and purpose in the year ahead. I look forward to seeing you at AAPD 2026 in Las Vegas this coming May.

"Every action—large or small—makes a meaningful difference."

Advocacy in Action

ADVOCACY NEWS

AAPD advocates for dental funding, Medicaid reform, and access to care.

FEDERAL NEWS

Title VII Funding for Pediatric Dentistry Preserved in House Bill

In the Q3 *PDT* (p. 10), the AAPD highlighted the good news regarding the July 31, 2026 Senate Appropriations Committee mark-up of the FY 2026 Labor-HHS-Education appropriations bill, resulting in preserving level funding of \$13 million for Title VII Pediatric Dentistry Programs and a preference for pediatric dentistry faculty under the Dental Faculty Loan Forgiveness Program (DFLRP).

There is more good news to report from the House Appropriations Committee mark-up which took place on Sept. 9, 2025, which preserved this funding while also including a \$500,000 increase along with the pediatric dentistry faculty preference. The committee report language is as follows:

“Oral Health Training

The Committee includes \$43,673,000 for Oral Health Training. The Oral Health Training programs increase access to high-quality dental health services in rural and other underserved communities by increasing the number of oral health care providers working in underserved areas and improving training programs for these

providers. Within the funds provided, the Committee includes no less than \$13,500,000 for general dentistry programs, no less than \$13,500,000 for pediatric dentistry programs, and no less than \$15,000,000 for State oral health workforce grants. The Committee directs HRSA to provide continuation funding for section 748 postdoctoral training grants, predoctoral dental grants, and dental faculty loan repayment grants. The Committee continues to support awards with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental schools, hospitals, and community-based affiliated sites.”

The full committee report is available at: <https://www.congress.gov/119/crpt/hrpt271/CRPT-119hrpt271.pdf>.

While the federal government was in a shutdown mode from Oct. 1 to Nov. 12, 2025, these congressional actions put this program in good shape during ongoing congressional debates over finalizing FY 2026 federal appropriations.

HRSA AWARDS 29 TITLE VII FY 2025 GRANTS FOR POSTDOCTORAL TRAINING IN PEDIATRIC, GENERAL, AND PUBLIC HEALTH DENTISTRY

The AAPD is pleased that the federal Health Resources and Services Administration (HRSA) has awarded 29 Title VII FY 2025 grants to enhance postdoctoral dental residency training programs. Title VII funding is the AAPD's top federal appropriations priority. Over the past 25 years, Title VII has led to significant expansion of and quality improvement in pediatric dentistry residency programs. Nine awards were directed solely to pediatric

dentistry programs, and another seven include pediatric dentistry in collaboration with general dentistry and dental public health. HRSA awarded a total of \$10,451,899 with \$7,022,380 supporting pediatric dentistry. The full list of grantees is available on the AAPD website at: <https://www.aapd.org/globalassets/fy-2025-postdoctoral-dental-grantees.pdf>.

Look for profiles of some of the pediatric dental grantees in future issues of *PDT*.

PDT READER SURVEY



We'd love to hear your feedback on the updates the *PDT* Magazine over the past year. Scan the QR code for a 3 – 5 minute survey.





Florida Fixes Untenable Operating Room Facility Fee Process for Dental Cases

“We’re thrilled to see our persistence pay off and to have re-established a productive relationship with AHCA so we can continue advocating for Florida’s underserved children and improving their access to care.”

Dr. Michelle Thomas, Florida pediatric dentist

BACKGROUND

The AAPD’s advocacy initiative seeking CMS (Centers for Medicare and Medicaid Services) assistance to improve operating room (OR) access for pediatric dentists led to the creation of HCPCS code G0330 for dental rehabilitation, which increased facility fees for dental cases in hospital outpatient department (HOPPS) and ambulatory surgical centers (ASCs) under Medicare. Many state Medicaid agencies (SMAs) have boosted facility fees for such cases. The AAPD Research and Policy Center (RPC) has tracked this state progress, which is being spearheaded by the AAPD’s state Public Policy Advocates’ (PPA) network.¹ While the Medicare policy established by CMS implemented a more complicated system using G0330 or CDT codes to generate a facility fee of varying amounts, many SMAs have simply adopted one fee based on the Medicare rate for G0330. Such facility fees have always been paid through the medical side of Medicare, Medicaid, or private insurance, rather than under dental insurance.

FLORIDA SMA CHALLENGE IN 2024

Florida’s SMA, called the Agency for Health Care Administration (AHCA), negotiated new contracts with the dental managed care organizations in 2024 that would require them to pay for the anesthesia and hospital or ASC facility fees. Previously, the dental services portion was handled by dental managed care contractors, and the anesthesia and facility fee were handled by the medical managed care contractors. The AAPD advised our Florida PPA and other advocates that to the best of our knowledge no other SMA was paying hospital or ASC facility fees for dental cases out of the dental Medicaid budget versus the medical budget. Only the actual dental services provided are paid from a SMA’s dental Medicaid budget.

Further review by the AAPD RPC and Powers law firm (AAPD’s federal lobbyist) concluded that Florida was an outlier in its approach. Due to concern with the impact on access to care and OR access for cases, the Florida Academy of Pediatric Dentistry (FAPD) along with the Florida Dental Association (FDA) held discussions with key AHCA officials and forwarded their concerns and recommendations.

AHCA utilizes the EAPG system (Enhanced Ambulatory Patient Grouping)² for determining hospital and ASC payments, which exists to reimburse centers properly. A big concern was that not utilizing the EAPG system would lead to decreased ASC/hospital reimbursement for facility fees for dental cases, making it very difficult for a pediatric dentist to obtain block time at a hospital or ASC outside of a few dental-specific systems such as a pediatric dentistry residency program. Seeking OR time at hospitals not affiliated with such programs might become increasingly difficult. The dental advocates were guided by the ultimate goal of obtaining an increase in such facility fees.

CMS CONSIDERATION OF FLORIDA MEDICAID WAIVER

Further analysis determined that the Florida AHCA had applied to CMS for a waiver on Oct. 24, 2024 to handle the facility fees in dental cases in such manner, specifically to “transfer coverage of non-emergency dental services provided in an ambulatory surgical center or hospital from MMA plans to dental managed care plans”.³ In response, the FAPD, FDA, and AAPD filed a joint letter with CMS on Dec. 4, 2024, objecting to the waiver (prior to the Dec. 14, public comment deadline). Key portions from that letter are quoted below:

“On behalf of the American Academy of Pediatric Dentistry, the Florida Academy of Pediatric Dentistry, and the Florida Dental Association, we are writing to urge you to deny approval of the dental coverage related provisions of the Florida Managed Medical Assistance Waiver (“Waiver Request”) . . . that the Florida Agency for Health Care Administration (AHCA, the State Medicaid Agency or “SMA”) recently filed with the Centers for Medicare and Medicaid Services (CMS).

“We strongly believe that this change, if approved, will exacerbate already severely limited access to medically necessary dental services, especially for children eligible for coverage of dental services under the EPSDT Program and patients with disabilities whose dental needs more commonly require the administration of monitored anesthesia.”

“Access to dental services for Floridians covered by Medicaid is already abysmal. Over 7.1 million Floridians live in designated Dental Health Professional Shortage Areas, which include 65 out of Florida’s 67 counties.”

- “Florida ranks last (50th out of 50 states) in percentage of children receiving a dental health visit in the last 12 months.”
- “One out of four (25.1%) Florida 3rd graders have untreated cavities, making Florida the sixth worst state in the nation for this measure.”
- “Reimbursement rates are the lowest in the country for children’s dental services (covering only 24.6% of dental charges).”

“In light of this widespread lack of access to dental services, the state’s hospitals have effectively functioned as a primary safety net provider of dental services. Nearly 120,000 Floridians visited the emergency room (ER) in 2021 for non-traumatic dental conditions, 3,200 of whom were admitted, and over 40% of whom were covered by Medicaid. According to the Healthcare Cost and Utilization Project, Florida Medicaid paid out \$438,560,000 for non-traumatic dental conditions presenting to the emergency department between the years of 2017-2020, spending over \$100,000,000 annually on emergencies primarily stemming from untreated cavities. ”

"The SMA's Waiver Request includes no analysis of the potential impact of shifting coverage from the state's MMA Program to the Dental Program. It does not provide an estimate of the budgetary impact on the Dental Program, nor does it delineate how the existing contracted entities would meet this new requirement.

"To our knowledge, there is no other state that has deemed these hospital and ASC services to be a responsibility of the extremely limited dental budgets in Medicaid programs."

Subsequently, advocates met virtually with CMS officials and sent a follow-up letter to CMS on Jan. 14, 2025, raising additional concerns highlighted below:

"On behalf of the Florida Academy of Pediatric Dentistry, the Florida Dental Association, and the American Academy of Pediatric Dentistry, thank you and your team for taking the time to meet with us today via Zoom to discuss the dental coverage related provisions of the Florida Managed Medical Assistance Waiver that the Florida Agency for Health Care Administration (AHCA) recently filed with the Centers for Medicare and Medicaid Services (CMS).

An additional concern has been raised since our call pertaining to the inability of the existing payment system to accommodate Florida AHCA's proposal as described in the waiver. As you know, medical providers, dental providers, and facilities all use different claims forms: 837P, 837D, and 837I, respectively. Florida AHCA mandates the use of these standardized formats to process transactions."⁴

"Medical managed care organizations (MCOs) are well equipped to process 837P (medical providers, such as anesthesiologists) and 837I (facilities, such as hospitals and ambulatory surgical centers) claims. However, dental MCOs

have never been required to process 837P or 837I claims; they are equipped only to process 837D forms. The waiver neglects to address how and with what resources the dental MCOs would enhance their capabilities to be able to process these additional claims forms that use entirely different code sets. It is highly unlikely their information technology systems will be in place to do this in a timely manner."

"Despite AHCA's assurance in the waiver that the dental MCOs will have the funds available for dental care in operating room settings and that the overall proposal meets budget neutrality requirements, dental MCOs are incapable of processing payments for that care delivered by anesthesiologists (837P) in hospitals and ASCs (837I). We remain extremely concerned about the adverse effect this waiver could have on access to dental care in Florida if approved."

Unfortunately, on Jan. 31, 2025, CMS approved the waiver request, while acknowledging the concerns expressed regarding the dental issues:

"Nine commenters expressed concerns about the proposal to move non-emergency dental services provided in an ASC or hospital from the MMA plans to dental managed care plans. Commenters expressed that this change could impact access for Medicaid beneficiaries due to the differing networks of MMA plans and the dental plans. They also note that currently, dental plans do not include hospitals or ASCs in their networks. Other concerns include the risk of losing dental practitioners from participating in or accepting Medicaid, the speed and transparency that this change is taking place, and the payment rates the dental plans will pay for hospital and ASC nonemergency dental care. We thank the commenters for their feedback, but this change falls within the state's discretion. In addition, states are responsible for

monitoring and assessing network adequacy and submitting an annual Network Adequacy and Access Assurances Report to CMS. CMS will work with the state if network adequacy issues are identified after the implementation of the dental services change.”⁵

IMPLEMENTATION ISSUES

On Feb. 1, 2025, AHCA implemented new contracts with Medicaid health and dental plans to provide State Plan services to plan enrollees in the Statewide Medicaid Managed Care (SMMC) program. The new contracts required dental plans reimbursement of non-emergency outpatient dental services performed in an ASC and outpatient hospital settings, describing the proposed change as follows:

“Providing Coverage of Non-emergency Dental Services Provided in an ASC or Hospital Through Dental Managed Care Plans Instead of MMA plans This amendment will change the managed care program responsible for providing nonemergency dental care in an ASC or hospital. Currently, the MMA plans are responsible for managing and paying for this service for Medicaid beneficiaries eligible for services. Going forward, Florida’s dental managed care program, in which specialized dental managed care organizations (MCOs) provide state plan oral health services, will take over responsibility for managing and paying for non-emergency dental care provided in an ASC or hospital. As such, Florida is required to ensure that dental managed care plans are in compliance with network adequacy and continuity of care regulations.”⁶

This notice resulted in cancellation of dental OR cases in a number of ASCs.

Advocates alerted AHCA to these negative impacts via e-mail, noting that:

“we are seeing a troubling pattern as our GA cases, which have historically been approved without issue by the medical insurance, are now being heavily denied by the dental insurance. This has led to last-minute cancellations of critical treatment for children in need, as well as a significant administrative burden on providers, who are forced to resubmit cases, complete additional paperwork, and attend numerous meetings and phone calls advocating for their patients. These cancellations are happening not only in private practice but across the board in residency programs as well.”

“Additionally . . . dental insurance companies are attempting to dictate treatment decisions, promoting unrealistic and, at times, more dangerous alternatives that prioritize cost savings over patient safety. They are suggesting that children who have been prescribed general anesthesia by a board-certified pediatric dentist first undergo unnecessary trials of insurance-mandated, “cost-saving” treatment-attempts to justify the need for anesthesia. This approach would result in additional missed school days for the child, lost workdays for their parents, and prolonged delays in receiving necessary treatment.”

“One surgery center that has historically treated Medicaid patients has decided to stop working with one of the insurance companies, citing uncertainty about reimbursement.”

“Another practice is charging Medicaid patients a cash fee for anesthesia and working with an out-of-network anesthesiologist to continue providing necessary care.”

“Ultimately, it is our state’s most vulnerable children who are caught in the middle and it is clear that the system, at present, is broken.”

Advocates continued discussions with AHCA, bolstered by complaints submitted by pediatric dentists and queries from state legislators. Fortunately, after meeting with the AHCA Secretary, the tide turned toward putting the system back to the way it was before.

FLORIDA AHCA’S POLICY REVERSAL

On Aug. 29, 2025, the AHCA announced a reversal in policy related to Statewide Medicaid Managed Care and Non-Emergency Dental Services in Ambulatory Surgical Center and Outpatient Hospital Settings:

“Effective **Oct. 1, 2025**, payment responsibility for non-emergency dental outpatient anesthesiology and sedation services (those performed in a hospital or ASC) will move from Florida Medicaid’s dental plans to Medicaid health plans. This change is part of the Agency’s ongoing efforts to reduce administrative complexity and simplify billing for providers. The dental plans will continue to be responsible for the coverage of anesthesiology and sedation services (DDS, DMD, MD, DO, APRN, and CRNA) when provided in conjunction with dental services in an office setting when medically necessary.

Health and dental plans are required to ensure continuity of care (COC) during the transition period for Medicaid recipients enrolled in the SMMC program. **For at least sixty (60) days following the transition**, medical managed care plans must honor any appointments and procedures scheduled prior to Oct. 1, 2025, and reimburse non-participating providers at the rate they received prior to the transition date unless the provider agrees to an alternative rate.”⁷

This is a big win for children’s oral health in Florida! There are already early reports of local hospitals being amenable to increasing OR time for residency programs and pediatric dentists.

Special thanks to Florida pediatric dentists Drs. Michelle Thomas, Irwine Sainvil (Florida PPA), and Doug Keck, Florida Dental Association Chief Legal Officer Casey Stoutamire, and attorney Diane Millman of Powers for their advocacy work and review of this article for accuracy. The AAPD greatly appreciated the opportunity to work with the FAPD and FDA on this critical issue.

1. See this AAPD website page and the G0330 Toolkit:
<https://www.aapd.org/advocacy/legislative-and-regulatory-issues/latest-advocacy-news/resources/>
<https://www.aapd.org/globalassets/2025-final-version-aapd-aaoms-oracesstoolkit.pdf>
2. https://ahca.myflorida.com/content/download/8782/file/Notice_of_change_to_EAPG_rates_effective_April_1_2018.pdf
3. <https://ahca.myflorida.com/content/download/25078/file/1115%20MMA%20Amendment%202024%20Final%209%2016%202024.pdf>
4. <https://ahca.myflorida.com/medicaid/hipaa-edl/national-required-transactions>
5. <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/fl-mma-amend-appvl-01312025.pdf>
6. <https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/2025-2030-smmc-plans/model-dental-plan-contract/prior-model-dental-contracts>
7. https://ahca.myflorida.com/content/download/27141/file/Updated%20SMMC%203.0_ASC%20Program%20Highlight.pdf

More information about the SMMC Program can be found on the Agency’s website at ahca.myflorida.com/medicaid/statewide-medicaid-managed-care.

FTC NON-COMPETE BAN: OFF THE TABLE... FOR NOW

The Future Continues to Evolve

Cheryl A. Cameron, Cheryl H. DeVore, C. Scott Litch



Previously in the May 2024 issue of *PDT*¹ this column presented a detailed analysis of increasing restrictions on non-compete agreements under state law, and referenced a recent rule from the Federal Trade Commission (FTC) seeking to ban such agreements.

This issue's column presents an update on recent developments in this area related to the FTC and other recent federal and state activity.

FTC PROPOSED BAN AND SUCCESSFUL LEGAL CHALLENGES

The proposed FTC rule from 2024² would have:

- Forbade employers from entering into new non-compete agreements with any workers (including contractors);

- Required all employers to inform any current and past workers that their non-compete agreements are unenforceable (other than senior executives); and
- Displaced conflicting state laws.

The proposed rule was challenged in federal district courts in Texas and Florida. In both cases, the courts held that the FTC exceeded its authority under section 6 (g) of the FTC's authorizing statute³ and acted in an arbitrary and capricious manner under the Administrative Procedures Act.⁴ Therefore, the courts enjoined enforcement of the rule.⁵ The Texas lawsuit was filed by a tax-services firm, and the Florida case was filed by a real estate company.

U.S. District Court Judge Ada E. Brown⁶ concluded in the Texas case:

“The Commission’s lack of evidence as to why they chose to impose such a sweeping prohibition—that prohibits entering or enforcing virtually all non-competes—instead of targeting specific, harmful non-competes, renders the Rule arbitrary and capricious.”⁷

Appeals of these decisions were filed by the FTC in the Fifth Circuit and Eleventh Circuit, seeking an endorsement of the rule’s validity by the appellate courts. Facing an uncertain outcome, “[o]n March 7, 2025, the FTC asked the circuit courts to stay both appeals for 120 days to allow the FTC time to ‘reconsider its defense of the challenged rule.’ The FTC cited public comments by new FTC Chairman Andrew Ferguson. Prior to his appointment as chairman, then-member Ferguson released a dissenting statement against the rule, arguing that the FTC lacked rulemaking authority under Section 6 (g) to broadly regulate all private employment contracts in the United States.”⁸ The requests for stays were granted, ultimately giving the FTC until September to decide its next steps.

On Sept. 5, 2025, the commission announced, based on a 3-1 vote, the decision to **dismiss the appeals and accede to vacatur of the rule.**⁹ Chairman Ferguson, joined by Commissioner Melissa Holyoak issued a statement strongly articulating their view that the FTC lacks rulemaking authority over competition-related matters and that “[t]he Rule’s illegality was patently obvious” and that they “will continue to enforce the antitrust laws aggressively against noncompete agreements. But ... leave the legislating to the people’s representatives in Congress and in the States.”¹⁰

ONGOING FTC ENFORCEMENT PRIORITIES

While the FTC’s rule to ban non-competes is dead, the FTC continues to pursue non-competes and similar labor market restrictive covenants through alternative strategies. **Restrictive covenants remain an enforcement priority.**

These efforts include the February 2025 creation of a Joint Labor Task Force by Chairman Ferguson to coordinate enforcement strategies against anticompetitive labor-market practices such as non-compete, no-poach, non-solicitation and no-hire agreements.¹¹ The accompanying memorandum stated in part:

“Some notable examples of conduct that falls under the FTC’s jurisdiction include:

- **No-poach, non-solicitation, or no-hire agreements**, where employers agree to refrain from hiring each other’s employees. Courts have found these agreements can be so pernicious as to be a per se violation of the competition laws...
- **Noncompete agreements**, which employers can use to impose unnecessary, onerous, and often lengthy restrictions on former employees’ ability to take new jobs in the same industry after they leave their employment.”¹²

On Sept. 4, 2025, the FTC launched a public inquiry aimed at better understanding the scope, prevalence, and impact of employer non-compete agreements in the U.S. labor market. The FTC’s request for information highlighted the agency’s focus on anticompetitive non-compete practices and its commitment to explore potential enforcement actions to address what it considers to be unfair restrictions on worker mobility.¹³

The agency stated the following in its Request for Information Regarding Employer Noncompete Agreements:

“Given the private nature of employment contracts and employees’ reasonable confidentiality concerns, the Commission’s law enforcement and advocacy efforts would benefit from information on the scope of use of these agreements, particularly their recent use. Accordingly, Commission staff seeks to understand which specific employers continue to impose noncompete agreements. Commission staff encourages members of the public, including current and former employees restricted by noncompete agreements, employers facing hiring difficulties due to a rival’s noncompete agreements, and market participants in the healthcare sector in particular, to share information about the use of noncompete agreements.”¹⁴

Comments were open until Nov. 3, 2025. Review by the FTC of the public comments may lead to policy guidance or enforcement actions targeting non-compete restrictions.

RECENT FTC ENFORCEMENT ACTIONS

On Sept. 4, 2025, the FTC announced an enforcement action against Gateway Services Inc. (Gateway), the nation’s largest pet cremation business. According to the FTC’s complaint, Gateway is alleged to have imposed non-competes on nearly all employees—ranging from executives to hourly workers—restricting them from working in the industry nationwide for one-year post-employment.¹⁵

The FTC charged Gateway with violating Section 5 of the FTC Act and committing unfair methods of competition with its 2019 adoption of a policy requiring all newly hired employees (except in California) to sign one-year, post-employment

non-compete agreements regardless of their position or responsibilities. In 2025, all of Gateway’s nearly 1,800 employees are subject to non-compete agreements.¹⁶

Under a proposed FTC consent order, Gateway would be required to abandon its policy requiring non-compete agreements, cease enforcing or threatening to enforce existing non-compete agreements, and permit solicitation of current and prospective customers with whom an employee had direct contact or personally provided services in the last year of employment with Gateway.¹⁷

The FTC has made clear through its September public inquiry and recent enforcement action against Gateway that restrictive covenants remain a top enforcement priority.

FTC HEALTHCARE INDUSTRY ACTIVITY

The FTC is also focused on non-compete agreements in health care. On Sept. 10, 2025, the FTC issued warning letters to several large healthcare employers and staffing companies.¹⁸ In the warning letters, the FTC suggested that the recipient healthcare employers and staffing companies undertake a review of their non-compete and other restrictive covenant agreements and policies and discontinue any policies that are unfair or anticompetitive under the FTC Act:

“Available information suggests that many healthcare employers and staffing companies include noncompete agreements (“noncompetes”) in employment contracts that may unreasonably limit employment options for vital roles like nurses, physicians, and other medical professionals. Noncompetes may have particularly harmful effects in healthcare markets where they can restrict patients’ choices of who provides their medical care—including, critically, in rural areas where medical services are already stretched thin.” ...

“While narrowly tailored noncompetes can serve valid purposes in certain circumstances, available evidence indicates that in practice many employers impose noncompetes without due consideration to whether they are necessary and appropriate under the circumstances, including whether less restrictive alternative contract terms may sufficiently achieve the same procompetitive purposes. For example, noncompetes may be overbroad in duration or geographic scope. Or they may be inappropriate for certain roles entirely.”

“The FTC is focusing resources on enforcing Section 5 of the FTC Act against unlawful non-competes, particularly in the healthcare sector. Accordingly, I encourage you to conduct a comprehensive review of your employment agreements—including any noncompetes or other restrictive covenants—to ensure that they comply with applicable laws and are appropriately tailored to the circumstances. If your company is currently using noncompetes that are unfair or anticompetitive under the FTC Act, I strongly encourage you to discontinue them immediately and to notify relevant employees of the discontinuance.”¹⁹

OTHER FEDERAL AND STATE ACTION

In addition to the above FTC activities, other federal initiatives continue to address anti-competitive barriers such as non-competes. On April 9, 2025, Executive Order 14267 was issued with the goal of “eliminating anti-competitive regulations to revitalize the American economy.”²⁰ The Freedom to Compete Act of 2025, reintroduced in the U.S. House of Representatives on Aug. 1, 2025, would codify Executive Order 14267.²¹ On June 11, 2025, the Work Force Mobility Act was reintroduced in the U.S. Senate and would generally prohibit the

execution or enforcement of noncompete agreements and grant the FTC and Department of Labor enforcement powers.²² Federal executive orders and legislative activity in this area is not new, and the outcome of these initiatives is uncertain.

State actions to regulate non-competes also continue to be active. As reported by the Economic Innovation Group in their bill tracker, as of September 2025, 36 states have had legislative action on bills related to non-compete agreements in 2025.²³ Of note, two states have enacted legislation that directly impacts dentistry.

In Texas, effective Sept. 1, 2025, “a covenant not to compete relating to the practice of dentistry ... is not enforceable ... unless the covenant:

- (1) provides for a buyout of the covenant ... in an amount that is not greater than the practitioner’s total annual salary and wages at the time of the termination of the practitioner’s contract or employment;
- (2) expires not later than the one-year anniversary of the date the contract or employment has been terminated;
- (3) limits the geographical area subject to the covenant to no more than a five-mile radius from the location at which the ... practitioner primarily practices before the contract or employment terminated; and
- (4) has terms and conditions that are clearly and conspicuously stated in writing.”²⁴

These provisions apply to covenants not to compete entered into or renewed after Sept. 1, 2025.²⁵

In Colorado, the law governing non-compete agreements was amended to prohibit non-compete agreements that restrict the right of a dentist practicing in Colorado to receive compensation for

performance of labor, effective Aug. 6, 2025.²⁶ The amendment provides that a covenant restricts the practice of dentistry if it “prohibits or materially restricts” a dentist from disclosing to a patient they have treated information regarding their continued practice of dentistry, new professional contact information, or the patient’s right to choose their dentist.²⁷

State legislative initiatives are likely to remain active and it will be important to monitor their applicability to the practice of dentistry.

STEPS FOR EMPLOYER DENTISTS TO TAKE

Employers should anticipate increased case-by-case challenges and continued federal and state legislative activity, and should therefore consult with legal counsel for appropriate risk management. Strategies delineated in the May 2024 *PDT* column – Non-Compete Restrictions – End of an Era for Employers? – remain relevant today.

Continue to audit and “review current noncompete, nonsolicitation and other restrictive covenant agreements and policies with counsel to ensure that they comply with existing applicable state laws and to assess scope, necessity, enforceability, and the roles to which they apply.”²⁸ Consider what is most important in protecting your pediatric dental practice and implement balanced and narrowly tailored strategies that are reasonable for you as the employer, your patients, and your employees. It is important to avoid indiscriminate use and enforcement of non-compete agreements that do not protect core interests of your pediatric dental practice. Focus on strategies that have a legitimate business justification, such as protection against solicitation of existing patients, and document the business rationale.

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Cheryl H. DeVore, MS, JD is the senior partner at Thomas Law Group, and Faculty Emeritus of The Ohio State University’s College of Dentistry (where she retired as the Associate Dean of Academic Affairs).

C. Scott Litch, MA, JD, is the AAPD’s Chief Operating Officer and General Counsel and regular author or co-author of this *PDT* column. For further information contact Mr. Litch at (773) 938-4759 or slitch@aapd.org.

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

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2025 AAPD PAC Highlights: Building Momentum Together

The AAPD PAC is pleased to announce that \$25,000 has been contributed so far in 2025 at the Founders Club level (\$5,000). Each contribution represents a steadfast commitment to ensuring that children’s oral health remains a national priority—and that the voice of pediatric dentistry continues to be heard on Capitol Hill.

We extend our sincere gratitude to the following members for their generous leadership and support for contributing at the \$5,000 Founders Club Level:

- Dr. John L. Gibbons, AAPD PAC Chair
- Dr. Hakan O. Koymen, AAPD Northeastern District Trustee
- Dr. Jacob K. Lee, AAPD Vice President
- Dr. Ann M. Bynum, AAPD Southeastern District Trustee
- Dr. Donald C. Schmitt, AAPD Western District Trustee

These early leaders set the tone for another impactful year of advocacy, but there’s still time to join them. Contributions made through Dec. 31, 2025, will count toward this year’s PAC recognition levels — and will be celebrated at the PAC Booth during AAPD 2026 in Las Vegas.

To contribute to the PAC, please visit <https://www.aapd.org/advocacy/aapd-pac/pac-contributions>.

MAKE YOUR IMPACT IN 2026

Whether you give \$5,000 or \$50, every contribution fuels AAPD’s mission to advance children’s oral health care. Contributors are recognized across the following giving levels:

Recognition Level	Contribution Range
Founders Club	\$5,000
Liberty	\$2,500
Patriot	\$1,000
Cabinet	\$500 - \$999
Congress	\$250 - \$499
Ambassador	\$100 - \$249
General Contributor	Less than \$100
Junior Ambassador (Students)	\$50



Thanks again to all of the Patriot Level (\$1,000 or above) PAC contributors in 2024. Results for 2025 will be announced in the next issue of *PDT*.

Continuing Education

CONTINUING EDUCATION

To register, visit
www.aapd.org/events

Get the Early Bird Rate for the AAPD Qualifying Exam Prep Course

Feb. 13-15, 2026 | Orlando, FL | 20.5 CE Credits

Join AAPD in Orlando for a 3-day course designed to help you prepare for the ABPD Qualifying Examination. Presented by leading educators and clinicians in pediatric dentistry, this program offers a comprehensive review of the key topics covered on the exam.

At the end of the course, participants will:

- Have a good understanding of high-yield reference materials and readings that aid in preparation for the ABPD Qualifying Exam.
- Apply scientific and biological principles supporting the practice of pediatric dentistry.
- Understand basic and advanced behavior guidance techniques.
- Identify key aspects of pediatric growth and development.
- Recognize evidence-based non-restorative and restorative techniques.
- Appreciate aspects of pulp therapy and trauma that impact care for pediatric patients.
- Better understand important aspects of oral pathology, oral radiology, and oral medicine that impact care of patients with special health-care needs.

Register by Jan. 13, 2026, and save! To register, visit <https://www.aapd.org/education/meetings-calendar-aapd/qualifying-exam-prep-course/>.

DON'T MISS THIS OPPORTUNITY TO PREPARE WITH CONFIDENCE FOR YOUR BOARD EXAMINATION!

ADA CERP® | Continuing Education Recognition Program

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

AAPD / AAPD Foundation Announces the 2026 Master Clinician Scholarship Program



ELEVATING EXCELLENCE IN PEDIATRIC DENTISTRY EDUCATION

The AAPD and AAPD Foundation are proud to announce the 2026 Master Clinician Scholarship Program, upholding our commitment to advancing education and educators in pediatric dentistry. Consistently praised by past participants, the program is renowned for delivering significant and lasting benefits to their teaching and academic leadership.

Selected scholarship recipients either attend the Academy for Advancing Leadership's Institute for Teaching and Learning (ITL) or the Chairs and Academic Administrators Management Program (CAAMP). The scholarship covers tuition only.

For more information on the difference between the two programs, please visit: <https://aalgroup.org/>.

ITL Focus: Educator proficiency, pedagogical theory, best practice applications for clinical and didactic education, IPE, faculty development, and trends in education

CAAMP Focus: Best practices for leadership and management, professional development, team dynamics, and strategic planning topics

Scholarship recipients also receive complimentary registration to the AAPD Comprehensive Review of Pediatric Dentistry continuing education course.

Scholarship applications are available under Awards and Fellowships/Leadership in Education and Administration Program (LEAP) on the AAPD website. <https://www.aapd.org/resources/member/awards-and-fellowships/>.

APPLICATIONS MUST BE RECEIVED BY FEB. 4, 2026.

Please contact Senior Manager, Education Development and Academic Support, Leola Royston at (773) 938-4986 or e-mail Lroyston@aapd.org for further information.



In preparation for the American Board of Pediatric Dentistry Oral Clinical Examination, AAPD Mock Interviews Program was held from Aug. 22-23, 2025, during the AAPD Comprehensive Review Course. There were 79 interviewees and 15 volunteer examiners. Thank you to all the examiners for volunteering to support our early career pediatric dentistry members.

AAPD Research Poster Session and Resident Research Award - Abstract Submission Window Open

The abstract submission window for the 2026 AAPD Research Poster Session and Resident Research Award (previously GSRA) opened on Nov 1, 2025, and closes Jan. 14, 2026, 11:59 p.m. EST.

Who can submit an abstract to present a poster?

- AAPD Members
- Pediatric Dental Residents
- Pre-doctoral Dental Students
- Other (e.g. faculty, residents from other specialties, etc.)

Submit Your Abstract (via the Poster Session and RRA tile): <https://www.aapd.org/education/aapd-2026/>.

Who is eligible to compete for awards?

Research Poster Competition

- Only Pediatric Dental Residents who are active members in good standing of AAPD.

Resident Research Award (RRA)

- Current pediatric dentistry residents or graduates of a pediatric dentistry residency training program, having received their certificate or degree within twelve (12) months prior to the RRA application deadline and an active member in good standing of AAPD.



LITTLE TEETH
BIG SMILES

Little Teeth, Big Smiles is sponsored by HuFriedy Group



NEWLY
ERUPTED

Newly Erupted is sponsored by Elevate Oral Care



Listen on [aapd.org](https://www.aapd.org), Spotify, iTunes, Stitcher, Google Podcasts

AAPD's two podcasts, Little Teeth, Big Smiles and Newly Erupted, continue to be extremely popular. Be sure to tune in to the episodes that are released monthly.



Bridging the Gap: A National Report on Infant Oral Health in Dental Education



A new study from the AAPD Council on Pre-Doctoral Education reveals critical insights into how infant oral health (IOH) is taught in U.S. dental schools.

The AAPD Council on Pre-Doctoral education recently completed a study about the current state of infant oral health (IOH) instruction within pre-doctoral curricula.

For more than two decades, professional organizations have recommended children establish a dental home by their first birthday. The Council surveyed dental schools about the current state of didactic and clinical clock hours dedicated to IOH, including any assessments related to IOH topics.

The majority of clinical IOH experiences occur at the dental school clinics (82%) or community-based rotations (59%). All respondents teach dental students to recommend that children have their first dental visit by their first birthday. However, only 81% teach dental students to recommend the use of fluoridated toothpaste starting with the eruption of the first tooth or by the child's first birthday. The Council used the results to develop targeted strategies where schools could improve IOH instruction or increase dental student experiences to provide infant oral health care.

More work is needed at the pre-doctoral training level to improve the rates of infants and toddlers that have their first dental visit by their first birthday, and this study can help programs identify ways to implement curricular change.

The report is available here in the Journal of Dental Education: <https://onlinelibrary.wiley.com/doi/10.1002/jdd.70002>.



AAPD 2026

Las Vegas, Nevada

May 21-24, 2026

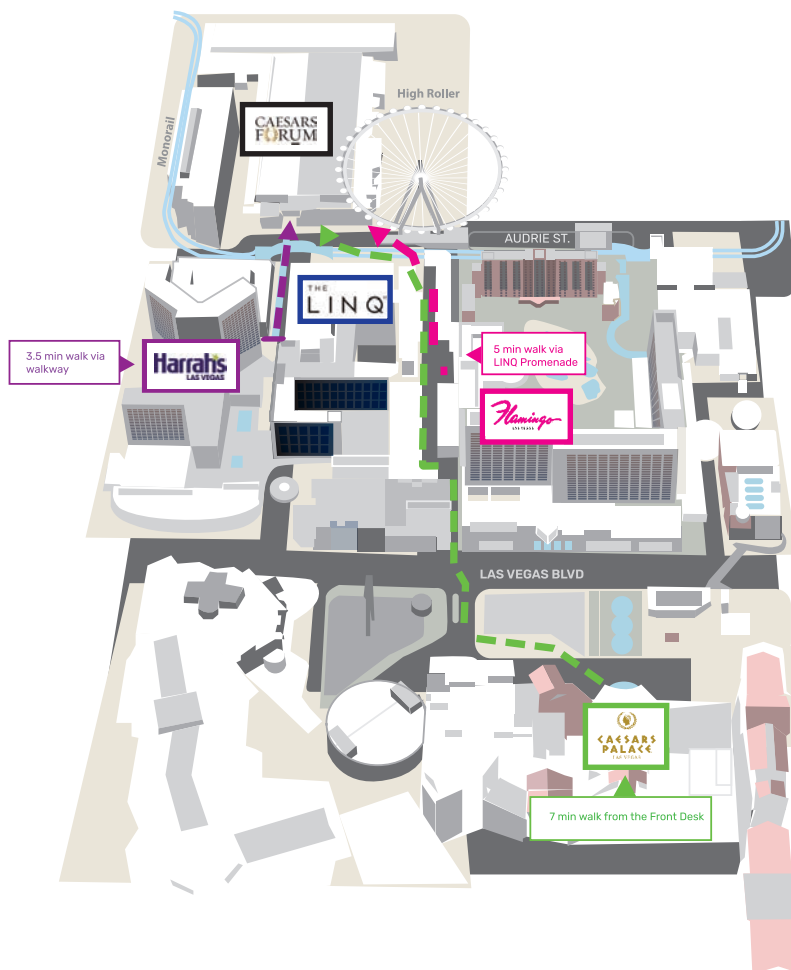
The AAPD invites you to join us in Las Vegas for a weekend of spectacular education and fun!



MEETING LOCATION

The meeting will take place at the Caesars Forum Convention Center. Located at 3911 S. Koval Lane, Las Vegas, Nev. 89109.

The Caesars Forum Convention Center is a separate, standalone venue located behind the LINQ Hotel + Experience and adjacent to Harrah's and the LINQ Promenade. It is not connected to Caesars Palace Hotel or the Forum Shops at Caesars Palace. Caesars Palace is located across Las Vegas Blvd from Harrah's and the LINQ Hotel + Experience.





REGISTRATION INFORMATION

Registration opened in early December 2025. Complete meeting and hotel details are posted on the AAPD 2026 microsite <https://www.aapd.org/education/aapd-2026/>.

Please review the following information to avoid delays in the processing of your registration or housing request.

WHO NEEDS TO REGISTER

Anyone (member or non-member dentist, dental office team or dental student/resident) who wants to attend any portion of the Scientific Program must register. All attendee registration categories for AAPD 2026 include all education sessions (except those specified), complimentary beverages in the Exhibit Hall and scientific proceedings. The guest registration is additional and must accompany that of an attendee; children are complimentary to the meeting but tickets must be purchased for social events. Guests do NOT earn any continuing education credit; if seeking CE credits, guests must register as a dentist or office staff, as applicable.

Tickets to the Welcome Reception, Early Career Dentist Happy Hour, and President's Farewell Dinner are an additional fee and must be purchased separately to accompany each registration.

Tickets to all social events must be purchased during registration; onsite tickets for these functions may be limited and are subject to availability.

The cut-off for the discounted advance fee is Wednesday, April 1, 2026.

Note: To receive the member registration rate for the 2026 Annual Session, your 2025-2026 membership dues must be paid in full. Your membership must remain in good standing. If your membership lapses prior to AAPD 2026, please email membership@aapd.org. If membership is not renewed your registration may be cancelled or additional non-member registration fees assessed.

Students/Residents

Registration is complimentary if Students/Residents register on or before April 1, 2026.

Students/Residents registering after April 1, 2026, or onsite are charged \$185 in registration fees; no exceptions will be made.

Students/Residents must purchase a ticket to the Welcome Reception, Early Career Dentist Happy Hour, and President's Farewell Dinner to attend those events.

Registration and poster submission are separate. **Submitting a poster does NOT register you for AAPD 2026.**

Guest Registration

Following feedback regarding our Guest Registration process, AAPD has created two separate Guest Registration options for AAPD 2026.

GUEST REGISTRATION – ALL ACCESS

- This registration allows the guest to receive a conference badge and attend the conference and social events. Access will be granted for the Opening Ceremony and Keynote Tribute, entrance to the Exhibit Hall, and ability to view the Scientific Program Sessions. Guest registrations are not eligible to receive CE credit. If the guest would like to receive CE credit they should register as a dentist or office staff, as applicable.

GUEST REGISTRATION – SOCIAL EVENT ONLY

- This registration allows attendees to register and purchase a ticket for Social Events. Guest – Social Event Only registrants will NOT receive a conference badge and will NOT have access to the Caesars Forum to visit the Exhibit Hall, attend the Opening Ceremony Keynote Tribute, or any of the other sessions or daytime functions at the convention center. This registration allows the guest to purchase tickets for and attend social events only.

UPDATED CHILD REGISTRATION

- Register a child guest to purchase tickets for them to attend social events. Child registrations do not include entry to Scientific Sessions. A wristband for Exhibit Hall access can be requested at the Customer Service desk at Registration. The child must be present to receive the wristband. No badge will be issued for this registration on-site. Children must be accompanied by a badge-wearing adult at all times while on-site.

REGISTRATION METHODS

Registrations are processed on a first-come, first-served basis. Registration must be done online or over the phone.

Online: <https://www.aapd.org/education/aapd-2026/>

Phone: (877) 779-8010 **Please leave a message and a representative will call you back.*

Email: aapd@eventpowersupport.com

Credit card only, no checks or cash accepted. Allow five days for processing and receipt of registration confirmation.

REGISTRATION INSTRUCTIONS

Most educational sessions do not require tickets. Seating is on a first-come, first-served basis. The Preconference Course, Evidence-Based Dentistry Workshop, PALS, BLS, and PEARS activities and social events require additional fees and must be purchased online when you register to secure you spot; applicable tickets will be included in your meeting materials.

Registration must be completed on or before April 1, 2026, to qualify for the discounted fees. Registrations submitted after April 1, 2026, will be automatically charged the higher registration fees.

REGISTRATION RATES

Category	Early Pricing – By April 1	Regular Pricing – After April 1
Member	\$950	\$1,150
Member Year 1 & 2	\$480	\$580
Life/Retired Member	\$360	\$580
Student Member	Complimentary	\$185
Non-Member Dentist	\$1,650	\$1,850
International Non-Member Dentist	\$1,050	\$1,250
Office Team	\$290	\$550
Guest – All Access	\$290	\$550
Guest – Social Events Only	\$55	\$55
Child (20 Yrs. & Younger)	Complimentary	Complimentary



CANCELLATION AND REFUND POLICY

All cancellations postmarked on or before May 1, 2026, will be refunded less a \$185 processing fee (\$75 for office staff and students).

All cancellation requests must be made in writing to AAPD Registration Services for processing on or before May 1, 2026.

No refunds will be given after May 1, 2026. After this date, any extenuating circumstances must be submitted in writing to registration@aapd.org. Approved refunds are processed after the Annual Session.

Refunds are not granted for no-shows.

The meeting sponsors are not responsible for travel expenses or penalties under any circumstances. AAPD reserves the right to cancel this meeting at its sole discretion. In the event of cancellation, notice will be provided to all current registrants.

NAME SUBSTITUTION POLICY

Replacement of a registered AAPD 2026 attendee by a business colleague/co-worker will be accepted. A \$50 USD processing fee will apply to all substitutions if notified in writing by 4 p.m. EST Friday, May 8, 2026. After 4:00 p.m. EST on Friday, May 8, 2026, substitutions will not be accepted, and all substitution requests will be treated as full cancellations of the original registrant and subject to the cancellation policy.

REGISTRATION CONFIRMATION

Every effort is made to provide all advance registrants with a confirmation of their registration. This notice will verify whether we received your registration prior to the deadline, and if the tickets requested will be issued.

NAME BADGES

Name badges must be worn at all times by all registered attendees and guests, in order to gain access to any portion of the Scientific Program, access to the Exhibit Hall, hospitality areas and all social events.

Those registering as Guest – Social Event Only will not receive a conference badge or be able to access any portion of the Scientific Program, Opening Ceremony and Keynote Tribute, or Exhibit Hall.

QUESTIONS

If you have any questions regarding registration, contact the AAPD Registration customer service at (877) 779-8010. Please leave a message with the service and a representative will return your call. You can also email aapd@eventpowersupport.com.

HOUSING INFORMATION

Attendees must be registered for AAPD 2026 in order to make hotel reservations within the AAPD hotel block.

Hotel reservations will not be accepted with the hotel directly and must be made through AAPD's Official Housing Service Center during registration. Hotels subject to availability. Please visit <https://www.aapd.org/education/aapd-2026/registration--housing/> for housing reservation deadlines, current hotel listings and cancellation information.

HARRAH'S LAS VEGAS* - HEADQUARTERS HOTEL

FLAMINGO LAS VEGAS

THE LINQ HOTEL + EXPERIENCE*

PLANET HOLLYWOOD LAS VEGAS

CAESARS PALACE

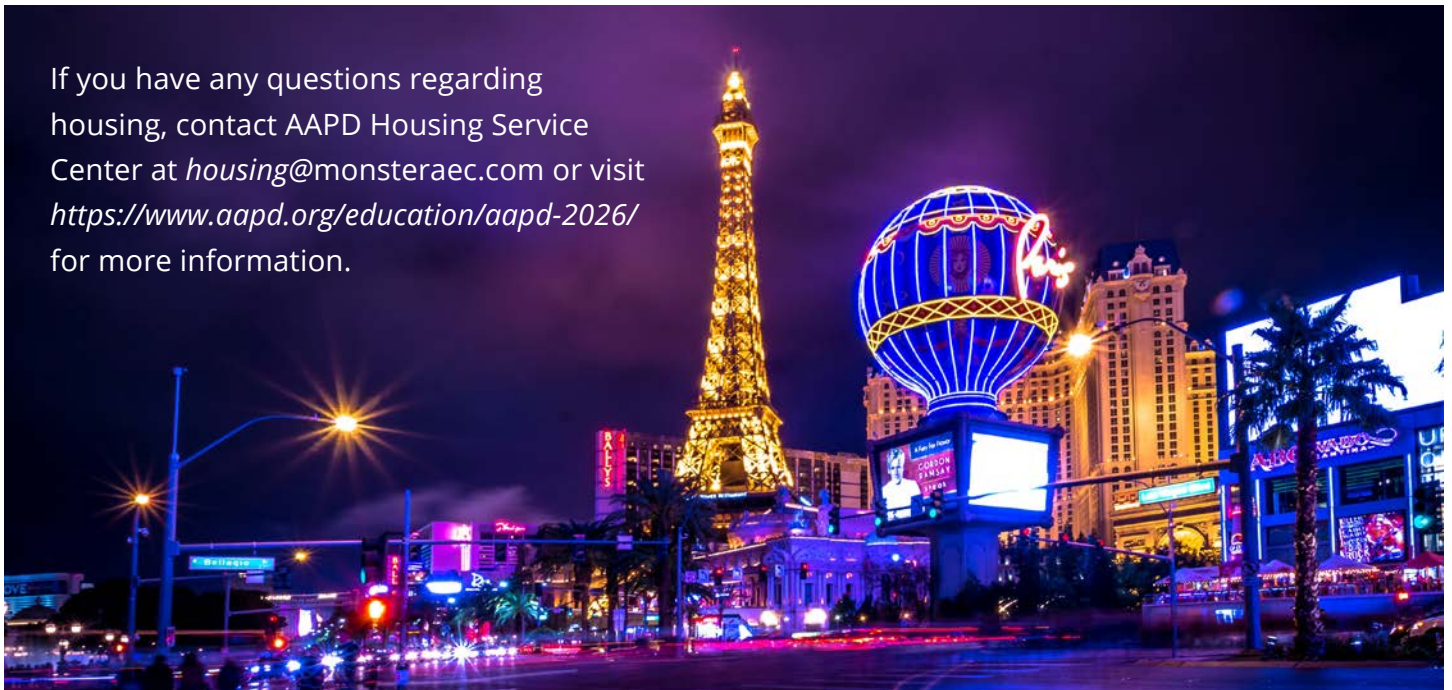
HORSESHOE LAS VEGAS

PARIS LAS VEGAS

Additional fees may apply for additional occupants. Applicable local taxes, resort fees and reservation fees will apply.

**These hotels are connected by skybridge to the Caesars Forum Convention Center.*

If you have any questions regarding housing, contact AAPD Housing Service Center at housing@monsteraec.com or visit <https://www.aapd.org/education/aapd-2026/> for more information.



SCHEDULE AT A GLANCE

WEDNESDAY, MAY 20

Joint Academic Day

THURSDAY, MAY 21

Preconference Course: Esthetic Restorative Frontiers in Pediatric Dentistry

Early Career Dentist Happy Hour at Beer Park

FRIDAY, MAY 22

Opening Ceremony and Keynote Tribute : A Celebration of John S. Rutkauskas's Legacy of Leadership

Scientific Program

- Growing Faces, Growing Airways: The Pediatric Dentist's Guide to Sleep and Development
- Path to Prevention: Sharpening Clinical Skills for the Dental Team Member
- Tiny Teeth, Big Drama – A Case Based Review of Pediatric Oral Pathology
- Craniofacial Airway Interactions: Understanding Oral Ties, Adenotonsillar Enlargement and Sleep-Disordered Breathing
- The Heart of Dentistry
- MiniClinics I
- Clinical Precision Sound Bites
- Practice Pulse Sound Bites

Exhibit Hall & Poster Research Competition

Industry Insight Presentations

Second Sitzings

Welcome Reception at Caesars Forum Plaza

SATURDAY, MAY 23

Scientific Program

- Sedation Success in Pediatric Dentistry: Monitoring, Medications, and In-Office Anesthesia – Real World Insights

- What's New – Scientific Updates on Pulp Therapy and Dental Materials
- Oral Health for Medically Complex Children and Children with Disabilities
- Integrating Orthodontics into Your Pediatric Practice with Clear Aligners
- Tackling Tough Talks
- Team Talk with Drs. Ann & Bobby
- Doc Talk with Drs. Ann & Bobby
- Early Career Dentist Course: Practice Management Essentials for the Early Career Pediatric Dentist
- MiniClinics II
- Clinical Precision Sound Bites
- Practice Pulse Sound Bites
- International Oral Presentations

Exhibit Hall & Poster Research Competition

Industry Insight Presentations

Resident Research Award (RRA) Presentations

Second Sitzings

AAPD Foundation Donor Appreciation Reception

By Invitation

SUNDAY, MAY 24

General Assembly & Research Awards Presentation

Scientific Program

- Essential Radiology for Pediatric Patients: Everything You Want to Know, But Were Afraid to Ask
- String of Pearls
- Clinical Precision Sound Bites
- Practice Pulse Sound Bites

Exhibit Hall

President's Farewell Dinner at KMA Event Center

SOCIAL EVENTS

THURSDAY, MAY 21

6:30 – 8:30 PM

Early Career Dentist Happy Hour*

Beer Park Las Vegas

Sponsored by Treloar & Heisel and Medical Protective



Raise a glass to new connections, easygoing fun, and unbeatable views at the Early Career Dentist Happy Hour, hosted at Beer Park — the open-air rooftop overlooking the heart of the Las Vegas Strip. With sweeping skyline vistas, refreshing drinks, and a relaxed outdoor atmosphere, it's the ideal place to unwind after a full day.

Enjoy classic backyard-style games, comfortable rooftop seating, upbeat music, and plenty of chances to spark new conversations. Whether teaming up for a little friendly competition or soaking in the dazzling city views, you'll find the perfect blend of networking and play.

Casual, social, and full of Vegas personality, this happy hour sets the tone for meaningful connections and kicks off AAPD 2026 in style.



Register Now
at
www.aapd.org!



FRIDAY, MAY 22

7 – 11 PM

Bright Lights, Big Smiles – AAPD and AAPD Foundation Welcome Reception*

Caesars Forum Plaza



Get ready for the iconic Vegas Welcome you won't want to miss! Hosted at Caesars Forum, this indoor-outdoor event experience will transport you into your very own Las Vegas playground. This year's theme, Bright Lights, Big Smiles, sets the tone for an evening bursting with color, energy, and pure Vegas glow.

As you step into the event, the true Vegas experience comes to life. Cirque-inspired entertainers move throughout the space, creating unexpected moments that leave you wanting more. Glowing photo vignettes offer the perfect places to capture

the night, while food and beverage stations showcase bold flavors and creative presentations. In true Vegas fashion, the evening doesn't stop there. Be sure to catch a surprise musical act that caps off the evening with an unforgettable close. This entire experience has been crafted especially for you, delivering a one-of-a-kind welcome you won't find anywhere else.

This is your moment to dive into the magic, connect with your peers, and kick off the week with an energy only Vegas can deliver. These bright lights are sure to leave you with the biggest smiles.

SUNDAY, MAY 24

6:30 – 11 PM

President's Farewell Dinner*

KMA Event Center

This event is open to everyone and designed to be an inclusive and unforgettable celebration. Step into an enchanted evening at the architecturally iconic Keep Memory Alive Event Center — a venue that truly feels like walking into a living work of art. Designed by world-renowned architect Frank Gehry, this extraordinary structure blends sweeping curves, sculptural lines, and dramatic lighting to create a farewell celebration that's both sophisticated and visually breathtaking.

Begin the night with a stylish cocktail reception in the outdoor garden, surrounded by other

Gehry-designed art pieces that set a tone of creativity and inspiration. Then transition into the soaring main hall, where you'll marvel at the venue's signature architecture — a stunning backdrop for an elevated dining experience.

As the celebration unfolds, enjoy lively entertainment and a delicious meal as we honor the president in a setting that shines as brightly as the achievements being recognized. Elegant, artistic, and full of energy, this farewell is the kind of evening that stays with you long after the final toast.

***TICKETED EVENTS**

Welcome Reception, Early Career Dentist Happy Hour and President's Farewell Dinner are ticketed events. Tickets must be purchased in advance when registering to attend AAPD 2026.

Research & Policy

RESEARCH AND POLICY CENTER

Stay informed on the latest research and policy developments in children's oral health.

PROTECTING PEDIATRIC SEDATION SAFETY AAPD MEMBERS SPEAK OUT

The American Dental Association (ADA) House of Delegates (HOD) held its annual meeting Oct. 25-28, 2025, in Washington D.C. Over 450 ADA delegates – selected by state dental associations and organized into 17 districts – convened to consider resolutions that impact ADA policy in the areas of organizational management and finance, dental insurance reforms, dental education, early career dentist needs, fluoride, and more.

This year, there were a series of resolutions submitted by the ADA Council on Dental Education and Licensure (CDEL) pertaining to the ADA's documents on sedation and general anesthesia, including teaching guidelines and "use" (practice) guidelines. As soon as the resolutions became available, the AAPD identified very concerning aspects of the resolutions. Most notably, there was a proposal to remove the reference from ADA documents to the *AAPD/AAP Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures**
when treating

when treating children, which the ADA has been doing for roughly a decade. The **primary resolution**

called for the ADA

to develop new pediatric guidelines without

indicating where the current guidelines (AAPD/AAP) were deficient. Doing so would inevitably create **two standards of care for children.**

Based on years of work among AAPD leadership and our partner dental organizations involved in sedation and general anesthesia, it was clear that there were a few underlying issues and motives that were not expressly or transparently described in the resolution, forcing the House of Delegates – and previously the ADA Board of Trustees – to make decisions on these resolutions that were not



fully informed. In various venues where the guidelines or similar documents have been discussed in recent years, there was conversation on the following:

- Protecting the “single operator” or “operator/anesthetist” business model, which is not the recommended model in the AAPD/AAP guidelines
- Limiting the definition of “pediatric” to only those “8 and under,” thereby treating a 9-year-old as a physiologic adult for the purposes of sedation and anesthesia
- Allowing for the unsupervised (by a professional) use of at-home pre-medications for children
- Prohibiting the use of compounding pharmacies, which have been important for many pediatric providers particularly in an era of frequent drug shortages

The AAPD leadership knew we had to mobilize. We had to take the conversation from the Board table and the Zoom rooms with other organizational leaders, and start educating and informing AAPD members more broadly, especially those who serve in the ADA House of Delegates. **The AAPD Board of Trustees spoke loud and clear at its September meeting: We must get out there, educate and inform others, and do all in our power to uphold the highest standards of safety for children.** Here is just a glimpse of what that looked like over September and October:

- September 8: Pediatric Dentistry Caucus for ADA HOD Delegates & Alternates
- September 29: AAPD Member Informational Session & Meeting on Res 407
- October 6: Open Informational Session on Res 407 (recorded and shared)
- October 13: Pediatric Dentistry Caucus for ADA HOD Delegates & Alternates

- October 24: AAPD “Office Hours” for ADA HOD Delegates & Alternates
- October 25: AAPD leadership meetings with caucuses requesting information
- October 26: ADA HOD Reference Committee Hearings
- October 27: AAPD leadership meetings with caucuses requesting information
- October 28: ADA HOD Meeting
- and many more meetings and conversations along the way!

AAPD President Dr. Tom Ison crafted our message of safety and delivered it eloquently and with conviction, both publicly and in countless private conversations. The AAPD Parliamentarian and Chair of the Sedation and Anesthesia Committee, Dr. Bobby Thikkurissy, made himself available at a moment’s notice to answer questions, hop on calls, offer context, and explain the science. The AAPD President-Elect, Dr. Charlie Bertot, led our AAPD team on-site in Washington DC, never wasting an opportunity to speak up for children, while also working on bridging divides.

The Reference Committee hearing on October 26 offered a turning point. **Your AAPD member colleagues delivered powerful, compelling testimony—keeping children and their safety central in this debate.** The Reference Committee heard the themes and developed a much more palatable version of a resolution to bring to the House of Delegates. One aspect that was incorporated in the new (and now final) version is a focus on developing reporting systems for adverse events for dental providers and anesthesia providers. The AAPD Safety & Quality Improvement Committee has been working on this for years, oftentimes in collaboration with colleagues at the American Association of Oral and Maxillofacial Sur-

geons via the Dental Anesthesia Incident Reporting System. We look forward to pushing this work forward with ADA partnership, recognizing it will not only require cultural and practice shifts within dentistry, but also federal and state advocacy.

There was one crucial component absent when our delegates walked into the ADA House that Tuesday morning: We needed to secure a spot for our colleagues at the American Academy of Pediatrics (AAP) to be at the table when a new guideline is discussed. While some in that room have pediatric experience – including AAPD of course – we knew that AAPD and our pediatric dentist members and advocates for children could not have confidence in the process without our pediatric and pediatric anesthesiologist colleagues who are leaders at the AAP being present. They have been incredible partners in developing and maintaining our guidelines for over 10 years and are the premier advocates for children's health and safety.

Once again, **your AAPD colleagues in the ADA House of Delegates made it happen.** They worked with other colleagues – not just pediatric dentists – to craft the necessary amendment. They submitted verbiage to ADA leadership and staff to streamline processes. They coordinated who would stand up at the microphone to provide testimony. They spoke to their district colleagues urging them to consider and support this amendment. They had difficult conversations with their own friends and colleagues who they knew might have hesitations supporting this and were convincing in the message they shared.

In the end, Resolution 407 was amended and adopted as follows:

Resolved, that the Council on Dental Education and Licensure develop pediatric guidelines for the use of sedation and general anesthesia by dentists, reflecting the unique clinical and educational needs of dental practice and the distinct consid-

erations in pediatric care, in consultation with the American Academy of Pediatric Dentistry (AAPD), Academy of General Dentistry, American Society of Dentist Anesthesiologists, American Dental Society of Anesthesiology, American Association of Oral Maxillofacial Surgeons, American Academy of Periodontology, American Academy of Pediatrics, American Society Anesthesiologists, and other stakeholders, including pediatric specialists, with a report to the 2026 House of Delegates, and be it further

Resolved, that the guidelines include mandatory reporting of adverse events by all anesthesia providers the provider of dental care and the provider of anesthesia care for a particular event, for the purpose.

Our entire AAPD membership can applaud the teamwork and dedication of the pediatric dentist and affiliate member colleagues who had a vote in the ADA House. These delegates were steadfast, professional, coordinated, and effective in being the voice for children.

Thank you to all of the delegates and alternates. We encourage you to reach out and thank them, too, especially if you see a friend or someone from your state/district on the list! So many of these individuals went beyond the call of duty. Some wrote beautiful letters from their state AAPD chapter to the state dental association (see page 44 for an example), urging them to support AAPD's position. Others identified questions and concerns that were lingering in the broader dental community and shared them with AAPD leadership, so we knew what needed to be addressed and with whom. And others identified and reached out to key stakeholders, ensuring they were informed on these issues and in the room to learn. Additionally, many of you as general ADA members or non-delegate leaders signed onto the Zoom meetings to learn more, submitted written testimony, and even offered verbal testimony as first-timers at the ADA House. There was so much engagement in this over these months. We love to see it!



Dr. Bobby Thikkurissy, Mr. Scott Litch, Drs. MyLinh Ngo, Charlie Bertot, John Rutkauskas (L-R)



Drs. Brianna Munoz, Kate Stanley, Shamik Vakil



Drs. Elisa Velazquez, Naila Farooq

The AAPD leadership looks forward to reconvening with future ADA delegations to promote children's oral health and has so much gratitude for the many involved in this year's efforts to protect children's safety. *Thank you!*

**ADA Board of Trustees
(non-voting in ADA House of Delegates)**

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Dr. Jeffrey Kahl (Colorado Springs, Colo.)

15th District

Dr. Rita Cammarata (Houston, Texas)

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Dr. Jeffrey Karen (Bedford, Mass.)

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Alternate

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Alternate

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Alternate

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Alternate

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5th District (Ala., Ga., Miss.)

Delegates

Dr. Charles Belknap (Hattiesburg, Miss.)

Dr. William Bishop (Birmingham, Ala.)

Alternate

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6th District (Ky., Mo., Tenn., W. Va.)

Delegates

Dr. Robert Riley Bauer (Cape Girardeau, Mo.)

Dr. Jeannie Beauchamp (Springfield, Tenn.)

Dr. Emily Hahn (Town And Country, Mo.)

Alternates

Dr. Ashley Popejoy (Nixa, Mo.)

Dr. Christine Schoolman (affiliate member) (Jackson, Mo.)

7th District (Ind., Ohio)

Delegates

Dr. Homa Amini (Dublin, Ohio)

Mr. Matthew Mario Fazio (Novelty, Ohio)

Dr. Hal Jeter (South Point, Ohio)

8th District (Ill.)

Delegates

Dr. Cissy Furusho (Lincolnwood, Ill.)

Dr. Sharon Perlman (affiliate member) (Chicago, Ill.)

Dr. Kenneth Rawson (O Fallon, Ill.)

Alternate

Dr. Victoria Ursitti (Arlington Heights, Ill.)

9th District (Mich., Wisc.)

Delegates

Dr. Naila Farooq (Bloomfield Hills, Mich.)

Dr. Daniel Miller (Grand Rapids, Mich.)

10th District (Iowa, Minn., Neb., N.D., S.D.)

Delegate

Dr. Ryan Hajek (Council Bluffs, Iowa)

Alternates

Dr. Jim Nickman (North Oaks, Minn.)

Dr. Aruna Rao (Maple Grove, Minn.)

11th District (Alaska, Idaho, Mont., Ore., Wash.)

Delegates

Dr. Brittany Tamar Dean (Edmonds, Wash.)

Dr. April Foster (Missoula, Mont.)

Dr. Bernard Larson (Mount Vernon, Wash.)

12th District (Ark., Kansas, La., Okla.)

Delegates

Dr. Twana Duncan (Antlers, Okla.)

Dr. Timothy Fagan (Oklahoma City, Okla.)

Dr. Christopher Fagan (Enid, Okla.)

Dr. John Fales, Jr. (Olathe, Kansas)

Dr. Jill Jenkins (Shawnee, Kansas)

Alternate

Dr. Kate Nielson Stanley (Overland Park, Kansas)

13th District (Calif.)

Delegate

Dr. Lesley Latham (San Francisco, Calif.)

Alternates

Dr. Anisha Ranchhod (Lodi, Calif.)

Dr. Lindsey Robinson (Grass Valley, Calif.)

Dr. Erin Shah (San Francisco, Calif.)

Dr. Tammie Ton (Los Angeles, Calif.)

14th District (Ariz., Colo., Hawaii, Nev., N.M., Utah., Wyo.)

Delegates

Dr. Norman Chun (Kailua, Hawaii)

Dr. Charles A. Davis, Sr. (Tucson, Ariz.)

Dr. Karen Foster (Greenwood Village, Colo.)

Dr. Christopher Lee (Honolulu, Hawaii)

Alternates

Dr. Jessica Robertson (Cornville, Ariz.)

Dr. Kirk Robertson (Flagstaff, Ariz.)

15th District (Texas)

Delegates

Dr. Oshmi Dutta (San Antonio, Texas)

Dr. Roberto Loar (Austin, Texas)

Dr. Georganne McCandless (Tomball, Texas)

Dr. Charles Miller (Arlington, Texas)

16th District (N.C., S.C., Va.)

Delegates

Dr. Scott Cashion (Greensboro, N.C.)

Dr. Roslyn M. Crisp (Burlington, N.C.)

Alternates

Dr. Meredith Papadea (Pawleys Island, S.C.)

Dr. Shamik Vakil (Charlotte, N.C.)

Dr. Lajoi Wiggins (Charlotte, N.C.)

17th District (Fla.)

Delegates

Dr. Shana Capra (Parkland, Fla.)

Dr. Natalie Carr-Bustillo (Riverview, Fla.)

Dr. Johnny Johnson, Jr. (Chiefland, Fla.)

*The AAPD/AAP Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures were reaffirmed with updated references by the American Academy of Pediatrics Board of Directors over the summer and the AAPD Board of Trustees at the Ad Interim meeting in September. Be on the lookout for the new file online shortly and in the 2025-26 *Reference Manual*!



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TO THE MEMBERS OF THE OHIO DELEGATION ADA HOUSE OF DELEGATES

Subject: Request to VOTE NO on Resolution 407 – Protecting Pediatric Patient Safety and the Standard of Care

Dear Members of the Ohio Delegation,

We are writing to you today on behalf of the Ohio Academy of Pediatric Dentistry (OAPD), representing over 250 pediatric dentists in the state of Ohio. Many of us are also committed members of the Ohio Dental Association (ODA) and the American Dental Association (ADA). We rely on you, as our elected representatives, to champion our concerns and protect the highest standards of care for our youngest patients.

We strongly urge you to recognize the profound patient safety risks inherent in Resolution 407: Development of ADA Pediatric Guidelines for the Use of Sedation and General Anesthesia by Dentists, and to **vote NO** when this resolution comes before the House of Delegates. While the intent is undoubtedly positive, the resolution poses a serious threat to the safety of pediatric patients, the established standard of care, and the vital interprofessional relationship between dentistry and medicine.

THE DANGER OF CREATING TWO STANDARDS OF CARE

The most significant risk of Resolution 407 is the inevitable creation of two competing standards of care in a high-risk area of clinical practice.

The Recognized Standard: The established, evidence-based, and nationally accepted standard is the clinical guideline developed collaboratively by the American Academy of Pediatric Dentistry (AAPD) and the American Academy of Pediatrics (AAP). This interprofessional collaboration provides the most robust scientific foundation in both pediatric dental and medical science for patient safety. The AAP/AAPD guidelines have been endorsed by the ADA since 2016 without any reservation.

Practitioner Liability: Introducing a parallel set of ADA guidelines will inevitably create regulatory chaos and directly compromise patient safety by fragmenting the standard of care. Such a move would introduce confusion among practitioners, state dental boards,

and medical-legal bodies. The ADA has a duty to protect its members from legal and ethical exposure, yet conflicting guidelines would directly undermine this goal, serving only to heighten liability exposure for our shared membership should a tragic adverse event occur. The ADA should protect its members by actively reinforcing the single, highest standard of care.

Waste of Resources: The ADA does not possess a superior or more specialized level of pediatric expertise than the combined AAPD/AAP joint effort. Resources should be focused on advocating for adherence to the existing, continuously updated guidelines, not on duplicating them. Developing new ADA guidelines is misguided use of time and resources.

In summary, the argument that ADA guidelines are necessary because “dentistry presents distinct clinical environments” fundamentally misrepresents the source of risk in pediatric sedation. The push to “reduce reliance on external organiza-

tions” dangerously dismisses the crucial role of medical expertise in high-risk procedures. True leadership and autonomy lie in adopting and enforcing the highest possible, evidence-based

standard, regardless of its organizational origin.

We urge you to uphold the integrity of the established standard and protect the safety of pediatric patients. Please vote NO

on Resolution 407 and prioritize patient safety over organizational independence.

Thank you for your careful consideration of this critical issue.

Sincerely,

Kyle Jackson, DDS, MA
OAPD, President

Margaret Ferretti, DMD, MPH
OAPD, Vice President

Ying An, DDS, PhD
OAPD, Secretary

Daniel Gindi, DMD
OAPD, Past President/Communications

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OAPD, Treasurer

Lucia Gerstmann, DDS
OAPD, Immediate Past President

Homa Amini, DDS, MPH, MS
OAPD, Public Policy Advocate

Earn Credit with the AAPD Journal CE Program on Education Passport



The 2026 Journal-Based Continuing Education program is open for registration!

The program is available through AAPD's Education Passport. A full year—six (6) issues and up to 24 Credit hours, and it costs **only \$120**.

When you purchase the Journal CE program, you will be able to log on to take the tests and receive your CE verification immediately. Plus, your CE credits will be stored in Education Passport so you can easily retrieve them for your license, Board, or AAPD Fellowship renewal process.

Each test will become available when the respective journal issue is mailed. They will remain active and available for up to three years.

Member News

MEMBER NEWS

Announcements of awards, recognitions, and contributions from AAPD members.

RIISING PEDIATRIC DENTAL STARS

AAPD MEMBERS LEAD ADA'S "10 UNDER 10"

We'd like to once again congratulate the American Academy of Pediatric Dentistry Members who were recognized as 2025 "10 Under 10" Awardees by the ADA. Those members are:



SARA EHSANI, D.D.S.

Dallas, University of California Los Angeles School of Dentistry — 2016

Dr. Ehsani is a board-certified pediatric dentist who earned her dental degree with highest

honors and completed her pediatric residency at the University of Connecticut as chief resident. She is a member of the AAPD Council on Government Affairs Committee on Dental Benefits Program. Dr. Ehsani was also named as an inaugural AAPD Early Career Dentist "Under 10" Awardee in 2025.



ALLISON C. SCULLY, D.D.S.

Indianapolis and Marion, Indiana University School of Dentistry — 2015

Dr. Scully is funded by a grant from the Health Resources and Services Administration

to innovatively improve access to oral health care for underserved populations in the state of Indiana. She is also a member of the AAPD Council on Scientific Affairs.



LAUREN C. YAP, D.M.D.

Philadelphia, Temple University Kornberg School of Dentistry — 2019

Dr. Yap is a clinical associate and assistant program director for the Postdoctoral Pediatric Dental Residency Program at the University of Pennsylvania School of Dental Medicine. She is an AAPD Public Policy Advocate (PPA) for the State of Pennsylvania.

ADVANCING YOUR PROFESSIONAL GROWTH AND IMPACT

Being a member of the American Academy of Pediatric Dentistry (AAPD) is more than belonging to a professional organization—it's becoming part of a vibrant community dedicated to the oral health and well-being of all children. Whether you're pediatric dentists, a resident, or general dentist. AAPD membership provides the tools, education, and connections to help you thrive at every stage of your career.

PROFESSIONAL GROWTH THROUGH EDUCATION



AAPD members gain access to world-class continuing education designed specifically for those treating children. From the Annual Session, featuring leading experts

and hands-on workshops, to AAPD's CE on demand, Education Passport, members can advance their clinical skills and stay current with best practices and emerging trends. These educational opportunities not only sharpen your expertise but also enhance the quality of care you deliver to your patients every day.

TRUSTED CLINICAL RESOURCES



Membership gives you access to evidence-based clinical guidelines, policy statements, and practice management tools that help you make informed decisions. The

AAPD Reference Manual and the Journal of Pediatric Dentistry are invaluable resources for staying up to date on research, clinical standards, and innovations in pediatric oral health.

AAPD membership empowers you to grow, connect, and lead in pediatric dentistry. With access to premier education, trusted resources, and a supportive professional community, you'll have everything you need to advance your career and elevate your impact on children's oral health.

To see a full list of all AAPD Membership Benefits, visit <https://www.aapd.org/about/about-aapd/aapd-membership/membership-benefits/> or call (773) 938-4473 for member information.

CONNECTION AND COMMUNITY



AAPD members are part of a strong professional network united by a shared commitment to children's oral health. Through state and district chapters, councils and

committees, and Little Teeth Chat, AAPD's online member community, members connect with peers who understand their challenges and share their passion. These relationships lead to collaboration, mentorship, and lifelong friendships that support your growth both personally and professionally.

ADVOCACY AND LEADERSHIP



AAPD is your voice in Washington, D.C., and in state capitals, advocating for policies that protect children's access to care and support pediatric dentists. Members have

opportunities to participate in leadership programs, committees, and advocacy initiatives that strengthen the profession and empower you to make a difference in your community.

AAPD'S UNDER 10 AWARD AND RESIDENT RECOGNITION AWARD

Each year, the American Academy of Pediatric Dentistry (AAPD) honors outstanding new leaders who exemplify leadership, innovation, and dedication to the field of pediatric dentistry both in residency and early career. The Under 10 Award and the Resident Recognition Award—each designed to celebrate members at these stages of their professional journey.

UNDER 10 AWARD

The AAPD Under 10 Award recognizes early-career pediatric dentists who have been in practice for fewer than 10 years and have already made significant contributions to their profession, their community, and the health and well-being of children. Recipients of this award demonstrate exceptional commitment to advancing the mission of AAPD through advocacy, education, research, and service. They are the rising stars of our specialty—leaders shaping the future of pediatric dentistry with energy, vision, and compassion.

Nominees can be self-nominated or recommended by a colleague, mentor, or state chapter. The selected honorees are recognized during the AAPD Annual Session and featured in Pediatric Dentistry Today and across AAPD's communication channels.

Learn more and submit a nomination: <https://www.aapd.org/introducing-the-aapd-early-career-dentist-under-10-award/>.

RESIDENT RECOGNITION AWARD

The Resident Recognition Award highlights the exceptional achievements of pediatric dentistry residents who show strong promise as future leaders in the field. This award honors individuals who have demonstrated outstanding accomplishments in research, clinical care, leadership, or community service during their residency training.

Nominations are submitted by program directors, who identify residents whose dedication, professionalism, and contributions stand out among their peers. Awardees receive national recognition for their achievements and are celebrated for embodying the high standards of excellence that define AAPD.

Learn more and submit a nomination: <https://www.aapd.org/resources/member/residents-recognition-award/>.

RECOGNIZING THE FUTURE OF PEDIATRIC DENTISTRY

Both the Under 10 and Resident Recognition Awards reflect AAPD's ongoing commitment to nurturing talent and fostering a strong professional community. By honoring members who go above and beyond early in their careers, AAPD ensures that the future of pediatric dentistry remains bright, innovative, and patient-centered.

Nominations are open until Jan. 16, 2026. For questions, please contact Vice President for Membership and Chapter Relations Suzanne Wester at swester@aapd.org.

SAY "YES"! WHY PROFESSIONAL INVOLVEMENT MATTERS

Sign Up. Show Up. Shine.

Dr. Anthea Mazzawi
At-Large Trustee, AAPD Board



As the Board of Trustees Liaison to the AAPD Resident Committee, I've had the opportunity to connect with pediatric dental residents from all over the country. One question I hear often is, *"How can I become more involved with the Academy?"*

The simple answer? Sign up, show up, and say "yes"!

As pediatric dentists, our mission extends far beyond caring for tiny teeth. We are advocates for the health and well-being of all children. It's a greater calling, and it comes with an even greater reward.

I know residency can be *a lot* — the workload, the late nights, the exams. But that light at the end of the tunnel is real. Promise! As you transition into the workforce, it's easy to get caught up within the four walls of your clinic. Yet there's so much value waiting for you outside those walls.

Attend your local, district, and regional meetings. Connect with your colleagues. Say "yes" when asked to serve on a committee. You won't regret getting involved. Say "yes" to participating in your state meetings and lobby days. These experiences broaden your perspective and remind you that what we do matters, not just to individual patients, but to the health of children everywhere.

One opportunity often leads to another as we work together to advance pediatric dentistry. I often ask myself, *if we are not the stewards of our*

profession, who will be? There are no better individuals to shape the future of pediatric dentistry than pediatric dentists themselves. No one cares more deeply for the well-being of children. It's part of who we are, part of why we chose this career in the first place. When you make the decision to get involved in your profession, you gain the opportunity to influence policies that can impact patients in your community, your state, across the nation, and even around the world.

The relationships you build through involvement in organized dentistry are truly unmatched. And let's be honest — pediatric dentists are inherently fun! Some of my closest friends are people I've met while serving on various committees and councils. When you're surrounded by colleagues who share your passion and purpose, serving doesn't feel like an obligation. It feels like teamwork. Together, you celebrate successes, brainstorm solutions, and support one another through challenges. The camaraderie makes the work meaningful, and our shared goal — achieving optimal oral health for all children — makes it worthwhile.

Getting involved keeps our profession strong, our connections deep, and our passion alive. So take that first step: sign up, show up, and see where saying "yes" can take you.

For more information about AAPD involvement and to apply for committee or council positions, visit <https://www.aapd.org/about/get-involved>.

THE SOIL WE BRING TO INNOVATION AND CHANGE

by Dietmar Kennel, D.D.S.

Not long ago, a discussion about radiographic interpretation reminded me of an old parable of the story of the sower. Most of us may remember it as being about the seed: the message, the science, the truth. But I think the deeper lesson isn't about the seed at all. It is about the soil.

The soil represents our hearts and our readiness to receive new truth, ideas, and concepts. In the story, the same seed falls on different ground: rocky, shallow, or fertile. The results vary, not because the seed changed, but because the soil did or because the wind blew the seeds away.

In our profession, that soil is our openness to change. A rigid or cold heart rejects new ideas entirely and categorically. A shallow heart may acknowledge new information yet move on without reflection. Only a receptive heart allows new ideas to take root and will evaluate their validity.

Pediatric dentistry is in a time of rapid change. Artificial Intelligence is entering diagnostics. Preventive and minimally invasive care models are redefining "treatment." Materials evolve faster than our procurement cycles, procedure codes, and chart templates. Parents arrive informed, skeptical, confused, and are in need of guidance more than ever. The ground is shifting under our feet.

For those of us who have practiced for decades, change can be disorienting. We've built our confidence through experience and the body of scientific literature. We spent years doing what worked, documenting the familiar, and mastering the tangible.

I'll admit, I have my own list of rigid objections. Diagnostic AI challenges my trust in clinical intuition and raises concerns about possible abuse and numbing of senses. Intraosseous anesthesia initially feels strange and uncomfortable to me, someone who has used the same delivery technique successfully for thousands of children. Changing parenting styles and societal pressures of social media reviews and increased parental involvement, while often well-intentioned, sometimes feel like ceding the space where professional authority once lived.

But perhaps these very discomforts are the new seeds. These can be opportunities to test whether our soil is still fertile. Growth in dentistry, like in life, depends less on the brilliance of new ideas and more on the condition of the hearts receiving them.

Recently, I had to revisit a chart note I had entered on a radiograph on a busy Thursday morning: "WNL - within normal limits." In an internal practice review I felt triggered by a suggestion to nuance the interpretation more and include the risk and presence of incipient lesions. Tail between my legs, I looked for mentorship and advice. A very well-respected colleague explained that what once seemed to us "within normal limits" or "okay" might, in today's preventive philosophy, deserve a more detailed observation. His comment wasn't correction; it was cultivation. It reminded me that our learning should never stop. Sometimes it's not the humidity of the ground, but also the humility that makes the ground fertile.

As pediatric dentists, we are sowers of prevention, comfort, and trust. But we're also soil. We are absorbing new evidence, new technologies, and new expectations. The seed of change will always fall. The question is, will our soil remain soft and humble enough to let it grow?

The final step is trust. We should trust that the ideas meant to endure will reveal themselves. Not

every seed that sprouts will bear fruit, and not every innovation will flourish. Some will fade quietly. Others will take root and change the landscape of our profession. Our task is not to try to predict which ones will last, but to cultivate an environment where growth can happen. With patience, curiosity, and humility, we prepare the soil, plant with care, and allow time to show which ideas truly belong and will withstand future storms.

AUTHOR BIO

Dr. Dietmar Kennel is a pediatric dentist in Lubbock, Texas, and a past president of the Texas Academy of Pediatric Dentistry. He has been an active member of the AAPD Medicaid and CHIP Advisory Committee for over 20 years.

AAPD'S DR. SCOTT SMITH JOINS ADA PRESIDENT IN *JAMA* SPOTLIGHT

Immediate Past President of the American Academy of Pediatric Dentistry, Dr. Scott D. Smith, and ADA President Dr. Brett Kessler co-authored an editorial in the Journal of the American Medical Association Health Forum on September 5, cautioning against efforts to eliminate community water fluoridation. They argue that removing fluoride could undo decades of progress in public oral health, especially harming vulnerable populations like children on Medicaid.

The editorial, titled "Removing Fluoride From Water? An Oral Health Crisis Will Unfold," highlights fluoride as a foundational preventive measure. Drs. Smith and Kessler explain that fluoride helps Medicaid manage the dental needs of high-risk pediatric patients. They note that without fluoride, Medicaid's dental budget might only cover 700 children instead of 1,000 due to increased dental decay—effectively reducing access to care for 300 kids.

They emphasize that community water fluoridation provides ongoing protection throughout life, particularly for children who may not have regular access to dental care or oral hygiene products. The authors stress that the decision to keep or remove fluoride from water systems is not just scientific but a policy choice with long-term consequences.

This editorial comes amid growing challenges to fluoridation nationwide, including bans in Utah and Florida and the recent elimination of the CDC's oral health division. Health and Human Services Secretary Robert F. Kennedy Jr.'s skepticism about fluoride adds further uncertainty.

To support professionals navigating these difficult conversations, AAPD offers additional resources at www.aapd.org/research/policy-center/fluoride-resources/.

Read the full editorial in *JAMA*: <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2838324?resultClick=1>.

BUSINESS PROPERTY INSURANCE FOR DENTISTS & MEDICAL PROFESSIONALS: BUSINESS PROPERTY PROTECTION VS. IMPROVEMENTS & BETTERMENTS EXPLAINED

Contributed by

Luke Fehrs, Account Executive; Treloar & Heisel, LLC; domiciled in PA; CA Insurance Lic. #4241270; AR Insurance Lic. #19348887

If the title of this piece has your head spinning already, you're not alone. Insurance jargon can be convoluted and confusing. Add to that that your real job, running a dental or medical practice means juggling patient care, staff, and operations, you really can't be expected to know all these terms, too. Unfortunately, you can't afford not to read the fine print in your insurance policy (or lease) because one overlooked detail could leave you with a huge bill if disaster strikes. A fire, flood, or other property loss can put your practice on hold. The right coverage can help you reopen quickly, while the wrong coverage can leave you rebuilding on your own dime.

Two critical types of coverage every commercial tenant should understand are **Business Personal Property (BPP)** and **Improvements and Betterments (I&B)**.

BUSINESS PERSONAL PROPERTY COVERAGE FOR DENTAL & MEDICAL PRACTICES

Picture this... If you unscrewed every piece of dental equipment from the floor, unbolted the chairs, cut the roof off of the building, and turned it upside down—everything that fell out would go with you to the next office. That's your business personal property.

BPP includes your movable equipment, furniture, computers, and supplies. In a dental office, that means dental chairs, X-ray machines, tools, IT equipment, and anything else you can take with you.

The coverage amount should be based on the **direct replacement cost** of these items. You can determine this by looking at purchase agreements, supplier quotes, or industry equipment lists.

WHAT IS IMPROVEMENTS AND BETTERMENTS INSURANCE FOR COMMERCIAL TENANTS?

Now think about the parts of your space you can't just pick up and move: the walls, flooring, light fixtures, cabinetry, and built-in features that make your office functional. That's what Improvements and Betterments coverage protects.

If you removed all your movable property and a fire destroyed the building, you (as the tenant) would still be responsible for rebuilding the interior in the event of a total loss.

In most cases, a landlord will only restore the building's "shell." This means the four walls, a ceiling, and a floor. You would walk back into a **barren shell** and have to reconstruct everything else yourself.

Valuing I&B coverage is less straightforward than BPP. It's often estimated based on local construction costs per square foot. A rough starting point might be \$250/sq. ft. at the time of this writing, but that number climbs significantly in large metro areas.



AVOIDING DISPUTES WITH LANDLORDS OVER INSURANCE RESPONSIBILITIES

Many disputes between tenants and landlords after a property loss happen because of unclear expectations. Both sides often assume the other will pay for the interior rebuild, which can lead to costly delays and frustration.

It's also becoming more common for landlords to specify in the lease agreement that tenants are required to carry coverage for improvements and betterments, precisely to avoid this kind of finger pointing.

WHY YOUR LEASE AGREEMENT IS THE KEY TO PROPER COVERAGE

Your lease is the ultimate guide to your insurance responsibilities. It spells out exactly what you're on the hook for if your space is damaged or destroyed.

Always have an attorney review your lease **before** you sign and before you purchase coverage. Insurance agents can give you a general understanding of what's needed, but they can't interpret your contract with legal authority.

Here's a business property protection checklist you may find helpful:

BUSINESS PROPERTY PROTECTION CHECKLIST

Business Personal Property (BPP)

- ☐ List all movable items you own: equipment, furniture, computers, supplies.
- ☐ Calculate your replacement cost (use purchase agreements, supplier quotes, or inventory tools).
- ☐ Confirm with your insurance agent that your BPP coverage limit matches today's replacement value.

Improvements & Betterments (I&B)

- ☐ Identify fixed interior features you've added, like walls, flooring, lighting, cabinetry.
- ☐ Get a cost-per-square-foot rebuild estimate from your local contractors.
- ☐ Make sure your I&B coverage matches the full rebuild cost, and not just what's in your budget.

Lease Agreement

- Review your lease for clauses on rebuild responsibility.
- Confirm what your landlord's policy covers (usually the "shell" only).
- Have an attorney review it before you sign or renew.

Annual Review

- Recalculate equipment values annually, because things do change in price.
- Update your I&B estimates for inflation and construction cost changes.
- Adjust your coverage whenever you renovate or add major equipment.

Understanding the difference between Business Personal Property and Improvements and Betterments coverage, and making sure both are valued correctly, can save you from expensive surprises. The goal after a loss should be to get back to seeing patients quickly, not arguing over who pays for the drywall.

DO YOU HAVE A QUESTION ABOUT BUSINESS INSURANCE?

We have answers! Contact us today for *a no-obligation conversation* with one of our experienced business insurance team members.

ABOUT TRELOAR & HEISEL

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Updated Oral Clinical Examination with a Refocus on Clinical Pediatric Dentistry



Anupama Tate, DMD, MPH, Vice President, American Board of Pediatric Dentistry

The American Board of Pediatric Dentistry (ABPD) is committed to a fair and valid testing process for board certification. We continually evaluate our examinations to ensure the highest quality and to accurately assess a candidate's knowledge, skills, and judgment.

In September 2025, ABPD administered an updated Oral Clinical Examination (OCE) to nearly 500 candidates. This examination, developed with a revised blueprint, evaluates the application of specialized knowledge and skills, clinical reasoning, communication, and professionalism—core competencies required for entry-level pediatric dentists to provide safe and effective care. More than 100 dedicated examiners contributed their time and expertise to ensure a smooth and successful transition to the new exam content and format.

This effort builds on the strong leadership of the Qualifying Examination Committee and the Oral Clinical Examination Committee. Together, they advanced ABPD's commitment to examinations that emphasize the clinical application of foundational knowledge to pediatric dentistry. Assessment items are carefully designed to reflect real-world patient care and ensure relevance to contemporary clinical practice.

Looking ahead, ABPD will be placing a greater emphasis on supporting our current Diplomates. As research, standards, and clinical practice evolve, the continuing certification process will likewise adapt to promote lifelong learning. Our goal is to empower Diplomates to thoughtfully apply the same knowledge and skills, clinical reasoning, communication, and professionalism, which our examination sets as standard, in their continual service to the children, families, and communities who rely on them.



A very sincere *Thank You* to our 2025 examiners...

Shreekrishna Akilesh
Mira Albert
Alexander Alcaraz
Homa Amini
Salwa Atwan
Paul Bahn, III
Michael Berry
Deepali Bhanot
Mark Boone
James Boynton
Richard Burke, Jr.
Glenn Canares
Neeta Chandwani
Willie Chao
Isabelle Chase
Alice Chen
Clayton Cheung
Brett Chiquet
Elizabeth Chisholm
David Ciesla
James Coll

Matthew Cooke
Dedra Davis-Wallace
Vineet Dhar
Lauren DiBenedetto
Keri Discepolo
Neva Eklund
Timothy Fagan
Lela Farmer
Zameera Fida
Shane Fisher
Matthew Geneser
Adi Genish
Edward Ginsberg
Andrea Gonzales
Kimberly Hammersmith
Jennifer Hargleroad
Dawn Harvey
Sharon Hill
Cynthia Hipp
Craig Hollander
Kaitlin Hoogeveen

Elsa Hui-Derksen
Autumn Hurd
Melina Ilief-Ala
Golnar Jahanmir
Erin Johnson
Ajay Joshi
Ramin Kashani
Reena Kuba
Leslie Lawrence
Ann Layvey-Tardalo
Rochelle Lindemeyer
Jungyi Liu
Sally Sue Lombardi
Cheen Loo
Manav Malik
Keith Margulis
AnnMarie Matusak
Alton McWhorter
Stephen Mitchell
Niloofer Mofakhami
Madhu Mohan

Maritza Morell
Linda Murzyn-Dantzer
Man Wai Ng
Robert Nieders
Scott Nieman
Elizabeth Palmer
Dorothy Pang
Shannon Parris
Michael Rabinowitz
Tricia Ray
Steven Rayes
Breno Reboucas
Priyanshi Ritwik
David Roth
Julie Russo
Sarita Shah John
Barbara Sheller
Marc Siegel
Maria Simon
Shera Sims
Bryan Skar
Nuthyla Skuja

Toddrick Smith
Julio Sotillo Rodriguez
Lisa Stanley
Jacy Stauffer
Tracy Takenaka
Thomas Tanbonliong, Jr.
Anupama Tate
Nora Tleel
Joseph Tylka
Vivienne Valdez
Elizabeth Velan
Rajesh Vij
Puneet Wadhwa
Mitzi Wasden
Michael Webb
Karin Weber-Gasparoni
Anne Wilson
Cynthia Wong
Yu-Ju Yang
Karen Yee-Lo
Shaul Yehezkel
Young Yi

...and to OCE Committee Chair Whitney Wignall & ABPD Board President Brian Hodgson

Referral Power

The Key to Unlocking the Internal Marketing Advantage in Pediatric Dentistry

Across the United States, pediatric dental practices invest thousands of dollars each month in paid advertising, SEO, and community sponsorships. Industry surveys indicate that most pediatric dental practices allocate **3–6% of annual revenue to marketing**, which translates into **\$40,000–\$90,000 per year**.

While external marketing remains essential for visibility to attract new patients, many practices are overlooking the highest return-on-marketing channel available to them. Their patients with unscheduled treatment are lying dormant in their practice management software.

Research across industries consistently demonstrates that retaining and re-engaging existing patients delivers far greater return on marketing investment than acquiring new patients. For most practices, the probability of an existing patient scheduling treatment is **60–80%**, while the likelihood of converting a new patient is somewhere between **5–20%**. In pediatric dentistry, this means it is significantly easier to help a parent understand and agree to treatment already diagnosed

than to persuade a new family to join the practice and accept treatment.

Utilizing production as the benchmark for marketing success, internal marketing consistently outperforms external efforts. The reason is that the acquisition cost of that patient has already been paid. Families already in the practice management system know, like, and trust the practice. They have entrusted the team with the most important thing in their lives: their children. What that proves is that trust is often the most powerful driver of case acceptance. However, according to the 2023 Dental Intelligence Practice Performance Report, “nearly half of all recommended treatment goes unscheduled and the result is significant lost revenue and lost opportunity for patient health.”

Those statistics are not just financial figures; they represent children in local communities living with untreated decay, preventable emergencies, and unmet oral health needs.

For the typical pediatric dental office, the issue isn't a lack of new patients; it's the untapped potential sitting inside the practice management



system. Practices that implement a stronger follow-up process, intentional parent communication, and consistent recare management can transform that dormant opportunity into healthier kids and healthier business performance.

TURNING UNSCHEDULED TREATMENT INTO COMPLETED CARE

Unscheduled treatment represents a vast opportunity for both improved care and increased production. In many cases, parents delay treatment after saying, “Let me think about it,” and without structured follow-up, those cases are forgotten until symptoms worsen for the child.

High-performing practices establish systems that make follow-up a leadership priority rather than an admin team afterthought.

Assigning a treatment coordinator or designated team member to manage unscheduled treatment

reports ensures greater accountability and results. Each week, the responsible team member reviews pending cases in the practice management software and personally reaches out to families. These calls are not sales calls; they are service calls.

For Example, *“Dr. Smith asked me to reach out because she’s concerned this cavity could spread if we wait. Let’s find a time this week to take care of it before it becomes painful for Emma.”*

This intentional reframing changes the mindset from chasing production to advocating for the child’s health. Teams that adopt this service-oriented approach transform follow-up from a task into joining a powerful mission.

If internal marketing is so effective, why do so many practices still struggle to schedule treatment? Despite the many efficiencies provided by technology, recall systems across pediatric dental practices often remain inconsistent and overly de-

pendent on automation. If texts and emails aren't converted into scheduled treatments, make time for an intentional human connection.

Successful offices prioritize personal outreach over passive reminders to schedule preventive care or treatment. Instead of saying, "We're calling to schedule your cleaning," a more intentional message might be: *"It's time for Jimmy's preventive care visit. Staying on schedule helps protect his adult teeth and reduces the likelihood of more costly treatment later."*

Regular preventive care not only supports healthier patients but also fosters steady production and stronger parent relationships, laying the foundation for sustainable practice growth.

QUALITY COMMUNICATION MAKES THE DIFFERENCE

Production often depends less on marketing and more on the quality of the team's communication. Parents rarely decline treatment because they do not care; they decline because they lack the understanding or confidence to make a decision. Strong communication bridges that decision gap.

A simple framework any team member can use to communicate with parents struggling to decide on scheduling treatment is ACT: **Affirm - Clarify - Take Action Together:**

A – Affirm: "I know this can feel like a big choice for your child's care." Or "I can tell you really care about making the best choice for your child."

C – Clarify: "The benefit of doing this now is that it's quick, simple, and prevents bigger problems later." Or "This is the simplest, most affordable way to protect your child's smile long-term."

T – Take Action Together: "Let's go ahead and get this reserved today so Jimmy stays on track." Or "Most parents feel relief once it's reserved. It's one less thing to worry about." Or "Let's find a time that works best for your schedule and your budget. We'll help make it doable."

Practices that consistently apply structured communication models, such as **ACT**, report increased case acceptance rates and improved patient care.

BUILDING ON TRUST

Families who already trust a pediatric dental practice often become their best ambassadors. Data shows that referred patients exhibit higher loyalty, lower acquisition costs, and greater lifetime value compared with those who discover a practice through advertising.

Building a culture of gratitude and recognition around referrals enhances this effect. Empowering the team with simple scripts such as, *"We love caring for families like yours. If another parent is looking for a pediatric dentist, we'd be honored to help them too,"* makes the process natural and sincere. Recognizing referrals through thank-you cards, small gifts, or public appreciation deepens community connection and reinforces loyalty.

THE LEADERSHIP OPPORTUNITY

Every system begins and ends with leadership. Internal marketing is no exception. Doctors and practice managers play a pivotal role in setting the tone and vision for the team.

When leaders frame follow-up as advocacy, recare as prevention care visit, and communication as connection, team members begin to see their work through a mission-driven lens. Tasks that once felt uncomfortable become opportunities to make a difference.

"This isn't just a dental office. It's a place where children's oral care needs are protected, and every family deserves to understand the care we recommend."

Turning internal marketing into a daily practice requires structure, visibility, and accountability. Consider the following:

Define Roles: Identify who manages unscheduled treatment reports, recare systems, and referral tracking.

Review Regularly: Discuss progress during team meetings and celebrate wins when families return for care.

Measure Success: Monitor treatment acceptance, recare compliance, and referrals each month.

Reinforce Purpose: Remind the team that every follow-up call or conversation supports children's well-being, not only production goals.

The next production breakthrough for pediatric dental practices is not hidden in an online ad or a marketing agency; it's embedded within existing patient relationships. Internal marketing is not about selling; it's about serving. It's about leaders who inspire their team to create connections, provide education, and build confidence among families.

"Good systems give ordinary people the power to achieve extraordinary results consistently."

John Doerr

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AAPD EVENTS

AAPD EVENTS

Updates on the annual session, conferences, and other important AAPD events.

MARK YOUR CALENDAR!



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AAPD 2026

May 21-24, 2026

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Our First-Ever Annual Session in Las Vegas!



Qualifying Examination Prep Course

Feb 13 - 15 • Orlando, FL

State and District CE Courses

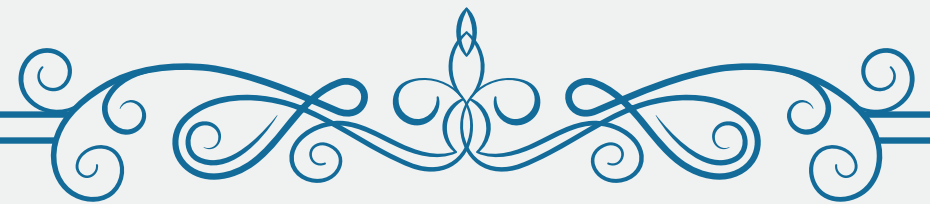
SSPD Annual Meeting

Jan. 16-18, 2026 • Atlanta, GA

CSPD Annual Meeting

March 12-15, 2026 • San Diego, CA

Learn more at <https://www.aapd.org/education/meetings-calendar-aapd/>



A CELEBRATION OF DR. JOHN S. RUTKAUSKAS'S LEGACY OF LEADERSHIP

Join us Friday morning in Las Vegas for a landmark opening ceremony honoring Dr. John S. Rutkauskas and his extraordinary 27 years of service as CEO of the American Academy of Pediatric Dentistry on the eve of his retirement. This special presentation will highlight Dr. Rutkauskas's profound impact on the profession – from elevating advocacy and education to strengthening the voice of pediatric dentists nationwide. We'll also reflect on the vision, dedication, and transformative leadership that helped shape the AAPD into the organization it is today, positioned to continue its mission of optimal oral health for all children. Don't miss this inspiring tribute to a leader whose legacy continues to move the profession forward.



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Patient/Family Communications Materials to Brighten Your Patients' Day

Brighten your patients' day by sending them this new "Stay Home, Stay Healthy" poster. For more free downloads of positive patient materials, visit the AAPD parent and caregiver website at: <https://mouthmonsters.mychildrensteeth.org/>.

Earn Credit with the AAPD Journal CE Program on Education Passport



The 2025 Journal-Based Continuing Education program is open for registration!

The program is available through AAPD's Education Passport. A full year—six (6) issues and up to 24 Credit hours, and it costs **only \$120**.

When you purchase the Journal CE program, you will be able to log on to take the tests and receive your CE verification immediately. Plus, your CE credits will be stored in Education Passport so you can easily retrieve them for your license, Board, or AAPD Fellowship renewal process.

Each test will become available when the respective journal issue is mailed. They will remain active and available for up to three years.



OPPORTUNITIES

For information regarding placing a listing in *PDT* or *Pediatric Dentistry* please visit the AAPD Career Center at <http://jobs.aapd.org> or call (312) 337-2169.

SEEKING PEDIATRIC DENTISTS

ALABAMA—OXFORD. Join Our Team as a Pediatric Dentist in Oxford, Alabama! Are you passionate about working with children and providing exceptional care? Oxford Dentistry is searching for a compassionate Pediatric Dentist to join our team and help us continue our legacy of excellence in pediatric care! Led by Dr. Donald Norby and Dr. Mattie Bennett, our practice has been a trusted provider in the community for over 40 years, specializing in making dental visits fun and stress-free for kids. Why Oxford, Alabama? Experience small-town charm with easy access to Atlanta and Birmingham—just 1 hour away! Explore local outdoor activities, hiking trails, and enjoy the vibrant arts scene and dining options. Balance work and play in a beautiful, family-friendly location with all the amenities you need. What We Offer: Relocation assistance to make your move as smooth as possible. Full benefits package: Medical, dental, vision, HSA, FSA, 401(k), and more! Company-paid medical insurance, lab fees, and malpractice insurance. Competitive salary. Equity partnership opportunity for future growth and ownership. PTO and holiday pay to ensure you have time to relax and recharge. Financial support for continuing education to help you stay ahead in your field. 100% clinical autonomy to treat your patients the way you believe is best. State-of-the-art technology: paperless charts, digital dentistry, and more to assist you in providing top-quality care. Key Responsibilities: Provide high-quality pediatric dental care, including preventive treatments, fillings, crowns, and more! Diagnose and treat oral health issues in children, from routine check-ups to more complex procedures. Educate children and their families on proper oral hygiene and treatment options in a kid-friendly, engaging manner. Develop and implement comprehensive treatment plans to address specific pediatric needs. Maintain up-to-date and accurate patient records using our digital system. Stay informed on the latest pediatric dental techniques and continuing education opportunities. Requirements: D.M.D. or D.D.S. degree from an ADA-accredited dental school. Pediatric Dentistry residency and certification (Required). Current state license to practice pediatric dentistry. Strong passion for working with children and creating a positive dental experience. Excellent communication skills and ability to engage with both kids and parents. Ready to help kids build great oral health in Oxford? Apply today to join our caring and dedicated team! For more information, please contact kbezhani@oakdentalpartners.com.

COLORADO—DENVER. We're Growing—And Looking for a Rockstar Pediatric Dentist to Join the Crew! Are you a skilled, passionate, and driven pediatric dentist ready to make a real impact? We're expanding and looking for a dynamic associate who wants something more than just a paycheck— but someone who wants to help build something meaningful from the inside out. This isn't a typical "just fill a chair" gig. Our associates and partners are all-in. You'll have a voice, a seat at the table, and a real say in how we grow together. Your success is our success. What You'll Get: An amazing team and a collaborative, growth-minded environment. Personalized coaching to help you grow clinically, professionally, and personally. Clear goals and KPIs to support your journey. Serious potential for partnership if you're ready to level up. And yes—you'll earn really well doing it. We invest in our docs because we believe that when you win, we all win. What We're Looking For: Hustle, heart, and humility. A growth mindset and hunger to learn. A team player who wants to build something bigger than themselves. Perks Include: \$300,000—\$400,000 compensation. Health benefits. Retirement plan. CE reimbursement (cost coverage for memberships, malpractice, licensure). Bonus revenue streams beyond your clinical work. If you're ready to grow as a clinician, a businessperson, and a human—this is your crew. Requirements: State of CO dental license. Certificate from an accredited Pediatric Dental Residency. Ability to maintain malpractice insurance. For more information please contact admin@grinpediatricdentistry.com.

CONNECTICUT—NEW HAVEN. New Haven County, CT. Established pediatric practice collecting \$720K on just 22 doctor hours/week. 9 well-equipped ops (ADEC, digital X-ray, digital pan, Eaglesoft). Real estate with an adjacent 25-space parking lot available—dental office on 1st floor; 2nd & 3rd floors ideal for mixed use. Strong hygiene department (2 per day) and a great team in place. Tremendous growth potential! Contact: Kevin McGonigal, DDSmatch – (860) 803-0820 or kmcgonigal@ddsmatch.com.

FLORIDA—NAPLES. Pediatric Dental Associate or General Dentist for Children in the West Coast Naples/Estero/Cape Coral Area, Full time. Excellent opportunity with competitive salary! State of the art practice. Full-time available if wanted. We are a private pediatric dental office. Tremendous growth and earning potential, sedation & hospital dentistry practiced. New grads welcome. Preferred to have medicaid number already and florida state dental license. Benefits such as 2 weeks Paid Vacation, Medical, Dental Insurance and 401K. Job description. Super Smiles Kids Dental Pediatric Dental

Associate in South East Broward—expanding to West Coast of Florida. Excellent opportunity with competitive salary! State of the art practice husband owned private practice. Full time. We are a private pediatric dental office. Tremendous earning potential. New grads welcome. Preferred to have medicaid number already and Florida state dental license. Love where you work! Our goal is having happy doctors. www.SuperSmilesFL.com. For more information please contact buscemidmd@gmail.com.

INDIANA—FISHERS. Who we are: Welcome to the Fishers Pediatric Dentistry family! We are a privately owned pediatric practice located in Fishers, IN, a flourishing suburb north of Indianapolis with big city amenities and a small town feel. You will feel right at home in a city which has been ranked as one of the top places to live in the U.S. Here at Fishers Pediatric Dentistry, we aim to provide the highest level of compassionate, ethical and quality care to our patients. Our beach-themed office provides an inviting and memorable experience for our families, laying down a foundation for a life-time of happy dental visits. With 17 chairs and several different treatment settings, we are able to cater to everyone's individualized needs. We are looking for a self-motivated, highly energetic, long-term associate who can bring their own talents, creativity, and ideas to our team of aces! Why us: We are growing and we need you (avg 300 new patients per month). You will never be alone—working with a seasoned team of 5 doctors, 10 hygienists and 28 assistants, you will always be empowered. We value a healthy work-life balance—Monday-Thursday (no Fridays or weekends). We love to have fun and play! (our #1 core value—want to experience first-hand? We invite you to come visit). We face challenges together, win together, and do amazing things together. We take pride in turning a profession, into a passion. We embrace change—we try new things, learn from them, and execute again. Our systems are documented, polished and perfected. We promote autonomy and encourage happiness. We welcome and embrace diversity. No travel—all of this greatness is at one location. Actively involved in the community. What we believe & deliver: We place large emphasis on creating a positive experience for every patient. We treat every patient as if they are the only patient in the room. We pride ourselves with behavior management techniques to ensure delivery of a top-notch experience. State-of-the-art equipment: Soan, Isodry system, digital x-rays, N20 and paperless. We provide OR services for treatment under GA. We deliver and educate on a level that parents and children can understand. Why you: Do you have a desire to elevate your dental profession and want to join a cohesive team? If yes, this is the perfect opportunity for

you. 'Work Hard Play Hard' is a commonly used phrase due to our bustling daily schedule. If you are highly self-motivated and have an unruly desire to succeed, you can work at your desired pace from day ONE with the potential to earn up to \$300k+ per year! Compensation is paid on a percentage of collections, and we pride ourselves in having an overall quick collection rate over 98%. Other benefits include paid CE as well as a 401K program. To learn more about this incredible opportunity, email Dr. Misti Pratt at drmistifisherspediatric.com or call (317) 698-3029. Requirements: Graduate of an accredited Pediatric Dentistry Residency Program. Active Dental License D.D.S./D.M.D. DEA Certificate.

MARYLAND—BOWIE. Looking for a fun, skillful Pediatric Dentist to join our growing office to work alongside 2 Pediatric Dentist in this family-centered office just 30 minutes away from DC Metropolitan area. This is a part-time position to start. If you are ready to grow come join us. New Pediatric Dentist Grads welcome! For more information please contact bright.pediatric@gmail.com.

MARYLAND—DAMASCUS. Our growing dental practice is seeking a part-time or full-time Associate Pediatric Dentist or General Dentist who is passionate about working with children. Your responsibilities will include performing dental procedures on pediatric patients, educating families on proper oral hygiene practices, and collaborating with our team to deliver comprehensive dental care. We are looking for a compassionate individual with excellent communication skills and a gentle Chairside manner. The successful candidate must hold a valid dental license in the state of Maryland and be committed to continuous learning and professional growth. Must be willing to practice between 2 locations in Damascus and Frederick, MD. Prior experience working with pediatric patients is preferred, but new graduates with a strong interest in pediatric dentistry are encouraged to apply. Depending on job status and wait periods, benefits include 401K matching, Sick time, Paid time off and comprehensive health benefits. Email your resume today at hr.nskdentistry@gmail.com. Requirements: Valid dental license. Experience working with pediatric patients (preferred). Excellent communication skills. Commitment to continuous learning. Passion for pediatric dentistry.

MASSACHUSETTS—PEABODY. About Us: We are a busy, established (1975), dentist-owned practice consisting of 3 pediatric dentists, 1 orthodontist, and 1 general dentist. We are just north of Boston with two office locations in Peabody and Lynn, MA. We are seeking a compassionate pediatric dentist to help us continue to provide excellent care to our pediatric community. Position Overview: Full or Part Time. Monday-Friday (no weekends!). Hours are abbreviated in the summer! Treatments provided: Exams, Emergency visits, Fillings, Extractions, Pulpotomies, Crowns, Space Maintenance, Nitrous oxide sedation. 2 Office Locations. We are seeking a: Compassionate bedside manner. Dedicated, team player. Excellent communication skills. New graduates or experienced providers welcomed. Why Join Us? Awesome

staff. Generous compensation package. Diverse patient population. The North Shore is beautiful! We are in close proximity to the beach, the mountains and Boston! Benefits Include: Malpractice insurance coverage. Health insurance coverage (doctor and family plans). Matching 401k retirement plan. Vehicle Stipend. Dues & licensing fee coverage. Continuing education compensation. Requirements: D.D.S. or D.M.D. degree. Completion in accredited pediatric residency program. Massachusetts Dental License (or ability to obtain). Nitrous oxide licence (or ability to obtain). For more information please contact marissa.kuhnen@gmail.com.

MICHIGAN—TECUMSEH. Associate Pediatric Dentist Position. Exciting Associate Pediatric Dentist opportunity at Willow Pediatric Dentistry 2-4 days per week! We are looking for a professional who shares our values and is passionate about helping children achieve a lifetime of great oral health. We are a doctor owned practice with emphasis on patient centered care and have just celebrated our 7th anniversary serving the children of Lenawee County. Our practice is located lakeside in beautiful Tecumseh, Michigan. We have an energetic and welcoming team who are committed to the highest quality of care. We provide leading-edge comprehensive pediatric dentistry, including OCS, nitrous oxide, in-office IV sedation services, full mouth dental rehabilitation at the Detroit Medical Center, frenectomies and laser dentistry! Send resumes to admin@willowpedo.com. Recent grads are welcome! Requirements: Clinical freedom and treatment autonomy. An established and growing patient foundation from day one. Health insurance available. CE attended as a team. Fully digital and top of the line equipment. Laser in every room. Requirements: High standard of integrity and commitment to professional excellence. Positive and Empathetic. Team-oriented. Certificate in Pediatric Dentistry. Michigan dental license or the ability to obtain one.

NEW YORK—BROOKLYN. Bitesize Pediatric Dentistry is seeking a skilled and compassionate pediatric dentist to join our growing team in Brooklyn. We're a privately owned, multi-location practice with a reputation for exceptional patient care, a warm team culture, and a focus on clinical excellence. About the Role: We're looking for an experienced pediatric dentist (minimum 5 years) who values connection, quality care, and collaboration. This is a part-time position: Weekend coverage is a must. What We Offer: Competitive per diem compensation. Quarterly performance-based bonus structure. 401(k) with employer match. A supportive team aligned around clear core values: Here and Now, It Takes a Village, and Above and Beyond. Modern, well-equipped operatories and a steady, well-managed patient flow. If you're passionate about pediatric dentistry and looking to be part of a thoughtful, values-driven team, we'd love to connect. To Apply: Please send your C.V. and a brief cover letter. D.D.S./D.M.D. from an accredited dental school. Requirements: Completion of a pediatric dentistry residency program. At least 5 years

of clinical experience as a pediatric dentist. Active New York State dental license (or eligibility). Board certified or board eligible. Strong communication skills and a patient-centered approach. Comfort working in a fast-paced, team-based environment. Alignment with our core values: Here and Now, It Takes a Village, and Above and Beyond. For more information please contact rupin@wearebitesize.com.

NORTH CAROLINA—BOLIVIA. We are a well-established, privately owned pediatric dental practice that is growing along with coastal Brunswick County. The dentist that fits our team best is an individual who loves to work with children. Our preference is a pediatric dentist, seasoned or a new graduate looking for mentorship; we are also considering general dentists who would be interested in treating children. Your team at Coastal Pediatric Dentistry prioritizes patient care, is well-trained, utilizes the latest technology, and has fun treating the children in our community. Benefits packages include: Relocation Package or Sign on Bonus. Healthcare. Dental Benefits. Vision. 401K. Vacation. Malpractice Coverage. CE reimbursement. Mentorship. Community Outreach / Marketing. Our doctors regularly obtain more than the required CE to stay abreast of new technology as well as receive ongoing coaching/mentoring in all facets of patient care. We look forward to meeting you! Submit your C.V. or resume along with a cover letter outlining why you would be the perfect fit for our team to abishop@ccfdmail.com. Visit www.ccfdkids.com, to learn more about our world-class practice, hear patient and team testimonials, and explore our community involvement. Note: Non DSO/Corporate Office.

OHIO—DAYTON. We are seeking a compassionate, caring, and energetic pediatric dentist in an established, privately owned and operated pediatric dental practice in Southwest Ohio. The position is mainly in an office setting (three days/week), however, some treatment is completed under general anesthesia at the local children's hospital (one day/week) for full-time employees (four days total/week). While experience and board certification are preferred, we welcome all applicants. The salary is competitive for the area, guaranteeing a minimum of \$250,000 for full-time with potential for performance-based collection bonuses. Some benefits include malpractice insurance, CE and licensure credit, and paid vacation. Participation in a 401(k) plan is also available. We are open to considering full-time or part-time candidates, with part-time compensation at \$1200 per day with quarterly collection bonuses. Future potential for ownership is also possible. For more information, or to send in your C.V., please email hensleyk@childrensdayton.org or call (937) 641-4193. Specialization in Pediatric Dentistry is required.

OHIO—WILLOWICK. Come Grow with Us! Established multi-location, state-of-the-art private pediatric dental practice in the suburbs of Cleveland, OH, is looking for a Pediatric Dentist. We are seeking a compassionate and

skilled Pedodontist to join our dental practice. The ideal candidate will specialize in diagnosing and treating dental issues in infants, children, and adolescents. The Pedodontist will provide preventive and therapeutic dental care while ensuring a positive and comfortable experience for our young patients. Pediatric Dentist Key Responsibilities: Examine, diagnose, and treat dental conditions in children from infancy through adolescence. Provide preventive care including cleanings, fluoride treatments, sealants, and oral health education. Perform restorative procedures such as fillings, crowns, extractions, and pulpotomies. Administer local anesthesia, nitrous oxide sedation, or general anesthesia as appropriate. Develop individualized treatment plans in collaboration with patients' guardians. Counsel parents and caregivers on proper oral hygiene and diet for long-term dental health. Manage dental emergencies and trauma cases in young patients. Maintain accurate patient records and comply with HIPAA and other regulatory standards. Work collaboratively with general dentists, orthodontists, and other healthcare professionals. Participate in community outreach programs and school dental health initiatives as needed. Pediatric Dentist Qualifications: D.D.S. or D.M.D. degree from an accredited dental school. Completion of a certified pediatric dentistry residency program. Board certification or eligibility by the American Board of Pediatric Dentistry (ABPD) is preferred. Valid state dental license and sedation certification (if applicable). Proven experience or strong interest in treating pediatric patients. Excellent communication skills and a child-friendly demeanor. Pediatric Dentist Skills and Competencies: Expertise in behavior management techniques for children. Ability to work with children with special healthcare needs. Strong diagnostic and clinical decision-making abilities. Patience, empathy, and an engaging personality. Work Environment: Modern dental office with child-friendly equipment and design. Occasional off-site visits to schools or community centers. Flexible working hours may include evenings or weekends. Pediatric Dentist Compensation and Benefits: Competitive salary based on experience. Signing Bonus! Malpractice insurance. Continuing education and professional development support. Medical, dental, vision, 401k, etc. If you are passionate about providing excellent dental care with a highly experienced staff, please apply today! Or send your C.V. to HR@premiersmilesortho.com. Job Types: Full-time, Part-time. Benefits 401(k). Dental insurance. Employee discount. Flexible spending account. Health insurance. Health savings account. Life insurance. Paid time off. Professional development assistance. Retirement plan. Vision insurance. Education: Doctorate (Required). Pediatric Dental Residency Completion. Experience: General dentistry: 1 year (Required). License/Certification: Ohio Dental License (Preferred). Work Location: In person. Education: Doctorate (Required). Pediatric Dental Residency Completion. Experience: General dentistry: 1 year (Required). License/Certification: Ohio Dental License (Preferred).

OREGON—SALEM. "Every Child Gets A Smile". If you are looking for an opportunity where you can have a strong sense of purpose to your work, put down roots, grow and thrive for the rest of your working career, this is it. We are an engaged, purpose-led private group practice with an entertaining and educational way of doing business with high retention and new patient flow. This opportunity includes Doctor ownership. Oregon is one of the highest-rated places to live, with a variety of outdoor recreation opportunities right on your doorstep—both mountains and beaches are within a short drive. There is so much opportunity for both personal and professional fulfillment. We've got a good thing started with room to grow together. Culture is not just a buzz-word with us. Our team member experience, led by doctors, is what makes this such a great place to work. We are not just co-workers; we are a values-based, "acorny" team that likes to have fun! Doctor Development is top-notch, guided by a mentor doctor right out the gate. This is great for a new-grad doctor to get intense support while starting, or an experienced doctor to immediately have high income potential with great team support. Doctors are the leaders, and the team is ready to help deliver on our Purpose of "Every Child Gets A Smile". All kids in the community are welcomed with open arms, including the underserved. This is a private group practice and we want to attract more ownership-minded, growth-oriented doctors to join our group. Compensation and benefits: Private practice with doctor mentorship built-in. Enjoy building ownership equity without having to buy in; additional buy-in option available for a larger share. Guaranteed daily base, and compensated on everything, whichever is greater (including hygiene). Possible to earn 500k+/year while keeping work-life balance intact. Matching 401k retirement plan. Malpractice insurance and licensing fees paid for. Generous CE stipend. 100% doctor and family coverage for really good medical/dental/vision plans. Generous sign-on bonus to help with relocation. Wait no longer, let's talk! For more information please contact timrichardsondds@gmail.com.

PENNSYLVANIA—EPHRATA. At Pawsitive Pediatric Dentistry, our care is centered on kids, families, and trust. As an associate, you will provide the full range of everyday pediatric dentistry—exams, cleanings, fluoride, sealants, and radiographs, as well as fillings, stainless steel crowns, strip crowns, space maintenance, pulp therapy, and uncomplicated extractions. We also emphasize minimally invasive options such as silver diamine fluoride, the Hall technique, and more. Nitrous oxide is available for patient comfort, and we care for children under general anesthesia through our privileges at Hershey Medical Center. Bioclear systems are also available if you would like to use them. Just as important, you can expect plenty of laughter and fun along the way. We take dentistry very seriously, but we do not always take ourselves seriously. We embrace being silly to help kids feel at ease—because a playful spirit goes hand in hand with building trust and making visits positive. Requirements: D.D.S.

or D.M.D. from an accredited dental school. Completion of a pediatric dentistry residency program. Current Pennsylvania dental license (or eligibility for licensure). Board certified or interest in becoming board certified. Current or eligibility for hospital credentialing at Hershey Medical Center. Strong clinical skills in pediatric dentistry, including preventive, restorative, and minimally invasive techniques. Ability to exemplify the core values of our office: Pawsitivity, Patient-Centered Care, Partnership, and Perpetual Learning. Commitment to creating positive dental experiences for children and families. Clear, compassionate communication with children, families, and teammates. Positive, flexible, and collaborative attitude. For more information please contact dr.milceballos@gmail.com.

TEXAS—AMARILLO. Join an amazing private pediatric dental practice in Amarillo that's all about teamwork, quality care, and having fun while doing it! Compensation & Benefits: Guaranteed daily rate or percentage of adjusted production—whichever is higher. Typical first-year earnings: \$350,000-\$600,000+. Full benefits package: health, dental, vision, malpractice, 401(k), CE stipend, licensure fees, and more! Relocation assistance and sign-on bonus. Ownership potential for the right doctor, plus mentorship for new grads. What We Offer: Beautiful, state-of-the-art offices with cutting-edge technology—fully digital, Pearl AI diagnostics, diode lasers, & CO2 laser on the way and more! Incredible support team: Multiple office managers, 8 front office team members, and 18 fantastic assistants who keep the day running seamlessly. 20 operatories, an in-house surgery center with anesthesia, and hospital privileges. A large, loyal patient base across the Texas Panhandle (population 1M+) with a great mix of 40% FFS/PPO and 60% Medicaid. Why You'll Love It Here (and in Amarillo): We've built a close-knit, supportive team that truly enjoys what we do. The energy is positive, the culture is strong, and we take pride in making every visit an awesome experience for our patients—while keeping our days fun and fulfilling for doctors and staff alike. Amarillo is a big little town—a vibrant hub surrounded by rural communities throughout the Texas Panhandle. You'll find the best of both worlds here: the amenities and convenience of a growing city, paired with the warmth, friendliness, and low cost of living of a smaller community. Great schools, family-friendly neighborhoods, and an easy pace of life make it an ideal place to put down roots. If you're a pediatric dentist who loves kids, teamwork, and providing top-notch care in a fun, positive environment—we'd love to meet you! Licensed to practice in the US. Positive attitudes. For more information please contact Coop@apdokids.com.

TEXAS—CONROE. Excellent opportunity for a pediatric dentist to join our well established, highly successful fee for service pediatric practice that has been in business for over 50 years. We are a privately owned practice with a part-time opening for 3-4 days a week, possibly leading to full-time. Our new facility opened in

2007 along with another office location that opened in 2015. We are ideally located near a privately owned orthodontic practice, 2 general dentist's offices, and an oral surgeon's office. We offer the latest advancements in dental technologies including: chart-less system, electronic charting, built-in nitrous oxide system and in-office monitored sedation along with IV sedation. For more information, please contact cpdpuffin@gmail.com.

TEXAS—HOUSTON. A progressive and advanced Pediatric Dentistry Practice is looking for a Pediatric Dentist for long term associateship, with potential for an Equity position if desired. The company boasts to have multiple offices with high profitability and is in a continuous expansion and progression since its inception. H1B and Green Card Sponsorship Available. The offices are located in great areas of Houston Metropolitan, are well equipped, fully digital with advanced technology like CBCT, iTero, IO cameras, Sensors, Digital Caries Detection among others being utilized for amazing patient care and experience. The teams, both clinical and administrative, are very motivated, helpful and geared towards operations to minimize stress and improve productivity of the dentist. All the interested candidates should respond with a detailed C.V. and photograph to info@bayoakspd.com. Also, provide a good day to

contact you for a brief 30 min call. Thank you. Bay Oaks Pediatric Dentistry Team. (903) 245-7245. Requirements: Oral Conscious Sedation IV Sedation. Credentialing at hospital systems. Board Certification is preferred but not mandatory. Qualities we value: Excellent chairside manner. Team-oriented mindset. Strong focus on patient care and production. Punctuality, honesty, and loyalty Long-term growth mindset. Compensation & Career Path.

TEXAS—SACHSE. The Opportunity: We are seeking a caring, motivated Pediatric Dentist (board-certified or board-eligible) to join our team. Part-time (3 days/week) to start, with potential to expand as the practice grows. Support from a committed pediatric dental assistant + front desk team. Flexible scheduling, family-friendly hours. Opportunity to shape a new practice from the ground up, with mentorship and growth into a long-term leadership role if desired. Requirements: Pediatric Dentist (D.D.S./D.M.D.) with specialty training and active Texas license (or eligibility). Board Certified or Board Eligible in Pediatric Dentistry. Commitment to safe, positive, child-centered care. Comfort with nitrous oxide cases; GA hospital privileges a plus (not required). For more information, please contact info@turtlebaypediatricdentistry.com.

UTAH—WEST JORDAN. Out Of This World Dentistry is looking for a Pediatric Dentist to work 2—3 days a week. Applicants should be trained and feel comfortable in treating children under IV Sedations, Oral Sedations, and regular Dental Treatment. We are a privately owned and well-established practice with 3 locations that consist of Pediatric Dentists, an Orthodontist and General Dentists. Compensation is a percentage of collections after a 6-month guarantee depending on experience. Position is available starting as soon as possible. Contact Deena Harris, deena@ootwd.org, (801) 571-6751. Must be a Licensed Pediatric Dentist.

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STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION 1. Publication Title: PDT (Pediatric Dentistry Today). 2. Publication Number: 1046-2791. 3. Filing Date: October 1, 2025. 4. Issue Frequency: quarterly. 5. Number of Issues Published Annually: 4. 6. Annual Subscription Price: Domestic \$20; Foreign \$20. 7. Complete Mailing Address of Known Office of Publication: 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. 8. Complete Mailing Address of Headquarters or General Business Office of Publisher: American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. 9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor: Publisher—American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672; Managing Editor—Dr. John Rutkauskas. 10. Owner: American Academy of Pediatric Dentistry, 211 East Chicago Avenue, Suite 1600, Chicago, IL 60611-2672. 11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. None. 12. Tax Status: Has not Changed During Preceding 12 months. 13. Publication Title: PDT (Pediatric Dentistry Today) 14. Issue Date for Circulation Data Below: August 1, 2025

15. Extent and Nature of Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net Press Run)	9,983	9,923
b. Paid and/or Requested Circulation		
(1) Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. (Include advertiser's proof and exchange copies)	8,888	8,844
(2) Paid In-County Subscriptions (Include advertiser's proof and exchange copies)	0	0
(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution.	547	529
(4) Other Classes Mailed Through the USPS	478	480
c. Total Paid and/or Requested Circulation [Sum of 15b. (1), (2), (3), and (4)]	9,913	9,853
d. Free Distribution by Mail (Samples, complimentary, and other free.)		
(1) Outside-County as Stated on Form 3541	0	0
(2) In-County as Stated on Form 3541	0	0
(3) Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail (Carriers or other means)	0	0
f. Total Free Distribution (Sum of 15d. and 15e.)	0	0
g. Total Distribution (Sum of 15c. and 15f.)	9,913	9,853
h. Copies not Distributed	70	70
i. Total (Sum of 15g. and h.)	9,983	9,923
j. Percent Paid and/or Requested Circulation (15c. divided by 15g. times 100)	100%	100%
16. Extent and Nature of Circulation		
a. Paid Electronic Copies	0	0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)	9,913	9,853
c. Total Paid Distribution (Line 15f) + Paid Electronic Copies (Line 16a)	9,913	9,853
d. Percent Paid (Both Print & Electronic Copies (16b divided by 16c x 100)	100%	100%

17. Publication of Statement of Ownership is required. It will be printed in the November 2024 issue of this publication.
18. Signature and Title of Editor, Publisher, Business Manager, or Owner


John S. Rutkauskas, Chief Executive Officer

Date: October 1, 2025

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



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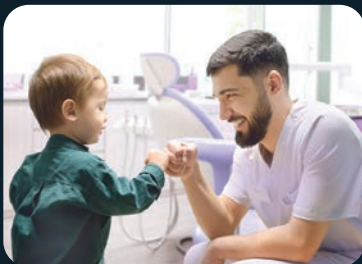
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- ✓ No drilling or needle needed
- ✓ Non-invasive, non-staining
- ✓ Suitable for children & adults
- ✓ Fast & easy application in as little as 3-minutes
- ✓ Helps preserve natural tooth structure

Example of a common problem
treated with Curodont™.

White spot lesions during fixed orthodontic therapy.
Before & after application with CURODONT™.

10-year-old female patient



Before



5 months after

Individual results may vary. Case courtesy: Misty Mattingly, RDH



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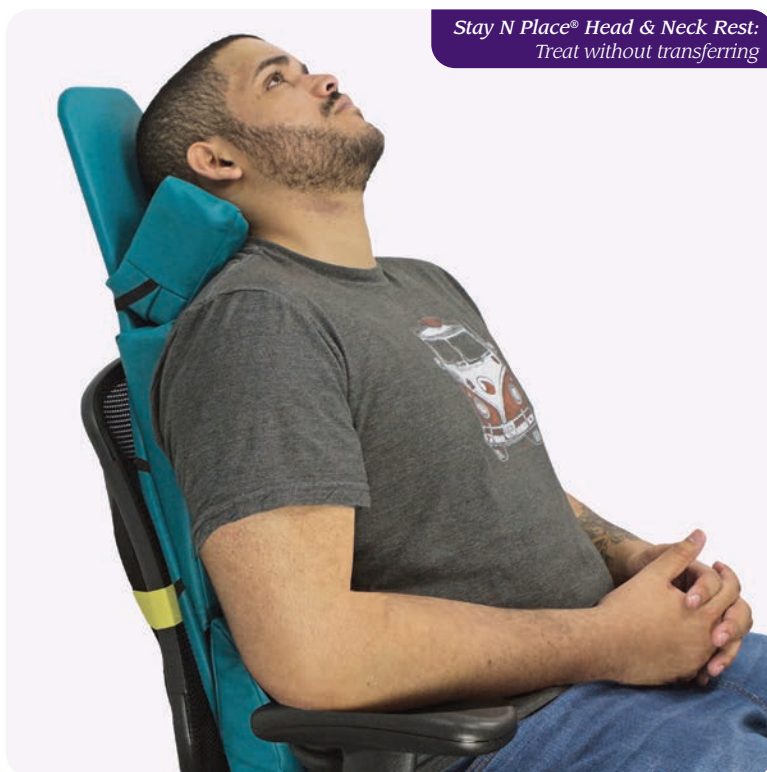
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Here's How Your Office Can Meet the Unique Needs of Your Patients



*Stay N Place® Head & Neck Rest:
Treat without transferring*

Patients arrive with a variety of needs that are not always met by standard dental equipment. With a few simple product additions, your office can efficiently accommodate the unique needs of your patients.

Problem: It is not practical to transfer the patient to the dental chair.

The *Stay N Place® Head & Neck Rest* slips behind the patient in his or her own chair, to provide neck support, and is held in place with straps. It's a great way to treat the patient without the need for a transfer.

Problem: Young patients sit too low in the chair for good ergonomics.

The *Stay N Place® Booster Seat* positions your patient 5" higher in the chair, providing better access and increasing efficiency. It is more ergonomically correct for you and more comfortable for your patient.

Problem: The Knee-to-Knee technique is unstable for the infant and awkward for the adults.

The *Stay N Place® Lap Board* creates a more secure, comfortable and hygienic experience for all involved. It is made of a rigid platform, layered with foam and upholstered in soft, durable vinyl.

To learn more about our product line, visit our website at specializedcare.com or call us at 800-722-7375.



*Stay N Place® Booster Seat:
Ergonomic for you; comfortable for patients*



*Stay N Place® Lap Board:
Secure for baby; less awkward for adults*



Scan the QR code to see our full line of products for the dental office

Check out our new *Corbin™ Adapter* that allows the use of a flexible tip with high volume suction (Page 10)

