

PDT

30

Pediatric Dental Workforce Study:

What Does it Mean for the Future of Your Practice?

March 2020 Volume LV, Number 2

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Practice Management and Marketing News

The Growing Threat of Ransomware: Is Your Practice at Risk?

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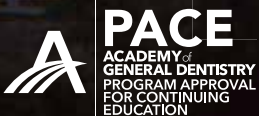
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Pediatric Dental Workforce Study:
What Does it Mean for the Future of Your Practice?

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Dr. Kevin Donly
AAPD President

Establishment of a Dental Home

One of the honors of representing the American Academy of Pediatric Dentistry (AAPD) as President is the opportunity to be interviewed by the media. This includes radio broadcasts, television broadcasts, interviews for newspaper articles, interviews for professional journals and interviews for magazines that typically focus on health and/or parenting.

The excellent media training from AAPD Director of the Pediatric Oral Health Research and Policy Center Dr. Robin Wright and wonderful professional advice from AAPD Public Relations Director Ms. Erika Hoeft, related to me that frequently at the conclusion of an interview, you are offered the opportunity to answer the question, “Is there anything else you would like to add?” What I have found is that every interview I have had up to this point has concluded with, “Do you have anything else that you would like to add?”

What a great opportunity to address the importance of establishing a Dental Home for every child, preferably no later than their first birthday! It is amazing that discussing the importance of establishing a Dental Home can easily accompany any interview topic. When discussing sedation, ending an interview with establishing a Dental Home so that dental caries, a preventable chronic infectious disease that can be avoided, is perfect. A wonderful opportunity is presented to explain prevention, ongoing comprehensive oral health care and anticipatory guidance. Interviewers clearly see that preventive dentistry reduces the need for sedation. Many interviews focus on health, frequently concerning what children should eat and drink at mealtimes, for snacks and during holidays. Again, the establishment of a Dental Home naturally goes with healthy eating and drinking. Appropriate foods and beverages and the frequency of exposure to the oral cavity are critical to oral health maintenance. The establishment of a Dental Home will emphasize these facts during the anticipatory guidance presented during a visit to the Dental Home. The use of a smear of fluoridated toothpaste upon the eruption of the first tooth, which advances to a pea size of fluoridated toothpaste for toddlers, frequency of snacks, types of snacks and appropriate types and amounts of beverages are also discussed during the Dental Home visit.

So, the point I am making is how easy it is to incorporate establishing a Dental Home into almost any conversation. Why? We are aware of the fact that almost three out of four children do not see a dentist by their first birthday. We also know that three out of four children experience at least one caries lesion by their seventeenth birthday. Any opportunity we have to encourage establishing a Dental Home for all children is an important message for us to share whenever we can!

Pediatricians understand the Medical Home and can easily understand the importance of the Dental Home. Immunization prevention is critical the first two years of life and is provided through the Medical Home, similarly to the prevention discussion, including daily home care by parents, fluoride and anticipatory guidance, that we provide through the Dental Home. Since dentistry is such a small part of medical education, pediatric dentists can speak with pediatricians to encourage their participation in making parents aware of the Dental Home for all children, emphasizing the age one dental visit.

Many of you are active with your state chapter societies or academies of pediatric dentistry. Your responsibility includes working with the State Department of Health and Human Services to educate them in children’s oral health. The Department of Health and Human Services is the conduit to the state legislature that determines the budget for the State Department of Health. Every dollar distributed to Dental Medicaid or the Children’s Health Insurance Program (CHIP) is a dollar that can be used to help underserved/ uninsured children become a part of a Dental Home.

Pediatric dentists on school boards or local dental societies can speak with school leaders to positively influence dental care and appropriate lunch diets. Likewise, contact with local community clinics, including Women, Infant and Children (WIC) Clinics, can influence children to establish a Dental Home through a community clinic, Federally Qualified Health Center (FQHC) that offers dental care, or through private dental practices that provide a Dental Home for ongoing preventive and restorative dental care.

Finally, any group of pediatric dentists or an individual pediatric dentist can emphasize the importance of establishing a Dental Home. February, National Children’s Dental Health Month, or August, prior to schools starting the fall semester, media can be contacted to emphasize the importance of Dental Homes. The media is always interested in reporting on seasonal events that provide the opportunity to think about health prevention for children.

Please accept my best wishes as you all do your best, using the avenues available, to see that every child can establish a Dental Home to achieve optimal oral health.



Dr. John S. Rutkauskas
AAPD CEO

Pediatric Dentistry at the 2019 ADA Annual Session

During the American Dental Association (ADA) 2019 Annual Session in San Francisco, Calif. this past September, the AAPD hosted a reception for members serving as delegates or alternates in the ADA House of Delegates (HOD), pediatric dentistry speakers, representatives from other dental partner organizations, and corporate sponsors. The AAPD Executive Committee met with the Dental Specialties Group (which consists of the ten ADA-recognized dental specialties), as well as officers and executive staff of the Academy of General Dentistry and the American Association of Oral and Maxillofacial Surgery.

As is done every year, we reviewed resolutions of interest to pediatric dentistry being considered by the ADA House of Delegates.

Resolution 77

DENTAL SPECIALTIES REPRESENTATION IN HOUSE OF DELEGATES – SUBMITTED BY DR. JAMES D. NICKMAN, 10TH DISTRICT DELEGATE AND PAST AAPD PRESIDENT

This resolution was drafted and fully supported by the AAPD as well as all other dental specialties currently recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (that number is now 10 with the recent addition of dental anesthesia). This resolution would have provided official representation in the ADA HOD for each specialty, having one delegate and one alternate apiece for each of the 10. The AAPD also prepared the following **Talking Points** in support of the resolution:

What exactly is the proposal?

That each of the 10 dental specialties currently recognized by the independent National Commission on Recognition of Dental Specialties and Certifying Boards as represented by their recognized national dental specialty organizations have one Delegate and one Alternate Delegate in the ADA House of Delegates. **This would mean a total of 10 additional Delegates and 10 additional Alternates.** The 10 dental specialties referenced above are: American Academy of Pediatric Dentistry, American Academy of Periodontology, American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Association of Endodontists, American Association of Orthodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Public Health Dentistry, American College of Prosthodontists, and American Society of Dentist Anesthesiologists.

The current structure of the American Dental Association House of Delegates represents the 53 constituent societies, the five federal dental services and the American Student Dental Association. There is no official representation of the dental specialties.

Aren't dental specialties currently well-represented in the ADA HOD?

There are certainly a number of dental specialists currently serving as Delegates and Alternates, and their service and dedication to the ADA is greatly appreciated. However, it's important to keep in mind that such individuals are selected by constituent societies and are under no obligation or directive to represent the principles or policies of the national dental specialty organizations to which they may belong. Their primary duty and loyalty is appropriately owed to their constituent societies.

Will there be any significant cost to the ADA?

No. Each dental specialty is committed to funding the transportation and lodging of their Delegate and Alternate.

Will this result in fewer Delegates for Constituent Societies?

No. The proposed 10 dental specialty delegates will be outside of the delegate allocation formula for constituent societies and have no impact on that number allocated for each district.

Doesn't this run counter to efforts to reduce the size of the HOD?

The overall ideal size of the ADA HOD is a subjective decision that the ADA BOT and HOD have grappled with for several years. However, simply adding 10 delegates would have a minimal logistical and voting impact while adding considerable benefit to the ADA as discussed below.

What is the benefit to ADA?

Each dental specialty brings a unique set of knowledge and experience. National dental specialty organizations establish principles, policies, and recommendations to support and enhance the profession of dentistry and advance the health and safety of patient population. Designated representatives of such national dental specialty organizations in the American Dental Association House of Delegates shall advance the same.

This further strengthens the American Dental Association as the leader and advocate in oral health.

It also builds dental specialist loyalty to the ADA by having a direct role in the ADA governance structure. Dental specialists already join the ADA at a much higher rate as compared to general dentists. This resolution provides even stronger incentive and encouragement for ADA membership.

Finally, dentistry is far more united in its advocacy efforts as compared to medicine where the AMA and the various medical specialties are often at variance. This resolution further promotes unity in the dental profession.

Unfortunately, the ADA Board of Trustees opposed this resolution, and it was not adopted by the HOD.

Resolution 12

STATEMENT ON THE USE OF SILVER DIAMINE FLUORIDE – SUBMITTED BY COUNCIL ON DENTAL PRACTICE

12. Resolved, that the ADA policy, Statement on the Use of Silver Diamine Fluoride, be adopted:

Statement on the Use of Silver Diamine Fluoride

38% Silver Diamine Fluoride (SDF) is a topical antimicrobial and remineralizing agent which was cleared by the FDA as a Class II medical device to treat tooth sensitivity. In certain limited circumstances, SDF can be used as a non-restorative treatment to arrest cavitated carious lesions on primary and permanent teeth. SDF treatment for carious lesions requires appropriate diagnosis and monitoring by a dentist.

When using SDF for caries management, the following protocols should be followed:

1. A diagnosis of caries and comprehensive treatment plan, developed by a dentist, are necessary for each patient prior to the application of SDF.
2. Patients or their lawful guardians who opt for this treatment modality should be informed of all available treatment options, possible side effects, and the need for follow-up monitoring when giving informed consent.
3. The application of SDF may be delegated to qualified allied dental personnel with the appropriate training under the indirect or Public Health supervision of a dentist, in accord with state law and in conjunction with the above protocols, keeping in mind that caries removal may be indicated for effective use of SDF.

The AAPD supported this resolution. However, it was referred to the “Appropriate Agency for Further Study and Report to the 2020 House of Delegates.”

Resolution 48

RECISSION OF THE POLICY, STATE REGULATION OF ADVERTISING – SUBMITTED BY COUNCIL ON GOVERNMENT AFFAIRS

Resolution 48 would rescind the ADA’s policy entitled State Regulation of Advertising (Trans.1984:549), based on the argument that it prescribes an action already addressed, rather than stating a position. The current policy states:

“**Resolved,** that constituent dental societies be urged to consider state legislation, consistent with the recognized rights of commercial speech, that will authorize the appropriate agencies of state government to regulate dentist advertising in the public interest to ensure the dissemination of complete and accurate information through appropriate means of communications including time, manner and place.”

The AAPD supported referral back for further modification, noting that even though the statement is outdated, it is still important for the ADA to have a policy statement supporting the authority of state dental boards to regulate and sanction false and misleading advertising and set parameters for specialty advertising. Resolution 48 was subsequently withdrawn.

Resolution 70

USE OF THE TERM “SPECIALTY” – SUBMITTED BY COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS

70. Resolved, that the ADA policy entitled “Use of the Term ‘Specialty’” (Trans.1957:360) be amended as follows (additions underscored, deletions ~~stricken through~~):

Resolved, that the use of the term “specialty” be reserved for those by any groups which that does not represent a dental specialties specialty formally recognized by the ~~American Dental Association~~ National Commission on Recognition of Dental Specialties and Certifying Boards and/or groups accepted as specialties in the jurisdictions in which they practice ~~be disapproved.~~

The AAPD recommended that this resolution should be strengthened by inserting the word “national” before “use” and deleting everything after “Certifying Boards.” This would make it clear that the ADA believes the National Commission is the “gold standard” for specialty recognition, without intruding upon decisions that are made by state dental boards.

Unfortunately the HOD in resolution 70RC rescinded the entire policy. However, the ADA believes that existing language in Section 5.H. of the ADA *Principles of Ethics and Code of Professional Conduct* means that the parameters of proper and ethical announcement of specialty practice continue unchanged.

Resolution 78

RESPONSE TO RESOLUTION 55H-2018: ESTABLISHING A CULTURE OF SAFETY IN DENTISTRY – SUBMITTED BY COUNCIL ON ADVOCACY FOR ACCESS AND PREVENTION

78. Resolved, that the appropriate ADA agency **Council on Advocacy for Access and Prevention** be tasked with implementing, in a measured and methodical manner, a three year framework for action that will begin to:

- Develop a curriculum on patient safety and encourage its adoption into training;
- Disseminate information on patient and dental team safety through a variety of in-person, print, web and social media communication vehicles on a regular basis;
- Recognize patient safety considerations in practice guidelines and in standards;
- Work collaboratively to develop community-based initiatives for error reporting and analysis; and
- Collaborate with other dental and healthcare professional associations and disciplines in a national summit on dentistry's role in patient safety.

and be it further,

Resolved, that the Council on Advocacy for Access and Prevention be urged to use its existing workgroup.

and be it further,

Resolved, that an annual report be submitted to the ADA House of Delegates detailing progress in nurturing this culture of safety in order to raise awareness, while alleviating fear and anxiety associated with making the dental environment safe for patients, providers and the dental team.

This was approved with minor revisions as indicated above. The AAPD supported this resolution as it is consistent with AAPD's efforts in this area.

AAPD Member Speakers

The following AAPD members made CE presentations during the ADA Annual Session:

- **Dr. Charles S. Czerepak** co-presented on *Being a Medicaid Provider in the Era of Accountability*.
- **Dr. Catherine M. Flaitz** presented on *A Mixed Bag of Oral Lesions in Tots and Teens, Mouthful of Lesions in Peewees: Maximizing Infant Oral Health*, and *Pediatric Oral Diseases: The Times They Are A-changin*.

- **Dr. Martha Ann Keels** co-presented on *Managing and Presenting Dental Erosion in Children and Adults*.
- **Dr. Jeannette K. MacLean** co-presented as part of *An Interactive Session with Our SDF and GIC Expert Panel*.
- **Dr. Greg Psaltis** presented on *Stainless Steel Crowns are a Snap* and *Behavior Management of Children, Parents and Self, I Was on the Internet Last Night*, and *Think and Work Like a Pediatric Dentist*.
- **Dr. Francisco Ramos-Gomez** co-presented on *Hot Topic Session: Latest Clinical Approaches on Pediatrics – Age One Visit* and presented on *Help! I Have a One-Year-Old in My Chair*.
- **Dr. David L. Rothman** presented on *Ouch! That Hurts: Dental Emergencies in Children*, *4 'Ps' of Pediatric Dentistry*, *The Caries-Free Child: Understanding and Sharing the Science*, and *Medical and Sedation Emergencies in Children*.
- **Dr. Rebecca L. Slayton** presented on *Use of Nonrestorative Treatments for Caries Management*.
- **Dr. Jane A. Soxman** presented on *Clinical Techniques in Pediatric Dentistry* and *Diagnosis and Treatment of Oral Trauma* (including a *Continue the Conversation* campfire session).
- **Dr. Sidney A. Whitman** co-presented on *Being a Medicaid Provider in the Era of Accountability*.

AAPD Member Delegates and Alternates

We thank those AAPD members who served in the 2019 ADA House of Delegates:

1ST DISTRICT (CONN., MAINE, MASS., N.H., R.I., VT.)

Delegate

Jonathan D. Shenkin (Augusta, Maine)

Alternate

John Kiang (Providence, R.I.)

2ND DISTRICT (N.Y.)

Delegates

Loren C. Baim (affiliate member) (Glen Falls, N.Y.)

Jay Skolnick (Webster, N.Y.)

Alternates

Lois A. Jackson (New York, N.Y.)

Margaret Madonian (Liverpool, N.Y.)

Ioanna G. Mentzelopoulou (New York, N.Y.)

Sydney Shapiro (predoctoral student member) (Pleasantville, N.Y.)

4TH DISTRICT (AIR FORCE, ARMY, DEL., D.C., MD., NAVY, N.J., PHS, P.R., VETERANS AFFAIRS, VIRGIN ISLANDS)

Alternate

Rachel A. Maher (Wilmington, Del.)

5TH DISTRICT (ALA., GA., MISS.)

Delegate

James I. Lopez (Columbus, Ga.)

Alternates

Robert David Bradberry (Marietta, Ga.)

Lauren B. Moore (Mobile, Ala.)

Ryan M. Vaughn (Gainesville, Ga.)

Erik H. Wells (Watkinsville, Ga.)

6TH DISTRICT (KY., MO., TENN., W. VA.)

Alternate

K. Jean Beauchamp (Clarksville, Tenn.)

8TH DISTRICT (ILL.)

Delegate

Susan Bordenave-Bishop (affiliate member) (Peoria, Ill.)

Alternate

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

9TH DISTRICT (MICH., WISC.)

Alternate

Martin J. Makowski (Clinton Township, Mich.)

10TH DISTRICT (IOWA, MINN., NEB., N.D., S.D.)

Delegates

Valerie B. Peckosh (Dubuque, Iowa)

James D. Nickman (North Oaks, Minn.)

Aruna S. Rao (Minneapolis, Minn.)

Alternate

David C. Johnsen (Iowa City, Iowa)

11TH DISTRICT (ALASKA, IDAHO, MONT., ORE., WASH.)

Delegates

Austin Baruffi (affiliate member) (Tukwila, Wash.)

Christopher Delecki (affiliate member) (Kirkland, Wash.)

Bernard J. Larson (Mount Vernon, Wash.)

Hai T. Pham (Hillsboro, Ore.)

12TH DISTRICT (ARK., KAN., LA., OKLA.)

Alternates

Timothy R. Fagan (Enid, Okla.)

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

13TH DISTRICT (CALIF.)

Delegates

John L. Blake (affiliate member) (Long Beach, Calif.)

Lindsey A. Robinson (Grass Valley, Calif.)

Andrew P. Soderstrom (Modesto, Calif.)

Sharine Thenard (Alameda, Calif.)

Alternates

Paul Ayson (affiliate member) (Visalia, Calif.)

14TH DISTRICT (ARIZ., COLO., HAWAII, NEV., N.M., UTAH., WYO.)

Delegates

Jeffrey A. Kahl (Colorado Springs, Colo.)

Stephanie H. Kaufmann (affiliate member) (Woodland Park, Colo.)

Kirk J. Robertson (Flagstaff, Ariz.)

Alternates

Karen D. Foster (Greenwood Village, Colo.)

Darren D. Chamberlain (Springville, Utah)

Christopher C. Lee (Honolulu, Hawaii)

15TH DISTRICT (TEXAS)

Delegates

Paul A. Kennedy, III (Corpus Christi, Texas)

Charles W. Miller (Arlington, Texas)

Rita M. Cammarata (Houston, Texas)

16TH DISTRICT (N.C., S.C., VA.)

Delegate

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

17TH DISTRICT (FLA.)

Delegates

Natalie Carr-Bustillo (Riverview, Fla.)

Stephen D. Cochran (Jacksonville, Fla.)

Alternates

Casey Lynn (Valrico, Fla.)

Suzanne Thiems-Heflin (Gainesville, Fla.)



NOTICE TO ACTIVE AND LIFE MEMBERS

Constitution and Bylaws Amendment before the 2020 General Assembly

These amendments will be considered the AAPD Annual Session in Nashville, Tennessee during the Reference Committee hearings and the General Assembly.

Note to readers: All line numbers reference the current AAPD Constitution and Bylaws as printed in the 2020 Membership Directory.

~~Strikethrough~~ words are to be removed; **bold underlined** words are to be added.

1. CODIFY AWARDS COMMITTEE

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees.

Background: The board believes the Bylaws should describe the Awards Committee as one of the committees of the Board of Trustees, to codify existing practices and to promote transparency in decision-making. This is also consistent with amendments to the AAPD Administrative Policy and Procedure Manual adopted by the board at its May, 2019 meeting.

An amendment would be made to Chapter V (BOARD OF TRUSTEES), Section 18 (COMMITTEES OF THE BOARD OF TRUSTEES):

768 Section 18. COMMITTEES OF THE BOARD OF TRUSTEES:
769 The committees of the Board of Trustees shall be:

INSERT AFTER NOMINATIONS COMMITTEE [LINES 929-952] AS
NEW PARAGRAPH I

I. Awards Committee **Composition:**

The Awards Committee shall consist of five (5) members of the Board of Trustees: the President-elect who shall serve as Chair, a senior Trustee, a junior Trustee, a freshman Trustee, and the Chief Executive Officer. The senior, junior, and freshman Trustees shall be appointed by the Board of Trustees.

Duties: The duties of this committee shall be to:

- 1. Solicit nominations from AAPD members and the committee.**
- 2. Review nominations for the certain AAPD awards as described in the Administrative Policy and Procedure Manual of the AAPD.**
- 3. Make award decisions based on the most deserving nominee.**
- 4. Regularly report to the Board of Trustees concerning their award reviews.**
- 5. Perform such other duties as assigned by the President or the Board of Trustees.**

2. ADDITION OF AUDIT DUTIES TO BUDGET AND FINANCE COMMITTEE

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees.

Background: The board recommends that in light of the Sarbanes-Oxley law and greater IRS scrutiny of association governance that it would be a best practice to add specific reference to audit duties under the Budget and Finance Committee.

An amendment would be made to Chapter V (BOARD OF TRUSTEES), SECTION 18 (COMMITTEES OF THE BOARD OF TRUSTEES):

791 B. BUDGET AND FINANCE COMMITTEE:
...
808 Duties:
809 The duties of this committee shall be to review the budget and
810 finances of the Academy and make recommendations to the
811 Board of Trustees for their approval. **The committee shall also select an independent auditor to carry out an annual financial audit of the Academy, and review and accept the results of such audits.**

3. ALLOWANCE OF TWO CONGRESSIONAL LIAISON APPOINTMENTS

The following proposed change to the Constitution and Bylaws was prepared by the Constitution and Bylaws Committee at the request of the Board of Trustees.

Background: The board wishes to add language regarding the appointed Congressional Liaison to indicate there may be two individuals serving in this position at the same time. Effective May, 2020, Drs. Warren Brill and Jade Miller will become co-Congressional Liaisons, assuming the duties of Dr. Heber Simmons Jr. who is retiring from this position. There is also a proposed technical correction reflecting that the AAPD no longer has a Task Force on Child Advocacy, as those duties were transferred to other councils and committees.

An amendment would be made to Chapter V (BOARD OF TRUSTEES):

563 Section 1. COMPOSITION: The Board of Trustees shall consist of
564 eighteen (18) **to nineteen (19)** members: the President, President-Elect,
565 Vice-President, Secretary-Treasurer, the immediate past President,
566 one District Trustee elected from each of the five (5) trustee districts, three (3) trustees elected as member at-large,
567 one (1) Affiliate Trustee; and the Editor, Chief Executive Officer,
568 Parliamentarian, and Congressional Liaison (s), who shall be ex officio members of the Board of Trustees without the right to vote.
569
570

An amendment would be made to Chapter IV (APPOINTED OFFICERS):

1083 Section 1. TITLE: The appointive officers of this Academy
1084 shall be an Editor, Chief Executive Officer, Parliamentarian, and
1085 Congressional Liaison (**s**), and such others as may be designated by
1086 the Board of Trustees.

1087 Section 2. APPOINTMENTS: The Board of Trustees shall designate the appointive officers as follows:
1088
...
1106 D. Congressional Liaison (**s**): The Congressional Liaison (**s**) shall be
1107 nominated for a one (1) year term by the President and appointed subject to approval by a majority of the votes
1108 cast by the Board of Trustees. The Congressional Liaison (**s**)
1109 may be reappointed to an unlimited number of additional one
1110 (1) year terms.
1111
...
1118 Section 3. DUTIES: The duties of the appointive officers shall be as follows:
1119
...
1162 D. Congressional Liaison (**s**):
...
1169 ~~3. To serve as a member of the Task Force on Child Advocacy.~~

RE-NUMBER ITEMS 4 AND 5.

NOTICE TO ACTIVE AND LIFE MEMBERS

(1) Reference Committee Hearing and Reports & (2) General Assembly Meeting

Constitution and Bylaws amendments, proposed changes/additions to oral health policies and clinical recommendations of the American Academy of Pediatric Dentistry, and a dues proposal for Canadian members will be the subject matter for the Reference Committee hearings at the Annual Session. Recommendations from the Council on Clinical Affairs concerning oral health policies and clinical recommendations were posted as a Members-only document on the AAPD website (www.aapd.org) no later than sixty (60) days prior to the General Assembly. All members will be alerted to this availability via *AAPD E-News*.

The Reference Committee hearing will take place on Saturday, May 23, 2020, from 10 to 11 a.m., in Room 104 of the Nashville Music City Center. Members are strongly encouraged to attend. Non-members may attend, but will be polled and asked to identify themselves by the chair, and are not allowed to comment. The Reference Committees are intended to be the venue for member discussion on any formal resolutions that will be proposed before the General Assembly. This is an opportunity for members to present testimony on proposed oral health policies and clinical recommendations, and other business to come before the General Assembly.

Reference Committee Reports will be available in the back of Room 104 of the Nashville Music City Center beginning at 8:30 a.m., on Sunday morning May 24, 2020, prior to the beginning of the General Assembly and Awards Recognition at 9:30 a.m. If available in time, copies will also be provided at District Caucuses on Saturday, May 23, 2020, from 1 to 2 p.m.

The Awards Recognition and General Assembly will take place on Sunday, May 24, 2020, from 9:30 to 11:30 a.m., in Room 104 of the Nashville Music City Center. The General Assembly is a meeting of Active and Life members for the purposes of conducting the business of the AAPD. Final action on recommendations from Reference Committees takes place at the General Assembly. An agenda for the General Assembly meeting will be posted on the AAPD website (www.aapd.org) approximately one month prior to the meeting. All members will be alerted to this availability via *AAPD E-News*.

AAPD Nominations

K. Jean Beauchamp

PRESIDENT ELECT NOMINEE



Dr. Jeannie Beauchamp was raised in Oak Ridge, Tenn. She practiced dental hygiene for seven years before returning to dental school. She earned her D.D.S. degree from the University of Tennessee Health Science Center in Memphis. She then completed a two year pediatric residency there.

Since 1993, she has practiced in Clarksville, Tenn. She established Clarksville Pediatric Dentistry, PC in 1999.

She is a board certified pediatric dentist and is very involved in local, state and national dental societies. She has been active with the American Academy of Pediatric Dentistry. Currently serving on the board of trustees as Secretary-Treasurer, she has also served as Parliamentarian and as the Southeast Trustee. She was chair of the Council on Communications, Political Action Committee and Committee on Interprofessional Relations. Presently she serves on American Dental Association Council of Government Affairs. She was a member of the Council on Access, Prevention and Interprofessional Relations and ADA's representative on an Advisory Committee of the Joint Commission on Accreditation of Healthcare Organizations. Beauchamp is also active with the Tennessee Dental Association, currently serving as the Secretary and Chairman of the Government Affairs Committee. She has served as a Tennessee delegate to the ADA House of Delegates for 11 years. She is past president of the Eighth District Dental Society.

She is a Fellow of American College of Dentists, Fellow of International College of Dentists, and a Pierre Fauchard Academy Fellow. She was voted dentist of the year in 2012 by the Tennessee Academy of General Dentistry. Also, she is the Alumnus of the year for 2018 for the University of Tennessee, College of Dentistry.

Amr M. Moursi

VICE PRESIDENT NOMINEE



Dr. Amr M. Moursi is professor and chair of the Department of Pediatric Dentistry at the New York University College of Dentistry and on the Medical Staff at the New York University Langone Medical Center and the Bellevue Hospital Center in New York. He completed his D.D.S. degree at

the University of Michigan School of Dentistry, a pediatric dentistry residency at Children's Hospital of Pittsburgh and then a Ph.D. in Craniofacial Biology from the University of California at San Francisco. He is a board-certified Diplomate of the American Board of Pediatric Dentistry and a Fellow of both the American Academy of Pediatric Dentistry (AAPD) and the International College of Dentists. Moursi received the Merle S. Hunter Leadership Award in 2014, and been selected for the AAPD Leadership and Advanced Leadership Institutes. Moursi has served the AAPD in many capacities, including Academic Trustee-at-large on the Board of Trustees, Liaison to the

American Academy of Pediatrics, Regional Consultant on the Medicaid and CHIP Advisory Committee, Chair of the Global Interactions Task Force, Fellow of the Pediatric Oral Health Research and Policy Center, and Director of the Comprehensive Review Course.

Moursi serves as an examiner for the Royal College of Surgeons in Ireland and as a consultant to both the New York State and New York City Departments of Health. He is a former member of the Examination Committee of the American Board of Pediatric Dentistry. He also served as a Consultant and Pediatric Dentistry Review Committee member for the Commission on Dental Accreditation.

Moursi's research focuses on early childhood oral health. He is the author or co-author of over 100 published articles, book chapters and policy briefs. He has been an invited speaker at numerous state, national and international conferences and universities with presentations on variety of topics including Behavior Guidance, Early Childhood Oral Health, and Oral Health for Patients with Special Needs. In addition, he has led teams of NYU faculty and students to provide pediatric dental training, education and care to underserved areas around the world including Tanzania, Nicaragua, Alaska, northern Maine and upstate New York. He also maintains a private practice in New York City.

Scott W. Cashion

SECRETARY-TREASURER NOMINEE



Dr. Scott Cashion is a 1994 graduate of the University of North Carolina School of Dentistry and finished his Residency and Masters in Pediatric Dentistry there in 1997. He is currently an adjunct faculty member in the Department of Pediatric Dentistry. He is a board-certified pediatric dentist

and a Diplomate of the American Board of Pediatric Dentistry. He has been in private practice in Greensboro, North Carolina for over 20 years.

Cashion has served as a leader with the American Academy of Pediatric Dentistry (AAPD). He currently serves as the chair of the Pediatric Medicaid/CHIP Advisory committee and is President of the Medicaid/Medicare/CHIP Dental Services Association (MSDA). Cashion served on the Board of Trustees of the AAPD (2008-2011) and was Parliamentarian (2012-2013). In May of 2013 he was awarded the Merle C. Hunter Award for Leadership in the American Academy of Pediatric Dentistry.

Cashion currently serves as an ADA Delegate At-Large for the NC Delegation and has been a Delegate or Alternate Delegate since 2009. Cashion is the Immediate Past President of the North Carolina Dental Society Foundation. In 2018 he completed his service on the ADA Council on Advocacy for Access and Prevention (CAAP, formerly CAPIR).

Cashion is past president of the North Carolina Dental Society (2015). He previously served on the Board of Trustees of the North Carolina Dental Society. Cashion is a member of the Guilford County Dental Society and served as president in 2005-2006. He was president of the North Carolina Third District Dental Society in 2004.

Cashion was awarded the North Carolina Dental Society's Commendation Award in 2007. He is a fellow in the International College of Dentists, American College of Dentists and the Pierre Fauchard Academy.

Cashion is involved in the Greensboro Community and served on the Board of Habitat for Humanity, is active in his church and is a member of the Greensboro Sports Council. He is an avid runner and has ran three marathons.

Paul A. Kennedy III

TRUSTEE AT LARGE/FEDERAL SERVICES MEMBERSHIP TRUSTEE



Dr. Paul A. Kennedy III was born and raised in Corpus Christi, Texas. He attended dental school at the University of the Pacific, Arthur A. Dugoni School of Dentistry. He then moved back to Texas and completed his residency at the University of Texas Health Science Center at San Antonio. His father is a pediatric dentist and a past president of the American Academy of Pediatric Dentistry. Kennedy joined his father in private practice in 2003 and took over ownership of their group in 2008. He currently practices and manages the large group practice with over 80 employees.

Kennedy is a board certified pediatric dentist and is involved in organized dentistry on a local, state and national level. He is on the medical staff at two local hospitals in Corpus Christi, Texas. After founding the Saratoga Surgical Center, Kennedy serves as chair of the Ambulatory Surgical Center's board of directors. He also served as president of the Nueces Valley District Dental Society and the Texas Academy of Pediatric Dentistry. Currently Kennedy serves as a delegate to the American Dental Association from Texas, Texas Academy of Pediatric Dentistry Pedi-PAC Chair, and Nueces Valley District Dental Society Den-PAC chair.

Since the beginning of his career Kennedy has been active with the American Academy of Pediatric Dentistry and is currently serving on the AAPD Foundation Development Committee. He has also served as chair of the New Pediatric Dentist Committee and chair of the Council on Membership and Membership Service.

Kennedy is a Fellow of the American College of Dentists and was honored in 2012 when he received the Jerome B. Miller/Crest Oral-B For the Kids Award. He also received the Golden Apple Award for New Dentist Leadership from the ADA in 2011 and the TDA New Dentist Leadership Award in 2010.

Carlos A Bertot

SOUTHEASTERN DISTRICT TRUSTEE



Carlos A Bertot received his D.M.D. from the University of Florida, College of Dentistry and his certificate in pediatric dentistry from the University of Kentucky, Albert B. Chandler Medical Center. He was board certified in 1996 and has been involved with organized dentistry since his days in dental school. In addition to his membership and service to multiple dental organizations, he has served at the council and committee level for AAPD and currently serves as Parliamentarian on the Executive Committee. He is a past President of the Florida Academy of Pediatric Dentistry and a National Spokesperson for AAPD. Bertot is a graduate of the AAPD Leadership Institute at the Kellogg School of Business, Northwestern University and the AAPD Advanced Leadership Institute at the Wharton School of Business, University of Pennsylvania. He also devotes time as a Courtesy Clinical Assistant Professor at the University of Florida, College of Dentistry. Bertot is in private practice in Maitland and St. Cloud, Fla., communities of the Orlando area.

Vanessa Carpenter

AFFILIATE MEMBERSHIP TRUSTEE



Vanessa Carpenter completed her dental school training at the University of Texas Dental Branch in Houston, Texas in 1990. Upon receiving her dental degree, she went into private practice. She is a founding partner at Castellano & Carpenter Dental Associates. Carpenter was selected and participated in Leadership Laredo, and then selected and attended Leadership Texas. She has served on the Board of Directors of Boys and Girls Club of Laredo and has held various roles with the Make-A-Wish Foundation, and the Laredo Women's Shelter. Carpenter is a long-time member of the American Dental Association, the Texas Dental Association, and the Laredo District Dental Society, and has been a member of the American Academy of Pediatric Dentistry since 2002. She currently practices in Laredo, Texas and has 2 boys, Nicolas and Edgar.

Edward Ginsberg

ABPD DIRECTOR



Dr. Edward Ginsberg is the founding partner of the Smiles4Children pediatric dental group practice, in Catonsville, Ellicott City and Eldersburg, Maryland. A 1982 graduate, with honors, of the University of Maryland School of Dentistry, he also completed pediatric dental specialty training at Maryland in 1984. Dr. Ginsberg is a Clinical Associate Professor in the Division of Pediatric Dentistry at the University of Maryland. He has been a part-time member of the department since 1985.

A diplomate of the American Board of Pediatric Dentistry since 1992, Dr. Ginsberg has served as an examiner for the Oral Clinical Examination (OCE) since 2008, OCE Subcommittee member, OCE Part Leader and Chair. He is also a member of the Johns Hopkins Craniofacial Team and an examiner for the sedation committee of the Maryland State Board of Dental Examiners. Dr. Ginsberg is a Fellow of the American College of Dentists, International College of Dentists, and the American Academy of Pediatric Dentistry. Ed and his wife Jeannie, have two children and four grandsons.

NOTICE TO ACTIVE AND LIFE MEMBERS

Proposed Dues Adjustment for Canadian Active Members for consideration by the 2020 General Assembly

The AAPD Board of Trustees during its January 2020 meeting unanimously proposed a dues adjustment so that pediatric dentists practicing in Canada are eligible for Active AAPD membership at an individual annual rate of 75 percent (\$517.50) of regular Active dues (\$690). This dues rate will be offered by the Canadian Academy of Pediatric Dentistry (CAPD) only for pediatric dentists practicing in Canada who join both the AAPD and CAPD. This recommendation is fully supported by the CAPD.

The AAPD Board of Trustees' rationale for this recommendation is as follows:

- Canada is in a unique position with the AAPD compared to any other country because training standards are completely reciprocal. Hence, pediatric dentists trained in Canada meet eligibility requirements for Active membership in the AAPD.
- For many years, Canadian pediatric dentists have sought Active membership.
- However, there are certain AAPD activities, significantly legislative and regulatory advocacy targeted to the U.S. Congress and state legislatures, which do not directly benefit Active member pediatric dentists practicing in Canada.
- In light of the above, for many years the AAPD has permitted the CAPD to enroll all its members as Active members in the AAPD at a rate of 50 percent of regular Active member dues.
- With the recent creation of foreign chapters and the grandfathering in of CAPD with such status, leaders of the AAPD and the CAPD reviewed this long-standing arrangement and reached an agreement that a rate of 75 percent was more equitable to all concerned. This recognizes the significant benefits of Active membership while acknowledging that not all benefits of US-based pediatric dentists accrue to Canadian pediatric dentists.

This proposal is being considered pursuant to the AAPD Bylaws, Chapter XI. Finances, Section 1. Dues:

- 1182 A. The amount of the annual dues of Active members shall be
1183 proposed by the Board of Trustees and may be revised at any
1184 annual session by an affirmative vote of a majority of the mem-
1185 bers present, entitled to vote and voting, provided the mem-
1186 bership is informed of the impending proposal no later than
1187 thirty (30) days prior to the first day of the annual session.



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Legislative and Regulatory Update

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

Federal News

FY 2020 FINAL OMNIBUS APPROPRIATIONS BILL PROVIDES \$12 MILLION FOR PEDIATRIC DENTISTRY

Congress passed two legislative spending bills on December 19, 2019 totaling \$1.4 trillion to keep the government running through the remainder of fiscal year 2020. The bills include funding for the AAPD's key appropriations issue.

H.R. 1865, known as the domestic priorities and international assistance appropriations minibus, totaled \$540.4 billion and was made up of eight appropriations bills: Labor-Health and Human Services-Education, Agriculture, Energy and Water Development, Interior-Environment, Legislative Branch, Military Construction-Veterans Affairs, State-Foreign Operations, and Transportation-Housing and Urban Development. H.R. 1158, the national security appropriations minibus, totaled \$860.3 billion and includes the Defense, Commerce-Justice-Science, Financial Services and General Government, and Homeland Security appropriations bills. President Trump signed both measures into law on December 20, 2019 as P.L. 116-94 and P.L. 116-93.

In terms of AAPD's top funding priority, Title VII pediatric dentistry, the following favorable report language from House Committee Report 116-62¹ from May 15, 2019 is now official:

“ORAL HEALTH TRAINING

The Committee recommends \$40,673,000 for Oral Health Training programs, the same as the fiscal year 2019 enacted level and \$40,673,000 above the fiscal year 2020 budget request. These programs serve to increase the number of medical graduates from minority and disadvantaged backgrounds and to encourage students and residents to choose primary care fields and practice in underserved urban and rural areas.

The Committee includes not less than \$12,000,000 for General Dentistry Programs and not less than \$12,000,000 for Pediatric Dentistry Programs. The Committee directs HRSA to provide continuation funding for predoctoral and postdoctoral training grants initially awarded in fiscal year 2015, and for section 748 Dental Faculty Loan Program (DFLRP) grants initially awarded in fiscal years 2016, 2017, 2018 and 2019. The Committee continues to support DFLRP awards with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.”

REPORT LANGUAGE RELATED TO DENTAL MEDICAID

Report language from House Committee Report 116-62 is now official as well; this urges CMS to appoint a chief dental officer and instructs auditors of dentists to utilize the clinical guidelines, best practices and policies of the AAPD and ADA. This language was strongly supported by the ADA and AAPD.

HRSA TITLE VII FY 2020 POST-DOCTORAL TRAINING GRANT NOFO RELEASED; AAPD PROVIDES TECHNICAL ASSISTANCE TO ENCOURAGE APPLICATIONS

In anticipation of a new HRSA grant cycle and in our effort to promote a robust number of pediatric dentistry applications, AAPD prepared a free webinar pediatric dental program directors on grant writing and planning. This was presented live by Academic Trustee at-large Dr. Homa Amini on October 11, 2019 and is available for online viewing/listening at any time for AAPD members.²

When the HRSA Notice of Funding Opportunity (NOFO) for Postdoctoral Training in General, Pediatric, and Public Dentistry was released on November 13, 2019, the AAPD immediately notified pediatric dentistry program directors of the February 12, 2020 application deadline. According to HRSA:

“The program provides funding to improve access and delivery of oral health care services for all individuals, particularly vulnerable populations and individuals located in rural and/or underserved areas. Eligible applicants include entities that have programs in dental schools, or approved residency or advanced education programs in the practice of general, pediatric or public health dentistry, which may include dental schools, public or private not-for-profit hospitals, or other public or private non-profit entities, including faith-based and community based organizations.”

HRSA expects approximately \$13,000,000 to be available in FY 2020 to fund an estimated 28 eligible grantees. The AAPD was pleased that the HRSA NOFO adopted many AAPD recommendations that such grants focus on program quality upgrades that improved care for under-served areas and populations instead of merely expansion of positions. The following aspects of the NOFO were highlighted:

- “The NOFO supports the development or enhancement of existing residency training programs to incorporate and test new and innovative models of care delivery for rural, underserved and vulnerable populations.”

- There are **three primary areas of focus** to plan, develop and implement projects in community-based training sites that focus on one or more of the following three areas:
 1. caring for underserved and/or vulnerable populations
 2. developing/expanding rural training sites, or
 3. dental public health.
- If multiple residency programs at a dental school are interested in the grant they should do a collaborative application and be eligible for \$650,000 per year as opposed to \$450,000 per year. This is especially important because multiple applications from an organization are not allowed.
- “For programs applying for a planning year, initial accreditation must be received at or before, July 1, 2021, and maintained for the remainder of the project period.”
- “Additionally, applications may include some faculty development for the purpose of preparing program completers for roles as community-based clinician educators and mentors.”
- “Applicants are encouraged to target programs towards dentists who are likely to provide care for underserved groups and communities.”

AAPD also send reminders of a HRSA technical assistance webinar on December 13, 2019 and subsequent conference call in January, along with several additional reminders prior to the grant deadline.

HRSA RETAINS SEALANT MEASURE BASED ON AAPD-ADA RECOMMENDATION

On December 13, 2019, the Health Resources and Services Administration (HRSA) announced in the *Federal Register* that based upon public feedback, the agency will retain the dental sealant measure for 2020 UDS reporting (Dental Sealants for Children Between 6-9 year). HRSA also decided to not add the fluoride varnish measure for 2020 UDS.³

As reported in the November, 2019 PDT, on August 27, 2019, the AAPD and ADA wrote HRSA urging them not to replace the measure of Dental Sealants for Children Between 6-9 Years. This measure is utilized in HRSA’s oversight of its community health centers program. HRSA had requested public comment on a proposal to replace this measure with one titled Primary Caries Prevention Intervention as Offered by Primary Care Providers (CMS74v9). The letter, signed by then-ADA President Jeffrey M. Cole, ADA Executive Director Kathleen T. O’Loughlin, AAPD President Kevin J. Donly, and AAPD Chief Executive Officer John S. Rutkauskas stated: “Research has shown that sealants are effective in preventing occlusal carious lesions in the molars of children when compared with controls without sealants.” The letter referenced the evidence-based clinical practice guideline released in 2016 by the ADA and AAPD that found sealants could minimize the progression of noncavitated occlusal carious lesions and effectively prevent and arrest pit-and-fissure occlusal carious lesions of primary and permanent molars in children and adolescents compared with the nonuse of sealants or use of fluoride varnishes. The letter is available on the AAPD website.⁴

TAX REPEALS OF NOTE IN FINAL FY 2020 OMNIBUS SPENDING BILL

P.L. 116-94 referenced above also included the repeal of several problematic tax provisions.

Permanent repeal of the 2.3 percent medical device tax that was included in the Affordable Care Act. Implementation of this tax had been delayed by Congress several times, but was scheduled to begin in 2020. Many healthcare organizations, including the Organized Dentistry Coalition (coordinated by ADA, of which AAPD is a member) had long advocated for this permanent repeal.

Full repeal of the “Cadillac tax” on high-cost employer-provided health plans. Enacted as part of the Affordable Care Act, the Cadillac tax would have imposed a 40 percent excise tax beginning in 2022 on employer-provided health plans that exceed \$11,200 for an individual and \$30,100 for a family.

Repeal of the UBIT tax on employee fringe benefits provided by tax-exempt organizations.

Originally enacted under the 2017 tax law, this provision required associations and other tax-exempt organizations to pay a 21 percent unrelated business income tax (UBIT) on employee benefits, such as parking and transportation. Known as the “church parking tax”, there was a two-year advocacy and grassroots campaign by the American Society of Association Executives (ASAE) and the UBIT Coalition, working towards repeal.



State News

DENTAL LETTER, STATE LEGISLATIVE HEARING, AND PRESS COVERAGE PUTS SPOTLIGHT ON UNREASONABLE MEDICAID DENTAL AUDITS IN NEBRASKA



The AAPD, American Dental Association, Nebraska Society of Pediatric Dentistry and Nebraska Dental Association, troubled by the growing number of Medicaid pediatric dental audits in Nebraska that are harming children's access to oral care, wrote the state's Medicaid agency on Nov. 6, 2019, stating that the audits have led to "unfortunate outcomes detrimental to the program's goal of improving oral health access for children of low-income families." The organizations said they believe that dental auditors were not basing their reviews on AAPD's accepted clinical recommendations and were "second-guessing clinical decision-making by pediatric dentists absent appropriate peer review by a dentist with equivalent educational training."

The audits have questioned the use of stainless steel crowns in children at high caries risk, many with signs of severe decay on multiple teeth, and requested significant refund of payments for alleged inappropriate treatment. The letter asked the Nebraska Division of Medicaid and Long-Term Care to halt the audits and require all future Medicaid dental auditors to utilize dental profession clinical guidelines, best practices and policies of the appropriate specialty organization, and require contracted auditors to utilize licensed dentists of equivalent education and training as the dentists being audited and to have experience in treating Medicaid patients.

There was featured story about the letter in ADA News, including a front page story in the printed version, and AAPD also posted the letter and summary on our website.⁵

On Dec. 13, 2019, the Nebraska Legislature's Health and Human Services Committee held a hearing that included testimony on the Medicaid UPIC (Uniform Program Integrity Contractor) dental audits. The dental audit portion lasted for a little under an hour. The witnesses all did an outstanding job; these included pediatric dentists Drs. Marty Killeen (the first pediatric dentist impacted by these audits), Jill Wallen (head of pediatric dentistry at the University of Nebraska dental school), and Jessica Meeske (former AAPD North-Central Trustee and member of the AAPD's Committee on Dental Benefit Program and Pediatric Dental Medicaid and CHIP Advisory Committee), along with the mother of a special needs child.

There will likely be legislation introduced to remedy the problem; in addition, a group of pediatric dentists subsequently met with the Governor to ask for immediate executive relief from the pending audits. In a bit of great timing, coordinated between the Nebraska Society of Pediatric Dentistry and AAPD, there was a front page news story Friday morning of the hearing in the Omaha World-Herald and a subsequent editorial supporting the dental community's position.⁶

¹<https://www.congress.gov/116/crpt/hrpt62/CRPT-116hrpt62.pdf>

²http://eventcenter.commpartners.com/se/Meetings/Playback_new.aspx?meeting_id=740212

³<https://www.govinfo.gov/content/pkg/FR-2019-12-13/pdf/2019-26876.pdf>

⁴<https://www.aapd.org/advocacy/legislative-and-regulatory-issues/latest-advocacy-news/aapd-and-ada-oppose-replacement-of-federal-sealant-measure-by-hrsa/>

⁵<https://www.ada.org/en/publications/ada-news/2019-archive/november/dental-groups-urge-nebraska-medicaid-office-to-halt-pediatric-dental-audits>

<https://www.aapd.org/advocacy/legislative-and-regulatory-issues/latest-advocacy-news/dental-organizations-urge-nebraska-medicaid-office-to-halt-overhaul-pediatric-dental-audits/>

⁶ https://www.omaha.com/livewellnebraska/health/dentists-warn-that-medicaid-audits-could-harm-children-s-dental/article_8fe6f3e0-82a5-5dc0-0ff6-4a32806d4b31.html

https://www.omaha.com/opinion/editorial-auditing-of-nebraska-s-medicaid-funded-pediatric-dentists-needs/article_8928fe18-8ab1-5f93-ac8f-a8cd6ecb2dd4.html

PAC Corner

Kudos to the SouthEastern and NorthCentral Diristricts

The AAPD PAC Steering Committee again held a competition in 2019 among the five AAPD districts to determine which district is the top AAPD PAC supporter in terms of number of contributors and total hard dollars raised.¹ The final numbers are below:

PAC DONATIONS AS OF DEC. 11, 2019

District	Hard Dollars	Soft Dollars	Total	#contributors	\$/contributor
NorthCentral	\$ 24,866	\$ 18,950	\$ 43,816	192	228.21
Northeastern	\$ 18,960	\$ 18,325	\$ 37,285	181	205.99
Southeastern	\$ 23,046	\$ 24,750	\$ 47,796	234	204.26
Southwestern	\$ 22,400	\$ 20,350	\$ 42,750	206	207.52
Western	\$ 20,552	\$ 22,306	\$ 42,858	216	198.42
TOTALS	\$ 109,824	\$ 104,681	\$ 214,505	1029²	208.46

As you can see, the Southeastern District had the largest number of contributors (234). The NorthCentral District provided the largest amount of hard dollars (\$24,866). **The Southeastern and NorthCentral Districts will be recognized at the AAPD PAC Reception during AAPD 20 in Nashville.** This will take place from 4 – 5 p.m., on Friday, May 22, 2020.

We thank all AAPD PAC contributors in 2019. With a new year (2020) you should consider either becoming a PAC contributor for the first time (the voluntary recommended support level for new dentists is only \$100) or for previous contributors increasing your support to the next level such as Cabinet (\$500-999) or Patriot (\$1000 and above). You can contribute online at: https://www.aapd.org/advocacy/pac_contributions/.

PAC Check Deliveries Off to a Strong Start for 2020 Elections

The AAPD PAC has already contributed about one-third of anticipated contributions for this cycle. Decisions about additional Members/Candidates to support will be made at the PAC Steering Committee meeting in Washington, D.C., on March 1, 2020.

Below are two recent highlights:

On Nov. 14, 2019, the AAPD PAC hosted a reception in Washington, D.C. for Congresswoman Yvette D. Clarke (D-9th N.Y.). The fund-raising event was held at the offices of Hogan Lovells (AAPD’s D.C. lobbying firm) and was also supported by ADPAC and AAOMS PAC. Earlier in 2019 Congresswoman Clarke introduced H.R. 996 in the House of Representatives, legislation that would make dental faculty loan repayment awards non-taxable to individual recipients.



Pictured l-r: Congressman Pocan, Dr. Hartmann



Pictured l-r: Dr. Jade Miller (Congressional Liaison-designee), Dr. Warren A. Brill (Congressional Liaison-designee), Congresswoman Clarke, Dr. Reneida Reyes (past AAPD PAC Chair and member of PAC Advisory Board), and Dr. Heber Simmons Jr. (Congressional Liaison).

PAC Vice Chair Dr. Cliff Hartmann attended a local fund-raiser last September for Congressman Mark Pocan (D-Wisc. 2nd), who is a member of the House Appropriations Committee.

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

Dr. Warren A. Brill, PAC Steering Committee Chair

¹Remember that if you want your dollars applied directly to candidate support, please make your PAC contribution via a personal credit card or check. Such support counts as “hard dollars” for a PAC. Contributions from a corporate account must be applied to “soft dollars”, which can be used for PAC administrative and related advocacy expenses but not direct candidate support.

²Due to some members who contributed twice during 2019, the actual unduplicated count of individual contributors is slightly under 1000.



C. Scott Litch
Chief Operating Officer and General Counsel

Litch's Law Log

Speaking of Safety

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.

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

In recognition of the AAPD® Safety Symposium in the fall of 2019, using that term broadly this column features some resources and recommendations to help with a variety of threats to a pediatric dental office. In this context safety is almost interchangeable for prudent legal risk management. In fact, a new buzzword in health care today is “enterprise risk management” (ERM): “an ongoing series of inter-related activities designed to identify, assess, manage, and monitor the risks facing an organization.”¹

AUDIT LEGAL DEFENSE AND INSURANCE

In my column from the May 2019 *PDT* the following was noted:

“In most situations it makes sense to hire an attorney to defend and appeal against any negative audit findings. I would love to be able to provide a personal recommendation for a highly competent Medicaid audit provider defense attorney to any AAPD member needing such assistance. Unfortunately, this would be either herculean or impossible.”²

Perhaps the degree of difficulty was somewhat over-stated. AAPD recently prepared a list of law firms (national and by state) that handle Medicaid audit provider defense.³ It’s not an exhaustive or exclusive list, as noted in the introductory disclaimer, and we certainly don’t have personal knowledge of each firm’s capabilities. However, at least it’s a starting point. The ADA also offers guidance on selecting a lawyer called (not surprisingly) *A Dentist’s Guide to Selecting a Lawyer*, which is available for free to ADA members in the Center for Professional Success™ section of their website.⁴

Audit insurance is also an important consideration, as legal defense costs can quickly add up. As noted in the Treloar and Heisel column from the November, 2019 *PDT* entitled *Eight Questions to Ask Your Malpractice Carrier*:

“As a specialist, look for a company that offers additional coverages addressing your industry’s needs, such as Medicare/Medicaid billing defense coverage, which will provide you with coverage if the government audits your practice with a formal

records request. For example, a policy with MedPro Group⁵ includes limits for this coverage up to \$25,000 per incident and \$100,000 for total incidents in the policy period.”⁶

Based on recent member experiences in Nebraska, Medicaid audits can impact a pediatric dentist whether you are working as a practice owner or partner, associate, or employee of a DSO.

Don’t neglect to inform your professional liability insurance carrier immediately if you are facing an audit, or a state dental board complaint for that matter. For example, MedPro Group will assist in drafting a letter if fees are returned to a patient’s family.

COMPLIANCE PLAN

Every practice should have an effective compliance plan. The ADA offers a model office compliance plan.⁷ In previous columns I’ve also recommended the October 2015 CMS resource *Medicaid Compliance and Your Dental Practice*.⁸

CYBER LIABILITY AND INSURANCE

In this day and age, you should definitely obtain coverage in this area and have a discussion with your insurance broker. Ken Thomalla of Treloar and Heisel (the AAPD’s insurance broker) notes the following:

“In addition to cyber coverage under the MedPro Group plan (professional liability insurance), office policies (business owners/commercial general liability insurance) purchased through the AAPD program have cyber protection built in as well. As an option for all insureds, Treloar and Heisel also offers a stand-alone cyber policy which provides higher limits for those wanting the extra protection.”

This coverage becomes even more critical given the disturbing new trend of ransomware attacks on dental practices. Ransomware is a type of malware that denies access to a computer system or data (such as patient records) until a ransom is paid. Recent attacks have impacted a number of pediatric and general dentists in Colorado, Kansas, Louisiana, Nebraska, Nevada, and Wisconsin.⁹

¹Robert L. Carroll, Gisele A. Norris, and Michael Zukerman. *Basics of Enterprise Risk Management in Healthcare. Risk Management Handbook for Healthcare Organizations, Vol. 1: The Essentials*, American Society for Healthcare Risk Management, (6th ed. 2011, Chapter 1).

²http://www.pediatricdentistrytoday.org/assets/3/23/Litchs_Law_Log4.PDF

³<https://www.aapd.org/globalassets/media/advocacy/lll/audit-defense-law-firms-with-expertise-by-state.pdf>

⁴<https://success.ada.org/en/regulatory-legal/a-dentists-guide-to-selecting-a-lawyer>

⁵MedPro Group is the AAPD’s endorsed professional liability insurer.

⁶ http://www.pediatricdentistrytoday.org/assets/3/23/Treloar_Heisel2.PDF. For more information about this article contact Kenneth C. Thomalla, CPA, CLU®, CFP®, Chief Operating Officer, Treloar and Heisel, at kthomall@th-online.net.

⁷https://www.ada.org/~media/ADA/Public%20Programs/Files/The_Compliance_Plan.pdf

⁸https://www.ada.org/~media/ADA/Public%20Programs/Files/Medicaid_Compliance_and_Your_Dental_Practice.pdf

⁹<https://www.ada.org/en/publications/ada-news/2019-archive/october/data-breaches-unlikely-in-august-ransomware-attack>

<https://www.ada.org/en/publications/ada-news/2019-archive/december/colorado-ransomware-attack-leaves-100-dental-practices-without-access-to-patient-data>

2020 Sponsors

The AAPD and AAPD Foundation gratefully acknowledge the generosity of the following organizations for their annual support of the American Academy of Pediatric Dentistry.

Strategic



Cheng Crowns



D4C Dental Brands



Elevate



KSB Dental



Treloar & Heisel



Medical Protective Group

Gold



Hu-Friedy



My Kid's Dentist & Orthodontics



Sedation Resource



Sunstar

Silver



3M



Crest P&G



MAM



NuSmile



Preventech



Sprig

Bronze

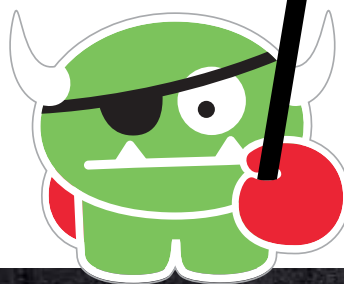


Kinder Krowns



Practicon

Learn how to become a sponsor today!



For more information, please contact Meetings, Exhibits and Sponsorship Manager Colleen Bingle at cbingle@aapd.org or call (312) 337-2169.

Registration Information

Who Needs to Register

Anyone (member or non-member dentist, dentists' staff or dental student) who wants to attend any portion of the Scientific Program must register. All registration categories for AAPD 2020 include all education sessions (except those specified), complimentary beverages in exhibit hall and the 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, spouses/guests must register as Office Staff.

- Anyone wanting to attend the Opening Ceremony and Keynote Address.
- Tickets to the Welcome Reception and President's Farewell Dinner are an additional fee and must be purchased separately.
- Additional tickets to all Social Events must be purchased during registration; onsite tickets for these functions may be limited and are subject to availability.

The cutoff for the advance fee is Wednesday, April 1, 2020.

Note: To receive the member registration rate for the 2020 Annual Session, your 2019-20 membership dues must be paid in full.

Residents

- Registration is complimentary if you register on or before April 1, 2020.
- Residents registering after April 1, 2020, or onsite are charged \$150 in registration fees; **no exceptions will be made.**
- Students must purchase a ticket to the Welcome Reception; please see the Social Events section on the registration and proceed accordingly.

Residents are encouraged to attend the Early Career Dentist Happy Hour on Thursday, May 21. Visit the Social Events page when registering to purchase your ticket.

Registration Methods

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

Online: annual.aapd.org

Phone: (800) 424-5249

Credit card only. Allow five days for processing and receipt of registration confirmation.

Registration Hours

Please pick up your badge and materials at Registration. Registration is available during the following days/times:

Music City Center—Main Registration

Thursday, May 21	7 AM – 7 PM
Friday, May 22	7 AM – 7 PM
Saturday, May 23	8 AM – 5 PM
Sunday, May 24	8 – 12 AM

JW Marriott—Satellite Registration (Badge Pickup Only)

Griffin Ballroom Foyer	
Thursday, May 21	7 AM – 4 PM

Registration Instructions

- Attendees must be registered for the Annual Session in order to make hotel reservations within the AAPD hotel block.
- Most educational sessions do not require tickets. Seating is on a first-come, first-served basis. Many optional sessions, activities and events require additional fees and must be indicated online when you register; applicable tickets will be included in your meeting materials.
- The Preconference Course, Learning Labs, PALS, BLS and Evidence-Based Dentistry Workshop require additional fees.
- Registration forms must be submitted **on or before April 1, 2020**, to qualify for the discounted fees. Registrations received after April 1, 2020, will be automatically charged the higher registration fees.

Cancellation and Refund Policy

All cancellations postmarked on or before May 1, 2020, will be refunded less a \$150 processing fee (\$50 for office staff and guests).

All cancellation requests must be made in writing to AAPD Registration and Housing Services (aapd@experient-inc.com) for processing on or before May 1, 2020.

No refunds will be given after May 1, 2020. After this date, any extenuating circumstances must be submitted in writing to the AAPD c/o Senior Meetings & Continuing Education Director Kristi Casale at 211 E. Chicago Avenue, Suite 1600, Chicago, IL 60611. Those refunds approved are processed after the Annual Session.

Refunds are not granted for no-shows.

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, including children, in order to gain access to any portion of the Scientific Program, Welcome Reception, access to the Exhibit Hall, hospitality areas and all social events **including the Opening Ceremony and Keynote Address**. Guests must be registered to receive a badge.

Children's badges are provided without charge up to the age of 20; their names and ages must be listed on the registration form.

Questions

If you have any questions regarding registration or housing, contact AAPD Registration and Housing Service Center at (800) 424-5249; Toll-free U.S. and Canada (Monday – Friday, 9 a.m. to 8 p.m. EST), (847) 996-5876; International (Monday – Friday, 9 a.m. to 8 p.m. EST), or aapd@experient-inc.com.

Housing Information

Please read this information carefully. You must register for AAPD 2020 prior to booking your hotel reservation. All housing reservations must be made through the AAPD Registration and Housing Service Center.

Housing Reservation Methods

Online: annual.aapd.org

Credit card only. Allow 7-10 days for processing and receipt of registration confirmation.

Reservation Deadline

All housing requests must be submitted by Monday, April 22, 2020, by 5 p.m. CST in order to receive the AAPD discounted room rate. Starting Thursday, May 7, 2020, you may contact the hotels directly with your reservation needs.

Housing Information and Change/Cancellation Policies

- Reservations are processed on a first-come, first-served basis.
- All reservations require a credit card guarantee and will only be charged if you fail to arrive on your scheduled arrival date or cancel after the stated cancellation policy indicated on your confirmation.
- Acknowledgement of reservation request is sent after each reservation form is processed, as well as each time a reservation is modified/changed and or cancelled. For online reservation housing, acknowledgement is immediate. Please review acknowledgements carefully for accuracy. If you do not receive an acknowledgement within 14 days of submission, please call AAPD Registration and Housing Services Center at (800) 424-5249.
- All hotel room rates are subject to applicable state and local taxes in effect at the time of check-in.
- AAPD discounted room rates are applicable May 21 – May 24, 2020, subject to availability.
- Changes must be made on or before May 7, 2020, at 5 p.m. (CST) and online by accessing your registration/housing record or in writing via e-mail to aapd@experient-inc.com.
- **All cancellations must be received a minimum of 72 hours prior to arrival in order to receive a refund of your deposit.** No refunds will be given for cancellations within 72 hours of arrival or for no shows.
- A portion of the room rate is used to offset the expense of registration and housing services.

Hotel Block

The Omni – Headquarters

Run of House
\$281 Single/Double

One Bedroom Suite
\$351+ Single/Double

JW Marriott – Headquarters

Run of House
\$289 Single/Double
\$20 Additional Person/Room

Westin

Run of House
\$289 Single/Double
\$10 Additional Person/Room

The Renaissance

Run of House
\$259 Single/Double

The Drury

Run of House
\$239 Single/Double
\$10 Additional Person/Room

Holiday Inn & Suites

Run of House
\$239 Single/Double
\$259 Triple
\$269 Quad

Hyatt Place

Run of House
\$249 Single/Double
\$10 Additional Person/Room

Hilton Garden Inn

Run of House
\$269 Single/Double
\$10 Additional Person/Room

Cambria Hotel

Run of House
\$269 Single/Double
\$10 Additional Person/Room

Rates are subject to a current tax of 15.25 percent; tax is subject to change.

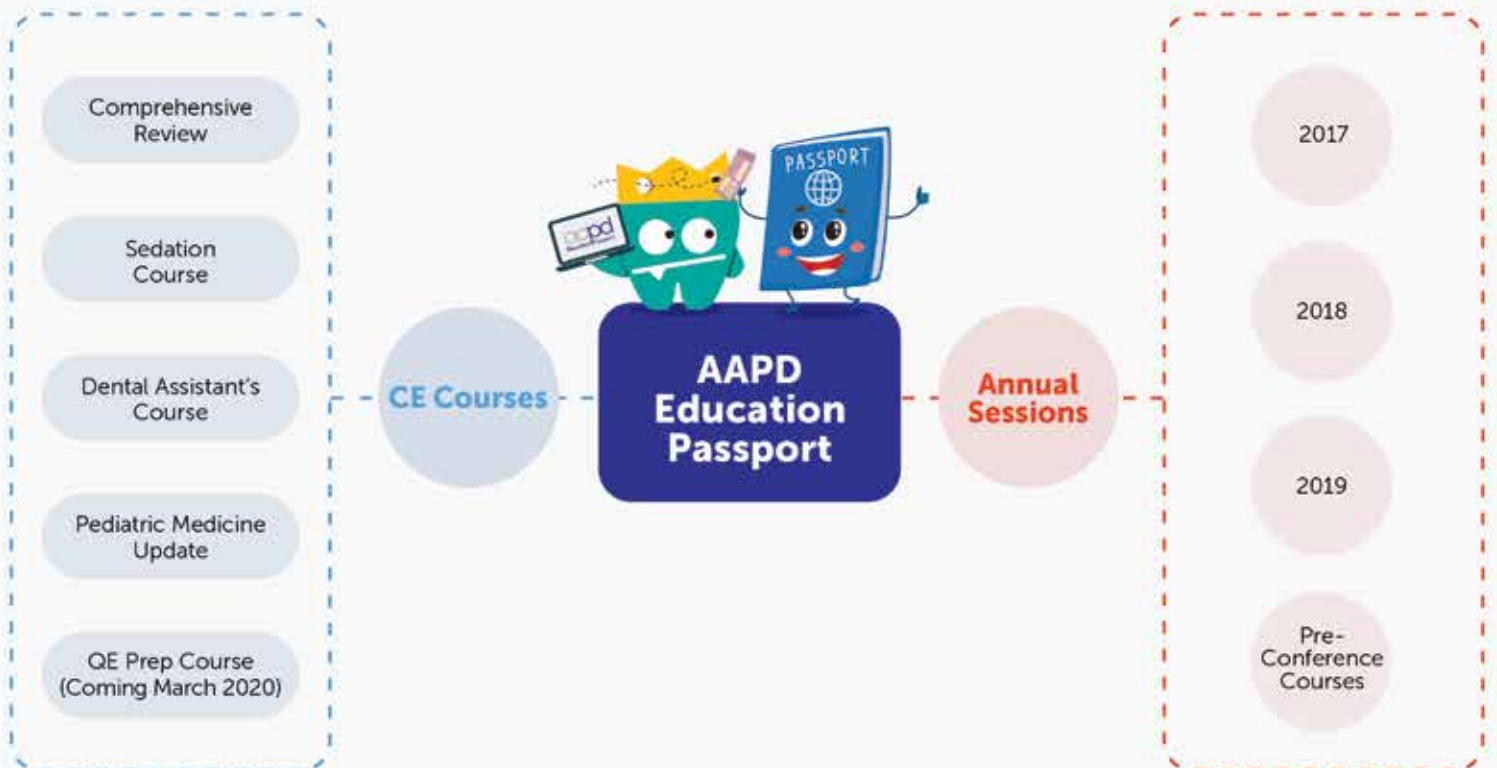
AAPD Education Passport.

Recorded AAPD CE courses to view at your convenience.
www.aapd.org

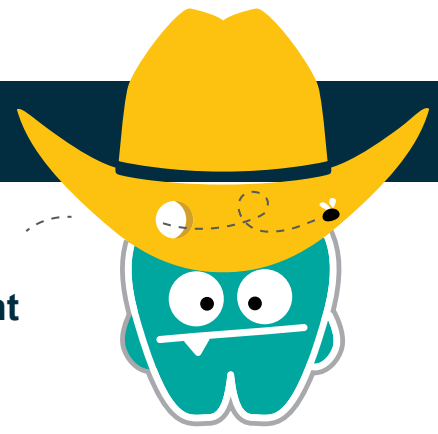


What is the Education Passport?

View presentations. Listen to presenters. Earn CE.



Not to Miss During AAPD 2020



Preconference Course

Fundamentals and Emerging Approaches to Management of Dental Trauma in Children PD, DT

Thursday, May 21

8:30 AM – 4:45 PM

Jessica Lee; Asgeir Sigurdsson; Gustavo Oliveira; Dick Barendregt; John Christensen

This exciting CE offering course will offer busy clinicians an update on the current concepts and innovative approaches in diagnosis, management and treatment of dental trauma in children and adolescents. The format will feature a review of up-to-date fundamentals and emerging approaches most to be illustrated by case reviews. Hear from a group of internationally recognized expert speakers in dental trauma. Using the best evidence, we will discuss avulsion therapy from A to Z and bring participants up-to-speed with new concepts in avulsion care. The concept of decoronation and pulp regeneration will be presented and illustrated with clinical cases. Participants will also learn the best operative and orthodontics techniques to achieve optimal esthetic results. Be sure to plan on staying for the afternoon when the exciting area of tooth autotransplantation in children will be presented.

Using a variety of actual clinical case reviews, participants will learn:

- Up-to-date science in the area of diagnosis permanent tooth dental children and adolescents.
- Fundamentals of pulp regeneration.
- How and when to perform decoronation.
- Operative and orthodontics techniques to achieve optimal esthetic results.
- The emerging area of tooth autotransplantation.
- Recognize the legal ramifications of providing interventions on tough issues.

Opening Ceremony and Keynote Address

PD, DT, S

John Rich and Josh Sundquist

Friday, May 22

7:30 – 9 AM

BADGES ARE REQUIRED FOR ENTRY*

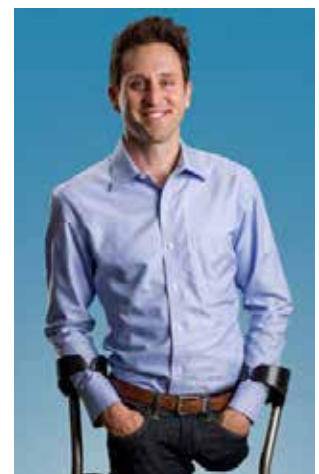


Be sure to catch a live performance by John Rich—singer, songwriter and one half of the iconic country duo, Big & Rich, during the Opening Ceremony! Big & Rich's albums have produced four straight Top 40 Country Hits, including their most famous song, Save a Horse, Ride a Cowboy. John Rich will bring a lively performance to kick of AAPD 2020 that you won't want to miss! Get your seat early!

After the opening act, stay for our keynote address by Josh Sundquist. Sundquist has accomplished becoming a National Bestselling author, surviving cancer and participating on the USA Paralympic Ski Team, and he's just getting started. His experiences thus far in life have taught him to adopt the 1MT1MT (one more thing, one more time) mentality. Plan to be inspired by this motto through Josh's high-energy blend of humor and storytelling.

Sundquist's journey will be sure to remind us of how all of our stories are truly interconnected. Sometimes, even our smallest actions and decisions can impact the world around us. Through your newfound commitment to the 1MT1MT motto, he will show you how to face adversity with strength and courage, be resilient during times of change and plan for the future with an expanded vision of what could be possible.

**Attendees must be registered for AAPD 2020 to attend the Opening Ceremony and Keynote Address. Badges will be checked upon entrance.*



Council and Committee Meetings

Monday May 18

1 – 5 PM
Executive Committee Meeting

Tuesday, May 19

8:30 AM – 5 PM
Board of Trustees Meeting

Thursday, May 21

8AM – 2 PM
AAPD Foundation Board Meeting

9:30 AM – 3:30 PM
Pediatric Oral Health Research & Policy Center Board

Friday, May 22

7 – 8:30 AM
Section Editors Meeting

9:30 AM – 12:30 PM
Leadership Development Committee

Council on Membership, Communications Committee, Early Career Dentist Committee & Residents Committee

9:30 AM – 2 PM
Council on Clinical Affairs

12:30 – 1:30 PM
Scientific Program Committee

12:30 – 3 PM
Council on Post-Doc Education

1:30 – 4:30 PM
Council on Scientific Affairs
Editorial Board Meeting

2:30 – 4:30 PM
Committee on Special Health Care Needs

Saturday, May 23

7:30 – 9:30 AM
Council on Government Affairs, Pediatric Dental Medicaid and CHIP Advisory Committee

8:30 – 10 AM
Safety Committee Meeting

8:30 – 10:30 AM
Council on Pre-Doc Education

9 AM – 12 PM
Council on Continuing Education

10 – 11 AM
Reference Committees

10:30 AM – 12 PM
Affiliate Advisory Committee

10:30 AM – 1:30 PM
Committee on Sedation and Anesthesia

12 – 1 PM
Public Policy Advocates Luncheon
(Invitation Only)

12 – 2 PM
Speakers Bureau Committee

1 – 2 PM

Northeastern Society of Pediatric Dentistry District Caucus

Southeastern Society of Pediatric Dentistry District Caucus

North Central Society of Pediatric Dentistry District Caucus

Southwestern Society of Pediatric Dentistry District Caucus

1 – 4 PM

Western Society of Pediatric Dentistry District Caucus and WSPD Board Meeting

1 – 3 PM
Post-doc Inservice Exam Committee

2 – 3 PM
International Chapter Caucus

SIG Chair/Staff Liaison

4 – 5 PM
Federal Services Society of Pediatric Dentistry

Sunday, May 24

7:30 – 9 AM
Board of Trustees Meeting

8:30 – 11:30 AM
Evidence Based Dentistry Committee

9:30 – 11:30 AM
General Assembly and Awards Recognition

11:30 AM – 4 PM
Behavior Guidance Guidelines Workgroup

12 – 3 PM
Board of Trustees Meeting

Affiliate & Alumni Meetings

**Thursday, May 21 – Saturday,
May 23**

**Indiana University Pediatric
Dentistry Alumni Association**

Thursday, May 21

**8 AM – 5 PM
Pedoexcel**

**4 – 7 PM
ABPD Recognition Reception & New
Diplomate Pinning Ceremony**

(Invitation only)

**7 – 10 PM
ABPD President's Reception**

(Invitation only)

Friday, May 22

**8:30 AM – 1:30 PM
College of Diplomates Board of
Directors Meeting**

**2 – 4 PM
Foundation of the College of
Diplomates Board of Trustees
Meeting**

Saturday, May 23

**7 – 10 AM
Dr. Jerome B. Miller Memorial
Lecture presented by The College**

**8:30 – 10:30 AM
American Board of Pediatric Dentistry
Certification Overview Session**

**5 – 6:30 PM
University of Tennessee Alumni**

**University of Louisville
UT College of Dentistry Alumni Cel-
ebration Reception**

**VCU Pediatric Dentistry
The University of Illinois at Chicago,
Pediatric Dentistry Alumni Reception**

**5 – 7 PM
NYU College of Dentistry Alumni
Reception**

**University of North Carolina Alumni
Reception**

**University of Pittsburgh Pediatric
Dental & Dental Alumni**

**University of Washington/Yakima
NYU Langone Alumni**

**University of Buffalo School of
Dental Medicine Pediatric Dentistry
Residency Alumni**

**UNLV Pediatric Residency
Howard University Alumni Reception**

**5 – 7:30 PM
CPSD/WSPD Reception**

**University of Iowa Pediatric
Dentistry Alumni Reception**

**5:30 – 7 PM
Cincinnati Children's Hospital
Medical Center Pediatric Dentistry**

**Nova Southeastern University Pediatric
Alumni Association**

**Ohio State University Alumni Recep-
tion**

**Tufts University School of Dental
Medicine**

Texas A&M College of Dentistry

**5:30 – 7:30 PM
Canadian Academy of Pediatric
Dentistry**

Children's National Hospital

**Penn Dental Medicine Alumni
Reception**

**University of Connecticut
University of Minnesota School of
Dentistry**

University of Maryland

**6 – 7:30 PM
Columbia University College of
Dental Medicine Alumni Reception**

**Temple University Kornberg School
of Dentistry**

**6 – 8 PM
UNMC Pediatric Dental Residency
Program**

**6:30 – 8:30 PM
Bons Secours St. Mary's Hospital of
Richmond**

Social & Networking Events

Early Career Dentist Happy Hour: FGL House*

Thursday, May 21

6 – 8 PM

Sponsored by Treloar & Heisel and Medical Protective



AAPD Welcome Reception: A Night in Music City USA*

Friday, May 22

7 – 10 PM

Wildhorse Saloon, George Jones Museum & Famous Saloon

Break out your cowboy boots and don't forget your hat! Get ready to walk down to Broadway – the Heart of Nashville, as AAPD welcomes you to the 2020 Welcome Reception at Famous Saloon, George Jones and the iconic Wildhorse Saloon. Enjoy the best food that Music City USA has to offer. Learn how to perfect your two-step with lessons at the Wildhorse Saloon accompanied by a great Nashville band. Head next door to George Jones and explore the rooftop while enjoying Nashville bites and a drink. Check out the museum dedicated to the Legend himself, Mr. George Jones. Local live acts grace the small stages on each level, and you might even find your big break! Feeling bold? Live band karaoke is waiting for you to seize your moment and become the next big thing in country!

Career Fair

Saturday, May 23

3 – 5 PM

The Career Fair is a great opportunity for a new pediatric dentist seeking their first practice position or the more experienced dentist who is looking for a change to network with hiring organizations. New this year, AAPD will be providing a hosted bar for all those who attend!

For more information on exhibiting or to download the Career Fair form, visit <http://annual.aapd.org/networking/>. The cost for AAPD Members is \$150; recruitment companies may exhibit at the price of \$500.

PAC Donor Reception

Friday, May 22

4 – 5 PM



AAPD PAC
THE BIG ADVOCATE for little teeth

(Invitation only)

Military and Public Health Services Reception

Saturday, May 23

5 – 6 PM

International Reception

Saturday, May 23

5:30 – 7:30 PM

This reception began in 2010 at the Annual Session and has continued to be a popular event for international members and attendees. Join members of the AAPD board of trustees, learn more about the AAPD and network with fellow international attendees before enjoying your evening in Nashville.

President's Farewell Dinner*

Sunday, May 24

6:30 – 10:30 PM

Country Music Hall of Fame

Get ready to get glam at our version of the CMA's!

Tonight we "Honor Thy Music" in the home of Country Music History. And what better way to celebrate America's Music than by an immersive entertainment experience. Guests will have the chance to roam the halls of the "Smithsonian of Country Music" with endless exhibits focused on the History of Country Music, and various exhibits dedicated to individual artists and their accomplishments. Once seated, you'll go through the ages of Country Music with surprise performances by some of the Genre's most revered artists and icons. Promenade your partner or be a rhinestone cowboy from the Waltz to the Two Step right into the post dinner dance party with Boogie Woogie Nashville country has never known.

Reception is sponsored by Treloar & Heisel



*Ticketed Events

Early Career Dentist Happy Hour, Welcome Reception and President's Farewell Dinner are ticketed events. Tickets must be purchased in advance when registering to attend AAPD 2020.

2020 Annual Session Exhibitors

3M	600	Elevate Oral Care	807	Otto Trading	200
AAPD	714	EmpathIQ	1021	PBHS Inc.	224
Academy of Orofacial Myofunctional Therapy	200	Elsevier	710	Pascal International	1124
ACT/Sanofi	637	EZ Floss	604	Patterson Dental Supply Inc.	1015
Accurate Mfg., Inc.	426	Fairfield Orthodontics	734	Pediatric Appliance Laboratory	415
Advantage Technologies, Inc.	1019	Fiagoro Crowns Inc.	203	Pediatric Dental Assistants Association	534
Air Techniques	310	Fotona	428	Pediatric Dental Anesthesia Associates	320
Allied Powers LLC	530	Giggletime Toy Co.	906	PLANMECA USA, Inc.	831
Altima Dental Canada	1117	Hawaiian Moon	207	Plaque HD/ Steralinger	334
American Board of Pediatric Dentistry	713	Healthy Start/Ortho-Tain	406	Podium	1124
American Association for Accreditation of Ambulatory Surgery Facility (AAAASF)	318	Hu-Friedy	806	Porter Royal Sales	1022
American Dental Society of Anesthesiology	614	Infinity Massage Chairs	526	Practice Genius/Patient Rewards Hub	323
Anutra Medical	931	Imagination Design Studios	328	Practicon, Inc.	408
Arminco, Inc.	629	Ivoclar/ Vivadent	316	Preventech	728
Aseptico, Inc.	1006	KidzCrowns	918	Pro Med Sales, Inc.	218
Bank of America Practice Solutions	916	Kidzpace	505	Pro-Fi 20/20 CPA's, LLC	1012
Benevis	914	Kilgore International Inc.	705	Prophy Magic	729
Birdeye	529	Kinder Krowns	700	Prophy Perfect/ PHB	1115
Bisco	830	Kleer	205	Pulpdent	827
Boyd Industries, Inc.	506	KSB Dental	400	Quip	900
Brasseler USA	1113	Large Practice Sales	531	Quintessence Publishing Co. Inc	204
BQ Ergonomics, LLC	216	Lares Research	411	RiseWell	215
Brushies	612	Leone America Dental Products, Inc.	222	RGP Dental	1110
BuzzyBooth	920	Lighthouse 360	733/1100	SDI (North America) Inc.	929
Cloud9software	1104	LightScapel	210	Sedation Resource	616
Cain, Watters & Associates	319	Litezilla	724	Septodont Inc.	1010
Centrix, Inc.	1119	Lips Inc.	732	Shofu Dental Corporation	1118
Cheng Crowns	907	LumaDent, Inc.	206	Smile Savvy	628
Convergent Dental, Inc.	1000	Main Street Children's Dentistry and Orthodontics	527	SmileMakers	511
Columbia Bank	1017	MAM USA Corp.	500	SML - Space Maintainers Laboratories	706
Crest Oral-B	701	MacPractice	201	Snap on Optics	312
Cumberland Pediatric Dentistry and Orthodontics, PLLC	1110	Marketing by SOS	627	Specialized Care Co Inc	910
Curve Dental	219	MD-Brands Inc.	211	Sprig	300
D4C Dental Brands	418	Medco Instruments, Inc.	810	Swell CX	1122
Dansereau Health Products	532	Microcopy Dental	829	Sunstar	301
Denovo Dental	417	Million Smiles Initiative- Zolli Candy	635	Surgitel/General Scientific Corp.	514
Designs for Vision, Inc.	421	MedPro Group	509	Tess Oral Health	715
DentistryPlanet.com	1014	Moss, Luse, & Womble, LLC	1023	Theme Fusion	433
DMG America, LLC	322	My Kid's Dentist	800	Tokuyama Dental America	225
Doctor Multimedia	317/911	Myofunctional Research Co	215	Treasure Tower Rewards	717
Doctors Disability Specialists	922	Nowak Dental Supplies, Inc.	711	Treloar & Heisel	507
Dolphin Imaging and Management Solutions	822	NuSmile	722/620	Ultradent Products Inc.	610
Dr Fuji/ ACIGI	223	NYU Langone Dental Medicine Postdoctoral Residency Program	1122	Ultralight Optics	1007
DryShield	823	OMS Exclusively	835	US Jaclean, Inc	412
Eclipse Loupes	828	Ortho2	1011	VOCO America, Inc.	314
		Orasoptic	202	Weave	1016
		OrthoArch	615	YAPI	1111
				Zoll Dental	307
				Zooby	413
				Zyris	1107



Pediatric Dental Workforce Study: **What Does it Mean for the Future of Your Practice?**

AAPD Chief Policy Officer Dr. Paul Casamassimo shares his insights on the practical implications of the study, “Pediatric Dental Workforce: 2016 and Beyond,” on pediatric dental practices throughout the country.

What are the main takeaways from the study?

- If current trends continue, the number of pediatric dentists is projected to increase by 62 percent from 2016 – 2030. The number of children in the U.S. is projected to grow slowly during this same time. Translated into patient access to care, the supply of full-time pediatric dentists will grow from nine to 14 per 100,000 children.
- There is unmet need for dental services among certain population groups, which are also those experiencing the greatest growth in the U.S. If currently underserved children face fewer access barriers, then demand for pediatric dentists would rise substantially.
- A key finding is the need for pediatric dentists in areas of lower population density. The AAPD is pursuing opportunities for pediatric dentists to succeed in these areas in our advocacy and legislative efforts.
- Pediatric dentists are the backbone of the pediatric oral health care delivery system, helping ensure all children have access to high quality comprehensive dental services. Virtually every pediatric dentist cares for children with special health care needs. Almost 70 percent see children on Medicaid – the highest of any recognized group of dentists in the U.S.

Why did the AAPD commission a study of the pediatric dental workforce in the first place?

In view of the increase in pediatric dentists over the last two decades, an objective look was required by an outside agency with expertise and freedom to give an unbiased view. We needed to assess progress and ask such questions as: Is the number of pediatric dentists right for population growth and caries progression? Are pediatric dentists in the right places to maximize oral health for children?

To answer these questions, the AAPD commissioned the Center for Health Workforce Studies (CHWS) at the University at Albany, SUNY, to conduct an exhaustive workforce study on the current and projected supply and distribution of pediatric dentists relative to their patient populations. The CHWS has a long history of research into the country's health workforce and is respected by government and professional organizations for the quality of its work.

What kind of study is it?

First, the study gathered extensive data on the current supply and distribution of pediatric dentists, including a comprehensive survey of AAPD members. Next, it compiled information on the U.S. child population, especially regarding indispensable services to meet their oral health needs. Then, the study applied a workforce simulation model to the data to anticipate future supply and demand for pediatric dentists and help ensure children receive recommended dental services.

A report on the study appeared in the July issue of *The Journal of the American Dental Association*. You can read the full article at <https://www.aapd.org/globalassets/media/policy-center/pediatric-workforce-jada-july-2019.pdf>.

Why have we seen so much growth in our numbers during the last decade or so?

Historically, a shortage of pediatric dentists meant we were often unable to provide care to the patients in our communities who needed it most. We advocated for federal support for more pediatric dental residency programs, and we were successful.

Title VII funding from the Health Resources and Services Administration (HRSA) has had a significant impact on the nationwide supply of pediatric dentists, doubling the number over the past 20 years. I believe this has made a positive improvement in access to care, such as the growth trend of utilization of Medicaid dental services by children over the same time period and a reduction in untreated dental caries in our country's youngest poor.

As a member of the AAPD, I am proud we chose to look at the effects of our advocacy for federal funding to see if it is still valuable for both members and children, thus being responsible with our nation's money. This type of objective information drives the AAPD's legislative advocacy and policymaking.

How many more pediatric dentists are we talking about?

To be specific, the number of practicing pediatric dentists has increased from 4,213 in 2001 to 8,033 in 2018. Pediatric dentistry residency first-year positions have grown from 180 to 463 in 20 years (from 1997-98 to 2017-2018).

Looked at in another way, there were an estimated 6,533 full-time equivalent (FTE) pediatric dentists in the U.S. in 2016. (FTE is defined as 32.6 hours per week in patient care activities, the average number of hours worked according to responses to the 2017 Survey of Dental Practice of Pediatric Dentists.) If current trends continue, the supply is projected to reach about 10,560 FTE pediatric dentists by 2030, an increase of 62 percent.

Do these projections take anticipated retirement by pediatric dentists into account?

Yes. The model for the future supply of pediatric dentists used individual-level data to simulate career decisions on the basis of collected information about patient care hours worked per week and age of intended retirement. In fact, the study offers early retirement and delayed retirement scenarios relative to current patterns.

What about other changing demographics, like more women in the profession?

The majority of pediatric dentists are female – 52 percent in 2019 – up from 14 percent in 1998. Since 67 percent of pediatric dental residents in the 2018-19 academic year were female, we can expect the percentage of female pediatric dentists to continue to increase.

Does the practice of pediatric dentistry change based upon gender? In a few ways. Female dentists tend to be younger – an average age of 39 years compared to 45 years for male pediatric dentists. They are more likely to be employed in a dental practice (62 percent), while males are more likely to own a dental practice (57 percent). Female pediatric dentists are more likely to be practicing in the larger counties (populations of 675,000 and over) and male pediatric dentists are more likely to be practicing in smaller counties (populations of 275,000 or under). Female pediatric dentists are also more likely to treat patients covered by Medicaid.

A commonly held belief is that female pediatric dentists work fewer hours than male pediatric dentists. While accurate, the difference is very small – a bit over 2 hours per week on average. The proposed reason for the difference in hours is that male pediatric dentists are more likely to own dental practices, and owners tend to provide more patient treatment hours than do employed pediatric dentists.

Are you saying there are too many pediatric dentists?

No, and neither are the majority of your colleagues. Of the pediatric dentists surveyed in the report, 10 percent perceived a shortage of pediatric dentists in their local areas, 45 percent perceived that current supply was adequate, and 45 percent perceived there was an oversupply. These responses broadly reflected the distribution of pediatric dentists in terms of regions of the country and urban versus rural locations. In other words, if you are practicing in a pediatric dentist-dense area, you would likely say there are too many; if you are practicing in a shortage area, you would likely say you are overworked and can't see all the children who need care.

The supply of pediatric dentists is not well distributed in view of the child population. There are both regional differences (such as between the West and the Midwest) and local differences (such as large population versus low population counties). Nationally, there were approximately 9 pediatric dentists per 100,000 children in 2016. The ratio of pediatric dentists to children was lowest in states with a larger part of their population living in rural areas. For example, Missouri and New Mexico had a ratio of 5.5 pediatric dentists per 100,000 children, while Massachusetts and Connecticut had 16 per 100,000. In addition, this ratio varied substantially across regions. The Northeast and West regions averaged 12 per 100,000, while the South and Midwest region averaged 7 – 8 per 100,000 children.

So new pediatric dentists should forget about practicing in Manhattan, Beverly Hills or Boston?

Not at all. Opportunities for pediatric dentists continue to be found throughout the country. However, for an early career pediatric dentist, it is valuable to know that the ratio of pediatric dentists to children is lowest in states with a larger percentage of rural populations. These results suggest opportunities for providing care in areas not traditionally served by pediatric dentistry, such as the approach of satellite offices, particularly in smaller population centers where the need is great for oral health services for children.

How is the AAPD helping pediatric dentists locate in underserved areas?

In view of the substantial geographic disparities in the availability of pediatric dentists, we are focusing on how to attract individuals who might be willing to practice pediatric dentistry in underserved communities. For example, the expansion of loan repayment assistance programs has helped place more dentists in designated Health Professional Shortage Areas. The addition of a rural outreach track to training programs may improve geographic distribution and offer expanded access to underserved areas. A rural track could be the basis for having a tele-dentistry component.

Based on the results of the workforce study, the AAPD is already initiating discussion with HRSA on how best to use Title VII to improve the pediatric dentist workforce of the future. For example, one of the current statutory priorities is for “qualified applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings.”

Pediatric dental residency programs can play a consequential role as well. The AAPD supports the development of education-based programs that encourage residents to practice in settings serving health disparity populations. For example, residency programs might arrange for pediatric residents to spend time in such underserved settings as FQHCs, and to track graduates to see where they choose to practice in terms of location and practice setting.

More research is needed to better understand the extent to which new pediatric dentists are familiar with and taking advantage of existing and new programs that might facilitate dentists working in underserved communities. This includes federal and state programs for loan repayment, as well as local efforts to help attract dentists to the community.

How does the projected increase in number of pediatric dentists compare with the predicted demand for oral health services?

If current dental care use and delivery patterns for children remain unchanged, demand would only grow by about 2 percent, or 140 FTEs, by 2030. (This flat growth reflects that the number of children in the U.S. is projected to grow slowly.) If policy or other changes could remove current barriers to accessing care, then demand would increase by about 30 percent, or 2,100 FTEs, according to the study projections.

A pertinent finding relative to future demand for pediatric dentistry services concerns unmet need for dental services among certain population groups, which are also those experiencing the greatest growth in the U.S. For example, children in low-income families have almost 20 percent fewer annual dental visits compared to children in households with average incomes. As another example, 20 percent of U.S. children have special health care needs, and dental care is their most prevalent unmet health care need. If currently underserved children received oral health care services in a way similar to children with fewer access barriers, we would see an increase in the demand for pediatric dentists.

What policy changes or other efforts should we start with to remove access barriers?

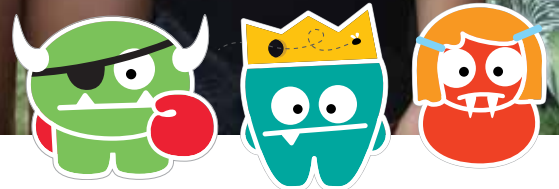
The study's results suggest solid strategies to increase utilization of oral health services for children. One of the most critical recommended actions is improving Medicaid policy that affects the quantity – and the quality – of dental benefits for children. This is an ongoing effort of the AAPD, and we have seen an increase in dental visits for children covered by government programs as well as a rise in treatment of caries. We still have a long way to go, especially in terms of policy changes to support pediatric dentists' participation with Medicaid programs. The study's results confirm the pivotal and perhaps indispensable role of pediatric dentistry in Medicaid care of children in this country.

Other pivotal action steps are to create initiatives to encourage referrals from pediatricians and primary care physicians, such as an online network that provides information on open appointment times for nearby pediatric dentists who accept a patient's particular insurance plan. Equally salient are improvements in oral health literacy of adults parenting or caring for children, particularly the very young.

Predicting the future is tough. Any caveats?

Although this was a top-quality, comprehensive study from a highly reputable organization, you are right. No study can predict the impact of the wide variety of factors that could affect future demand for dental services. These factors include changes in governmental health care programs affecting dental benefits for children, increased rates of referrals of children to pediatric dentists by pediatricians and family medicine clinicians, improvements in oral health literacy, greater use of preventive technologies and materials including dental sealants and silver diamine fluoride, growth or reduction in rates of community water fluoridation, and the narrowing of oral health disparities among certain populations of children.

What will not change in the future is our dedication to providing crucial oral health services to our nation's most vulnerable populations – the very young, children from low-income families, and those with special health care needs. More pediatric dentists result in more access to high quality oral health care for children and more opportunities to prevent dental disease. From this vantage point, each of us will find a place to serve children and offer a dental home.



DENTAL HOME



Welcome New Members

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

What's in a Name?

Understanding the Organizations that Support Pediatric Dentistry

You have heard the alphabet soup of pediatric dentistry – AAPD, ABPD, COD etc. You have asked the questions, “What is the difference?” “What are the purposes of all these organizations?” You have asked yourself, “Do I have to pay all these dues?” or “Where is this money going?” Most importantly, “What am I getting out of it?” This is not uncommon.

This is a brief explanation of to help show how these groups are different and fit together to support your professional needs.

American Academy of Pediatric Dentistry (AAPD). It is the primary individual membership organization that supports pediatric dentistry. AAPD provides continuing education and networking at events like AAPD Annual Session and publishes the journal *Pediatric Dentistry*, sets forth guidelines, best practices, and policies in the *Reference Manual of Pediatric Dentistry* produces patient education and is home to the popular Mouth Monsters. AAPD participates in advocacy issues on national and state levels keeping members informed and involved. Plus much much more. www.aapd.org

Within AAPD is **Fellow of AAPD**, a designation developed to recognized members who have been involved in organized dentistry, community volunteerism and scholarly activity.

AAPD Foundation the philanthropic arm of AAPD. With the generous support from AAPD members, the AAPD Foundation provides access to grants providing support for community-based initiatives providing dental homes for families who cannot afford dental care. Over 500,000 children have received dental care. www.aapdfoundation.org

American Board of Pediatric Dentistry (ABPD) is the credentialing and certification organization for pediatric dentists. They administer the board certification exam and recertification. Once they pass they are considered Diplomates of the ABPD. www.abpd.org

College of Diplomates (COD). After certification is earned, a pediatric dentists is eligible to join the College of Diplomates. They encourage and mentor aspiring pediatric dentist candidates in the ABPD process. <https://cod-abpd.site-ym.com/>

Foundation of the COD encourages pediatric dentists to complete and continue board certification in the specialty, reward excellence in the certification examinations, promote lifelong learning in pediatric dentistry and to support the College of Diplomates. <https://cod-abpd.site-ym.com/page/CODFoundation>



AAPD Mourns the Passing of Dr. Milton Houpt



Dr. Milton Houpt has passed away in New York surrounded by the love of his family on Nov. 28, 2019.

Houpt was Professor Emeritus of Pediatric Dentistry at the Rutgers School of Dental Medicine. As part of his training, he earned the Master of Dental Science (1968), Master of Education (1970), and Doctor of Philosophy (1971) degrees, all from the University of Pittsburgh. In 1968, he attained a Certificate of Specialty in Pediatric Dentistry and in 1982 he became a Diplomate of the American Board of Pediatric Dentistry.

Dr. Houpt served on the editorial boards of six national refereed journals and for seven years, he served as Editor in Chief of *Pediatric Dentistry*, the journal of the American Academy of Pediatric Dentistry and after was designated Editor Emeritus of that journal.

He was internationally respected as a revered academic and researcher. Dr. Houpt presented more than 50 international seminars and lectures and published more than thirty editorials, 60 research abstracts, and 65 manuscripts in the areas of cariology, dental materials, and conscious sedation.

Dr. Houpt served as a consultant to the American Dental Association Commission on Dental Accreditation, the Test Construction Committee of the National Dental Examination Board, and the National Institutes of Health, Health Resources and Service Administration. For seven years, he was a member of the Board of Trustees of the American Academy of Pediatric Dentistry. Dr. Houpt has served on the IAPD Board of Directors as Honorary Editor during the years 2009-2015.

Dr. Houpt was respected and admired by the hundreds of dental and graduate students he trained. Many of them continued in his footsteps becoming department chairs, researchers and leaders of pediatric dentistry.



educate
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AAPD Predoctoral Chapter Spotlight

The AAPD Student Chapter at New York University College of Dentistry

*AAPD Student Chapter at NYU College of Dentistry
Chapter Presidents Jenna Freda ('21) and Kimia Pouyafar ('20)*

The AAPD student chapter at New York University College of Dentistry has had a successful academic year thus far. The student chapter consists of 203 members who participate in chapter events. This year, 52 students applied for AAPD membership, which is subsidized by the NYU Department of Pediatrics. Kimia Pouyafar and Jenna Freda, the chapter presidents, have been committed to the club's mission to educate colleagues about pediatric dentistry and engage those who are interested in exploring more opportunities in the field. Please feel free to follow our Instagram account, *@nyupedsclub* to stay updated on NYU's chapter!

FALL 2019 EVENTS

Races for Faces Event

On Sunday, Sept. 15, the American Academy of Pediatric Dentistry NYU chapter teamed up with American Student Dental Association at NYU to volunteer for Races for Faces at Randall's Island Park. This annual walk and carnival are organized by myFace, a non-profit founded to "address the all too visible plight of those with facial differences by assuring them access to comprehensive and highly personalized team care at The MyFace Center at the Hansjörg Wyss Department of Plastic Surgery at NYU Langone Medical Center." By volunteering at Races for Faces, students from the chapter gain exposure to different populations, learn how to interact with families affected by craniofacial differences, and help the children have some fun for the day. Third-year student Sarah Tavares recalled of the experience, "Volunteering with Races for Faces was an incredibly eye-opening experience. In our clinics, it is not often that we work with patients who have craniofacial disorders so attending an outreach and seeing first hand the individuals and families affected was very humbling. Most of the participants were just appreciative that people were taking the time to listen to them, which is something that can sometimes be lost in the craziness that is clinic. This experience reinforced how interpersonal relationships with patients can be just as impor-

tant as the clinical work." Students from NYU had a great time helping with the carnival games, marshaling the walk route, face painting, and everything in between, helping run a successful event at Randall's Island Park.

This unique opportunity supports myFace's provision of medical, dental, speech, and psychosocial services set in place to help patients and their families live full and productive lives. More information on this organization can be found on their website at <https://www.myface.org/>.

Halloween and Thanksgiving In-reaches

This fall season, the NYUCD AAPD chapter in-reach members coordinated two fun-filled holiday in-reach events at the NYUCD Pediatric Clinic. Students had the opportunity to spend time with pediatric patients in the waiting room before their appointments. The Halloween in-reach was full of spooky and fun crafts like trick-or-treating bags and face masks. Patients loved making crafts and being creative while waiting for the dental visit. The Thanksgiving in-reach put smiles on the children's faces as they prepared creative turkey decorations for their Thanksgiving tables. They were extremely proud of their creations and couldn't wait to have them displayed at their Thanksgiving dinners.

South Bronx Academy Outreach

On Friday Nov. 8, several members of the pediatric club and ASDA performed Dental Health Screenings and applied fluoride varnish on the underserved community attending South Bronx Academy. The pediatrics club will be hosting more outreaches next semester as well, focusing on underserved communities in our local areas around the school.

Lunch and Learn with Dr. Feldman

On Wednesday, December 4th, NYU's chapter of the American Academy of Pediatric Dentistry along with Generation Smile hosted a lunch and learn presented by Dr. Feldman, NYU College of Dentistry's Pediatric Postdoc-

toral Director. Dr. Feldman spoke with club members about the importance of interprofessional collaboration in the dental setting. Students learned the importance of interprofessional communication and its role in the pediatric dental field. We discussed examples of other healthcare professionals whom one would collaborate with in the field of pediatric dentistry. Dr. Feldman presented various cases, allowing for an educational and interactive discussion.

UPCOMING EVENTS

In spring 2020, we look forward to continuing our traditions and hosting more opportunities for colleagues to gain exposure to pediatric dentistry. We will be hosting Dr. Pereira, a clinical faculty of NYU's Pediatric department, to speak about life in private practice. One of our most attended events is our annual resident panel where the NYU Pediatric residents speak about life during residency as well as with the differences between residency and dental school. An original event, which we wish to make an annual tradition, is our upcoming D4 panel. During this event, fourth-year students will discuss the application and interview process for residency for those planning on pursuing the field. We will have our annual holiday bake sale fundraiser, where the proceeds are donated to UNICEF.

The club will also be participating in the annual Give Kids a Smile event in February 2020, and the Special Olympics in June of 2020.

A unique opportunity that we are offered as NYU dental students, is to be able to network with the pediatric dental residents at NYU. Lastly, we plan to host our social event in the spring which allows residents and students to network and talk about the career. We look forward to continuing our annual events and allowing students interested in the career of pediatric dentistry to be able to network and learn as much as possible during their time as dental students.

Pediatric Dental Service Abroad

Jessica M. Baron, D.M.D.

One of my fondest memories in dental school was a dental service trip to Pisac, Peru. I treated a myriad of underserved local patients, some of which have never seen a dentist. Reflecting on this memory, I decided to investigate opportunities available for pediatric dentists to make a global impact. There are two main global non-profit pediatric dental service opportunities that come to mind: Dental Volunteers for Israel (DVI) and Global Dental Relief.

This past December, I attended a fundraiser for DVI to learn more about this organization. I was also drawn to the fundraiser because Michael Zegen and Caroline Aaron—two main cast members from “The Marvelous Mrs. Maisel”—were leading a discussion about the highly anticipated third season.

I'm embarrassed to admit that I arrived thirty minutes early to the event, which proved to be highly beneficial. Not because I had an unobstructed view of the stage, but rather I was fortunate enough to sit next to Bella and Dr. Barry Weintraub (a practicing endodontist in the New York area). After several minutes of small talk, I asked Dr. Weintraub if he had ever volunteered for DVI. His face lit up in an exuberant smile and he said:

“I have volunteered at DVI on four separate occasions. I have found these experiences to be one of the highlights of my professional career. As an Endodontist, I was amazed by the need of care in the patient population. I met dedicated, amazing dentists from around the world. In summary, I look forward to volunteering at DVI again.”

DVI is the largest free dental clinic in Israel, operating solely on global volunteers and donations—government grants account for less than 5% of the clinics operating costs. This clinic primarily offers care to any at-risk-children and adolescents, as well as Holocaust Survivors and the elderly. The clinic was founded by Trudi Birger on the following tenets:

1. To provide totally free care to Jerusalem's most unserved children regardless of ethnicity or religion.

2. Patients would be referred from the city's welfare office.
3. The children must participate in the dental hygiene preventative program, with recalls every six months.
4. Volunteer dentists from all corners of the world would be the mainstay of the clinic's staff.

If you decide to volunteer, there is an application process on the website. Please note that you will need at least a minimum of a full two years' experience on your license. This is a highly sought out opportunity, and you will need to apply at least a year in advance—do not worry, there are always last minute cancellations. The clinic operates four days a week in the morning. Worried about bringing supplies? Do not fret! The clinic has state-of-the-art equipment and even provides you with scrubs. Worried about housing? DVI provides you with an apartment! All that you are responsible for is transportation to and from the airport, food and entertainment. Worried about not speaking Hebrew? The dental assistants are happy to translate for you.

Global Dental Relief (GDR) was founded in 2001 initially as the Himalayan Dental Relief Project by Dr. Andrew Holecek and Laurie Matthews (the former director of Colorado State Parks). Since its inception, GDR has staffed more than 2,600 volunteers providing over \$35 million of care to over 170,000 children. GDR provides continuity of care by visiting the same location several times a year. The locations that GDR serves are: Nepal, India, Guatemala, Cambodia, Kenya and Mexico. These clinics are set up in schools and municipal facilities with the exception of Kenya, where the clinic is housed in a local medical center. Dental volunteers (you can also volunteer as a general volunteer) provide examinations, prophylaxis, restorations and extractions and fluoride treatment. Just like DVI, GDR places these children on a recall schedule to ensure continuity of care.

Sir Winston Churchill (my favorite historical figure) once said, “you make a living by what you get. You make a life by what you give.” As dentists we are constantly giving back to our local community, but we can also make a global impact.

Website Links

<http://dental-dvi.org.il>

<https://www.globaldentalrelief.org>

About the Author



Jessica M. Baron, D.M.D., is a second year pediatric dental resident at Montefiore Medical Center in the Bronx, NY. She grew up in Charleston, SC, and completed her undergraduate education from Duke University in 2010 with a B.A. in Public Policy and minor in Art History. She graduated from the James B. Edwards College of Dental Medicine at the Medical University of South Carolina in 2015. She has earned a general practice residency certificate from Yale-New Haven Hospital and a dental oncology certificate from Memorial Sloan Kettering Cancer Center.

Safe and Effective Sedation for the Pediatric Dental Patient
March 26 – 28, 2020
Grand Hyatt Tampa Bay, Tampa, Fla.

This course features the recognized leaders in the field, both in dental anesthesia as well as pediatric dentistry. You'll find didactic lectures, case studies, film clip sessions, panel discussions and hands-on breakouts with personalized attention. This course will offer opportunities to gain hands-on experience while learning airway techniques to rescue patients and will include breakout session with manikin practice with face masks, ambu bags and the insertion of nasal and oral airways; all in a personalized setting with real equipment and monitors.

Course Chair and Speaker

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

Course Vice-Chair and Speaker

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

Speakers

Alan Milnes, D.D.S., Ph.D.

Christine Quinn, D.D.S., M.S.

Who Should Attend

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

CE Hours

22 hours

Sponsor



Pediatric Sedation Emergencies Simulation Course
March 29, 2020

Center for Advanced Medical Learning & Simulation, Tampa, Fla.

While no one ever expects an emergency situation to arise, attending this course will help you and your team to be more prepared should the unexpected occur. This course is designed to simulate emergencies that may occur in a pediatric dental office. It will offer some didactic materials but will focus on team-driven assessment and responsiveness to situations that might arise during sedation of children for operative care. The course is intended for pediatric dentists who are currently using sedation techniques in their office and will allow for the participant to make quick assessments of patient status and simulate airway techniques, while managing real-time trending of physiological status with the goal of stabilizing the patient. You will be able to immediately implement training protocols for your practice that you've learned in the course.

Course Chair and Speaker

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

Course Vice-Chair and Speaker

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

Speakers

Alan Milnes, D.D.S., Ph.D., F.R.C.D.(C)

Christine Quinn, D.D.S., M.S.

Who Should Attend

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

CE Hours

9* hours

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

**AAPD FALL 2020
 CE COURSES**

ORAL REVIEW COURSE
 SEPTEMBER 10, 2020
 PHOENIX, ARIZ.
 SPONSOR: NUSMILE

**THE NEW COMPREHENSIVE REVIEW:
 ADVANCES IN PEDIATRIC DENTISTRY**
 SEPTEMBER 11-13, 2020
 PHOENIX, ARIZ.
 SPONSOR: NUSMILE

SAFE AND EFFECTIVE SEDATION
 OCTOBER 2-4, 2020
 BOSTON, MASS.
 SPONSOR: SEDATION RESOURCE

DENTAL ASSISTANTS SEDATION
 OCTOBER 2-3, 2020
 BOSTON, MASS.

FRENECTOMIES SYMPOSIUM
 NOVEMBER 13-14, 2020
 LOUISVILLE, KY.

To register, visit www.aapd.org/events

Scholarships for the Institute for Teaching and Learning Course Available

A switch from an office practice to an academic career may seem like a daunting challenge—it needn't be. An academic career provides the practicing dentist a new opportunity to utilize their experiences in shaping the careers of the aspiring professional. Dentists that teach also have a greater opportunity to develop new techniques and innovations in care through research and scholarly activities and can also influence national dental education policies through service with the AAPD, ADA, ADEA, HRSA and NIDCR.

Other benefits of an academic career include improving access to oral health care through community service, mentoring of residents, full- or part-time employment with benefits and personal and professional growth.

Selected scholarship recipients will attend the Academy for Advancing Leadership's Institute for Teaching and Learning (ITL) in Atlanta, Ga., from Aug. 23-26, 2020, (the scholarship covers tuition only). The Institute for Teaching and Learning (ITL) is a premier teaching program for new and mid-career faculty as well as private practitioners who are transitioning to academia. The ITL is designed to (1) promote best practice techniques in didactic and clinical education, (2) reinforce and equip participants with valuable knowledge and teaching skills, and (3) foster networking and collaboration in a multidisciplinary environment.

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

Scholarship applications are available under Awards and Fellowships/Master Clinician Scholarship Program on the AAPD website. <https://www.aapd.org/resources/member/awards-and-fellowships/>. **Applications must be received by April 24, 2020.**

Save the Date

Join Your Colleagues for the Annual Joint Academic Day

Wednesday, May 20, 2020

8 AM – 5 PM

Session for Academicians

The schedule is being finalized, but a list of topics that will be covered can be found below.

We hope to see you there!

Morning (Joint session, Pre and Post Docs)

Faculty Development/Promotion, Leadership and Mentoring

ADEA Applications (crossing the Pre doc - Post doc bridge)

The Role of Care Coordinators/Social Workers/etc. in Pediatric Dentistry

CODA Hearing on Pediatric Dentistry Standards

Afternoon (Pre Docs)

Virtual Reality (VR) and Neuro-feedback Technologies in Dentistry

Communicating with Parents

Integrated Board Exam

AAPD Student Chapter Toolkit

Afternoon (Post Docs)

CODA

ADEA Pass Functionality

Sedation, Safety and Training

Orientations

For further information, please contact the Education Development and Academic Support Manager Leola Royston at (312) 337-2169 or lroyston@aapd.org.



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

The Growing Threat of Ransomware: Is Your Practice at Risk?

Ransomware is a cryptovirus that holds patient information hostage and shuts down your practice. The ransomware encrypts patient files stored on practice devices/computers, preventing access unless a ransom is paid. These attacks on dental practices are increasing due to inadequate virus protection and information back up protocols. Since access to patient files is essential to patient treatment, doctors are motivated to pay the ransom to be able to get back to business as usual. Practices across the country can lose hundreds of thousands of dollars due to weeks of lost production because of the time it takes to negotiate with the thieves to hopefully get the decryption key to restore patients' files. Education, prevention, and having the right advisors are crucial to reducing the risk of a ransomware infection.

IMPACT OF RANSOMWARE INFECTION

- The recovery process is very stressful due to loss of production, employee wages and the large amount of time and effort it takes to recover the files.
- Paying a ransom does not ensure patient files will be restored. Experts disagree on the odds of recovery if a ransom is paid; however, there is a fair chance a decryption key is never received or that a decryption key is received but does not work. In some instances, paying the ransom encourages attackers to ask for more money for full recovery or results in the company being retargeted because of their willingness to pay.
- In the event the practice closes, doctors may be unable to accommodate emergencies or urgent treatment needs. This can lead to negative feedback in the community and patients may leave the practice to seek treatment elsewhere.
- During ransomware attacks, there may be a data breach of sensitive and protected patient health information.

STEPS TO PREVENT INFECTION

Understanding how cryptoviruses access practice devices and ways to deter them are the keys to preventing a ransomware infection. It is the doctor's responsibility to understand current cyber attack issues so they can make sure the practice is protected with the best preventive measures. Do not leave the responsibility to others as this can cause a gap in protection.

- A cryptovirus typically enters devices through seemingly harmless emails and email links. These emails look very similar to known email addresses; however, they contain subtle differences that trick a user into thinking it is a real person. Your IT service company can be a good resource to help educate the team on how to recognize these email scams.
- Hire an IT service company to properly install HIPAA-compliant firewalls and set up automatic updates and backups. **Be sure the IT company has adequate insurance to pay a ransom if they are attacked and can explain how backup programs are protected.**
- Consider hiring a cybersecurity company in addition to an IT service company to double the protection and reduce risk even further. Whereas IT service companies specialize in general computer systems, networking, and hardware and software applications, cybersecurity companies focus on the prevention of cyberattacks and aid in risk management. Have a cybersecurity plan in place so all team members understand its importance and know what to do if an attack does occur.
- Purchase a cyber insurance policy through a current business, audit, or malpractice insurance company to help reduce costs if the practice gets attacked. Some companies offer to combine these policies to lower monthly premiums. In the case of an attack, a cyber insurance policy may cover expenses related to the investigation of the attack, monetary losses due to business interruption, data loss recovery, data breach notifications and credit monitoring for customers, and legal expenses associated with settlements and fines. In some cases, a cyber insurance company may pay the ransom to ensure files are restored. Although cyber insurance charges a monthly premium for coverage, it will defray the cost in a ransomware attack.
- Always use an encrypted email to send and receive protected information. An IT service company can ensure emails are properly configured for HIPAA compliance which will add extra protection for the practice and its information.

- Have a professional email connected to your URL domain, such as manager@awesomedental.com. A practice email should not be hosted by a site such as Gmail or Yahoo.
- Avoid accessing practice devices from home. This is an easy access point for a cryptovirus to infect practice files. If the remote desktop protocol is not secured or set up properly, it leaves an entry point for attackers to hack into practice devices. Experts are finding that in addition to a vulnerable remote desktop protocol, an attack due to weak login credentials happens far more often. If remote access is necessary, be sure that a 2-step authentication process is set up and working properly. This ensures each time remote access is requested, an authorized user is behind the request.
- Use resources, such as **Infragard**, to stay educated on current cyber events affecting the healthcare sector.
 - **Infragard** is a partnership between the Federal Bureau of Investigation (FBI) and members of the private sector for the protection of U.S. Critical Infrastructure.
 - Infragard provides an online communication forum for education, information sharing, networking, and workshops on emerging technologies and threats.
 - Through this partnership, both the FBI and private sector gain an improved understanding of the threat-scape and share valuable intelligence.

HAVE A “BACKUP” PLAN

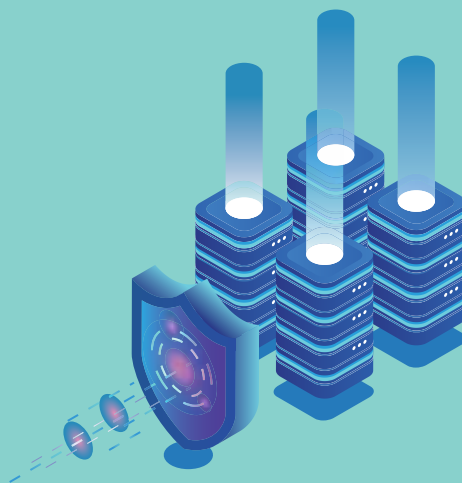
- Perform daily virtual and external hard drive backups of the practice management software, patient files, and financials. Running hard drive backups daily can help a practice recover quickly from a ransomware virus attack.
- **Virtual BackUp:** A virtual backup is a copy of the practice’s files that are currently stored on the device’s hard drive. The copy of the files is transferred to a virtual drive within the computer that is often installed by your IT servicer.
 - Be sure that all essential information is saved to the shared drive on the server, as virtual backups only copy files saved to the network and not on individual devices.
 - The cloud is one example of a virtual backup option; however, there are other virtual backup options that may be recommended by your IT servicer. Ransomware viruses can also access and encrypt data stored on the cloud so an external hard-drive backup should be utilized in addition to a virtual backup.
- **External BackUp:** An external backup is a copy of the device’s files that are saved to an external hard drive. At the end of each day, the doctor should take the external hard drive to another location for safekeeping.
 - This also protects the information in case the office and its devices are damaged from an unexpected

disaster, such as fires or floods. Leave external hard drives unplugged unless files are being backed up. A cryptovirus can access your practice information if the external hard drive is plugged into a device.

- Some computer viruses do not go active right away and infect the device unknowingly at a later date. To ensure a clean backup is always available, it is recommended to have 2-3 external backups that are rotated. For example, if Backup A is used on Monday, Backup B would be used on Tuesday and Backup C would be used on Wednesday. This way, the worst that could happen is losing one day’s worth of data.

MAINTAINING HIPAA COMPLIANCE

- HIPAA compliance ensures that patient information is protected and safeguarded against unauthorized individuals.
- Practices that are not HIPAA compliant may be more susceptible to cryptovirus attacks. When a practice is attacked, a patient’s sensitive personal and health information is at risk of exposure and could be vulnerable to becoming victims of fraud.
- To ensure the practice maintains HIPAA compliance, schedule annual HIPAA training for the entire team and designate a team member to be the HIPAA privacy officer who oversees that compliance is maintained.



As you can now understand, a ransomware cryptovirus can cause serious harm to a practice. Doctors must be proactive in taking preventive measures to protect their businesses, employees, and patients that depend on them. While many offices resume business after an attack, the lost production, patients, and employee wages have lasting effects. Ensure the proper fail-safes are in place through expert advisors, HIPAA compliance training, daily backups, and continuing education on recommended protocols and systems for the prevention of a ransomware attack.

We would like to thank Colin Macdonald from QeH2 and PCMag for all the insight provided on this topic.

“By failing to prepare, you are preparing to fail.”

Benjamin Franklin

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

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A Clinical Perspective of Obstructive Sleep Apnea in Pediatric Dentistry

Elizabeth Berry, D.D.S., M.P.H., M.S.D.; Andrew Zale, D.M.D., M.S.D.; Jonelle Grant Anamelechi, D.D.S., M.S.P.H.

Obstructive sleep apnea (OSA) is a common condition in childhood and can result in significant health complications if left untreated. The American Academy of Pediatrics defines Obstructive Sleep Apnea Syndrome as a “disorder of breathing during sleep characterized by prolonged partial upper airway obstruction and/or intermittent complete obstruction (obstructive apnea) that disrupts normal ventilation during sleep and normal sleep patterns.”^{1,2} The prevalence rates range between 1.2 – 5.7 percent.^{3,4} Early diagnosis of OSA has the potential to decrease morbidity and increase the quality of life, but diagnosis is frequently delayed. Symptoms and signs of OSA include a history of frequent snoring (≥ 3 nights/wk), labored breathing during sleep, gasps/ snoring noises/ observed episodes of apnea, sleep enuresis, headaches on awakening, daytime sleepiness, ADHD, and learning problems.^{1,5} As pediatric dentists, we are in a unique position to help identify patients at greatest risk. There is no standardized screening tool for pediatric dentistry, but the AAPD policy has valuable questions to ask patients.⁵ Inclusion of sleep questions on the health history form may assist with identification of patients at risk. The guidelines advise if a patient is suspected of being at risk for OSA, to send the patient to the appropriate medical doctor.⁵

Here are a few clinical pearls from our colleagues:

- “Our first question in our practice is to ask if the child snores loudly when sleeping or has trouble breathing while sleeping. If the answer is yes, then we will continue to ask more questions following the AAPD policy. This helps us identify patients, but also keeps it easier to implement in our practice so we are not asking all patients a list of questions.”
- “To highlight the AAPD policy, the restless sleep inquiry has been an invaluable tool in my practice when screening patients for OSA prior to treatment with Sedation and Anesthesia, with or without snoring. When airway assessment is difficult, I find movement during sleep is a very good adjunct to Brodsky score as a predictor for potential airway compromise.”
- “Realize that adenoid tissue can cause significant airway compromise. While Brodsky examination is important, it is equally important to realize the potential influence of the unseen adenoid tissue on the airway if a patient is reporting other symptoms of OSA.”
- “If encountering a difficult airway during a dental rehabilitation case under anesthesia due to hypertrophy of the tonsillar or adenoid tissue (and other comorbidities associated with OSA are present), it is prudent to document and notify the guardian. This is also your opportunity to strongly advocate for appropriate medical evaluation and intervention.”
- “If questions are asked about sleep, be prepared to answer: Why does sleep matter to you as a pediatric dentist? Obstructive sleep can lead to other orofacial changes during growth and development starting at an early age. If we get to the bottom of it now, we may make a world of difference in overall growth and development (including the head and neck) since growth happens mostly during sleep.”
- “The golden standard of diagnostics in medicine for OSA is a formal sleep study. The final diagnosis takes a lot of different factors into account such as quality of sleep, sleep efficiency, sleep stages, arousals and awakenings, and other respiratory parameters. If preparing a parent to have a conversation with their medical provider, encourage the family to keep a sleep diary possibly including a video of their child noting sleep times, how long they took to fall asleep, if they snore while they are asleep, if they wake up multiple times, how long they slept, and if they seem rested when they wake up. Remember this may vary with age.”
- “There are multiple approaches that can be taken as a surgical intervention to moderate to severe OSA and it may include removing tonsils and adenoids or just one or the other. There are pros and cons to be weighed for both.”
- “Have a team approach to this care. The work that we do to influence growth and development such as the use of habit appliances, expanders, and bilateral space maintainers can have an effect on airway. Our feedback and work with the team is important also in successful outcomes of care.”

REFERENCES

1. American Academy of Pediatrics. Clinical practice guidelines on the diagnosis and management of childhood obstructive sleep apnea syndrome. *Pediatrics* 2012; 130 (3): 576-684.
2. American Thoracic Society. Standards and indications for cardiopulmonary sleep studies in children. *Am J Respir Crit Care Med.* 1996; 153(2): 866-878.
3. Bixler EO, Vgontas AN, Lin HM, et al. Sleep disordered breathing in children in a general population sample: prevalence and risk factors. *Sleep.* 2009; 32(6): 731-736.
4. Li AM, So HK, Au CT, et al. Epidemiology of obstructive sleep apnea syndrome in Chinese children: a two-phase community study. *Thorax.* 2010;65(11); 991-997.
5. American Academy of Pediatric Dentistry. Policy on Obstructive Sleep Apnea. *The Reference Manual of Pediatric Dentistry.* Chicago, Ill.: American Academy of Pediatric Dentistry; 2019:220-4.

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Evidence-Based Dentistry (EBD) Committee Update

Three new topics deemed of greatest importance to provide timely guidance to clinicians have been approved by the Board of Trustees:

- Frenectomy/frenotomy and lactation,
- Vital treatment of immature permanent teeth, and
- Caries risk assessment and oral health determinants.

The EBD Committee continues to oversee the evidence-based clinical practice guidelines currently under development:

- Clinical Practice Guidelines for use of Non-Vital Pulp Therapies in Primary Teeth,
- Clinical Practice Guideline on Behavior Guidance for Pediatric Dental Patients, and
- Clinical Practice Guideline on Frenectomy/Frenotomy and Lactation for Pediatric Dental Patients.

The Non-Vital Pulp Therapy Workgroup is in the final stages of the systematic review and therapy clinical practice guideline, both scheduled for publication in 2020. The Behavior Guidance Guideline Workgroup is awaiting the publication of the Cochrane systematic review on “non-pharmacological interventions for managing dental anxiety in children” and have added two new content experts to their team. The table below indicates the timeline of clinical practice guideline development.

Clinical Practice Guideline Topic	Systematic Review Publication Date	Guideline Publication Date
Sealants (completed)	08/2016	09/2016
Vital pulp therapy (completed)	01/2017	09/2017
Silver Diamine Fluoride (completed)	N/A	09/2017
Non-vital pulp therapy (in progress)	2020	2020
Behavior guidance (in progress)	2020	2020
Frenectomy and lactation (in progress)	2021	2021

Practice Characteristics: Insights from a National Survey

Though tax season is nearly upon us, why not take a break from your QuickBooks reports to audit these alternative attributes of your practice? Below are results from the AAPD's 2017 National Survey of Pediatric Dental Practice, which reviewed topics ranging from practice demographics to service capacity to patient characteristics, and more.

How does *your* practice stack up to the national average?

Does your practice serve teenagers?

26 percent of pediatric clients are teens, according to the national survey of 13-18 year olds seen at pediatric dental practices.

What portion of your patients are newborn through age 2?

13 percent of pediatric clients are age 2 or younger in the typical pediatric dental practice.

Private, public assistance or neither: what is the breakdown of the types of insurance covering your pediatric patients?

55 percent of pediatric patients have private insurance,

34 percent of pediatric patients have public assistance, and

11 percent of the kids you see don't have insurance at all.

What is the average number of weeks per year that you work in your practice?

46 weeks out of 52 total –An excellent reason for scheduling that vacation you've been thinking about!

How long do your patients wait to schedule an appointment?

10 days for patients of record according the survey, and

12 days for new patients.

How long do your patients wait to be seen after they arrive for their scheduled appointment?

7.5 minutes for patients of record

8.5 minutes for new patients

How many patient visits do you have per hour (excluding hygiene)?

3.3 patients per hour

90 patients per week

4,134 patients per year!

How many cases per month involve in-office anesthesia?

10.5 cases each month and this number is trending up.

Do you use an operating room in a hospital or accredited surgical facility?

62 percent of you do, and on average 14 cases are treated there per month.

Does your practice provide charitable care?

77 percent of pediatric dentists provide charitable care.

- And, on average, the value of care provided free of charge is **\$18,260.50**.
- You reduce patient rates approximately 30 percent for charitable care, which amounts to about **\$43,708**.

Are You Keeping Your Practice Safe?

A selected set of practice tools is now available on the AAPD website to help identify dental practice safety concerns and take action to improve the safety of patients, staff and the environment. This collection of resources contains current recommendations in major areas of dental practice related to safety, using best practice guides, policies, training materials and office-friendly tools. Bookmark the Safety Toolkit now on the AAPD Resources webpage and check back often as new topics and resources are released!

Feature topics include:

- Medication error reduction systems
- Water line safety
- Nitrous oxide safety
- Physical plant safety
- Medical emergencies in the dental office
- Personnel security
- IT security
- Dental records and record keeping
- Developing a culture of safety
- Comprehensive informed consent
- Sedation and general anesthesia
- Infection Control

Access the Safety Toolkit under Resources on the AAPD website at www.aapd.org.

Making a Commitment to Safe Care: My AAAASF Certification Experience

By Barry L. Jacobson, D.M.D.

Obtaining certification has been one of the best investments I have made. Safety and compliance initiatives for the benefit of better quality of care and a safer environment for the patients is a mission statement that everyone can get behind. It transcends employee/employer boundaries, it unifies doctors and staff, and it clarifies the goals and objectives of the organization. I have been a pediatric dentist for over twenty years, having gone through Board Certification and Recertification. I went into private practice upon graduation and four years later, following my appointment as a Pediatric Dental Section Program Director, I founded a Pediatric Dental Residency Program at a major New York academic medical center. After a ten-year run as program director, I returned to private practice, where for the past 24 years, I have operated my own practices and have purchased a number of existing practices. I now own and operate 18 pediatric dental practices in three states with over 40 pediatric dentists in my employ. I have seen many management styles, personality types and team building initiatives come and go. But, throughout my career, I have found that The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) certification has been a significant impetus to positive change in the delivery of patient care and in the operations of my practices.

AAAASF certification is a significant undertaking that requires the commitment and effort of the whole organization. Specifically, it requires that the dental practice step back and objectively review all systems related to patient safety and quality of care. AAAASF provides a roadmap that starts with staff and training, reviews infrastructure and equipment upgrades necessary to meet all modern standards, and ends with random case reviews and reporting of all morbidity and mortality. In short, it is an intensive and comprehensive process to obtain and keep certification, but a dental practice must take steps to ensure the consistent provision of safe and high-quality care to all patients. These efforts and outcomes alone make obtaining certification an important exercise for any dental practice.

Moreover, obtaining AAAASF certification is an excellent team-building experience. It clarifies goals and objectives, separates team leaders and followers and identifies facilitators versus objectors. During the process of obtaining certification, there will be many opportunities for personal growth and staff education. The organization benefits don't end there. Because of the continuous and ongoing reporting requirements of AAAASF, maintaining certifications ensures a continuous process of performance improvement and provides better identification of organizational or individual problems.

Going through the process of obtaining certification will help you identify team players as well as passive and active resistors. Obviously, anyone who doesn't get on board and share your organizational values and goals – or who puts themselves, their egos, or their comfort before the organization's goal of improving quality and safety – is someone you may want to consider undertaking corrective action or discharging from your practice. Often times these passive or active resistors may be holding back your practice in many other areas as well. Anyone who is passively or actively resisting your efforts to make your office safer and provide a higher quality of care is likely resisting your initiatives in many other areas. In light of this, obtaining and keeping AAAASF certification is an essential tool in identifying problematic personnel and practices and instituting prompt corrective actions. Use the opportunity to make changes to your practice that you have been neglecting or avoiding. In effect, certification can be an agent for positive change in your practice.

AAAASF is a continuous and ongoing process that will take your time and effort, but it is well worth your while. I recommend that you schedule yourself and your staff for 8 – 12 weeks to review all the parts of the certification self-survey. Do a walkthrough with key personnel, identify projects, and delegate tasks. Schedule regular weekly meetings to review progress and keep on track with timelines. Because the ultimate goal of certification is so important, consider planning a reward dinner for the staff to celebrate their efforts and commitment to safety and quality.

AAAASF will be there every step of the way, operating not only as an inspector of your practice, but also as a facilitator who is committed to helping you achieve and maintain certification. In your daily life and everyday practice of dentistry, it is hard to keep all the balls in the air. AAAASF helps you with quarterly reminders for reporting, updates on national standards, and notification of public health notices, etc. I encourage anyone who does sedation in their offices to strongly consider engaging AAAASF to help you in your journey. To the extent that more and more dental practices will become certified, I believe it will greatly benefit our profession and our patients. I therefore strongly recommend that you consider pursuing AAAASF Certification in your practice.



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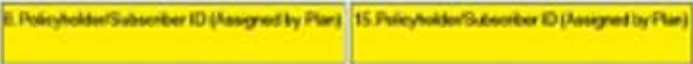

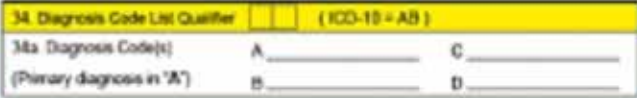


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The 2019 ADA Dental Claim Form is Now in Effect

In early June of 2019, the American Dental Association (ADA) released its new Dental Claim Form, effective as of its release date. The ADA Dental Claim Form was last updated in 2012 to incorporate the capability to apply diagnoses codes. The 2019 ADA Dental Claim Form consists of minor editorial changes to maintain consistency with the current HIPAA standard 837D v5010 Electronic Dental Claim Form.

The editorial amendments to the claim form are as follows:

Field Name	Box #	Amendment
Policyholder/Subscriber	8,15	Description updated to Policyholder/Subscriber ID (Assigned by Plan) 
Gender	7, 14, 22	A third check box has been added to indicate Unknown (U) gender 
Diagnosis Code List Qualifier	34	ICD-9 = B has been removed, as ICD-9-CM is no longer a valid diagnosis code set 

- Gender changes
- Treatment remaining is now total treatment
- Student status replaced with a blank box
- Tooth identification was clarified
 Tooth number(s) or letter(s): enter the appropriate tooth number or letter when the procedure directly involves a tooth or range of teeth. Otherwise, leave blank.

Note: Numbers or letters reported are based on tooth morphology, not anatomic position. This is the traditional and important concept to understand for accurate documentation and reporting. For instance, a tooth may migrate into an edentulous space, but that movement does not change its morphology. Similarly, placement of an implant body need not be in an anatomic tooth position, but the prosthesis placed is the morphological equivalent of a missing tooth or range of teeth.

The editorial amendments to the claim form instructions are as follows:

Field Name	Box #	Amendment
Area of Oral Cavity	25	Reference to reporting the Area of Oral Cavity Tooth Numbers and Tooth Surfaces guidance chart published by the ADA was added to the claim form instructions.
Tooth Numbers or Letters	27	Clarification of options to report the same procedure performed on multiple teeth. 1. Report each procedure on a single line item and the associated fee per tooth number. 2. Report the procedure on a single line item once with each tooth number entered in 27, using commas to separate each number or hyphens to indicate a range of teeth.
Tooth Numbers or Letters	27, 33,35	A note was added clarifying that numbers or letters are reported based on tooth morphology, not anatomic position. Similarly, placement of an implant body is not necessarily in anatomic tooth position; however, the prosthesis placed is considered the morphological equivalent of a missing tooth or range of teeth and should be documented and reported following these guidelines.
Diagnoses Code(s)	34, 34a	A note was added to give guidance on when a diagnosis code may be required. Generally, a plan/payer may require a diagnosis code to establish medical necessity based on the plan provisions or when required by government funded programs such as Medicaid or other payer contract provisions.

Conclusion

To avoid payment delays, always submit claims to payers using the most current claim form available. Contact your practice management software vendor to update to the 2019 ADA Claim Form. While the ADA Claim Form completion instructions should be followed, be aware that some payers have unique processing requirements (e.g., how to report procedures performed on multiple teeth). Comprehensive 2019 ADA Dental Claim Form completion instructions are posted on the ADA's website at <https://www.ADA.org/en/publications/cdt/ada-dental-claim-form>.

The following information highlights certain form completion instructions.

General Instructions

1. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.
2. Complete all items unless noted otherwise on the form or in the instructions posted on the ADA's web site.
3. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
4. All dates must include the four-digit year.

5. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

6. GENDER Codes (Items 7, 14 and 22) – M = Male; F = Female; U = Unknown

Coordination of Benefits (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35).

Diagnosis Coding

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

- Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)
- Item 34 – Diagnosis Code List Qualifier (AB for ICD-10-CM)
- Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

Place of Treatment

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid

Services. Frequently used codes are: 11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website-POS-database.pdf>.

Provider Specialty

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be:

A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license. 122300000X

- General Practice 1223G0001X
- Dental Specialty (see following list)
- Dental Public Health 1223D0001X
- Endodontics 1223E0200X
- Orthodontics 1223X0400X
- Pediatric Dentistry 1223P0221X
- Periodontics 1223P0300X
- Prosthodontics 1223P0700X
- Oral & Maxillofacial Pathology 1223P0106X
- Oral & Maxillofacial Radiology 1223D0008X
- Oral & Maxillofacial Surgery 1223S0112X

Amalgam Separator Deadline Approaching Quickly – ADA Reminder!

Under a federal rule adopted by the Environmental Protection Agency in 2017, many dental practices will need an installed amalgam separator by July 14, 2020. A few practices may be exempt, but some of those that are still need to submit a form to affirm their exemption from the rule.

See the entire article in ADA News at <https://www.ada.org/en/publications/ada-news/2019-archive/october/amalgam-separator-deadline-approaching-quickly>. For more information or questions, please contact AAPD Dental Benefits Director Mary Essling at messling@aapd.org or (312) 337-2169.

Media Mix

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



AAPD President Advises Parents on What to Pack for Kids' Lunches

Nov. 6, 2019

AAPD President **Dr. Kevin Donly** was interviewed by *Parentology.com* for a story on what to pack in kids' school lunches, especially given the Halloween holiday. According to the story:

"Dr. Kevin J. Donly, President of the American Academy of Pediatric Dentistry (AAPD), tells Parentology about his experiences being a father of three, and what AAPD recommends parents should pack for their kids. Donly says that one of the many mistakes that parents could be making is packing their child a sandwich with non-whole wheat bread. "Whole wheat bread is the best because it has a lot of fiber. Also, it doesn't have near as much sugar and starch that later turns into sugar," he says. For school-age kids, Donly also suggests parents pack skim milk. He mentions this is part of a larger grouping of beverages that are recommended by the Key National Health and Nutrition Organization in a journal titled, "Healthy Beverage Consumption in Early Childhood Recommendations."

AAPD President Interviewed by Sunstar

Dec. 5, 2019

AAPD President **Dr. Kevin Donly** spoke to Frank Long for a story on how obesity affects the oral care of pediatric patients, which appeared in Sunstar's November ebrief.

According to the piece:

"Obesity affects children as well as adults and, according to Kevin J. Donly, D.D.S., M.S., president of the American Academy of Pediatric Dentistry, the top concern when treating pediatric patients is the status of their overall health. Donly notes that obesity-related systemic health risks exist among children of a wide age range. He says older children with obesity may be diagnosed or undiagnosed with diabetes, while younger children may have high cholesterol levels that can increase the risk of diabetes."

AAPD Addresses Pediatric Dental Anxiety in Prevention's December Issue

AAPD President **Dr. Kevin Donly** spoke with Holly Pevzner for an article titled, "Scared of the Dentist," which appeared in the family section of *Prevention.com*. They discussed how impactful this anxiety can be to getting a child proper dental care; how the anxiety manifests itself in kids while in the office; and finally, where fear of the dentist stems from.

According to the article:

"Avoid saying "hurt," "pain," or "afraid" when talking about the dentist. "Even if you're saying something like 'It won't hurt,' it plants the idea that it could hurt," says Kevin Donly, D.D.S., M.S., president of the American Academy of Pediatric Dentistry. Instead, use positive or neutral words like "clean" and "healthy." Still, it's crucial for you and the dentist to be honest and not spring any surprises. "A good dentist should always tell and show your child everything that he or she is going to do before doing it," says Donly.

Dentists Warn that Medicaid Audits Could Harm Children's Dental Care in Nebraska

Dec. 12, 2019

AAPD National Spokesperson **Dr. Jessica Meeske** was interviewed for a story in the Omaha World Herald in which national and state dental leaders raised the alarm over Medicaid audits that they say threaten the care of young children in Nebraska with mouths full of rotting teeth.

https://www.omaha.com/livewellnebraska/health/dentists-warn-that-medicaid-audits-could-harm-children-s-dental/article_8fe6f8e0-82a5-5dc0-aff6-4a32806d4b31.html

New Content on the Mouth Monster Hub



As one of the year's most popular holidays in the country quickly approached, the American Academy of Pediatric Dentistry (AAPD), the leading authority on children's oral health urged parents and caregivers to be aware of the treats their children consume on Oct. 31, and throughout the Halloween season.



The weather outside is frightful! Kids are accident-prone during the holidays, especially with the icy and snowy weather.

Should they take a spill, make sure you are prepared for what to do in a dental emergency, which can be any traumatic injury to the mouth resulting in significant bleeding. In the event of a dental emergency, the first thing parents should do is call their pediatric dentist.

Dedicated Diplomates...Stories of Two Academicians

Today with nearly 80% of pediatric dentists being board certified it is easy to forget a time when board certification was not the norm. However, prior to the implementation of the Oral Clinical Examination in 2006, that streamlined the process, approximately only 25% of pediatric dentists were board certified. This article recognizes two amazing colleagues that not only shaped our profession and supported the mission of the ABPD, they mentored many of us to be who we are today. Academicians are the gateway to pediatric dentistry, building the foundation of ethics, knowledge, and skills for each and every one of our professional lives. *Thank you all for your patience, energy, innovation, sacrifice and the training to allow us to compassionately provide quality care for children.*



Dr. Diane C. Dilley was one of only three women in her dental school class at Indiana University. She was board certified in 1981. Dr. Dilley taught at the University of North Carolina for over 35 years serving in many leadership positions. She embodies elegance and a dedication to children's oral health that forged a determination to make her students and residents worthy stewards of pediatric

dentistry. The pursuit of board certification has always been Dr. Dilley's expectation for her residents. The colleagues she has mentored have a near 99% board certification rate even prior to the integration of the OCE. A group of her female former residents led the campaign in 2009 to establish a \$100,000 university-named fellowship to honor her dedication to high standards and Board Certification. The feat was completed in just over 12 months and today the Diane C. Dilley Fellowship at UNC-CH underwrites all the expenses for UNC-CH senior residents' participation in the AAPD's Comprehensive Review Course and Oral Clinical Examination Review Course, underscoring her legacy to the Board's commitment to excellence in our specialty. Dr. Dilley is known for her expectation of excellence and showing "how to let hair down"! *Thank you, Dr. Dilley, for expecting board certification, blazing a trail for women into dentistry, teaching professional excellence, exceptional restorative dentistry and how to enjoy life!*

Dr. Harry Sharp received board certification in 1991. His gentle calmness with children and support of the mission of the ABPD will forever be carried forward by his students. Pediatric dentists that trained at the University of Tennessee Health Science Center report that they are in part the pediatric dentists they are today because of Dr. Sharp.



Dr. Sharp is selfless, never seeking affirmation of the greatness he brings to the world. Many of our colleagues are being or were inspired by Dr. Sharp to become board-certified pediatric dentists, leaders in the ABPD and/or AAPD. *Thank you, Dr. Sharp, for inspiring board certification, cultivating leaders in our profession, being a testament that students can learn the realm of clinical pediatric dentistry, and how to genuinely be an advocate for children (not just talk about it) in a positive and nurturing environment.*



E. LaRee Johnson, DDS, MS
Vice President, ABPD
Board Certified 2001
Raleigh, NC

CONGRATULATIONS 2019 Richard C. Pugh Awardees

The Pugh Award is given to those who have scored in the top 3% of the 2019 Qualifying Examination.

Anna Bak – New York, NY
Yale—New Haven Children's Hospital

Kira Lee – La Canada, CA
New York University, Langone

Shreya Ruxmohan – Denver, CO
Children's Hospital of Colorado

Lauren Carlson – Chicago, IL
Indiana University

Tong Liu – Fort Myers, FL
University of Toledo

Rena Sihra – Calgary, AB
University of Manitoba

Carol Caudill – Richmond, VA
New York University, Langone

Sarah Lukeman – Washington, DC
Woodhull Medical and Mental Health Center

Chun Yin Wong – Houston, TX
Temple University

Minnimrat Dhillon – Seaside, CA
University of Nevada, Las Vegas

Anthony Machani – Philadelphia, PA
Temple University

Christina Youngerman – New York, NY
New York Presbyterian/Columbia University

Annikka Frostad-Thomas – Gainesville, FL
University of Florida

Olutayo Odusanwo – Enfield, CT
New York University, Langone

Nicole Youngers – Rochester, MN
University of Iowa

Tara Kennedy – West Melbourne, Victoria
University of Manitoba

Ifeanyi Okoye – Brighton, MA
Boston Univ. Goldman School of Dental Med.

Yi-Fan Zhang – Vestavia Hills, AL
University of Alabama

Demi Pham – Belmont, CA
New York University, Langone

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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

ALASKA—FAIRBANKS. We are looking for a full time pediatric dental associate to start Summer, 2020 in search of adventure and an amazing opportunity. Two new and modern pediatric dental offices with all the fun equipment (Isolites, Valo 3 second curing lights, 2 iPlus hard/soft tissue lasers, iTero 2 intra-oral scanner, digital x-rays and pano, paperless Dentrax charting). GA cases at local hospital, and oral conscious sedation in the offices. Compensation is based on a percent of collections or a daily average guarantee, whichever is higher. You will keep more of what you earn because Alaska does not currently have a state income tax or sales tax! I will disclose specifics to interested parties but can say that the guarantee is much higher than most if not all current opportunities. We strive for the highest quality care, both technically and chair side. High ethics and efficiency are a must. We expect whoever accepts this position to be spoiled with an amazing income, staff and office, and living in easily one of the most amazing states! Requirements: 1. Alaska Dental license 2. Completion of a Pediatric dental residency with certificate 3. Board eligible or certified 4. 2 year contract. Please e-mail resumes to youngsmiles1@yahoo.com.

ARIZONA—CHANDLER. We are an owner operated private pediatric dental practice with 2 growing locations. We are looking for a part-time or full-time pediatric dentist who is honest, ethical, hard-working and motivated. We offer a very competitive benefits package that includes salary, bonus opportunities, health insurance, paid vacations with holidays, 401K plan, and more. If you are interested in having the opportunity to perform all aspects of pediatric dentistry in a fun environment, please e-mail cover letters and resumes to dr.randy@kidsfirstdental.com. Thank you, Kids First Pediatric Dentistry, www.kidsfirstdental.com.

ARIZONA—GOODYEAR. Full-time pediatric dentist needed 4 to 5 days a week in an established full-time "growing" pediatric practice with 3 locations in Goodyear, AZ, Surprise, AZ, Buckeye AZ. This successful Phoenix, West Valley, group private practice has a great advantage with an open concept. Currently we have Four full time pediatric dentists and orthodontist in an open concept design. On average, our doctors are scheduled a four day work week, with one day a month (negotiable) of surgery under general anesthesia, including the local hospital. Expect minimal on-call duties, and a schedule proven to allow flexibility for family planning and maternity leave. \$1,000-\$1,200/day based on experience (% of collection also available). We accept Private Insurance only- no Medicaid. Benefits include: 401k, and health insurance insurance available after the first year. Contract year to year. No weekends Good hours, Good Team! Join Palm Valley Pediatric Dentistry & Orthodontics today! Requirements: D.D.S. or D.M.D degree from a dental school accredited or eligible to become board certified through the examination process of

the American Board of Pediatric Dentistry (ABPD). Must be actively licensed by the Arizona State Board of Dental Examiners. Please e-mail resumes to odolghier@gmail.com.

CALIFORNIA—SAN DIEGO. Great opportunity for Pediatric Dentists in the San Diego County area. Join our team and be a part of something as extraordinary as the children you treat. With six locations, we are looking for someone compatible who is personable, enthusiastic, caring and someone who loves what he/she does. Currently, we're seeking both part-time and full time positions with GREAT compensations, relocation and sign on bonus packages. For more information on our practice, please feel free to check out our website www.thesuperdentists.com and see for yourself why The Super Dentists is San Diego's largest, most trusted and top awarded pediatric dentistry practice. Please send your resumes to nicki@thesuperdentists.com or call (619) 548-8772 for more information on the opportunity.

FLORIDA—NAPLES. Pediatric Dentistry of Florida, Dr. Tim Verwest, D.M.D. Associates is looking for a full-time associate to join our award-winning and growing practice. Our two beautiful locations are found not far from the soft sands of sunny Southwest Florida. We are looking for someone who is enthusiastic about their work, has exceptional time management, and strong clinical and treatment planning skills. Our practice locations are in the cities of Fort Myers and Naples and the associate will work different days at each office. This is an excellent opportunity for a candidate who wants a great work-life balance along with endless beaches, shopping, and dining options during their off time. Our team delivers exceptional patient services and keep the day-to-day operations of the office running smoothly. The ideal candidate will be looking to build a long-lasting career, expand their clinical skills, and grow the practice. Dr. should be comfortable performing all phases of pediatric dentistry. The position is F/T - Monday - Friday from 9 am - 5 pm. Excellent compensation plus benefits- 401K + Medical. The position is for immediate hire. All experience levels considered. Special preference will be given to Florida Board Certified Pediatric Dentists or those who have passed the ADEX. Duties and Responsibilities: Perform all phases of pediatric dentistry services in a clinical setting. Generous guaranteed salary for the first year (\$1,400 per diem per day) health care benefits. Clinic hours: Monday - Friday, 8 am to 5 pm (if you want 4 days we can work that out) 401K. Position requirements: D.D.S. or D.M.D. degree, licensed in the state of Florida. Background experience in conscious sedation and hospital dentistry. Commitment to quality patient care and patient education of dental health. Interested parties please e-mail your resume to Jeffs@drverwest.com, Jeffrey Shafer, Marketing & HR Director.

FLORIDA—SEBRING. A well-established, successful, multiple location private practice located in Central Florida is seeking a full-time board certified or board eligible pediatric dentist. Dental offices are state of the art, paperless, and offer a large variety

of dental services (SDF, ICON, laser procedures, nitrous, conscious sedation, and IV sedation). We are searching for a compassionate, outgoing, kind, and enthusiastic personality who can work with an amazing team to care for our unbelievable patient base. In addition, the successful candidate must have an impeccable work ethic and the ability to work with families from culturally diverse patient populations. Please send resumes to drkindell@evergladesdentist.com.

GEORGIA—ATLANTA. D4C Dental Brands is looking for pediatric dentists on behalf of Dentistry for Children of Georgia to work in its pediatric dental practices. Specifically, we are looking for doctors who share our values and are as passionate about helping children achieve a lifetime of great oral health as we are! Come join our supported dental offices, where we do just that; support pediatric dentists by bringing them cutting edge technology, continued education, and mentorship while you build the practice of your dreams. The practice is doctor owned, doctor run and believes in advocating for patients while elevating the quality of care for kids by specializing in specialists. If you want to change lives, keep reading! Our ROCK STAR candidate has the following: Experience in pediatrics and LOVES working with children. Positive attitude with a great personality; excellent chairside manner and communication skills. D.D.S./D.M.D. from an accredited university. Completion of residency from an accredited pediatric residency program. Active Dental Board License. Current residents are encouraged to apply. Dentistry for Children of Georgia offers doctors 401(k), medical, dental, and vision benefits, short and long term disability, PTO + paid holidays, state of the art facilities, equity opportunities, a deferred compensation plan, life insurance, malpractice insurance, etc. For more information please e-mail alycia.tooill@d4c.com.

GEORGIA—ACWORTH. Solo, privately-owned dental office is seeking a highly motivated, energetic Pediatric Dentist to join our well-established and growing practice located in a quaint, northwest suburb of Atlanta. This traditional, fee-for-service office has truly been a cornerstone for pediatric dentistry in our community for many years and is expanding to accommodate the high demand for new families to join our practice. We have experienced a great level of success with the combination of leadership from the practice owner and office philosophy which combines an utmost of respect for our patients and staff, the highest standard of care with maintaining state of the art technology and continuing education, and an excellence for detail in cleanliness, organization, and timeliness. Our free-standing building is very well maintained, superbly decorated, and serves our community for various seasonal events and charity fundraisers. We will soon be completing an addition to the building that will greatly expand our capacity. Growth opportunities for the new associate will be substantial. We offer a competitive compensation package including opportunities for professional growth within the practice (including orthodontics), bonuses and a pathway for ownership established from the start

of employment. Requirements include: * Pediatric Dental Certificate * Board Certification/Board Eligible * Must have or obtain Georgia state dental license *DEA Certificate *BLS/PALS certification *Malpractice Insurance. Please e-mail resumes to turnerpediatricdentistryhr@gmail.com.

MARYLAND—CALIFORNIA. We are looking for a pediatric dentist for our busy, growing pediatric dental office. State of the art facility with new chairs and equipment. Highly trained staff. Excellent management and marketing support. We offer health benefits, paid continuing education, paid malpractice insurance and other benefits. We are seeking an associate who can make a long term commitment and complement the current pediatric dentists. Our office is located in a rapidly growing area with influx of many young families. We are 1.5 hours from D.C., Northern Virginia with a good school system. Perfect place to practice pediatric dentistry and raise a family. In-office oral sedation and OR at nearby hospital. Sound like a job you'd enjoy? We would appreciate talking to compassionate dentist with great work ethics and similar mindsets. Equal Opportunity Employer. Requirements: • Must have a D.D.S./D.M.D. from an accredited dental school. • Must be licensed to practice in Maryland. • Must have completed the postgraduate residency in pediatric dentistry. For more information, visit our website www.smilecastle.com. Please contact Carlie at manager@smilecastle.com or Dr. Hwang at EunHwangDDS@gmail.com.

MARYLAND—BEL AIR. Pediatric Dental practice is proudly searching for an associate. Well established private pediatric dental practice with three locations continues to grow, and we wish to add a doctor to our team. Our office is state of the art and designed for child and parent acceptance. Sedation and OR at 2 nearby hospitals. Consider this prime opportunity and contact us! E-mail resumes to marc@growingmiles.com or call for more information at (410) 569-6700. Please visit our website and learn more about us at www.growingmiles.com.

MARYLAND—FREDERICK. The Pediatric Dental Center of Frederick is looking for a Pediatric Dental Associate to join our fabulous team and well established, thriving practice in Frederick, Maryland. The practice is currently undergoing a full renovation to accommodate growth. Just 45 minutes from DC! This exciting, full time opportunity would suit a charismatic, energetic and personable Doctor. We have been voted "Best of Frederick" by our community as a result of our care and philanthropic ethics. Our Doctors enjoy the income of the average pediatric practice owner, without any of the administrative responsibilities. Current associates earn between \$320,000 and \$530,000 annually, with a guaranteed daily minimum rate of \$1,200.00. Further earning potential is possible for Doctors who are either dual trained in pediatrics and Orthodontics or who have experience in both. Benefits include paid Holidays and vacation time. Malpractice insurance is paid, cell phone monthly allowance, 90 minute lunch breaks, reimbursement of monthly health insurance premiums and reimbursement to attend the annual AAPD meeting is also given. Interested candidates should e-mail Tina Strowman, Practice Manager, at tstrowman@mykidsmiles.com.

MASSACHUSETTS—NEEDHAM. Chestnut Dental is looking for full-time, part-time, and per diem pediatric dentists to join our team of talented, caring dental professionals in our Needham and Franklin, Massachusetts offices. Comprehensive total rewards package, including guaranteed salary.

Daytime, evening, and Saturday availability required for full-time and part-time. Chestnut Dental is a highly regarded family practice specializing in pediatric and adult dentistry, and orthodontics. We strive to provide a superior experience with the highest quality dental care. We treat our patients as we would our family, and are committed to their optimal health. Our pediatric dentists focus on comprehensive oral health in children, and specialize in infants, children, teens and special needs patients. We work to maintain children's overall health, prevent dental problems and allow our patients comfortable and happy dental experiences. Qualified candidates must be board certified or board eligible. Current BLS/PALS Certification, Massachusetts Dental License, Nitrous Anesthesia Permit B or C, DEA/MSCR Certificates. Please e-mail resumes to chompson@chestnutdental.com. Visit us at <http://www.chestnutdental.com> to learn more about our practice. We look forward to meeting you! Chestnut Dental is an Equal Opportunity Employer.

MASSACHUSETTS—WAYLAND. Time associate pediatric dentist. We offer a friendly caring work atmosphere, and competitive pay and benefits. We Offer: Established practice with an experienced, well-trained staff, loyal patient base in a busy practice, guaranteed salary first 6 months, supportive team and dedicated assistant, great Location just outside Boston, MA. Benefits include: • Health Insurance • Malpractice assistance • 401K available • C.E. opportunities, etc. • Potential for bridge to ownership for the right person • Modern office and equipment. Ideal Candidate: • Ability to project a positive, caring, and professional image. • Exceeds patient's expectations in service, comfort, and quality to provide the Perfect Patient Experience. • Strong production skills • A drive to succeed. • Experienced Doctor/New Graduate with excellent clinical skills. • Must be able to work independently and deliver high quality care. • Able to work with a team, with humor, and enthusiasm. Required Experience: • 3-5 years of experience preferred. • Must be licensed D.D.S. or D.M.D. in state of MA. To apply, you need to send the following 2 things via e-mail attached to this ad: Your resume with contact information and written answers to at least two of the following questions: 1.) Tell us a little about yourself. 2.) What is the best thing about you? 3.) How would your previous co-workers describe you and your work? 4.) What about this job is attractive to you? E-mail: smason@simplydentalgroup.com. If you have what it takes, please forward resume for immediate consideration. Job Types: Part-time Salary: \$1,000.00 to \$1,300.00 per day.

MINNESOTA—ROCHESTER. Popular and thriving pediatric clinic in the area of Rochester, MN is looking for a partner to buy-into the practice. New partner will be taking over for a retiring dentist. This clinic has a unique and innovative scheduling system that allows for maximum work/life balance all the while allowing the practice to grow (there is currently a 6 month waiting list). There are 5,800 active patients with 9,825 patients seen in the last 12 months and approximately 40 new patients seen per month. The average three years of collections total approximately \$1,850,000. The practice is also located in an amazing stand alone building that was designed for young patients. The building boasts 9 treatment rooms and 1 exam room. The current owners also have ties to Mayo Clinic. Requirements: Pediatric Dentist with at least 2 years experience is preferred, but not required. Please e-mail resumes to hillarybechetti@pinelakelawfirm.com.

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

MISSISSIPPI—GULFPORT—OCEAN SPRINGS. Our practice, which is non-corporate and owned by two board-certified pediatric dentists, is seeking a full time pediatric dental associate leading to partnership for the right person on the beautiful Mississippi Gulf Coast. Our two fully digital offices are located within a fifteen mile radius in Ocean Springs and Gulfport. We have a diverse patient based including a healthy mix of fee for service, insurance and Medicaid. This is a great opportunity for a pediatric dentist who has a passion for treating children and loves what he/she does to become part of our successful and well-respected practice, which has been providing dental care to the children of South Mississippi for over 32 years. Our practice is characterized by quality dental care in well designed offices, including sedation and hospital dentistry with a well-trained staff, low overhead and an outstanding reputation within the community. Please send C.V. to adminrbroom@cableone.net.

MISSOURI—KANSAS CITY. Exciting practice opportunity for a full-time Pediatric Dental Specialist to join our growing multi-specialty dental group. Practices are doctor-owned and managed, with a team of Pediatric Dentists, Orthodontists, and General Dentists working together to form this well-established and successful group. Great service and existing marketing strategies; averaging over 150 new patients per month. Offering 32-35% of collections, with a starting base salary of \$12k+ per month. Average pediatric dentist works days/week 2 in newly remodeled, state of the art multi-specialty office and 2 in OR for general anesthesia cases. Earning \$420k/year, not including ownership profit distributions from all other practice profits, including orthodontics. Incredible growth potential, with room for expansion to additional locations, including Texas Colorado. Investment and ownership opportunities available for the entrepreneurial-minded individual. *Ask about our sign-on bonus! *<https://www.compassdentalservices.com/careers> to apply online or for more information. Requirements: D.D.S./D.M.D. with Pediatric Specialty Program Completion. Call (913) 601-4413 or e-mail shahr@thesmilespot.com for more details about this exciting opportunity.

MONTANA—BILLINGS. Are you looking for a turn-key opportunity where you can lead an established, robust practice without the immediate obligations that come with the cost of ownership? Brewer Dental Center is seeking a specialist for our Pediatric clinic who is committed to excellence in patient care and our practice's values. We pride ourselves in giving our community the highest level of care in our comfortable, fun, and patient-focused environment. Our practice is 100% doctor-owned and has operated in Billings for 35 years. The Pediatric clinic is in a building shared with our

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

NEW YORK—CLIFTON PARK. WANTED: Superhero Pediatric Dentist —“*There is a superhero in ALL of us, we just need the COURAGE to put on the CAPE.*” - Superman. The Smile Lodge is looking to grow its team of dental marvels. Offering six weeks of vacation and a starting salary of \$400k...this job not only offers very competitive benefits but also exponential growth for the right leader. Avenging dental disease and serving the underserved is what we do. Working as a high-functioning, passionate team is how we do it. One can only appreciate our HOWS and WHATS once they have experienced our passion for our WHY, because every child deserves to smile. We invite you to visit The Smile Lodge at your convenience! For More Information: Contact The Smile Lodge new dentist outreach team at HR@smilelodge.com. Benefits Highlights: \$400K Yearly Salary, 4 days/week, Ownership Potential, 6 Weeks of Vacation, Licenses, Dues, MLMIC, and C.E. Reimbursement, Healthcare Insurance Stipend, 401K, Long-term Disability Insurance. Interested candidates should e-mail resumes to Careers@smilelodge.com.

NEW YORK—CAPITAL REGION. Our growing Pediatric Dental Practice is looking for our next future partner. Our Group currently consists of 5 partners who are board certified Pediatric Dentists. Our office, where smiles grow, has been the leading pediatric dental group in the area for more than 30 years. We have established strong professional relationships with the pediatricians, hospitals, and dentists in our area. Our respected position in the local medical and dental community has provided us with continuous referrals that keep our practice growing and thriving. Our offices provide state of the art care for children and patients with special health care needs in a safe, nurturing environment. We utilize sedation and hospital dentistry, in addition to the routine care we

provide in our offices. We also offer laser dentistry. We continuously strive to offer the most comfortable and positive experience for our patients and their families through dental education, a variety of treatment options and excellence in clinical expertise. From the second the patients walk in the door, through until they complete their visit at check out, our group of caring, long term members ensures a pleasant visit. Our team practices in beautiful upstate New York City and Montreal. In the immediate area, Saratoga Springs, Lake George, and the Adirondack Mountain Region offer an endless number of outdoor activities, horse racing, art, and culture. We offer a path partnership for the right person and a very competitive salary and benefits package, including health care, C.E., 401K, Malpractice insurance, and more. We would love to meet qualified candidates who are interested in joining our group. Come visit us for a day and see our practice. To chat or learn more about us, Please call Dr. Jennifer Charlesworth at [518] 785-3911.

NEW YORK—ROCHESTER. Small To Tall Dentistry For Children, PLLC is searching for a pediatric dentist to join our well established team. We have two state of the art facilities which are currently open 4 days per week, with one doctor and two hygienists providing care in each location. We are a friendly, fun and family-centered practice with an emphasis on preventive dental care. We provide services across all demographic and socio-economic groups. We believe that quality of life is a very important component of a career in pediatric dentistry and having a work-life balance has enabled us to have wonderful lives and rewarding careers. Rochester is a first class place to raise a family with affordable housing and outstanding schools. We have top ranked hospitals and universities, and easy access to the outdoors, arts and leisure activities. This position is open to pediatric dentists who are ready to become established in a family centered community. We are offering a signing bonus, base salary and compensation package which are competitive and commensurate with experience. Rapid progression to Partnership and Ownership is an option for the right candidate. Requirements: New York State Dental License. Board Certification/ Board Eligibility. Please send resumes to Dr. Alison Harding at alisonhardng@yahoo.com.

NORTH CAROLINA—WILKESBORO. We are a high quality, multi specialty practice in the triad and foothill areas of North Carolina seeking a talented pediatric dentist to join our rapidly growing practice full time. We offer a generous minimum salary or a percentage of production, whichever is greater with an opportunity to grow. We also offer health benefits, 401K, and profit sharing. New grads welcome. Contact Dr. Chad Shobe at [336] 945.5555 or send resumes to chadshobedds@gmail.com. Visit our website at www.southerndentalnc.com.

NORTH CAROLINA—CHARLOTTE. Fulfilling opportunity for an ambitious pediatric dentist to join a modern growing multi-location Charlotte area pediatric dentistry practice. We are also open to you becoming a partner in the future! Minimum guaranteed daily rate plus a generous percentage of collections, including benefits and time off. Potential to earn \$400k or more per year. Full or part-time available. Requirement: Certificate of Residency in Pediatric Dentistry. Please contact ethan@akasmiles.com.

OHIO—OREGON. Oregon Pediatric Dentistry - \$20K Sign-On Bonus, Relocation Assistance, Up to \$50K Student Loan Repayment! If you're looking to make your professional mark on a community, this is your chance. Build valuable relationships with patients and get involved with the greater community of Oregon, Ohio while providing top-notch dental care. Well established practice, long term team members, great location! Our talented and dedicated support team will work alongside you to help ensure your success. Mentorship is available working alongside an experience pediatric dentist. Office is a very stable and busy practice with long term employees. Option to add EFDA to team if wanted. As an associate pediatric dentist you'll enjoy the following: Base salary with performance incentives to earn more. Sign-on bonus of \$20,000. Relocation package. Student Loan Repayment Assistance Program. Full time benefits include yearly C.E. allowance, paid professional liability, 401K with company match and group health/wellness plans. Practice 4-5 days per week with family friendly days/hours. Job Link: <http://puredentalbrands.com/careers/>. New residency grads welcome to apply! **Contact:** Brad Cabibi - Director of Clinical Recruiting - [561] 866-8187 or via e-mail: bradcabibi@puredentalbrands.com. Equal Opportunity Employer/Drug Free Workplace. visit us at www.puredentalbrands.com.

OKLAHOMA—TULSA. Looking for a full-time pediatric dentist! Well established Pediatric/Orthodontic practice looking for a partner to join their busy practice. Caring, energetic team serving the community with an active patient base of 6,884, 15 ops private/sedation rooms and open bay, fully digital office on Dentrrix. The practice currently provides oral conscious sedation, IV sedation and hospital dentistry. Large patient family and well established referral base. Our doctors enjoy a competitive compensation including group health, and 401K. If you are looking to join a dynamic Pediatric Dental Team contact 833-ADVISRS or by e-mail at info@transition-advisors.com.

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

we have developed our core values that provide the framework for the Acorn Culture: 1. We Are One 2. Lead With Compassion 3. Be Emotionally Proactive 4. Be Yourself and Let Your Passion Shine 5. Seek Personal Connection with Patients and Each Other; 6. Be a Little Acorn 7. Be a Lifetime Learner; 8. Innovate and Embrace Change. 9. Be Humble 10. Be Grateful. We train as a team each month on these values, and performance reviews use our values as the framework for our discussions and decision making. These are led by the doctor, not an office manager. **IF YOU SEEK TO BE A LEADER FOR GOOD IN EVERY ASPECT OF YOUR LIFE,** this is the opportunity you have been looking for. Come join an incredible group of doctors and team members that love and support each other and our patients each and every day, as we continue to grow and serve. We offer ownership after one year with extra equity gifted for helping open new clinics. Guaranteed \$250,000+ during first year associateship with intent to buy in. Oh, and by the way, you also get to live in the pristine Pacific Northwest where all sorts of outdoor adventures await. The Pacific Ocean, snow sports, water sports, hiking, biking, farm tours, city life and quaint small towns are all at your fingertips. The foodie cultures not too bad either :). Please respond to this ad to find out more about this incredible opportunity. We look forward to sharing it with you. Please e-mail resumes to timrichardsondds@gmail.com.

PENNSYLVANIA—LANCASTER. Children's Dental Health is currently seeking a full-time Pediatric Dentist for our established, successful practice in Lancaster, PA. As one of the highest-producing practices in our organization, this presents a great opportunity for long-term career and financial success. You will also have the opportunity to work in our Children's Dental Surgery OR location, which is

also located in Lancaster. Children's Dental Health is proud to be the leading provider of pediatric dental health services in the region. With over 30 practice locations throughout Pennsylvania, New Jersey, and Delaware, our mission is to provide the finest and most appropriate dental care to all children we serve, while partnering with parents and families to educate and facilitate a lifetime of excellent oral health. We are proud of our unique characteristics that make Children's Dental Health a great career opportunity for pediatric dentists. Some ways that we are different include: Surgery Center Ownership- We are unique in our ownership of Children's Dental Surgery a collection of three AAHC-accredited ambulatory surgery centers where our pediatric dentists perform dental procedures on patients under general anesthesia in a safe, state-of-the-art environment. Family-Friendly - Over 80% of our colleagues and more than half of our senior leadership team is female, ensuring focus and attention to the needs of women and families. Diversity and Inclusion - As the largest pediatric dental provider in Pennsylvania, we serve a diverse patient population, including special needs patients. Additionally, we accept a variety of insurances, and are one of the few providers who will accept Medicaid plans in the state. This enables us to make a greater impact with children who need it most. Work-Life Balance- Starting your own dental practice is not easy and takes time. At Children's Dental Health, our business and support teams will take care of practice management and administrative functions, offering you time to focus on practicing dentistry, without the added pressure of managing a business after patient appointments. With us, you can enjoy a healthy career without limiting the amount of time doing what you love. As an organization, we are proud of what we have to offer our pediatric dentists at CDH. Benefits

include: Generous sign-on/relocation and longevity bonuses. Highly competitive compensation package. Annual C.E. Reimbursement/Company-sponsored C.E. Course. Medical/Dental/Vision, 401(k) with company match, Licensure process reimbursement, and many more! Requirements for this position: D.D.S. or D.M.D. accredited by the Commission on Dental Accreditation. Certificate in Pediatric Dentistry. Current, valid license to practice dentistry in state where providing care; license must be in good standing or eligible for licensure. Active state-specific anesthesia restricted 2 license (to be able to administer nitrous oxide). Other certifications as required by state to include: DEA, CPR, PALS. No sanctions for Medicare, Medicaid, or any licensing board. If you would like to speak directly to our Talent Acquisition Manager, please call Matt Shaffer at [484] 787-2923.

SOUTH CAROLINA—CHARLESTON. Coastal Kids Dental and Braces is looking for an amazing pediatric dentist to work in our state of the art pediatric dental practice. Specifically, we are looking for doctors who share our values and are as passionate about helping children achieve a lifetime of great oral health as we are! Come join our supported dental offices, where we do just that; support pediatric dentists by bringing them cutting edge technology, continued education, and mentorship while you build the practice of your dreams. The practice is doctor owned, doctor run and believes in advocating for patients while elevating the quality of care for kids by specializing in specialists. If you want to change lives, keep reading! Our ROCK STAR candidate has the following: Experience in pediatrics and LOVES working with children. Positive attitude with a great personality; excellent chairside manner and communication skills. D.D.S./D.M.D. from an accredited university. Completion of residency



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from an accredited pediatric residency program. Active Dental Board License. Current residents are encouraged to apply. Sign on bonuses offered! To contact us directly, please reach out to Alycia Tooill at alycia.tooill@d4c.com. Coastal Kids Dental and Braces offers doctors 401(k), medical, dental, and vision benefits, short and long term disability, PTO + paid holidays, state of the art facilities, equity opportunities, a deferred compensation plan, life insurance, malpractice insurance, etc. D4C Dental Brands, together with its affiliated practices, is an equal opportunity and affirmative action employer that does not discriminate in employment and ensures equal employment opportunity for all persons regardless of their race, color, religion, sex, sexual orientation, gender identity, national origin, or status as a qualified individual with a disability or Vietnam era or other protected veteran.

SOUTH CAROLINA—GREENVILLE. Ashby Park Pediatric Dentistry is looking for an amazing pediatric dentist to work in our state of the art pediatric dental practice. Specifically, we are looking for doctors who share our values and are as passionate about helping children achieve a lifetime of great oral health as we are! Come join our supported dental offices, where we do just that; support pediatric dentists by bringing them cutting edge technology, continued education, and mentorship while you build the practice of your dreams. The practice is doctor owned, doctor run and believes in advocating for patients while elevating the quality of care for kids by specializing in specialists. If you want to change lives, keep reading! Our ROCK STAR candidate has the following: Experience in pediatrics and LOVES working with children. Positive attitude with a great personality; excellent chairside manner and communication skills. D.D.S./D.M.D. from an accredited university. Completion of residency from an accredited pediatric residency program. Active Dental Board License. Current residents are encouraged to apply. Sign on bonuses offered! To contact us directly, please reach out to Alycia Tooill at alycia.tooill@d4c.com. Ashby Park Pediatric Dentistry offers doctors 401(k), medical, dental, and vision benefits, short and long term disability, PTO + paid holidays, state of the art facilities, equity opportunities, a deferred compensation plan, life insurance, malpractice insurance, etc. D4C Dental Brands, together with its affiliated practices, is an equal opportunity and affirmative action employer that does not discriminate in employment and ensures equal employment opportunity for all persons regardless of their race, color, religion, sex, sexual orientation, gender identity, national origin, or status as a qualified individual with a disability or Vietnam era or other protected veteran.

SOUTH CAROLINA—COLUMBIA. Wild Smiles is looking for an amazing pediatric dentist to work in our state of the art pediatric dental practice. Specifically, we are looking for doctors who share our values and are as passionate about helping children achieve a lifetime of great oral health as we are! Come join our supported dental offices, where we do just that; support pediatric dentists by bringing them cutting edge technology, continued education, and mentorship while you build the practice of your dreams. The practice is doctor owned, doctor run and believes in advocating for patients while elevating the quality of care for kids by specializing in specialists. If you want to change lives, keep reading! Our ROCK STAR candidate has the following:

Experience in pediatrics and LOVES working with children. Positive attitude with a great personality; excellent chairside manner and communication skills. D.D.S./D.M.D. from an accredited university. Completion of residency from an accredited pediatric residency program. Active Dental Board License. Current residents are encouraged to apply. Sign on bonuses offered! To contact us directly, please reach out to Alycia Tooill at alycia.tooill@d4c.com. Wild Smiles offers doctors 401(k), medical, dental, and vision benefits, short and long term disability, PTO + paid holidays, state of the art facilities, equity opportunities, a deferred compensation plan, life insurance, malpractice insurance, etc. D4C Dental Brands, together with its affiliated practices, is an equal opportunity and affirmative action employer that does not discriminate in employment and ensures equal employment opportunity for all persons regardless of their race, color, religion, sex, sexual orientation, gender identity, national origin, or status as a qualified individual with a disability or Vietnam era or other protected veteran.

SOUTH DAKOTA—RAPID CITY. Are you looking for a career opportunity with a Pediatric Dentist owned, state of the art facility? Black Hills Pediatric Dentistry was established over 34 years ago and is located in Rapid City, South Dakota. Our campus includes a Pediatric Clinic, an Adolescent Clinic, and a Surgical Center dedicated to providing comprehensive dental treatment under general anesthesia. Enjoy the dental career you love, coupled with the endless outdoor attractions of the Black Hills. We offer an excellent work-life balance with a 4-day work week, summer hours, and an optional ownership path for the right candidate. Loan reimbursement, sign-on bonus, and starting salary of 250K or 35% adjusted production whichever is greater. Current associates make between 275K-450K. For more information, please send your C.V. to panni@bhpd.com or call [605] 341-3068.

TENNESSEE—CHATTANOOGA. If you're looking to make your professional mark on a community and help continue to lead a well established and successful dental practice, this is your chance. Build valuable relationships with your patients and be involved with the greater community of Chattanooga, TN while providing top-notch dental care. Our talented and dedicated support team will work alongside you to help ensure your success. You'll enjoy the following: Base salary with performance incentives to earn more. Sign-on bonus of \$20,000 Relocation package, Full time benefits include yearly C.E. allowance, paid professional liability, 401K with company match and group health/wellness plans. Practice 5 days per week with family friendly days/hours. Full service center to support you in your mission for providing great care: Marketing, Revenue Cycle, IT, Human Resources, Accounting, Call Center and Leadership Teams. Equal Opportunity Employer/Drug Free Workplace. www.puredentalbrands.com Requirements: Experienced Pediatric Dentist with 2+ years of experience treating children. Success in being a dentist leader and participating in growth strategies for the practice. Candidates must be licensed to practice in the State of Tennessee with no board reprimands or issues. Current Tennessee Medicaid number preferred. Please e-mail resumes to bradcabibi@puredentalbrands.com. #WeHaveWhatMakesYouSmile #LoveWhereYouWork.

TEXAS—AUSTIN. We are a Pediatric Dental Practice, located in and around the Austin area with multiple locations to fit the needs of our diverse population. Our commitment is to provide the highest quality comprehensive dental and orthodontic care to the children and teens of the Austin community in a compassionate and caring environment. We truly believe that each patient is unique. We take the time to develop the perfect treatment plan for each child that sits in our chair, treating everyone on a case-by-case basis. Austin is consistently rated one of the best cities to live in and for good reason. It is a hub for live music, the food is amazing, and there are more outdoor activities than you could ever get to. One of the keys to long term happiness and success is the ability to work and live in a city you love. We know you will love your time in Austin! We offer a comprehensive compensation packages: • Full Medical Benefits • Company Paid Life Insurance • Company Paid Long Term Disability Insurance • 401K with up to 3.5% company matching. New grads welcome to apply. Requirements for this position: Have a TX License. Please e-mail resumes to joinourpractice2010@gmail.com.

TEXAS—BELTON. We are a clinician owned group that consists of board certified Pediatric Dentists, Orthodontists and Oral Surgeons with an Associate Pediatric Dentist opportunity. This is a growing community with opportunities to settle down outside of the fast paced urban lifestyle while still being only an hour away from all that the Austin area offers. Copperas Cove is known as the Five Hills due to its beautiful creeks and valleys and the Belton area has a wonderful school district that received the Texas Education Agency's highest accountability rating (met standard) based on student performance on the State of Texas Assessment of Academic Readiness. Please e-mail your C.V. to joinourpractice2010@gmail.com for more information.

TEXAS—HOUSTON. Private pediatric dental practice seeking a full-time or part-time pediatric dentist. We are a private practice that has experienced tremendous growth. We are looking for someone who has a positive attitude, a strong work ethic, and a passion for serving our pediatric patients and our local community. Our practice operates at the highest standard of care. We offer in-office conscious sedation, IV sedation, and hospital dentistry. Our goal is to find a long-term associate with potential for partnership for the right fit. Houston is a bustling metropolitan city with amazing restaurants, shopping, culture, and of course, sports (Go Astros)! The cost of living and quality of life is among the best in the country. This is a unique, unparalleled opportunity. Requirements for position: Certificate in Pediatric Dentistry. Board-eligible or Board Certified. Please e-mail resume to drluu@bunkerhillpediatricdentistry.com.

TEXAS—LAREDO. We are looking for a pediatric dentist (part-time or full-time) for growing practice in Laredo, TX (2.5 hrs south of San Antonio). The work days would be 4 Days per week or more if you like. Able to start immediately after insurance credentialing. Full Time Benefits available such as Paid Time Off, Holiday pay, C.E. allowance, License reimbursements and more. Pay is percentage of collections or daily rate (whichever is higher). We are a fun, private practice pediatric dental group looking for the right Associate. Our team is experienced and knowledgeable with pediatric dentistry. We offer sedation in-office and hospital outpatient time for those in need. New Grads welcome to apply. For more information please e-mail Dr. Joanna Ayala at pedodocjobs@gmail.com or call [210] 632-4560.

TEXAS—SAN ANTONIO. We are looking for a Pediatric Dentist (part-time or full-time) for growing practices in San Antonio, TX. The work days would be 3 to 4 Days per week. Able to start immediately after insurance credentialing. Full Time Benefits available such as Paid Time Off, Holiday pay, C.E. allowance, License reimbursements and more. Pay is percentage of collections or daily rate (whichever is higher). We are a fun, private practice pediatric dental group looking for the right Associate. Our team is experienced and knowledgeable with pediatric dentistry. For more information please e-mail Dr. Ayala at pedodocjobs@gmail.com or call [210] 632-4560.

TEXAS—ROCKWALL. Amazing pediatric dental associate opportunity. Are you hardworking, honest and eager to grow personally and professionally? Are you giving, kind, and caring? Are you a team player and wish to contribute to a thriving team? Then, we want you! We have the best opportunity at the premier pediatric dental practice in beautiful Rockwall County, TX. We are seeking a top notch professional who possesses high personal standards, strong work ethic and morals, excellent technical and communication skill. Our current group is highly skilled, kind, and have a great name in our community. Needing part-time help on Monday, Wednesdays, and Fridays if possible. Preferably has at least 1 year experience. If you are ready to take the next step in your career, please e-mail your C.V. to Chouatwork@yahoo.com. Requirements: At least 1 year experience working as a Pediatric Dentist. Graduated from an American dental school and pediatric dental program. Excellent communication skills and chairside manner. Certified for oral conscious sedation in the state of Texas. Ethical and does what is best for the patient.

WISCONSIN—GREEN BAY. As we experience tremendous growth, Dental Associates is looking for a Pediatric dentist for our thriving Green Bay and Milwaukee, WI area offices. Consider joining this dentist-owned, family practice that fosters a culture that invites our patients into our dental home and provides them with a caring and empathetic approach to dentistry. Dental Associates will ensure you have everything you need to be the best state-of-the-art technologies, guidance, staffing, scheduling, IT, patient financial services, accounting, marketing, continuing education, and more. You will always be on the forefront of technologies and innovations and you will be able to develop relationships with other dentists and specialists. Your practice within our practice. It's a win-win for all involved. Become part of this dynamic team and consider joining the other dentists practicing with us today. Guaranteed salary, paid vacation and complete benefit package, as well as a signing bonus and relocation allowance available! Work sponsorship also offered in this location. Checkout what makes our company unique today! <https://www.dentalassociates.com/careers/your-career-path/graduating-dentists>. Contact Karla by direct phone [920] 431-1712 or by e-mail kkabara@dentalassociates.com.

FACULTY POSITIONS AVAILABLE

SOUTH CAROLINA—CHARLESTON. Pediatric Dentistry The Medical University of South Carolina, James B. Edwards College of Dental Medicine, invites applications for a full-time tenure-track faculty position as the Pediatric Dentistry Graduate Program Director. Located in the historical

peninsula of Charleston, SC, the Medical University of South Carolina is the State's only comprehensive academic health science center. The primary area of responsibility of the faculty position is to lead the Pediatric Dentistry Graduate Program, including active participation in the teaching and patient care components of the program. Other expectations include teaching pediatric dentistry in the D.M.D. program and conducting research in related areas. The ideal candidate must have excellent leadership, mentorship, administrative, and organizational skills. In addition, the candidate must have a creative and positive attitude toward maintaining a team-oriented work environment. Outstanding opportunities exist for teaching and curriculum development and participation in an active intramural faculty practice. The Medical University of South Carolina is an Equal Opportunity/Affirmative Action employer. Please submit a letter of interest including statement of career goals and curriculum vitae to: *Dr. Martin Steed, Search Committee Chair, Medical University of South Carolina, 173 Ashley Avenue, BSB 453, MSC507, Charleston, South Carolina 29425.* Or visit <https://web.musc.edu/human-resources/university-hr>. Candidates must possess a D.D.S. or D.M.D. degree or equivalent and a certificate or masters degree from a CODA-accredited graduate pediatric dentistry program. Candidates must possess the qualification required to obtain a South Carolina dental license and an appointment to the medical staff of MUSC. Board certification in pediatric dentistry and previous teaching and research experience are required. Academic rank and salary will be based on the candidate's qualifications and commensurate with level of experience. Preference will be given to applicants with demonstrated expertise in didactic and clinical teaching, scholarship and program administration. Review of candidates will begin immediately and applications will be accepted until the position is filled.

SOUTH CAROLINA—CHARLESTON. Pediatric Dentistry The Medical University of South Carolina, James B. Edwards College of Dental Medicine, is seeking applications for the position of Chair of the Department of Pediatric Dentistry, a full-time tenure-track faculty position. Located in the historical peninsula of Charleston, SC, the Medical University of South Carolina is the State's only comprehensive academic health science center. The primary responsibilities include leadership of the pre-doctoral training program and the certificate-granting residency program in Pediatric Dentistry; participation in advanced pediatric dentistry clinical and didactic training; and promoting and participating in scholarly activities. Outstanding opportunities exist for teaching and curriculum development and participation in an active intramural faculty practice. The Medical University of South Carolina (MUSC) has six health science colleges on its campus. MUSC provides the optimal environment for the James B. Edwards College of Dental Medicine to meet its tripartite mission of education, research and service. The James B. Edwards College of Dental Medicine is the only public dental school in South Carolina and it educates more than 60% of the state's dentists. The pediatric dentistry residency program is CODA approved for 6 residents. The JBE College of Dental Medicine is comprised of six departments that support seven specialty residency training programs accredited by CODA. The college also benefits from a T32 award from the National Institutes of Health. The candidate should demonstrate: Leadership in pediatric dentistry as demonstrated by outstanding clinical reputation, participation in a successful academic program,

and mentoring students and residents. Expertise in leading growth and change efforts in the development of new clinical, educational or scientific programs; Ability to anticipate and respond to challenges and opportunities; Capability of managing a complex organization, including clinical, educational and academic missions with success levels determined by accepted outcome measures; Focus on a team-oriented, collegial and collaborative leadership style with extensive performance management experience; Appreciation for the importance of compliance, fiscal management with institutional and external regulatory protocols. The Medical University of South Carolina is an Equal Opportunity/Affirmative Action employer. Please submit a letter of interest including statement of career goals and curriculum vitae to: *Dr. Martin Steed, Chair of the Search Committee, Medical University of South Carolina, 173 Ashley Avenue, BSB 453, MSC507, Charleston, South Carolina 29425.* Or visit <https://web.musc.edu/human-resources/university-hr>. Candidates must possess a D.D.S. or D.M.D. degree or international equivalent and a certificate from a CODA-accredited graduate pediatric dentistry program. Candidates must possess the qualification required to obtain a South Carolina dental license and an appointment to the medical staff of MUSC. A tenured appointment in the College of Dental Medicine requires candidates to have a record of research, scholarly works and teaching excellence. Board certification by the American Board of Pediatric Dentistry is required. Preference will be given to those with significant clinical and administrative experience in dental education. Academic rank and salary will be based on the candidate's qualifications and commensurate with level of experience. Review of candidates will begin immediately and applications will be accepted until the position is filled.

PRACTICES FOR SALE

CALIFORNIA—CENTRAL VALLEY CALIFORNIA. This caliber of a private pediatric dental office is seldom available for sale! For over 30 years this practice has been providing pediatric dental care for the children in a LARGE growing community. Recently the practice outgrew its location was moved into a beautiful, state of the art ~4000 SF facility. The office features 8 chairs and 12 workstations with paperless charts and TVs/ headphones with new or recently upgraded equipment. Digital x-ray (both fixed and Nomad) and CBCT. Practice receives 22+ new patients per month and receives revenue of \$600,000+ on only 2-2.5 days a week. The location is in a Class A medical building in a large growing city. For sale by current owner who is busy with their other locations and businesses. Only willing to sell to a private owner. No corporate or DSO please. Owner is willing to help transition/mentor buyers with all aspects of running a pedo practice. Buyer must have a current California dental license. Contact: Jim Engel with Henry Schein Practice Sales Location: San Joaquin County Phone number: [925] 330-2207 E-mail: Jim.Engel@henryschein.com.

NEW JERSEY—MARLTON. Highly profitable four (4) operatory pediatric practice. Strong referral base and excellent reputation. Overhead is 40% with incredible cash flow! Extremely productive hygiene department, digital, and great community. A must-see! Real Estate is also available. For details contact Henry Schein Professional Practice Transition Sales Consultant Denise Bouwhuis, [734] 765-7080, denise.bouwhuis@henryschein.com. #MI169

MICHIGAN—NORTHEAST. Pediatric practice equipped with 12 treatment rooms in a desirable location one hour northeast of metro Detroit. Gross Rev \$1M+. Digital using Dentrix software. Strong hygiene program. Real estate available. For more details contact Henry Schein Professional Practice Transition Sales Consultant Sara Marterella, (734) 765-0770, sara.marterella@henryschein.com. #MI148

VERMONT—UNDISCLOSED. Pediatric Practice with \$750k in collections. For details contact Henry Schein Professional Practice Transition Sales Consultant Greg Whitmer, [857] 278-3535, Greg.Whitmer@henryschein.com. #VT105

CANADA

ALBERTA—CALGARY. Are you Positive, Passionate, Enthusiastic and Motivated? We are looking for a new graduate or experienced Pediatric Dentist who is committed to outstanding patient care to join our vibrant, growing family! We are a well-established practice in majestic Calgary, Canada. We offer the unique opportunity to care for patients in our two beautiful locations, as well as our own private surgical facility, staffed with Pediatric Anesthesiologists. Hours, days of work and buy-in are open for discussion. OR time is guaranteed from day one. If you are the right individual who is a strong clinician, communicator, team-player and patient-educator, please contact us in confidence at kidsmiles2020@gmail.com. Generous remuneration, a monthly minimum and signing bonus/moving expenses offered.

ONTARIO—GTA. WANTED: Pediatric Dentist for established and growing Pediatric Dental Clinics in the GTA. Signing bonus and moving expenses may be available. If you are a recent graduate or established doctor we want to hear from you! E-mail C.V. to: kidsdentallofficehr@gmail.com.

ONTARIO—GTA. Full-time/Part-time Pediatric Dentist wanted to join our busy Toronto Pediatric Office. We are looking for candidates on a full-time and part-time basis to work in a private dental office setting. Excellent compensation provided. Please e-mail C.V. to hr.dentistryforkids.com.

ONTARIO—MILTON. Little Bird Pediatric Dentistry, located in Milton, Ontario, Canada (40 minutes west of Toronto), designed, owned and operated by Dr. Alison Sigal; Is focused on optimizing the growth, development and function of our children from birth onwards, and caring for persons of all ages with special needs. Our provision of airway centric pediatric health care, we are focused on every patient's breathing, sleeping, nursing/feeding, dental and overall health. Having created comprehensive age-specific assessments and treatment protocols from newborns onwards, (Orofacial Myofunctional Therapy programs/appliances, tongue and/or lip tie frenotomies, Buteyko breathing, etc.), we have seen remarkable changes. From habitual mouth breathing, disrupted sleep, behavioural issues, regular sickness, food aversions - to sleeping through the night, no longer snoring, happier, able to nurse/eat and enjoy foods. The clinic, opened in Sept

2017 is non-traditional, encompassing sensory integrated elements and nature throughout. With rooms that lend to all abilities or needs (rebounding therapy, calming water or dim lit spaces, including a Snoezelen treatment room, etc.). We have a large pediatric population and persons with special needs of all-ages patient base; with a preventive care focus. Pharmacological intervention is of last resort; When appropriate, we have a medical team that provides general anesthesia in office. Research, anatomy and physiology are integral to our care; inspiring the custom software at Little Bird to capture and create an anonymous database, that can be assessed, evaluated and shared. Real time research allowing us to constantly provide (and teach) the highest standard of health care. We are looking for an empathic and enthusiastic pediatric dentist new grads welcome to join our Little Bird family and practice! Hours, days of work and vacation are open for discussion. You will have firsthand mentorship and training from Dr. Sigal and staff on all aspects of our care to ensure your utmost confidence in its provision. Requirements: Licensed Dentist (Canada) - D.D.S./D.M.D. Pediatric Dentistry Specialty Active License (Canada) (Final year residents and New grads Welcome to apply!) If interested in learning more about this position or to apply—please e-mail your cover letter and resume to: alison@littlebirddental.ca or phone Dr. Sigal at [905] 876-2473.



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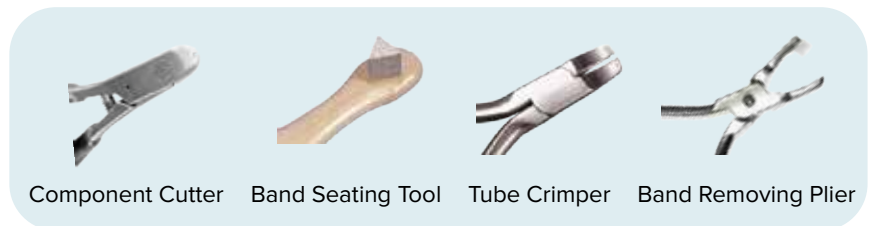
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