**2018**

**House of Delegates**

**Addendum**

**V2**

# 2016-2018 Strategic Plan





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# Schedule of Events

*(As of October 11, 2018)*

*Please see the full meeting schedule in your Onsite Program for all events and more detailed descriptions. All times and locations are subject to change. All rooms are located in McCormick Place unless otherwise noted.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Start Time** | **End Time** | **Event** |
| Wednesday, 10/31/18 | 1:00 p.m. | 6:00 p.m. | Constituent Leader Resource Workshop – Hyatt Conference Center Adler  |
| Thursday 11/1/18 | 8:00 a.m. | 5:00 p.m. | Regional Directors Meeting *(By Invitation)* – S103BC |
|  | 10:00 a.m. | 5:00 p.m. | AGD Foundation Meeting *(By Invitation, Offsite)* |
|  | 1:00 p.m. | 5:00 p.m. | Spokesperson Training *(By Invitation, Offsite)* |
|  | 3:00 p.m. | 7:00 p.m. | Attendee Registration Desk – Grand Ballroom S100AB |
|  | 4:00 p.m. | 6:00 p.m. | Credentials and Elections Committee Meeting (*By Invitation*) S101B |
| Friday 11/2/18 | 7:00 a.m. | 10:30 a.m. | Attendee Registration Desk – Grand Ballroom S100AB |
|  | 8:00 a.m. | 10:30 a.m. | House of Delegates First Session & Awards Ceremony – Grand Ballroom S100AB |
|  | 11:00 a.m. | 12:00 p.m. | Candidates Forum – S102BCD |
|  | 12:00 p.m. | 1:00 p.m. | Reference Committee Lunch *(By Invitation)* S106A |
|  | 12:00 p.m. | 1:00 p.m. | Past Presidents’ Forum Lunch *(By Invitation)* S106B |
|  | 1:00 p.m. | 2:30 p.m. | Reference Committee on Advocacy & Other Priorities – S102BCD |
|  | 2:30 p.m. | 4:00 p.m. | Reference Committee on Administration, Image & Membership – S102BCD |
|  | 4:00 p.m. | 5:30 p.m. | Reference Committee on Continuing Education – S102BCD |
|  | 5:30 p.m. | 7:00 p.m. | Candidates’ Reception – Grand Ballroom S100C |
| Saturday 11/3/18 | 8:00 a.m. | 10:00 a.m. | Town Hall Meeting – S102BCD |
|  | 10:15 a.m. | 4:00 p.m. |

|  |  |  |  |
| --- | --- | --- | --- |
| Start time | End time | Official Function Name | Room |
| 11:00 AM | 3:00 PM | Region 1 Caucus | S405A |
| 10:15 AM | 1:30 PM | Region 2 Caucus | S403A |
| 10:15 PM | 1:00 PM | Region 3 Caucus | S401D |
| 10:15 AM | 2:00 PM | Region 4 Caucus | S403B |
| 10:15 AM | 4:00 PM | Region 5 caucus | S105D |
| 10:15 AM | 4:00 PM | Region 6 Caucus | S105BC |
| 10:15 AM | 1:00 PM | Lionel French Region 7 Caucus | S401A |
| 10:15 AM | 4:00 PM | Region 8 Caucus | S106B |
| 10:15 AM | 1:00 PM | Region 9 Caucus | S402A |
| 10:15 AM | 3:00 PM | Region 10 Caucus | S404D |
| 10:15 AM | 4:00 PM | Region 11 Caucus | S104A |
| 10:15 AM | 2:30 PM | Region 12 Caucus | S404A |
| 10:15 AM | 4:00 PM | Region 13 Caucus | S405B |
| 10:15 AM | 2:30 PM | Region 14 Caucus | S404BC |
| 10:15 AM | 1:15 PM | Region 15-16 Caucus | S402B |
| 10:15 AM | 4:00 PM | Region 17 Caucus | S104B |
| 10:15 AM | 1:00 PM | Region 18 Caucus | S401BC |
| 10:15 AM | 4:00 PM | Region 19 Caucus | S103D |
| 10:30 AM | 4:00 PM | Region 20 Caucus | S106A |
| 10:15 AM | 4:00 PM | Caucus Support | S103A |

 |
|  | 6:00 p.m. | TBD | President’s Reception – *(Registration Required)* Revel Motor Row, 2400 S Michigan Ave, Chicago, IL  |
| Sunday 11/4/18 | 7:00 a.m. | 8:00 a.m. | Election – Grand Ballroom S100AB |
|  | 8:00 a.m. | 12:00 p.m. | House of Delegates Second Session – Grand Ballroom S100AB |
|  | 12:00 p.m. | 1:00 p.m. | HOD Lunch Break – On Own |
|  | 12:00 p.m. | 1:00 p.m. | Board Lunch (current and incoming Trustees) – S103D |
|  | 1:00 p.m. | End | House of Delegates Third Session *(If necessary)* – Grand Ballroom S100AB |
|  | 45 minutes post HOD  | Board Meeting – S103BC |

Updated 10/5/18

# 2018 Resolution Index Summary

Bryan C. Edgar, DDS, MAGD, AGD Speaker of the House; Michael W. Lew, DMD, MAGD, AGD Secretary; and Jennifer Goler, Associate Director, Governance, Governance

|  |  |  |
| --- | --- | --- |
| **Resolution #** | **Brief Description** | **Ref. Comm. Assignment** |
| 101 | Adopt the 2019-2021 AGD Strategic Plan | Admin/Image/Mem 2:30 – 4:00 pm |
| [102](#AIR02) | Region II Dental Student Subsidy Resolution For the 2018 Governance Meeting | Admin/Image/Mem 2:30 – 4:00 pm |
| [103](#AIR03) | AGD Financial Support of AGD Student Chapters | Admin/Image/Mem 2:30 – 4:00 pm |
| [104](#AIR104) | AGD Membership Dues Waiver for AGD Student Chapter Faculty Advisors/Leaders | Admin/Image/Mem 2:30 – 4:00 pm |
| 150 | Approve 2019 Budget | Admin/Image/Mem 2:30 – 4:00 pm |
| 201 | Amend HOD Policy 2015:309-H-6 | Continuing Education4:00– 5:30 pm |
| 202 | Lifelong Learning and Service Recognition Guideline Changes Recognition to Award | Continuing Education4:00– 5:30 pm |
| 203 | Lifelong Learning and Service Recognition Guideline Changes Limitation to One Recognition  | Continuing Education4:00– 5:30 pm |
| 204 | Scientific Session Registration Cancellation Policy 2014:105R-H-6 Amendment | Continuing Education4:00– 5:30 pm |
| 205 | Amend the Names of the Exam Committees in the BPM, HOD Policy Manual and Constitution and Bylaws | Continuing Education4:00– 5:30 pm |
| 301 | Create Electronic Information Reception Policy | Advocacy/Other Priorities 1:00 – 2:30 pm |
| 302 | Rescind HOD Policy 93:28 H 7 Health Care Reform Criteria | Advocacy/Other Priorities 1:00 – 2:30 pm |
| 303 | Amend Rules of Procedure HOD Reference Committee Timing | Advocacy/Other Priorities 1:00 – 2:30 pm |
| 304 | Amend Election Guidelines & Bylaws to Eliminate Early Declaration of Candidacy by EC Officers | Advocacy/Other Priorities 1:00 – 2:30 pm |
| 305 | Amend Bylaws to Reflect Authority of President-Elect to Make Council and Committee Appointments | Advocacy/Other Priorities 1:00 – 2:30 pm |
| [306](#AIR306) | Adopt Policy Positions on Dental Benefits for the Medicare Population | Advocacy/Other Priorities 1:00 – 2:30 pm |
| [307](#air307) | Adopt Policy Statement on Dental Benefits for the Medicare Population | Advocacy/Other Priorities 1:00 – 2:30 pm |

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# Reference Committee on Advocacy & Other Priorities

Reports to be reviewed by the

Reference Committee on

**Advocacy & Other Priorities**

Friday, November 2, 2018

1:00 p.m.

Room S102BCD – McCormick Place Convention Center

|  |  |
| --- | --- |
|  |  |
| **Dr. Narpat Jain, Chair** | **New Jersey** |
| **Dr. Jennifer Bone** | **Texas** |
| **Dr. Gordon Isbell, IV** | **Alabama** |
| **Dr. Michael Kaner** | **Pennsylvania** |
| **Dr. Tyler Scott** | **Ohio** |
| **Dr. Joseph Battaglia, Consultant** | **New Jersey** |
| **Dr. Steven Ghareeb, Consultant** | **West Virginia** |
| **Dr. Guy Acheson, Board Monitor** | **California** |
| **Dr. K. David Stillwell, Board Monitor** | **Arkansas** |
|  |  |

The Full AIRs for the following resolutions can be found in the 2018 HOD Manual.

**Resolution 301**

“Resolved, that all AGD leaders must receive all electronic communications emanating from AGD, and that opting-out of receiving such electronic communications shall be construed as immediate resignation from all applicable leadership positions, and be it further,

Resolved, that all AGD leaders be required to receive all materials for all AGD agencies via electronic means, and that staff be prohibited from making paper copies of such materials and transmitting such copies to any AGD leader, unless otherwise authorized by the President or Executive Director.”

**Resolution 302**

“Resolved, that AGD HOD policy 93:28‑H‑7 be rescinded:

~~93:28 H 7~~

~~"Resolved, that it is the policy of the Academy of General Dentistry that if dentistry is to be included in any government health care program reform, it must:~~

~~1) Be adequately funded to provide broad access;~~

~~2) Permit freedom of choice of dentists;~~

~~3) Be based on fee for service; and~~

~~4) Assure high quality dental care.~~

~~and be it further~~

~~Resolved, in any case where dentistry is included in health care reform, the AGD support the following six recommendations set forth by the American Dental Association:~~

~~1. Maintain the advantages of the current dental care and dental benefits system, which would not require inclusion of dental benefits for population groups currently receiving regular dental care, and which would not require public sector participation and subsequent cost transfer. The Association strongly opposes any change in the tax deductibility of current dental benefit coverage.~~

~~2. Continue existing policy support for a separate, restructured program of publicly funded dental benefits for indigent persons. Priority consideration should be given to programs for children. The Association urges that these programs be administered in the private sector wherever possible.~~

~~3. For population groups currently not receiving regular dental care the Association supports the opportunity for a) small employers purchase dental plans in the private sector, b) development of cooperative dental benefit purchasing alliances administered in the private sector.~~

~~4. The Association recommends that preventive services and educational programs for children be included in any health system reform proposal. Preventive services may include but are not necessarily limited to, fluoridation of community water supplies, oral prophylaxis and application of topical fluorides and sealants; dietary fluoride supplements; restoration of carious teeth; maintenance of space resulting from the early loss of primary teeth and patient education.~~

~~5. The Association recommends that in the event that a more comprehensive program is enacted, preventive, diagnostic, emergency services and basic restorative and periodontal care be included for children and the elderly.~~

~~6. The Association believes that if the Medicare program is expanded to include coverage for additional dental health care services, we would endorse the inclusion of a defined dental benefit plan for the elderly population. These services would be expressly focused on those elderly who are in long term residential care or home bound. Delivery of these services should not be compromised by discrimination by category of provider (physician or dentist)."~~*”*

**Resolution 303**

“Resolved, that the *Rules of Procedure for Conducting The Reference Committee Hearings and Business of the Academy of General Dentistry’s House of Delegates* be amended at paragraph 5 (e), so that they read:

~~All~~ Each Reference Committee~~s~~ must remain in session ~~for a minimum of 90 minutes or~~ until there are no ~~all~~ attendees at the microphones ~~have left the room~~ so that delegates have the opportunity to present their views before ~~all~~ each of the Reference Committees.”

**Resolution 304**

“Resolved, that the Election Guidelines be amended, at Paragraph VIII (e), so that they read:

A candidate will formally declare his or her candidacy for the coming year’s election to constituent officers, Regional Directors, members of the Board and council and committee chairs not earlier than ~~the latter of~~ the commencement of the AGD Board meeting III ~~or January 1st~~ of the year in which the election is held. Notwithstanding this section, all AGD officers are primarily subject to the provisions of the AGD Bylaws, Chapter IX, Section 1(B)4, which states "An AGD officer must declare for a new office within the thirty (30) days prior to Board Meeting III , and resign his or her current office effective at the close of the annual meeting pursuant Chapter IX, Section 1, paragraph D. Once an AGD officer declares for a new office, said resignation is irrevocable." Such notice may contain biographical and issue oriented information on his or her candidacy. A candidate shall not announce or circulate petitions for signatures at the preceding annual meeting. Nothing in these guidelines, including the filing deadline for other candidates, shall prohibit a candidate who makes a valid declaration of candidacy from campaigning, subject to all provisions of these guidelines.

And be it further,

Resolved, that the Bylaws be amended at Chapter IX B (4), so that they read

An AGD officer must declare for a new office ~~at least~~ within the thirty (30) days ~~before~~ prior toBoard Meeting III, and resign his or her current office effective at the close of the annual meeting, pursuant Chapter IX, Section 1, paragraph D. Once an AGD officer declares for a new office, said resignation is irrevocable.”

**Resolution 305**

**“Resolved, that the Bylaws be amended at Chapter IX, Section 2 A 8 so that the entire sequence is stricken, so that it reads:**

**~~8. To appoint, subject to the final approval of the Board, members to serve on the AGD councils and committees that are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, subject to the following stipulations:~~**

**~~a. To have the authority with regard to AGD councils to appoint only to those positions which have an expiration date at the annual meeting at which the president assumes that office.~~**

**~~Council and committee appointments, that are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, are subject to approval by the Board. The Board may reject specific appointments made by the president-elect until such time as the president-elect provides the Board with a suitable selection.~~**

**And be it further,**

**Resolved, that the Bylaws be amended at Chapter IX, Section 2 B, by the addition of a new paragraph 9, so that it reads:**

**9. To appoint, subject to the final approval of the Board, members to serve on the AGD councils and committees that are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, subject to the following stipulations:**

**a. To have the authority with regard to AGD councils to appoint only to those positions which have an expiration date at the annual meeting at which the president assumes that office.**

**Council and committee appointments, that are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, are subject to approval by the Board. The Board may reject specific appointments made by the president-elect until such time as the president-elect provides the Board with a suitable selection.”**

**Resolution 306**

“Resolved, that the AGD’s positions on dental benefits for the Medicare population are as follows:

1. General dentists are committed to delivering quality dental care to patients of all ages and to advocating for optimal oral health.

2. The AGD believes that the Medicare Part B program is fiscally unsustainable and cannot support the inclusion of dental benefits.

3. The AGD suggests enhanced benefits and reimbursement in private sector initiatives for dental benefits.

4. The AGD believes that it is the responsibility of every person to exercise good oral health habits that will provide them with a foundation for optimal oral and systemic health throughout their lifetime, and that resources directed toward increasing oral health literacy will support this effort.”

**Resolution 307**

“Resolved, that AGD’s policy on dental benefits for the Medicare population include the following statement:

‘The Medicare program was established to provide medical benefits to the elderly U.S. population. Signed into law in 1965, the Medicare program has been amended numerous times since its inception. Some public health advocates and consumer groups seek to have dental benefits added into the Medicare Part B program. The Academy of General Dentistry (AGD) does not support this approach, as it believes that it is not a viable solution. Rather, the AGD supports free market-based private insurance solutions for dental benefits intended for the Medicare population.’”

# Resolution 306

“Resolved, that the AGD’s positions on dental benefits for the Medicare population are as follows:

1. General dentists are committed to delivering quality dental care to patients of all ages and to advocating for optimal oral health.

2. The AGD believes that the Medicare Part B program is fiscally unsustainable and cannot support the inclusion of dental benefits.

3. The AGD suggests enhanced benefits and reimbursement in private sector initiatives for dental benefits.

4. The AGD believes that it is the responsibility of every person to exercise good oral health habits that will provide them with a foundation for optimal oral and systemic health throughout their lifetime, and that resources directed toward increasing oral health literacy will support this effort.”

**AIRBIII2018#01 - Adopt Policy Positions on Dental Benefits for the Medicare Population**

Prepared by: Jeanie Kennedy, Manager, Dental Practice & Policy

Date of Report: May 23, 2018

Staff Resources: $50 (Approx. 1 hour of staff time to draft the AIR)

Total Financial Cost: $50 in staff resources (no direct costs)

Budget Ramifications: None

Action/Timeline: Record vote at 2017-2018 Board Meeting III, for forwarding to the 2018 AGD HOD.

*At 2017-2018 Board Meeting III the Board adopted an amended version of the resolution but upon request of the councils for the Board to have adopted the resolution as originally presented notwithstanding one editorial correction, the Board then adopted the resolution as requested by the councils at the July 24 Zoom.*

**BOARD RECOMMENDS ADOPTION AIRBIII2018#01**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, King, Olsen, Smith, Stillwell, Tillman, Uppal, White, Wooden*

*N – Kozelka, Shelly*

*a - Gajjar, Lew, Low, Winland, Worm*

*N/A - Cordero*

**BOARD RECOMMENDS ADOPTION IX. AIR – Amendment to Board Action on Medicare**

*Y –Drumm, Dubowsky, Edgar, Gehrig, Gorman, Guter, Hanson, King, Lew, Olsen, Shelly, Smith, Tillman, Uppal, White, Worm*

*N- Kozelka*

*A – Acheson, Cheney, Gajjar, Harunani, Low*

*a - Dyzenhaus, Stillwell, Winland, Wooden*

*N/A – Cordero*

**How It Fits into the Strategic Plan (2016-18):**

Goal 2 – Advocacy: Strengthen and protect the general dentistry profession and the oral health of the public.

Strategy 1: Represent the unique interests of general dentists in all advocacy arenas.

Strategy 2: Advocate on behalf of the general dentistry profession as it relates to policy making, insurance, licensing, education, and all levels of government.

**How it Fits into the Corporate Objectives:**

Corporate Objective #10 (Advocacy B): Ensuring that AGD HOD policies are current and appropriate is a prerequisite to enable representing policies of the AGD before CODA, the ADA, and state and federal regulatory bodies.

**Introduction:**

In January 2018, at the request of the Legislative & Governmental Affairs (LGA) Chair, the Dental Practice Council discussed development of an AGD policy paper on addressing dental benefits for the Medicare-eligible population.

Specifically, the Council discussed three options: dentistry as a part of Medicare; dental benefits through private payers under Medicare Advantage supplemental plans; and the free market. Members of the Council opposed dentistry as part of Medicare, and favored improved reimbursement rates for private solutions.

The Council assigned Dental Practice & Policy staff with the task of developing a policy paper on the issue.

Accordingly, the Manager, Dental Practice & Policy, crafted a confidential draft policy paper, entitled *AGD Position Statement on Dental Benefits for the Medicare Population,* and presented the paper to the Dental Practice Council and LGA Council via AGD Connect prior to the May meeting, as well as at the May council meetings, for review, discussion, and recommendation for adoption.

The Councils applauded the research and work put into the paper. While the Councils noted the need for further ongoing refinement of the background content of the position paper, they found the conclusive policy positions at the end of the paper to be suitable for immediate adoption, with some amendment. All but three members of the Councils, collectively, voted affirmatively in support of these amended policy positions.

The present AIR requests adoption of these four amended policy positions, in an effort to have AGD provisional policies on the matter ASAP, especially in light of ongoing advocacy efforts of councils of the American Dental Association and other organizations on this issue.

It is the intent of the AGD Dental Practice and LGA Councils that the entire policy paper, inclusive of these four policy positions, will be presented to the 2017-2018 Board Meeting IV for adoption, to include and supercede the policy positions adopted at 2017-2018 Board Meeting III.

**Necessary Information:**

* *Note: Members of the DP & LGA Councils believed that the language in policy position #2 as amended by the Board at 2017-18 Board Meeting III could have positioned the AGD as an unsophisticated consumer of federal health care information and data. Some members of the councils believed that the AGD would have damage its reputation as a credible organization if the Board-approved policy position #2 were to have been presented in the public domain. Specifically, the members of the DP & LGA Councils believed that it would have been perilous territory to open the door to enable the federal government to impose new taxes to support dental benefits for the Medicare population. Council members believed that the AGD should not be party to proposals or language that would increase taxes on American citizens. Previous AGD House of Delegates tax positions are in favor of tax credits, tax incentives, tax deductions, and tax reform, not tax increases. Accordingly, the councils brought the policy position #2 back to the Board with the request that the Board undo its amendments and accept the policy position as originally presented at Board Meeting III, notwithstanding an editorial edit.*
* Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
* Dr. Joseph Battaglia, Chair, LGA Council, has provided input into this report.
* At their 2018 House of Delegates meeting, the American Dental Association (ADA) delegates are expected to vote on a policy statement advocating for the inclusion of dental benefits into Medicare Part B.
* The ADA is purported to have hired a federal lobbyist for the express purpose of acquiring support for legislation to include dental benefits into Medicare Part B.
* The AGD intends to take a different position with respect to Medicare than the ADA, specifically that the Medicare Part B program cannot support the inclusion of dental benefits.
* Editing of the background sections of the full policy paper (*AGD Position Statement on Dental Benefits for the Medicare Population*) is ongoing and expected to be completed for submission to the Board in July 2018 for approval at the 2017-2018 Board Meeting IV in August.

**What We Don’t Know:**

* Staff is investigating other policies in the HOD Policy Manual that will be inconsistent with the new AGD policy clauses. In an effort to have clear and concise positions that are effective for AGD’s legislative and communication purposes, staff and the Council(s) may request rescission of some existing HOD policies upon submission of the full policy paper for the 2017-2018 Board Meeting IV.

**Pros and Cons:**

**Pros:**

* Adoption of the content of the four policy clauses as AGD HOD policy would cement its principles as the formal position of the AGD for use in legislative, regulatory, and public relations efforts.
* Adoption of the content of the 4 policy clauses in June will enable the AGD to hold them out to legislators and other organizations as the AGD’s ‘provisional’ policy, without having to wait until further deliberation of the councils on the background of the full policy paper for adoption at 2017-2018 Board Meeting IV.

**Cons:**

* Adoption of the content of the 4 policy clauses may not find 100% agreement within the AGD membership, as noted by the three negative votes within the representation of the Dental Practice and LGA Councils.

**Executive Director/CEO Recommendations:**

**How It Fits into the Market Research:**

The Custom Study of Academy of General Dentistry (AGD) Members: Membership Benefits Survey (September 2012) (i.e., the Market Research) focused on member-facing programs. While the present request does not fit neatly into the measurement targets of the Market Research, the present request is ultimately expected to strengthen our advocacy efforts. State Advocacy and Federal Advocacy were generally rated as high value, moderate satisfaction in the Market Research.

**Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it:**

Yes, staff will recommend the deletion of the 93:28‑H‑7 policy as it will not be consistent with new AGD policy. However, the Dental Practice and Legislative & Governmental Affairs councils have not yet deliberated a resolution on this matter, but are expected to do so for submission of a rescission or amendment request to 93:28-H-7 for 2017-2018 Board Meeting IV.

**Responsible Staff Liaison & AGD member:**

Jeanie Kennedy

Manager, Dental Practice & Policy

312.440.4347 – phone

jeanie.kennedy@agd.org

Steven A. Ghareeb, DDS, FAGD

Chair, Dental Practice Council

304.744.3333 - p

sstevenamos@aol.com

**Suggested Council or Agencies to Complete Action:**

Dental Practice and Legislative & Governmental Affairs Councils, and the HOD..

**Suggested Councils or Agencies to be Involved in Collaboration:**

The Dental Practice and Legislative & Governmental Affairs Councils, and the HOD..

**Chair Approval Email:**

**From:** Steven Ghareeb [mailto:sstevenamos@aol.com]
**Sent:** Thursday, May 24, 2018 9:06 AM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>; battagja@prodigy.net
**Cc:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
**Subject:** Re: Medicare AIR- Response Requested by end of day Thurs. May 24, 2018

I approve.  Great job.  there is a lot that went into this one.

steven

**From:** J B [mailto:battagja@prodigy.net]
**Sent:** Thursday, May 24, 2018 9:56 AM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
**Subject:** Re: Medicare AIR- Response Requested by end of day Thurs. May 24, 2018

Approved.

**Division Coordinator Review Email:**

**From:** Gerald Botko [mailto:drbee35@gmail.com]
**Sent:** Thursday, May 24, 2018 3:32 PM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
**Cc:** Christa Ojeda <Christa.Ojeda@AGD.org>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; Max Moses <Max.Moses@AGD.org>; Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
**Subject:** Re: Medicare AIR- Response requested end of day Thurs. May 24, 2018

Looks good to me.

**Board Liaison Review Email:**

**From:** Robert D. Gehrig [mailto:rdgehrig@comcast.net]
**Sent:** Friday, May 25, 2018 10:19 AM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>; Christa Ojeda <Christa.Ojeda@AGD.org>; Max Moses <Max.Moses@AGD.org>
**Subject:** Re: 2nd Request- Medicare AIR- Response requested end of day Thurs. May 24, 2018

As Board Liason, I approve of the submission of the AIR as presented.

Thanks! BobG

Best Regards,

Robert D. Gehrig, DMD, FAGD, FACD

rdgehrig@comcast.net

**CEO Review Email:**

**From:** Max Moses
**Sent:** Friday, May 25, 2018 8:28 AM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
**Subject:** RE: 2nd Request- Medicare AIR- Response requested end of day Thurs. May 24, 2018

I approve this AIR for discussion by the Board.

**CFO Review Email:**

**From:** Christa Ojeda
**Sent:** Friday, May 25, 2018 9:30 AM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
**Subject:** Re: Medicare AIR- Response requested end of day Thurs. May 24, 2018

I have reviewed the AIR and recommend it be sent to the Board for discussion.

Christa

**AIR Addendum – HOD Policy Change Request**

**Action: Add \_\_\_\_\_X\_\_\_\_\_ Revise \_\_\_\_\_\_\_\_\_\_ Delete \_\_\_\_\_\_\_\_\_\_**

**Existing Policy to Revise/Delete:**

This AIR requests an addition to policy, not a revision or deletion.

However, current policy 93:28‑H‑7 (pasted below) supports ADA policy that states, in part, “The Association believes that if the Medicare program is expanded to include coverage for additional dental health care services, we would endorse the inclusion of a defined dental benefit plan for the elderly population.”

This would conflict with the new policy, which opposes inclusion of dental benefits in Medicare Part B.

Furthermore, Medicare Part C, otherwise known as Medicare Advantage, which is a privately implemented solution, may not entirely be based on a fee-for-service payment to providers.

As a result of these discrepancies with the anticipated new AGD policy, the staff recommendation is to rescind, or rescind in part, the 93:28‑H‑7 policy as it will not be consistent with new AGD policy.

However, the question of whether to rescind 93:28-H-7, either in whole or in part, has not yet been deliberated by the Dental Practice and Legislative & Governmental Affairs councils.

Accordingly, it is the recommendation of staff and the council chairs to present rescission of this policy along with the entire policy paper at the 2017-2018 Board Meeting IV, and to adopt the policy provisions presented with this AIR as a stopgap measure to ensure that we have provisional policy available ASAP for advocacy purposes.

Existing policy 93:28-H-7 states as follows:

93:28-H-7 "Resolved, that it is the policy of the Academy of General Dentistry that if dentistry is to be included in any government health care program reform, it must:

1) Be adequately funded to provide broad access;

2) Permit freedom of choice of dentists;

3) Be based on fee‑for‑service; and

4) Assure high quality dental care.

and be it further

Resolved, in any case where dentistry is included in health care reform, the AGD support the following six recommendations set forth by the American Dental Association:

1. Maintain the advantages of the current dental care and dental benefits system, which would not require inclusion of dental benefits for population groups currently receiving regular dental care, and which would not require public sector participation and subsequent cost transfer. The Association strongly opposes any change in the tax deductibility of current dental benefit coverage.

2. Continue existing policy support for a separate, restructured program of publicly funded dental benefits for indigent persons. Priority consideration should be given to programs for children. The Association urges that these programs be administered in the private sector wherever possible.

3. For population groups currently not receiving regular dental care the Association supports the opportunity for a) small employers purchase dental plans in the private sector, b) development of cooperative dental benefit purchasing alliances administered in the private sector.

4. The Association recommends that preventive services and educational programs for children be included in any health system reform proposal. Preventive services may include but are not necessarily limited to, fluoridation of community water supplies, oral prophylaxis and application of topical fluorides and sealants; dietary fluoride supplements; restoration of carious teeth; maintenance of space resulting from the early loss of primary teeth and patient education.

5. The Association recommends that in the event that a more comprehensive program is enacted, preventive, diagnostic, emergency services and basic restorative and periodontal care be included for children and the elderly.

6. The Association believes that if the Medicare program is expanded to include coverage for additional dental health care services, we would endorse the inclusion of a defined dental benefit plan for the elderly population. These services would be expressly focused on those elderly who are in long‑term residential care or home‑bound. Delivery of these services should not be compromised by discrimination by category of provider (physician or dentist)."

**Resolution Presented for Approval:**

Resolved, that the AGD’s positions on dental benefits for the Medicare population are as follows::

1. General dentists are committed to delivering quality dental care to patients of all ages and to advocating for optimal oral health.

2. The AGD believes that the current Medicare Part B program is fiscally unsustainable and cannot support the inclusion of dental benefits.

3. The AGD suggests enhanced benefits and reimbursement in private sector initiatives for dental benefits.

4. The AGD believes that it is the responsibility of every person to exercise good oral health habits that will provide them with a foundation for optimal oral and systemic health throughout their lifetime, and that resources directed toward increasing oral health literacy will support this effort.

No additional resolution is presented for approval at this time absent the above four policy clauses.

**Related Existing HOD Policies:**

See above. Other HOD policies will be reviewed and assessed following council input and recommendations.

**Are existing AGD policies inadequate or no longer appropriate? Explain.**

Yes, see above.

**For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]**

Every five years.

**Any documentation or literature considered in developing this submission?**

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U.S. Senate Committee on the Budget, The Coming Crisis: America’s Dangerous Debt. Dr. Laurence Kotlikoff, February 25, 2015. <https://www.budget.senate.gov/imo/media/doc/PDF.Kotlikoff%20-%20Testimony%20to%20Senate%20Budget%20Committe%202-25-2015.pdf>

Rauh, Joshua, D. Hoover Institution Essay: Hidden Debt, Hidden Deficits: 2017 Edition. <https://www.hoover.org/sites/default/files/research/docs/rauh_debtdeficits_36pp_final_digital_v2revised4-11.pdf>

International Monetary Fund, World Economic Outlook, April 2018, Cyclical Upswing, Structural Change. <http://www.imf.org/en/Publications/WEO/Issues/2018/03/20/world-economic-outlook-april-2018>

Medicare Payment Advisory Commission (MEDPAC) Report to the Congress: Medicare Payment Policy, March 2018. <http://www.medpac.gov/docs/default-source/reports/mar18_medpac_entirereport_sec.pdf?sfvrsn=0>

Keehan, SP et.al*.* National Health Expenditure Projections, 2016-25: Price Increases, Aging Push Sector to 20 Percent of Economy. *Health Affairs* 36(3), 2017:553-563.

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U.S. Government Accountability Office (GAO) High-Risk Series: Progress on Many High-Risk Areas, While Substantial Effort Needed on Others. February 2017. <https://www.gao.gov/assets/690/682765.pdf>

U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. General Fertility Rate: 12-Month Ending 2015-Quarter 2, 2017. <https://www.cdc.gov/nchs/nvss/vsrr/natality-dashboard.htm>

America’s biggest and most predictable train wreck. Unfunded Liabilities. *13D Research*. <https://latest.13d.com/americas-biggest-and-most-predictable-train-wreck-unfunded-liabilities-5c6520b469be>

Tanner, Michael. Taxes Don’t Cover America’s Expenses. *National Review*. April 18, 2018. <https://www.nationalreview.com/2018/04/federal-debt-problem-entitlement-reform-only-solution/>

Centers for Medicare and Medicaid. “The only exception is hospice care. If a senior is in need of hospice care, payment is rendered from traditional Medicare. Centers for Medicare & Medicaid Services.” <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/hospice_pay_sys_fs.pdf>

Baker, LC, et al. Medicare Advantage Plans Pay Hospitals Less Than Traditional Medicare Pays. *Health Affairs*. Vol. 35, No. 8. August 2016.

Nasseh, Kamyar, Vujicic, Marko. Dental Care Utilization Continues to Decline among Working-Age Adults, Increases among the Elderly, Stable among Children. Research Brief. *American Dental Association Health Policy Institute*. October 2013. <http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1013_2.ashx>

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Avnet HH, Nibrios MK. Insured dental care: A research project report. New York: Group Health Dental Insurance; 1967:3-7.

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**Other Comments?**

# Resolution 307

“Resolved, that AGD’s policy on dental benefits for the Medicare population include the following statement:

‘The Medicare program was established to provide medical benefits to the elderly U.S. population. Signed into law in 1965, the Medicare program has been amended numerous times since its inception. Some public health advocates and consumer groups seek to have dental benefits added into the Medicare Part B program. The Academy of General Dentistry (AGD) does not support this approach, as it believes that it is not a viable solution. Rather, the AGD supports free market-based private insurance solutions for dental benefits intended for the Medicare population.’”

**Adopt Policy Statement on Dental Benefits for the Medicare Population**

Prepared by: Jeanie Kennedy, Manager, Dental Practice & Policy

Date of Report: September 25, 2018

Staff Resources: $50 (Approx. 1 hour of staff time to draft the AIR)

Total Financial Cost: $50 in staff resources (no direct costs)

Budget Ramifications: None

Action/Timeline: Record vote at October 2018 Board Zoom, for forwarding to the 2018 AGD HOD.

**BOARD RECOMMENDS ADOPTION**

*Y – Cheney, Drumm, Dubowsky, Dyzenhaus,* *Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Wooden, Worm*

*A – Acheson, Guter, Tillman, Winland*

*N/A – Cordero*

**How It Fits into the Strategic Plan (2016-18):**

Goal 2 – Advocacy: Strengthen and protect the general dentistry profession and the oral health of the public.

Strategy 1: Represent the unique interests of general dentists in all advocacy arenas.

Strategy 2: Advocate on behalf of the general dentistry profession as it relates to policy making, insurance, licensing, education, and all levels of government.

**How it Fits into the Corporate Objectives:**

Corporate Objective #10 (Advocacy B): Ensuring that AGD HOD policies are current and appropriate is a prerequisite to enable representing policies of the AGD before CODA, the ADA, and state and federal regulatory bodies.

**Introduction:**

Bolstered by robust discussions at the 2017-2018 Board Meeting III and the July 2018 Zoom Meeting, the AGD Board approved four policy positions that had undergone over six months of development and deliberation by the Dental Practice Council and Legislative and Governmental Affairs Councils. The four policy positions will be presented before the 2018 AGD HOD for adoption as AGD policy.

As noted in the Action Item Reports (AIR) deliberated by the Board at the aforementioned meetings, a paper supporting the positions was also in development and was considered by the councils for submission to the Board and HOD as AGD policy.

After considerable discussion, a subcommittee of the Dental Practice and LGA Councils, with the support of the councils, have found that the paper would more appropriately serve as a collection of facts and arguments to support AGD’s enforcement of its policy positions, rather than as an HOD policy document itself.

However, the subcommittee, with support of the councils, did find that the introduction of the paper provided a policy statement that served to supplement the four positions of the AGD and would serve well as a policy talking point.

Accordingly, that introductory language is brought before this Board and the 2018 HOD for consideration of adoption as AGD policy.

It would be acceptable to the councils should the 2018 AGD HOD choose to combine this policy statement with the four policy positions already approved by the Board such that a policy beginning with the above policy statement followed by the four positions statements is the outcome as encapsulated in AGD HOD policy.

**Necessary Information:**

* Dr. Steven Ghareeb, Chair, DP Council, has provided input into this report.
* Dr. Joseph Battaglia, Chair, LGA Council, has provided input into this report.
* The AGD DP and LGA Councils have, without any objections, approved the policy statement for submission as AGD HOD policy.

**What We Don’t Know:**

* We are unsure what actions the ADA HOD may take with respect to policy on the inclusion of dental benefits into Medicare Part B.

**Pros and Cons:**

**Pros:**

* This policy statement provides an elevator speech or talking point for various AGD departments, public information officers, and others to use.
* At their 2018 House of Delegates (HOD) meeting, the American Dental Association (ADA) delegates are expected to vote on a policy advocating for the inclusion of dental benefits into Medicare Part B, underscoring the importance of establishing AGD policy in 2018. The Board’s adoption of this policy statement would enable the AGD and its Professional Relations Committee to use the summary as part of its talking points at the ADA HOD.

**Cons:**

* If the AGD HOD opts not to consider this request in conjunction with the four policy positions already approved by the Board, then having multiple policies on dental benefits for the Medicare population may cause confusion.

**Executive Director/CEO Recommendations:**

 **From:** Max Moses
**Sent:** Wednesday, September 26, 2018 3:48 PM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>; Christa Ojeda <Christa.Ojeda@AGD.org>
**Cc:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
**Subject:** RE: AIR on Medicare Policy

I agree that this AIR should be discussed by the Board.

Max G. Moses, JD, CPA, MBA

Executive Director

Academy of General Dentistry

560 W. Lake St., Sixth Floor

Chicago, IL 60661-6600

312.440.4303 Direct

888.AGD.DENT Main

888.243.7392 Exclusive AGD Leader Line

312.335.3438 Fax

Max.Moses@agd.org

[www.agd.org](http://www.agd.org/)

**How It Fits into the Market Research:**

The Custom Study of Academy of General Dentistry (AGD) Members: Membership Benefits Survey (September 2012) (i.e., the Market Research) focused on member-facing programs. While the present request does not fit neatly into the measurement targets of the Market Research, the present request is ultimately expected to strengthen our advocacy efforts. State Advocacy and Federal Advocacy were generally rated as high value, moderate satisfaction in the Market Research.

**Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it:**

Yes, it conflicts with is AGD HOD 93:28‑H‑7 on health care reform criteria. However, the Board approved the rescission of this policy at their August 2018 meeting and it is pending a vote in the HOD. If the 2018 HOD accepts rescission of 93:28-H-7, this policy will not conflict with any AGD HOD Policy or Board Policy.

**Responsible Staff Liaison & AGD member:**

Jeanie Kennedy

Manager, Dental Practice & Policy

312.440.4347 – phone

jeanie.kennedy@agd.org

Steven A. Ghareeb, DDS, FAGD

Chair, Dental Practice Council

304.744.3333 - p

sstevenamos@aol.com

**Suggested Council or Agencies to Complete Action:**

Dental Practice and LGA Councils, and the AGD HOD.

**Suggested Councils or Agencies to be Involved in Collaboration:**

Dental Practice and LGA Councils, and the AGD HOD.

**Chair Approval Email:**

**From:** Steven Ghareeb [mailto:sstevenamos@aol.com]
**Sent:** Wednesday, September 26, 2018 3:57 PM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>; battagja@prodigy.net; drbee35@gmail.com; rdgehrig@comcast.net; guyacheson@aol.com
**Cc:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
**Subject:** Re: AIR on Medicare Policy Summary

I approve!

steven

**From:** battagja [mailto:battagja@prodigy.net]
**Sent:** Wednesday, September 26, 2018 9:04 PM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>; Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Botko, Gerald J <drbee35@gmail.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; guyacheson@aol.com
**Cc:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
**Subject:** Re: AIR on Medicare Policy Summary

I approve of the AIR

JB

**Division Coordinator Review Email:**

**From:** Gerald Botko [mailto:drbee35@gmail.com]
**Sent:** Monday, October 01, 2018 8:49 AM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
**Subject:** Re: FW: Final Reminder-- AIR on Medicare Policy Summary

I acknowledge the AIR.

**Board Liaison Review Email:**

**Emails sent to Drs. Gehrig and Acheson on 9/26, 9/27, 10/1. Awaiting responses.**

**CEO Review Email:**

**CFO Review Email:**

**From:** Christa Ojeda
**Sent:** Wednesday, September 26, 2018 4:05 PM
**To:** Jeanie Kennedy <Jeanie.Kennedy@AGD.org>; Max Moses <Max.Moses@AGD.org>
**Cc:** Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
**Subject:** RE: AIR on Medicare Policy

I have reviewed the AIR and recommend it be sent to the Board.

**AIR Addendum – HOD Policy Change Request**

**Action: Add \_\_\_X\_\_\_\_\_\_\_ Revise \_\_\_\_\_\_\_\_\_\_ Delete \_\_\_\_\_\_\_\_\_\_**

**Existing Policy to Revise/Delete:**

As noted below, related AGD policy is AGD HOD 93:28‑H‑7 on health care reform criteria. The Board approved the rescission of this policy at their August 2018 meeting and it is pending in the HOD.

**Resolution Presented for Approval:**

**“Resolved, that AGD’s policy on dental benefits for the Medicare population include the following statement:**

**‘The Medicare program was established to provide medical benefits to the elderly U.S. population. Signed into law in 1965, the Medicare program has been amended numerous times since its inception. Some public health advocates and consumer groups seek to have dental benefits added into the Medicare Part B program. The Academy of General Dentistry (AGD) does not support this approach, as it believes that it is not a viable solution. Rather, the AGD supports free market-based private insurance solutions for dental benefits intended for the Medicare population.’”**

**Related Existing HOD Policies:**

The related AGD policy is AGD HOD 93:28‑H‑7 on health care reform criteria. The Board has already approved the rescission of this policy at their August 2018 meeting.

Additionally, at the 2017-2018 Board Meeting III and July 2018 Zoom call, the Board approved four Medicare positions.

**Are existing AGD policies inadequate or no longer appropriate? Explain.**

Staff is conducting a thorough review of the HOD Policy Manual to ensure that AGD policies remain relevant, current, and appropriate. With the approval of the Medicare positions and preamble, the AGD will have up-to-date Medicare positions.

**For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]**

Every 5 years.

**Any documentation or literature considered in developing this submission?**

Yes, staff conducted extensive research for several months prior to the development of the preamble and policy positions.

**Other Comments?**

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# Reference Committee on Continuing Education

Reports to be reviewed by the

Reference Committee on

**Continuing Education**

Friday, November 2, 2018

4:00 p.m.

Room S102BCD – McCormick Place Convention Center

|  |  |
| --- | --- |
|  |  |
| **Dr. George Schmidt, Chair** | **New Jersey** |
| **Dr. Ann Hunsicker-Morrissey** | **Pennsylvania** |
| **Dr. Leigh Jacopetti-Kondraski** | **Pennsylvania** |
| **Dr. Nahid Kashani** | **Michigan** |
| **Dr. Kristopher Rappold** | **Louisiana** |
| **Dr. Richard Knowlton, Consultant** | **Pennsylvania** |
| **Dr. Eric Wong, Consultant** | **California** |
| **Dr. Michael King, Board Monitor** | **Tennessee** |
| **Dr. John Olsen, Board Monitor** | **Wisconsin** |
|  |  |

The Full AIRs for the following resolutions can be found in the 2018 HOD Manual.

**Resolution 201**

**“Resolved that Policy 2015:309-H-6 be amended as follows.**

**2015:309-H-6 ~~“Resolved, that HOD Policy 2014:107-H-6 be amended to read:~~**

**~~"Resolved, that the AGD take advantage of super saver and other discounted airfares whenever possible in scheduling meetings and be it further~~**

**~~Resolved, that officers, members of the Board, Council and Committee be encouraged to take advantage of super saver airfares by:~~**

**~~1. Offering an extra per diem to an individual staying over on a Saturday night when the savings in airfare more than compensates for it.~~**

**~~2. Holding Board Meetings within the continental United States in locations where Board members can be encouraged to stay over on a Saturday night to obtain a super saver airfare, and be it further~~**

**"Resolved, that all Council and Committee Meetings be held in Chicago except for:**

**1. Meetings of the ~~Annual Meetings Council~~ Scientific Meeting Council which may be held at sites selected for ~~Annual~~ Scientific Meetings to be held within three years.**

**2. Such other meetings as the President may deem necessary which have to be moved to a location outside of Chicago because of justifiable logistical reasons, where the total cost of the airfare will be less or not appreciably more than it would have been held in Chicago.**

**3. Any meeting held in conjunction with the AGD's Annual or Scientific Meeting.**

**4. Any meeting held in conjunction with the American Dental Association's Annual** **Meeting."**

**Resolution** **202**

***If Resolution 202 is adopted, Resolution 203 will be ruled moot.***

“Resolved, that the Lifelong Learning & Service Guidelines be amended to read:

Lifelong Learning & Service ~~Recognition~~ Recipient Award Guidelines

*~~Why Achieve Recognition?~~*

~~Lifelong Learning & Service Recognition (LLSR) is a program of formal recognition for Academy of General Dentistry (AGD) Masters in the areas of continuing education, dental-related community service and service to organized dentistry. It is not a credential and in no way may be represented to the public as such. LLSR was created to recognize the achievements of those AGD Masters who clearly recognize the professional obligation to remain current in their profession and to create an example so that each member of the dental profession never loses sight of this obligation. Achieving the LLSR from the AGD tells colleagues and patients of your continued commitment to lifelong learning and quality patient care. A Master may receive LLSR multiple times, in a sequential manner, as long as all requirements are met. Once a Master is first recognized by this achievement, subsequent recognitions may include only those credits and points earned since the date of the previous LLSR recognition.~~

*~~A Charge to all Masters~~*

~~Masters of the AGD embody the AGD’s principles and ideals. They accept an obligation to continually prove themselves worthy of that designation throughout their professional lives. There are certain obligations that go along with the honor of becoming a Master in the AGD. Masters are expected to:~~

~~1) Continue their commitment to lifelong learning~~

~~2) Be a mentor to associates and new dentists~~

~~3) Improve the quality of continuing education~~

~~4) Be a voice of the general dentist.~~

*LLSR Requirements*

1) All applicants must be AGD Masters, with AGD membership in good standing at the time of application and when recognition is received.

2) Completion of 500 ~~credit~~ hours of FAGD/MAGD-approved continuing education credit with at least 300 hours in course attendance. LLSR credit begins to accrue Jan. 1 of the year a member is approved to receive AGD Mastership ~~are required in course attendance, teaching or publications earned since the date Mastership was received~~ ~~or since a previous LLSR was received~~. A breakdown of these credits can be found below in the Course Attendance section.

3) Completion of 100 hours of AGD-approved dental-related community/volunteer service and/or service to organized dentistry ~~is required~~. ~~Hours must have been performed since the date Mastership was received or since a previous LLSR was received~~ LLSR community/volunteer service points begin to accrue Jan. 1 of the year a member is approved to receive AGD Mastership. The acceptability of points is subject to review by the Dental Education Council. Examples of acceptable dental-related volunteer service can be found below in the Community and Volunteer Service section.

4) Attendance at a Convocation ceremony held during the AGD scientific sessions to receive the award. Successful candidates are allowed three years following approval to attend the convocation and receive their award.

~~An application must be submitted with the designated application processing fee, which is determined annually by the Dental Education Council. This fee covers direct costs, plus $100 for overhead costs. Applications must be postmarked by December 31.~~

~~5) Acceptance or denial will be communicated to applicants following review of the application by the Dental Education Council. All decisions of the council are final. Recognition of LLSR recipients will be at the constituent and/or regional level and through AGD publications. Recipients will be invited to be present and attend the Convocation Ceremony where they will be celebrated by inclusion of their names in the Convocation program. Recipients will be seated in a designated area and will walk across the stage to be honored, and have each of their names read, prior to the FAGD and MAGD awardees.”~~

Course Attendance

1) Completion of 500 hours of FAGD/MAGD-approved continuing education credit. Hours must have been earned since ~~the date~~ January 1 of the year member was approved for Mastership ~~was received~~ ~~or since a previous LLSR was received~~:

a) At least 150 continuing education hours must be earned in participation course attendance;

b) A maximum of 100 credits for teaching is allowed;

c) A maximum of 100 credits for publications is allowed.

2) Credits for course attendance, teaching or publications must be in at least eight (8) of the following disciplines, although there are no minimums or maximum by discipline. Note: No credits will be accepted for advanced academic education programs, such as residencies or advanced degree programs.

Subject Category Subject Code

Basic Science 010

Endodontics 070

Electives 130

Myofacial Pain/

Occlusion Orofacial Pain~~\*~~ 200

Operateive Dentistry 250

Oral/Max Surgery 310

Anes/Pain Mgmt/Pharm~~\*~~ 340

Orthodontics 370

Pediatrics 430

Periodontics 490

Practice Mgmt 550

Fixed Prosth 610

Removable Prosth 670

Implants 690

Oral Med/Oral Dx 730

Special Pt Care 750

Esthetics 780

*~~\*These changes go into effect January 1, 2019. Any member that has not achieved or applied for Fellowship, Mastership, or LLSR by December 31, 2016, will be expected to meet the updated continuing education requirements at that time.~~*

Teaching and Publication Credit

1) Full or part-time faculty positions in ~~ADA~~CODA/CDA-accredited institutions are eligible for up to ten (10) credit hours each year. Verification of teaching appointments is required from each institution and should be included with the application.

2) Teaching continuing dental education courses for organizations that are approved by AGD-PACE~~,~~or ADA-CERP ~~or an AGD constituent~~ are eligible for credit. Verification is required that indicates the dental discipline and the number of hours. Credit will be given hour-for-hour for each presentation.

3) The publication of a scientific article, case report, technique paper or clinical research report in a scientific journal or textbook is worth ten (10) credit hours. A copy of the articles, with dates of publication, should be submitted with the application.

Dental-Related Community and Volunteer Service

1) One community service point is equal to one hour of dental-related volunteer community service. The Dental Education Council will determine which additional categories of service not described in these guidelines may be eligible. Volunteer work for a for-profit organization, such as a dental manufacturer, is not eligible.

2) To document dental-related community service, a representative of the organization for which the community/volunteer work was done must complete and sign the provided Volunteer Service Verification Form, which specifies the type(s) and term(s) of volunteer service(s) provided. If additional verification is needed, please attach necessary documentation to this form.

3) No financial remuneration or “in-kind” remuneration may be received for service/volunteer work. Reimbursement of expenses such as airfare, transportation, meals, etc., is allowed.

Categories of dental-related community and volunteer service may include, but are not limited to:

a. Providing pro bono dental services through a not-for-profit organization;

b. Mentoring a dental student, emerging dentist or struggling colleague, through a recognized dental organization;

c. Service in a volunteer dental clinic;

d. Service overseas on a dental mission;

e. Volunteer dental-related service in a community program, such as a health fair;

f. Providing presentation on dental-related topics to schools, civic, church or other community groups or other health professionals;

g. Providing oral cancer screenings at a local church, synagogue, school, health fair, nursing home, retirement community, etc.;

h. Providing dental screenings to athletes through the Special Olympics Special Smiles;

i. Volunteer work at a local or national dental meeting, such as working at the organization’s booth;

j. Serving as an unpaid team dentist for a school, college, professional sports team or youth athletic association;

k. Instituting a mouth guard program for a school, college, professional sports team or youth athletic association;

l. Providing dental education programs at elementary or secondary schools;

m. Volunteering as a Boy/Girl Scout merit badge leader for dental health.

*Service to Organized Dentistry:*

Holding a local, state/provincial or national appointment or an elected office in a dental organization is considered service to organized dentistry. Points are awarded for each month of service, up to 12 points per year per national or local organization.

1) A maximum of 12 points may be earned annually for serving in a national position in a dental organization. Service time of less than one year will be prorated by month. Holding multiple positions at the national level in the same organization is acceptable only up to the 12-point limit each year.

2) A maximum of 12 points may be earned annually for serving in state/provincial, constituent or component positions in a dental organization. Service time of less than one year will be prorated by month. Holding multiple positions in the same local organization is acceptable only up to the 12-point limit each year.

3) To document service to organized dentistry, a representative of the organization for which the service was done must complete and sign the provided Volunteer Service Verification Form, which specifies the type(s) and term(s) of volunteer service(s) provided. If additional verification is needed, please attach necessary documentation to this form.

*Application Procedures and Deadline*

1) All LLSR requirements must be completed by ~~the~~ December 31 ~~application deadline~~ to be considered for the class immediately following the year the application is submitted.

2) Applications must be postmarked no later than December 31 to be considered for the class immediately following the year the application ~~deadline~~ is submitted, and must include the designated application fee. This fee is determined annually by the Dental Education Council and includes a non-refundable processing fee. The AGD is not responsible for lost or delayed mail.

3) Only the Dental Education Council may determine the acceptability of LLSR applications. Applicants are notified by letter of the Council’s decision, and all decisions of the Council are final. ~~Recognition will be provided at the Convocation Ceremony at the AGD Annual Meeting & Exhibits through the inclusion of names of the new recipients in the Convocation program and in AGD publications.~~

4) Acceptance or denial will be communicated to applicants following review of the application by the Dental Education Council. All decisions of the council are final.

5) Recipients are required to attend the annual Convocation ceremony held during the AGD scientific sessions to receive the award. Successful candidates are allowed three years following approval to attend convocation and received their award. Additional recognition of LLSR recipients may occur at the constituent or regional levels and thorough AGD publications.

Direct inquiries regarding the LLSR to:

Academy of General Dentistry

Department of Dental Education

560 W. Lake Street, Sixth Floor

Chicago, Illinois 60661-6600

Phone 888.AGD.DENT (243.3368)

Fax 312.335.3428

Adopted HOD 7/2003

Amended HOD 6/2015

And be it further,

Resolved that AGD House Policy 2000:9-H-7 Advertising FAGD/MAGD Credentials be modified to allow AGD members to advertise the LLSR Award as a Credential, similar to the FAGD/MAGD.

Advertising FAGD/MAGD/LLSR Credentials

Fellow, ~~or~~ Master, or Lifelong Learning & Service Recipient of the Academy of General Dentistry

General Dentist

“Resolved, that the following language be accepted by the Academy of General Dentistry as the appropriate use of the Fellowship, ~~and~~ Mastership, and Lifelong Learning and Service Recipient designation to the public by way of advertising, listing, or office signage:

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_, DDS, BDS, or DMD, FAGD, ~~or~~ MAGD, or LLSR

Fellow, or Master or Lifelong Learning & Service Recipient of the Academy of General Dentistry

and be it further

Resolved, that our members be advised through AGD printed communications that our Principles of Ethics allow general dentists to announce Fellowship, ~~or~~ Mastership or Lifelong Learning & Service Recipient in the area of general dentistry in their announcement of services to patients so long as they avoid any communication that expresses specialization and clearly write out the definition of the initials, in order to not lead the reasonable person to believe that the designation represents an academic degree.”

And be it further,

Resolved that House Policy 81:12-H-7 Defending their capabilities to render dental procedures be modified to read:

Resolved, that members faced…

C. Verification that the individual has achieved Fellowship, ~~or~~ Mastership, or Lifelong Learning & Service Recipient status in the AGD. …

And be it further,

Resolved that House Policy 99:44-H-7, Approve procedures for processing FAGD and MAGD applications be modified to read:

Approval procedures for processing FAGD, ~~and~~ MAGD, and LLSR applications

Resolved, that the AGD Board approve procedures and procedural changes related to the mechanics of processing the applications for the Fellowship, ~~and~~ Mastership, and Lifelong Learning & Service Recipient Awards.

And be it further,

Resolved that House Policy 96:49-H-7 Appeal of application deadline be modified to read:

Appeal of application deadline

Resolved, that the following guided be established for considering appeals of the FAGD/MAGD/LLSR application deadline:

GUIDELINES FOR APPEALS OF

THE FAGD/MAGD/LLSR APPLICATION DEADLINE

An application for the Fellowship, ~~or~~ Mastership, or Lifelong Learning & Service Recipient award that is received in the ~~Chicago~~ headquarter office…

And be it further,

Resolved that House Policy 2002:20-H-7 Category of membership, Fellowship as, be modified to read:

Resolved, that the AGD recognize the its Fellowship, ~~and~~ Mastership, and Lifelong Learning & Service Recipient designation are categories of membership in the organization that may be announced appropriately to the public but only while an individual maintains membership in the organization, and be further

Resolved, that constituent academies recognize that they may report to appropriate licensing bodies instances of non-members announcing FAGD, ~~and~~ MAGD, and LLSR designation to the public because it is false advertising.

And be it further,

Resolved that House Policy 78:19-H-6 Changes in, be modified to read:

Resolved, that changes made in the Fellowship, ~~or~~ Mastership, or Lifelong Learning & Service Recipient guidelines which make those guidelines more restrictive, be made effective for all members of the AGD five (5) years after the date of passage of such changes by the AGD House of Delegates.

And be it further,

Resolved, that House Policy 2003:3-H-7 Lifelong Learning and Service ~~Recognition~~ Recipient Program be modified to read:

Lifelong Learning and Service ~~Recognition~~ Recipient Award Program

“Resolved, that the AGD offer the Lifelong Learning and Service ~~Recognition~~ Recipient Award (LLSR) program to recognize the accomplishment of AGD Masters for their continuing education and volunteer service to dentistry, and be it further

Resolved, that the document Lifelong Learning and Service ~~Recognition~~ Recipient Award (LLSR) Guidelines be adopted.”

**Resolution 203**

***If Resolution 202 is adopted, Resolution 203 will be ruled moot.***

“Resolved, that the Lifelong Learning & Service Guidelines be amended to read:

Lifelong Learning & Service Recognition Guidelines

*Why Achieve Recognition?*

Lifelong Learning & Service Recognition (LLSR) is a program of formal recognition for Academy of General Dentistry (AGD) Masters in the areas of continuing education, dental-related community service and service to organized dentistry. It is not a credential and in no way may be represented to the public as such. LLSR was created to recognize the achievements of those AGD Masters who clearly recognize the professional obligation to remain current in their profession and to create an example so that each member of the dental profession never loses sight of this obligation. Achieving the LLSR from the AGD tells colleagues and patients of your continued commitment to lifelong learning and quality patient care. ~~A Master may receive LLSR multiple times, in a sequential manner, as long as all requirements are met. Once a Master is first recognized by this achievement, subsequent recognitions may include only those credits and points earned since the date of the previous LLSR recognition.~~

*A Charge to all Masters*

Masters of the AGD embody the AGD’s principles and ideals. They accept an obligation to continually prove themselves worthy of that designation throughout their professional lives. There are certain obligations that go along with the honor of becoming a Master in the AGD. Masters are expected to:

1) Continue their commitment to lifelong learning

2) Be a mentor to associates and new dentists

3) Improve the quality of continuing education

4) Be a voice of the general dentist.

*LLSR Requirements*

1) All applicants must be AGD Masters, with AGD membership in good standing at the time of application and when recognition is received.

2) 500 credit hours are required in course attendance, teaching or publications earned since the date Mastership was received ~~or since a previous LLSR was received~~. A breakdown of these credits can be found below in the Course Attendance section.

3) Completion of 100 hours of AGD-approved dental-related community/volunteer service and/or service to organized dentistry is required. Hours must have been performed since the date Mastership was received ~~or since a previous LLSR was received~~. The acceptability of points is subject to review by the Dental Education Council. Examples of acceptable dental-related volunteer service can be found below in the Community and Volunteer Service section.

4) An application must be submitted with the designated application processing fee, which is determined annually by the Dental Education Council. This fee covers direct costs, plus $100 for overhead costs. Applications must be postmarked by December 31.

5) Acceptance or denial will be communicated to applicants following review of the application by the Dental Education Council. All decisions of the council are final. In addition to recognition on a national level, additional recognition of LLSR recipients can also ~~will~~ be at the constituent and/or regional level and through AGD publications. Recipients will be ~~invited~~ requested to be present and attend the Convocation Ceremony where they will be celebrated by inclusion of their names in the Convocation program. Recipients will be seated in a designated area and will walk across the stage to be honored, and have each of their names read, ~~prior to~~ following the FAGD and MAGD awardees.”

Course Attendance

1) Completion of 500 hours of FAGD/MAGD-approved continuing education credit. Hours must have been earned since the date Mastership was received ~~or since a previous LLSR was received~~:

a) At least 150 continuing education hours must be earned in participation course attendance;

b) A maximum of 100 credits for teaching is allowed;

c) A maximum of 100 credits for publications is allowed.

2) Credits for course attendance, teaching or publications must be in at least eight (8) of the following disciplines, although there are no minimums or maximums by discipline for non-participation credits. Note: No credits will be accepted for advanced academic education programs, such as residencies or advanced degree programs.

Subject Category Subject Code

Basic Science 010

Endodontics 070

Electives 130

Myofacial Pain/

Occlusion Orofacial Pain~~\*~~ 200

Operateive Dentistry 250

Oral/Max Surgery 310

Anes/Pain Mgmt/Pharm~~\*~~ 340

Orthodontics 370

Pediatrics 430

Periodontics 490

Practice Mgmt 550

Fixed Prosth 610

Removable Prosth 670

Implants 690

Oral Med/Oral Dx 730

Special Pt Care 750

Esthetics 780

*~~\*These changes go into effect January 1, 2017. Any member that has not achieved or applied for Fellowship, Mastership, or LLSR by December 31, 2016, will be expected to meet the updated continuing education requirements at that time.~~*

Teaching and Publication Credit

1) Full or part-time faculty positions in ADA/CDA-accredited institutions are eligible for up to ten (10) credit hours each year. Verification of teaching appointments is required from each institution and should be included with the application.

2) Teaching continuing dental education courses for organizations that are approved by PACE, or an AGD constituent are eligible for credit. Verification is required that indicates the dental discipline and the number of hours. Credit will be given hour-for-hour for each presentation.

3) The publication of a scientific article, case report, technique paper or clinical research report in a scientific journal or textbook is worth ten (10) credit hours. A copy of the articles, with dates of publication, should be submitted with the application.

Community and Volunteer Service

1) One community service point is equal to one hour of volunteer community service. The Dental Education Council will determine which additional categories of service not described in these guidelines may be eligible. Volunteer work for a for-profit organization, such as a dental manufacturer, is not eligible.

2) To document community service, a representative of the organization for which the community/volunteer work was done must complete and sign the provided Volunteer Service Verification Form, which specifies the type(s) and term(s) of volunteer service(s) provided. If additional verification is needed, please attach necessary documentation to this form.

3) No financial remuneration or “in-kind” remuneration may be received for service/volunteer work. Reimbursement of expenses such as airfare, transportation, meals, etc., is allowed.

Categories of community and volunteer service may include, but are not limited to:

a. Providing pro bono dental services through a not-for-profit organization;

b. Mentoring a student, emerging dentist or struggling colleague, through a recognized dental organization;

c. Service in a volunteer dental clinic;

d. Service overseas on a dental mission;

e. Volunteer service in a community program, such as a health fair;

f. Providing presentation on dental-related topics to schools, civic, church or other community groups or other health professionals;

g. Providing oral cancer screenings at a local church, synagogue, school, health fair, nursing home, retirement community, etc.;

h. Providing dental screenings to athletes through the Special Olympics Special Smiles;

i. Volunteer work at a local or national dental meeting, such as working at the organization’s booth;

j. Serving as an unpaid team dentist for a school, college, professional sports team or youth athletic association;

k. Instituting a mouth guard program for a school, college, professional sports team or youth athletic association;

l. Providing dental education programs at elementary or secondary schools;

m. Volunteering as a Boy/Girl Scout merit badge leader for dental health.

*Service to Organized Dentistry:*

Holding a local, state/provincial or national appointment or an elected office in a dental organization is considered service to organized dentistry. Points are awarded for each month of service, up to 12 points per year per national or local organization.

1) A maximum of 12 points may be earned annually for serving in a national position in a dental organization. Service time of less than one year will be prorated by month. Holding multiple positions at the national level in the same organization is acceptable only up to the 12-point limit each year.

2) A maximum of 12 points may be earned annually for serving in state/provincial, constituent or component positions in a dental organization. Service time of less than one year will be prorated by month. Holding multiple positions in the same local organization is acceptable only up to the 12-point limit each year.

3) To document service to organized dentistry, a representative of the organization for which the service was done must complete and sign the provided Volunteer Service Verification Form, which specifies the type(s) and term(s) of volunteer service(s) provided. If additional verification is needed, please attach necessary documentation to this form.

*Application Procedures and Deadline*

1) All LLSR requirements must be completed by the December 31 application deadline.

2) Applications must be postmarked no later than December 31 to be considered for the class immediately following the application deadline is submitted, and must include the designated application fee. This fee is determined annually by the Dental Education Council and includes a non-refundable processing fee. The AGD is not responsible for lost or delayed mail.

3) Only the Dental Education Council may determine the acceptability of LLSR applications. Applicants are notified by letter of the Council’s decision, and all decisions of the Council are final. Recognition will be provided at the Convocation Ceremony at the AGD Annual Meeting & Exhibits through the inclusion of names of the new recipients in the Convocation program and in AGD publications.

Direct inquiries regarding the LLSR to:

Academy of General Dentistry

Department of Dental Education

560 W. Lake Street, Sixth Floor

Chicago, Illinois 60661-6600

Phone 888.AGD.DENT (243.3368)

Fax 312.335.3428

Adopted HOD 7/2003

Amended HOD 6/2015

And be it further,

Resolved, that House Policy 2003:3-H-7 Lifelong Learning and Service Recognition Program be modified to read:

Lifelong Learning and Service Recognition Program

“Resolved, that the AGD offer the Lifelong Learning and Service Recognition (LLSR) program to recognize the accomplishment of AGD Masters for their continuing education and volunteer service to dentistry, and be it further

Resolved, that the document Lifelong Learning and Service Recognition (LLSR) Guidelines be adopted.”

**Resolution 204**

“Resolved, that HOD Policy 2014:105R-H-6 be rescinded.

~~2014:105R-H-6 “Resolved, that the Meeting Services Guidelines Scientific Session Fees Annual Meetings Council be amended to read~~

~~Scientific Session Fees Annual Meetings Council~~

~~AGD member dentist registrants who purchase tickets for scientific sessions and then find that they are elevated to delegate or alternate delegate status may obtain a full refund of their scientific session ticket(s)~~

~~REFUNDS FOR TICKETS PURCHASED~~

~~Cancellation requests received less than 30 days prior to the first official day of the annual meeting, with the exception of AGD member dentist registrants who have been elevated to delegate or alternate delegate status, will not be eligible for a credit or refund.~~

And be it further,

Resolved, that the Board Policy Manual be amended to include Policy Type: VI. Board Guidelines, E. Scientific Session Refunds

AGD member dentist registrants who purchase registration and/or tickets for the Scientific Session may obtain a refund of that purchase, less a processing fee, up to 30 days before the first day of the Session. AGD member dentist registrant refund requests will incur a $50 processing fee. Guest registrant refund requests will incur a $15 processing fee. Requests received less than 30 days before the first day of the Session will not be eligible for a credit or refund.

Monitoring: Review by Board annually in April

**Resolution 205**

“Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: II. Governance Process, M., Section 2., Examinations Council to read:

E. Examination~~s~~ Council

1. The Examinations Council shall consist of six (6) members, including the chairperson, the chairs of the ~~Fellowship Exam Committees (A, B, and C)~~, Examination Development Committee, Examination Assessment Committee and Examination Materials Committee, chair of the Self-Instruction Committee, and one (1) other member~~s~~ who has ~~have~~ served at least one (1) term on the Examination Council or Self-Instruction Committee. All members of the council must ~~and each of whom~~ have achieved Fellowship or Mastership status within the organization.

2. It shall be the duty of the council:

a. To be responsible for overseeing the construction, administration, scoring, and security of the Fellowship Examination;

b. To help develop and administer, in conjunction with the ~~Examination Committees~~ Examination Development Committee, Examination Assessment Committee and Examination Materials Committee, any other examination, quizzes, or instruments of measurement when so directed by the HOD, or Board;

c. To audit the Fellowship Review Course annually to ensure the quality of the course materials is consistent with the overall premise of the Fellowship Examination;

d. To recommend and enforce policies pertaining to examinations for which it is responsible.

e. To evaluate the quality and effectiveness of *General Dentistry’s* Self-Instruction program once a year.

3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.

4. A quorum of the council and the examination committees~~exam teams~~ shall be a majority of members present.

5. Each Council and Committee shall evaluate the revenues and expenses pricing of all its programs and services annually as part of the budget process. Additionally, each Council and Committee shall provide a complete revenue and expense analysis to the Board at Board Meeting IV at least every three years, beginning 2019.

6. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government’s reporting structure under the Sunshine Act. The staff liaison will compile all of their individual’s forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.

And be it further:

Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: II. Governance Process, M., Section 3H, Examinations Items Bank Committee (Team C) to read:

H. Examination~~s Items Bank~~ Materials Committee ~~(Team C)~~

1. The Examination ~~Item Bank~~ Materials Committee ~~(Team C)~~ shall be composed of six (6) members, each of whom have achieved Fellowship or Mastership status within the organization and each of whom have served a minimum of two (2) years on either ~~Team A or Team B~~ the Examination Development Committee or ~~of the Fellowship~~ Examination Assessment Committee;

Committee members shall serve no more than two (2) consecutive three (3) year terms on the committee;

2. It shall be the duty of the committees:

a. To ensure that each item in the item bank is appropriately and consistently categorized in accordance with the examination content outline;

b. To review periodically the content outline for the Fellowship Examination and recommend changes in the outline to the council;

c. To develop the Fellowship Examination Study Guide annually per the established development guidelines set forth by the council;

3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.

4. Each Council and Committee shall evaluate the revenues and expenses pricing of all its programs and services annually as part of the budget process. Additionally, each Council and Committee shall provide a complete revenue and expense analysis to the Board at Board Meeting IV at least every three years, beginning 2019.

5. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government’s reporting structure under the Sunshine Act. The staff liaison will compile all of their individual’s forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.

And be it further:

Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: II. Governance Process, M., Section 3 I. Fellowship Exam Committee (Teams A and B) to read:

I. ~~Fellowship Exam Committee (Teams A and B)~~ Examination Development Committee

1. The ~~Fellowship Exam Committee (Teams A and B)~~ Examination Development Committee shall be composed of ~~twelve (12)~~ six (6) members, at least one (1) of whom shall be a member of the Examination~~s~~ Council, with each of the ~~twelve (12)~~ six (6) members having achieved Fellowship or Mastership status within the organization;

Those committee members who are not members of the Examination~~s~~ Council shall serve no more than two (2) consecutive three- (3) year terms on the committee;

2. It shall be the duty of the committee:

a. To construct, ~~review,~~ and score the Fellowship Examination;

b. To make recommendations for an official passing score, based on the statistical analyses, for the annual Fellowship Examination to the Examination~~s~~ Council;

c. To maintain an adequate pool of examination items that can be utilized for the Fellowship Examination.

3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.

4. Each Council and Committee shall evaluate the revenues and expenses pricing of all its programs and services annually as part of the budget process. Additionally, each Council and Committee shall provide a complete revenue and expense analysis to the Board at Board Meeting IV at least every three years, beginning 2019.

5. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government’s reporting structure under the Sunshine Act. The staff liaison will compile all of their individual’s forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.

~~I~~J. ~~Fellowship Exam Committee (Teams A and B)~~Examination Assessment Committee

1. The ~~Fellowship Exam Committee (Teams A and B)~~ Examination Assessment Committee shall be composed of ~~twelve (12)~~ six (6) members, at least one (1) of whom shall be a member of the Examination~~s~~ Council, with each of the ~~twelve (12)~~ six (6) members having achieved Fellowship or Mastership status within the organization;

Those committee members who are not members of the Examination~~s~~ Council shall serve no more than two (2) consecutive three- (3) year terms on the committee;

2. It shall be the duty of the committee:

a. ~~To construct, review, and score~~ To review the preliminary and approve the final version of the Fellowship Examination;

b. ~~To make recommendations for an official passing score, based on the statistical analyses, for the annual Fellowship Examination to the Examinations Council~~ To review all course materials for the Fellowship Review Course annually;

c. To maintain an adequate pool of examination items that can be utilized for the Fellowship Examination.

3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.

4. Each Council and Committee shall evaluate the revenues and expenses pricing of all its programs and services annually as part of the budget process. Additionally, each Council and Committee shall provide a complete revenue and expense analysis to the Board at Board Meeting IV at least every three years, beginning 2019.

5. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government’s reporting structure under the Sunshine Act. The staff liaison will compile all of their individual’s forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.

And be it further,

Resolved that all subsequent committee charges be renumbered appropriately in the Board Policy Manual.

And be it further,

Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: II. Governance Process, H. Division Coordinator Duties be amended to read:

...

Continuing Education Division

• Dental Education Council

• Examination~~s~~ Council

• ~~Fellowship Exam Committee (Teams A and B)~~ Examination Assessment Committee

• ~~Fellowship Exam Committee (Teams A and B)~~ Examination Development Committee

• ~~Examinations Items Bank Committee (Team C)~~ Examination Materials Committee

• Local Advisory Committee

• PACE Council

• Scientific Meeting Council

• Self Instruction Committee

And be it further,

Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: V. Board Policy Statements, Q. Sunset Review Process and Schedule be amended to read:

…

Sunset Review Process schedule

2015-2016

Credentials and Elections Committee

Examination~~s~~ Council

~~Fellowship Exam Committee (Teams A and B)~~ Examination Assessment Committee

~~Fellowship Exam Committee (Teams A and B)~~ Examination Development Committee

~~Examinations Items Bank Committee (Team C)~~ Examination Materials Committee

And be it further,

Resolved, that HOD Policy 2017-101-H-11 be amended to read:

2017-101-H-11 “Resolved, that AGD HOD policy 2002:8-H-7 be revised as follows:

“Resolved, that the following system be used to guide the incoming President in making council and committee appointments:

1. The incoming President will send a letter in April to all Constituent Presidents, Regional Directors, and Trustees asking for council and committee appointment recommendations. The letter will be accompanied by a suggested geographical distribution based on the number of members in each region to help make the appointments as geographically balanced as possible. This geographical distribution list will be based on the present council and committee structure, not including the Local Advisory Committees, the Professional Relations Committee, and all Board Committees. Members of the Examination Council shall not be counted a second time if also serving on ~~Exam Committee A, Exam Committee B, or Exam Committee C~~ Examination Assessment Committee, Examination Development Committee, and Examination Materials Committee. The deadline for responding to this communication will be June 30 of each year.

And be it further,

Resolved that the AGD Constitution and Bylaws be amended to read:

CHAPTER XIII, Divisions, Councils and Committees

Section 2. Each of the following councils and committees shall be assigned to the following Divisions:

…

C. Continuing Education Division

…

4. Examination~~s~~ Council

a. Examination Assessment Committee

b. Examination Development Committee

c. Examination Materials Committee

~~b~~d. Self Instruction Committee

a. ~~Examinations Item Bank Committee (Team C)~~

~~d. Fellowship Examination Committee (Teams A & B)~~”

****

# Reference Committee on Administration, Image & Membership

Reports to be reviewed by the

Reference Committee on

**Administration, Image & Membership**

Friday, November 2, 2018

2:30 p.m.

Room S102BCD – McCormick Place Convention Center

|  |  |
| --- | --- |
|  |  |
| **Dr. Chethan Chetty, Chair** | **California** |
| **Dr. Mohamed Attia** | **Virginia** |
| **Dr. Jennifer Nguyen** | **Alberta** |
| **Dr. Seung-Hee Rhee** | **New York** |
| **Dr. Ricardo Suarez** | **California** |
| **Dr. Colleen DeLacy, Consultant** | **Michigan** |
| **Dr. Aldo Mirando-Collazo, Consultant** | **Puerto Rico** |
| **Dr. Robert Kozelka, Board Monitor** | **Illinois** |
| **Dr. J. C. Cheney, Board Monitor** | **Utah** |
|  |  |

The Full AIRs for the following resolutions can be found in the 2018 HOD Manual.

**Resolution 101**

“Resolved, that the 2019-2021 AGD Strategic Plan be adopted, effective January 1, 2019, so that it reads:

**Continuing Education**

**Expand the breadth, depth and convenience of high quality continuing education opportunities for AGD members.**

**Goals**

General dentists provide superior patient clinical outcomes.

**High-Level Strategy**

To achieve these goals, AGD will do the following:

* **Continuing Education** - Deliver multi-channel continuing dental education through AGD, AGD Constituents or other AGD collaborative relationships.
	+ Provide a portfolio of online or web-based offerings to make CE accessible and affordable.
	+ Explore direct-to-member CE facilitated by AGD for instances where constituent-led CE is not viable.
	+ Support constituent led CE including the development of efforts to provide high quality education.
* **Expanded educational recognition opportunities** – Create more opportunities to receive recognition for continuing education.
* **Micro-education -** AGD will explore developing micro-education to specifically address key clinical training meeting applicable licensure or AGD credentialing requirements.

**Practice Leadership and Support**

**Creates new initiatives to help AGD members lead more financially successful practices by providing practice leadership education and business support.**

**Goals**

AGD members lead or work in successful practices with positive business and clinical outcomes.

**High-Level Strategy**

To achieve these goals, AGD will do the following:

* **Improve Dental Practice Leadership –** Educate and train dental practice leaders on effective practice management and leadership techniques. Activities include, but are not limited to, the following.
	+ Create robust practice management education providing practice leaders with critical business and leadership resources.
* **Help Dental Students and Residents –** Lead efforts helping students and residents manage financial impact of their education through best practices.
* **Improve Practice Performance –** Make available national buying program or direct supplier negotiation providing discounts on practice supplies, equipment and other services. Activities include, but are not limited to, the following.
	+ Investigate developing an expanded portfolio of direct practice services (billing, EHR, legal) designed to provide AGD members with vetted, trusted and useful practice management and leadership assistance.
	+ Investigate direct negotiations with high quality dental practice suppliers to provide for cost savings or service improvements to AGD dentists and their practice.

**Public and Policy Advocacy**

**Improves the climate for practicing dentistry through patient and policy maker education on the value of oral care and general dentistry and by promoting AGD members’ lifelong commitment to continuing education and successful patient outcomes.**

**Goals**

Patients will seek out AGD members or member led practices.

Policy makers will support policies encouraging viable general dentist practices and improving oral health.

**High-Level Strategy**

To achieve these goals, AGD will do the following:

* **Increase Patients** – Promoting efforts highlighting the clinical differentiation between AGD members and other oral care options.
* **Educate Policy Makers** – Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices.
* **Advocate for the Dental Home Concept** - AGD will identify and implement strategies to educate policy makers and the public on the value of the dentist led Dental Home Concept.

And be it further,

Resolved, that the Strategic Plan Synopsis be employed as the primary document for public dissemination and distribution.

**AGD 2018 Strategic Planning Text Narrative (This language will be utilized for public campaigns)**

The Academy of General Dentistry (AGD) recognizes that current and future dentists will practice in a dynamic and evolving world. It is a priority of the AGD to prepare and support general dentists, regardless of their personal goals, career path or practice setting, to be successful within this environment. As a result, the AGD Strategic Plan is designed to outline high level goals and strategies to focus AGD efforts to support general dentistry.

The AGD Strategic Plan is inclusive of all individuals considering, practicing or supporting the practice of general dentistry and who share AGD members’ commitment to high quality patient outcomes and a life-long commitment to learning. The following summarizes key elements of the AGD Strategic Plan.

The AGD Strategic Plan through its Vision and Mission reiterates members’ Visionary commitment to *oral health and better lives because of the Academy of General Dentistry* through its continuing Mission of *advancing general dentistry and oral health through quality education and advocacy*.

This Vision and Mission will be achieved by ensuring the following:

* General dentists provide high quality patient clinical outcomes through high quality and accessible continuing education.
* General dentists provide lead or work in successful practices with positive business and clinical outcomes through AGD provided practice management, leadership education, practice support services.
* Patients will seek out general dentists or general dentist led practices and policy makers will support policies encouraging viable general dentist practices because of AGD advocacy, patient education and marketing efforts.

Resolved, that HOD Policy 2015:102-H-6, the 2015-2018 AGD Strategic Plan be rescinded, effective December 31, 2018:

~~2016-2018 Strategic Plan~~

~~Goal 1 - Education: Become the most valued resource of quality continuing dental education for general dentists at all stages of their career.~~

*~~Strategy 1: Create a Scientific Session that will annually attract at least 25% of AGD members by the end of 2018.~~*

*~~Strategy 2: Facilitate education programs that promote members’ success and advancement through all stages of their dental career using traditional as well as innovative, cutting edge methods.~~*

*~~Strategy 3: Partner with AGD constituents in the development and delivery of continuing education programs.~~*

*~~Strategy 4: Protect PACE and increase the number of PACE providers.~~*

~~Goal 2 - Advocacy: Strengthen and protect the general dentistry profession and the oral health of the public.~~

*~~Strategy 1: Represent the unique interests of general dentists in all advocacy arenas.~~*

*~~Strategy 2: Advocate on behalf of the general dentistry profession as relates to policy making, insurance, licensing, education, and all levels of government.~~*

*~~Strategy 3: Advocate on behalf of the public to ensure safe, best quality dentistry practices and appropriate access to care.~~*

*~~Strategy 4: Develop strong working relationships where appropriate with the AGD constituents, the ADA, and dental specialty organizations in addressing issues of common interest.~~*

*~~Strategy 5: Pursue instruments and resources to empower the AGD’s advocacy agenda.~~*

~~Goal 3 - Membership: Achieve a 25% increase in full-dues-equivalent members and student members by the end of 2018.~~

*~~Strategy 1: Utilize market and member research to determine which current and new member benefits will best serve AGD in attracting and retaining members.~~*

*~~Strategy 2: Provide and promote products and services that meet the current and future needs of members and prospective members in all stages of practice and career paths.~~*

*~~Strategy 3: Achieve at least a 10% increase in members’ assessments of AGD value by the end of 2018.~~*

*~~Strategy 4: Actively recruit dental student members and retain them when they become practicing dentists.~~*

*~~Strategy 5: Attract non-member general dentists by promoting the value of a lifelong learning mindset.~~*

~~Goal 4 – Communications: Promote the AGD as an organization dedicated to advancing general dentistry through quality continuing education and advocacy.~~

*~~Strategy 1: Position the AGD as the leading source of information on oral health issues for general dentistry.~~*

*~~Strategy 2: Create and promote a consistent AGD brand that is applied to all marketing vehicles and collateral materials.~~*

*~~Strategy 3: Increase public awareness of the value AGD general dentists bring as gatekeepers to oral health.~~*

*~~Strategy 4: Focus communication efforts on engaging members to advocate on behalf of general dentistry.~~*

*~~Strategy 5: Enhance AGD publications and digital-based communication vehicles to effectively communicate to all AGD stakeholders.~~*

~~Goal 5 – Organizational Excellence: Ensure that the AGD is financially viable, functions efficiently in a cost-effective manner, and has a mutually supportive relationship with its constituents.~~

*~~Strategy 1: Ensure the fiscal soundness of AGD.~~*

*~~Strategy 2: Improve the effectiveness and efficiency of AGD headquarters operations.~~*

*~~Strategy 3: Streamline the AGD governance structure and operations.~~*

*~~Strategy 4: Promote an organizational culture that best supports attainment of strategic goals and a healthy operating environment~~*

*~~Strategy 5: Ensure the success of constituents in meeting the needs of grassroots members.”~~*

**Resolution 102**

**“Resolved, that national AGD should contribute to each region with a dental school the sum of $2000 for each school for the purpose of cultivating student activity and participation with that region. This will include dental education, social events, and integration with region’s governance. And be it further,**

**Resolved, that $152,000 be allocated from the 2019 Contingency Fund (76 schools x $2000.”**

**Resolution 103**

**“Resolved, that effective starting with the 2020 fiscal year, the Academy of General Dentistry forward 100% of student member dues to the respective constituent or component that financially supports the Student Chapter.”**

**Resolution 104**

**“Resolved, that effective starting with the 2020 fiscal year, the Academy of General Dentistry waive annual membership dues for two (2) faculty members for each Student Chapter.”**

**Resolution 150**

**“Resolved, that the 2019 Budget with Revenues of $14,839,221 and Expenses of $14,839,221 netting out to 0 Net Loss from Operations with a Contingency of $123,497 and capital budget of $481,522 be approved. And be it further,**

Resolved, that House Policy 2017:150S4-H-11 be rescinded.

**~~2017:150S4-H-11 “Resolved, that the 2018 budget with Net Income from Operations of $0 pre-spending and $0 post-spending and a capital budget of $89,500 be approved.~~**

**~~And be it further, resolved, that the budget be amended to include a $3 increase in student dues and be it further resolved that the contingency fund be reduced by $34,420.~~**

# Resolution 102

**“Resolved, that national AGD should contribute to each region with a dental school the sum of $2000 for each school for the purpose of cultivating student activity and participation with that region. This will include dental education, social events, and integration with region’s governance. And be it further,**

**Resolved, that $152,000 be allocated from the 2019 Contingency Fund (76 schools x $2000.”**

**REGION II DENTAL STUDENT SUBSIDY RESOLUTION FOR THE 2018 GOVERNANCE MEETING**

Prepared by: Region ll NYSAGD (Dr. Brian Ciporin, President

Date of Report: September 20, 2018

Staff Resources: N/A

Total Financial Cost: $152,000 + $500 (Staff Cost = 10 hours @ $50 per hour)

Budget Ramifications:

Action/Timeline: 2018 HOD

**How It Fits into the Strategic Plan:**

Strategic Plan:

**Goal 5—Organizational Excellence: Ensure that the AGD is financially viable, functions efficiently in a cost-effective manner, and has a mutually supportive relationship with its constituents.**

Strategy 5: Ensure the success of constituents in meeting the needs of grassroots members.

**How it Fits into the Corporate Objectives:**

8. AGD Student Chapters – By December 31, 2018, have AGD Student Chapters registered at 85% of US dental schools.  G3, S1, S2, S4, S5

**Introduction:**

The AIR will help retain student membership in the AGD upon graduation. The AGD loses over 90% of our students when they graduate.

**Necessary Information:**

* There are 66 dental schools in America and 10 dental schools in Canada. These schools are the life blood of the future AGD.

**What We Don’t Know:**

* 1) Is $2000 enough funds?
* 2) Which dental schools to receive the funds?
* 3)Should we only subsidize those schools that we have a relationship with?

**Pros and Cons:**

**Pros:**

* What better way to use our resources than on our future members?

**Cons:**

* 1)The financial cost
* 2)The results are not guaranteed
* 3)May deplete the Contingency Fund

**Executive Director/CEO Recommendations:
From:** Max Moses
**Sent:** Monday, October 01, 2018 2:25 PM
**To:** Jennifer Goler <jennifer.goler@agd.org>; Brian Ciporin <dr.brianrc@gmail.com>; Christa Ojeda <Christa.Ojeda@AGD.org>
**Subject:** RE: Dr. Ciporin Resolution

This AIR is in compliance with the rules of the HOD for submitting resolutions, and I thus recommend its transmittal to the HOD.  However, given the significant financial cost as well as the political ramifications of interacting with the various dental schools, I recommend to the HOD that it refer this resolution to the appropriate agencies, including, but not limited to:  the Membership Council, the Budget & Finance Committee, and ultimately the Board.  In addition, it would be helpful if this concept was further developed through the use of a business plan.  Finally, it should be noted that the cost of this new endeavor would exceed the balance of the 2019 contingency fund and require cuts in other programming.

Max G. Moses, JD, CPA, MBA

Executive Director

Academy of General Dentistry

560 W. Lake St., Sixth Floor

Chicago, IL 60661-6600

312.440.4303 Direct

888.AGD.DENT Main

888.243.7392 Exclusive AGD Leader Line

312.335.3438 Fax

Max.Moses@agd.org

[www.agd.org](http://www.agd.org/)

 **How It Fits into the Market Research:**

**Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it:**

* **No**

**Responsible Staff Liaison & AGD member:**

Dr. Brian Ciporin, NYSAGD President

AGD # 141490

646-327-0197

**Suggested Council or Agencies to Complete Action:**

**Budget and Finance, Membership Council, and Strategic Planning Task Force**

**Suggested Councils or Agencies to be Involved in Collaboration:**

**Budget and Finance, Membership Council, and Strategic Planing Task Force/Councils to be informed before HOD meets**

**Chair Approval Email:**

**Division Coordinator Review Email:**

**Board Liaison Review Email:**

**CFO Review Email:**

 **From:** Christa Ojeda
**Sent:** Tuesday, October 02, 2018 3:50 PM
**To:** Max Moses <Max.Moses@AGD.org>; Jennifer Goler <jennifer.goler@agd.org>; Brian Ciporin <dr.brianrc@gmail.com>
**Subject:** RE: Dr. Ciporin Resolution

The current balance of the contingency fund in the budget being presented to the HOD is just over $123K. I concur with the sentiments of the Executive Director regarding this AIR.

Also, the retention rate presented in this AIR is not that of the AGD as a whole.  This AIR states that “we lose over 90% of our students when they graduate”.  I checked with the Membership Department and the retention rate for students has been between 40-46% over the last three years, and over 64% for those that participated in the New Grad Kit promotion in FY2017.

**Christa Ojeda, CPA**

Chief Financial Officer

Academy of General Dentistry

560 W. Lake St., Sixth Floor

Chicago, IL 60661-6600

312.440.4315 (Direct)

888.AGD.DENT (Main)

christa.ojeda@agd.org

**AIR Addendum – HOD Policy Change Request**

**Action: Add \_\_\_\_\_\_\_X\_\_\_ Revise \_\_\_\_\_\_\_\_\_\_ Delete \_\_\_\_\_\_\_\_\_\_**

**Existing Policy to Revise/Delete:**

**None**

**Resolution Presented for Approval:**

**“Resolved, that national AGD should contribute to each region with a dental school the sum of @2000 for each school for the purpose of cultivating student activity and participation with that region. This will include dental education, social events, and integration with region’s governance. And be it further,**

**Resolved, that $152,000 be allocated from the 2019 Contingency Fund (76 schools x $2000.”**

**Related Existing HOD Policies:**

**None known of**

**Are existing AGD policies inadequate or no longer appropriate? Explain.**

**No**

**For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]**

**Every five years**

**Any documentation or literature considered in developing this submission?**

**2016-2018 STRATEGIC PLAN : Goal 3 (Strategy 3 and 4)**

**Membership : Increase the number of full-dues-equivalent members to 27,000 and retain the existing marketshare of United States members by the end of 2018; whereby the existing marketshare was the marketshare as of December 31, 2015.**

**Strategy 3: Retain at least 50 percent of new graduate members through 2018**

**Strategy 4: Actively recruit dental student members and retain them when they become practicing dentists.**

**Other Comments?**

**From the 2018 Membership Value Survey:**

**By continuing the positive relationship fostered through the AGD Student Chapter, and increasing practical advice and counsel to a newly practicing dentist, the AGD increases the conversion rate of Student Members to AGD Dentist Member.**

**Once a positive awareness of general dentistry has been created, specific tactics designed to encourage high-quality dentistry as their profession becomes important.**

# Resolution 103

**“Resolved, that effective starting with the 2020 fiscal year, the Academy of General Dentistry forward 100% of student member dues to the respective constituent or component that financially supports the Student Chapter.”**

**AGD Financial Support of AGD Student Chapters**

Prepared by: Texas AGD

Date of Report: 8/15/2018

Staff Resources:

Total Financial Cost:

Budget Ramifications:

Action/Timeline: Submission to the 2018 House of Delegates to become effective in fiscal year 2020

**How It Fits into the Strategic Plan:**

Goal 1—Education: Become the most valued resource of quality dental continuing education for general dentists at all stages of their career.

Strategy 2: Facilitate education programs that promote members’ success and advancement through all stages of their dental career using traditional as well as innovative, cutting-edge methods.

Strategy 3: Partner with AGD constituents in the development and delivery of continuing education programs.

* *Through FellowTrack (FT) programs, the Texas AGD, Houston AGD, Dallas AGD, and San Antonio AGD already partner with AGD to deliver monthly continuing education programs throughout the school year to the respective AGD Student Chapters. This is the hands-on aspect of the partnership. Currently, the entire financial burden of running these programs falls to the state and local AGD levels.*
* *Through financial support of Student Chapters, AGD fully honors its commitment to partner with constituents and/or components to facilitate educational programs for student members. Student Chapters provide their members critical first-impression experiences that validate and solidify the perception that AGD is a trusted and vital resource for quality continuing education.*

Goal 3—Membership: Increase the number of full-dues equivalent members to 27,000 and retain the existing marketshare of United States members by the end of 2018; whereby the ‘existing marketshare’ was the marketshare as of December 31, 2015.

Strategy 2: Provide and promote products and services that meet the current and future needs of members and prospective members in all stages of practice and career paths

* *Student Chapters, at their foundation, represent an AGD product/service that is geared toward meeting the needs of students at the pre-professional stage of their career path. Helping to financially support them is also helping to “provide and promote” them.*

Strategy 3: Retain at least 50 percent of new graduate members through 2018.

Strategy 4: Actively recruit dental student members and retain them when they become practicing dentists.

* *AGD Student Chapters are the best marketing opportunity we have for recruiting dental student members and retaining them when they become practicing dentists. Student Chapter experiences are personal, and they provide an ongoing and meaningful chance to share AGD core values with students in a way that no other AGD program or publication can. Student Chapters give us the best chance for retention of new graduate members (whether in 2018 or beyond). That is why it is imperative that AGD provide financial support for these programs at the national level.*

Goal 5—Organizational Excellence: Ensure that the AGD is financially viable, functions efficiently in a cost-effective manner, and has a mutually supportive relationship with its constituents.

Strategy 5: Ensure the success of constituents in meeting the needs of grassroots members.

* *Partnering with constituents and/or components to financially support Student Chapters is instrumental to building a mutually supportive relationship between national AGD and the state and local levels. In this case, all the parties share in the financial burden of running the Student Chapters—not just the constituents and/or components. Meanwhile, the state and local levels remain heavily involved in the “boots on the ground” operations that keep the Chapters going. With all the organizational levels involved, we work together to ensure the success of the local, grassroots members (students) by meeting them where they are during a critical stage in their career path.*

**How it Fits into the Corporate Objectives:**

**Membership** – Increase the number of “full dues-equivalent” members to 27,000 by the end of 2018; increase existing market share of US members based on market share as of 12/31/15; retain at least 50% of 2015 new graduate members as of 12/31/18; increase Student members by 5% over 12/31/17 number.

**AGD Student Chapters** – By December 31, 2018, have AGD Student Chapters registered at 85% of US dental schools. G3, S1, S2, S4, S5

* *Student Chapters are incubators for future AGD full dues-paying members. Capturing them as students gives us the best chance of holding on to them through their careers. National funding of Student Chapters is a tangible incentive to create and grow Student Chapters, to spread the AGD message to new generations of dentists, and to ensure the viability of the organization’s future.*

**Introduction:**

The strength of the Academy of General Dentistry tomorrow depends upon the student members of today. AGD’s investment in this membership category is imperative to sustaining and growing the organization and to advancing its mission within the realms of advocacy and lifelong learning.

AGD Student Chapters are incubators. They serve as the critical first point of engagement for members in their journey from student to new dentist to AGD Fellow, Master, and Life Long Service Recognition recipient. They present high-touch, ongoing opportunities to share the AGD message, create organizational buy-in and even develop future leaders. *No other AGD program offers this level of attention to students or provides the same potential for membership recruitment beyond dental school.*

Currently, the burden of support for AGD Student Chapters rests solely on constituents and/or components. They volunteer time and energy to develop successful programs. They are resourceful in finding speakers who often do not require honoraria. They pay for any marketing efforts and for meals during meetings. They often cover the cost of student membership dues to stimulate maximum AGD exposure among an impressionable population.

In 2017, three Texas components invested a total of $16,770.23 in support of AGD Student Chapters ($5,970.26 for Dallas, $9,233.68 for Houston, and $1,566.29 for San Antonio). In 2018, Texas AGD invested a total of $6000 in support of AGD Student Chapters. We believe that AGD should share in this investment in the future of the organization. Whether or not the local component or constituent pays for the national student member dues, we feel it is appropriate that the student dues collected by AGD be forwarded to the supporting component or constituent to help offset the cost of running the respective Student Chapter. It would be a tangible commitment by AGD to financially support Student Chapters, to share in responsibility for future member recruitment, and to lay a foundation for the future. It’s the right thing to do.

**Necessary Information:**

**What We Don’t Know:**

* We don’t know the total cost to AGD for administrative support of each student membership.
* We don’t know how to consistently and effectively recruit new members once students graduate from dental school. If they didn’t receive that message during their school days, the opportunity is largely lost.
* We don’t know how many members of AGD Student Chapters will maintain AGD membership as new dentists. On the other hand, there is no guarantee that dental students who were *not* involved with AGD Student Chapters will go on to become AGD members, either. It is reasonable to assume that early exposure to the AGD culture is more likely than not to lead to AGD membership. We must fully take advantage of this “captive audience” while they are in dental school.

**Pros and Cons:**

**Pros:**

* Student Chapters are a tremendous marketing opportunity for AGD member recruitment and development.
* Growth of Student Chapters helps safeguard the future of AGD by growing new members.
* National funding of Student Chapters is a tangible incentive to grow Student Chapters across the nation.
* National funding of Student Chapters promises to relieve, at least in part, the financial operational burden felt by constituents and components engaged in running the chapters.

**Cons:**

* National funding of Student Chapters represents a substantial, but crucial, marketing investment for the AGD.

**Executive Director/CEO Recommendations:**

**From:** Max Moses
**Sent:** Tuesday, October 16, 2018 3:15 PM
**To:** Jennifer Goler <jennifer.goler@agd.org>
**Cc:** Daniel Buksa <daniel.buksa@agd.org>; Thomas Killam <Thomas.Killam@AGD.org>; Christa Ojeda <Christa.Ojeda@AGD.org>
**Subject:** Executive Director Comments for Texas AIR to HOD re: student dues

The Texas AGD has brought to the House of Delegates a proposal to address a very important facet of AGD membership:  Dental Students.  While I applaud the Texas AGD for starting the conversation, I believe that this AIR is premature.

There is a great deal of information that the HOD needs to know before adopting such a “sea change” approach as suggested by the Texas AGD.  For example, how does support for student member chapters vary among the constituents?  What are the metrics of success? How would the constituents improve student recruitment and retention?  How will this transfer of funds improve the conversion rate of students to active members?  What standardization of approach is required?  How will AGD replace the over $100,000 in student dues and still provide over $300,000 in services?  Fundamental questions such as what will the $100,000+ be used for by the constituents?  How will differences among the capabilities of constituents that have student chapters be equalized?

We collectively need to identify gaps, crossovers of benefits, duplication of efforts, etc. to identify common denominators among the student chapters to try to determine what should be replicated because it is successful and what should be discouraged because it isn’t effective.

As is clear from the chart below, It requires over $58 to support each student collectively over $300,000 – significantly more than the $20 in dues that they pay.  This is in addition to what constituents and components are spending on behalf of the student chapters.

In conclusion, this is very premature and requires a great deal more thought and study.

Max G. Moses, JD, CPA, MBA

Executive Director

Academy of General Dentistry

560 W. Lake St., Sixth Floor

Chicago, IL 60661-6600

312.440.4303 Direct

888.AGD.DENT Main

888.243.7392 Exclusive AGD Leader Line

312.335.3438 Fax

Max.Moses@agd.org

[www.agd.org](http://www.agd.org/)

**How It Fits into the Market Research:**

**Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it:**

* No

**Responsible Staff Liaison & AGD member:**

*Include all the staff who will be involved in the project*

**Suggested Council or Agencies to Complete Action:**

*Membership Council*

*Finance Committee*

**Suggested Councils or Agencies to be Involved in Collaboration:**

*Include all the councils who will be involved in the project and information on when the staff liaisons/Council Chairs were notified*

**Chair Approval Email:**

* **N/A**

**Division Coordinator Review Email:**

* **N/A**

**Board Liaison Review Email:**

* **N/A**

**CFO Review Email:**

**AIR Addendum – HOD Policy Change Request**

**Action: Add \_\_\_\_\_\_\_\_\_\_ Revise \_\_\_\_\_\_\_\_\_\_ Delete \_\_\_\_\_\_\_\_\_\_**

**Existing Policy to Revise/Delete:**

**Resolution Presented for Approval:**

**Related Existing HOD Policies:**

**Are existing AGD policies inadequate or no longer appropriate? Explain.**

**For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]**

**Any documentation or literature considered in developing this submission?**

**Other Comments?**

# Resolution 104

**“Resolved, that effective starting with the 2020 fiscal year, the Academy of General Dentistry waive annual membership dues for two (2) faculty members for each Student Chapter.”**

**AGD Membership Dues Waiver for AGD Student Chapter Faculty Advisors/Leaders**

Prepared by: Texas AGD

Date of Report: 8/15/2018

Staff Resources:

Total Financial Cost: TBD by AGD Staff

Budget Ramifications: TBD by AGD Staff

Action/Timeline: Submission to the 2018 House of Delegates to become effective in fiscal year 2020

**How It Fits into the Strategic Plan:**

Goal 1—Education: Become the most valued resource of quality dental continuing education for general dentists at all stages of their career.

Strategy 2: Facilitate education programs that promote members’ success and advancement through all stages of their dental career using traditional as well as innovative, cutting-edge methods.

Strategy 3: Partner with AGD constituents in the development and delivery of continuing education programs.

* *Through support of Student Chapters, AGD fully honors its commitment to partner with constituents and/or components to facilitate educational programs for student members. Student Chapters and their faculty advisors/leaders provide their members critical first-impression experiences that validate and solidify the perception that AGD is a trusted and vital resource for quality continuing education.*

Goal 3—Membership: Increase the number of full-dues equivalent members to 27,000 and retain the existing marketshare of United States members by the end of 2018; whereby the ‘existing marketshare’ was the marketshare as of December 31, 2015.

Strategy 2: Provide and promote products and services that meet the current and future needs of members and prospective members in all stages of practice and career paths

* *Student Chapters, at their foundation, represent an AGD product/service that is geared toward meeting the needs of students at the pre-professional stage of their career path. Helping to support their faculty leadership is also helping to “provide and promote” them.*

Strategy 3: Retain at least 50 percent of new graduate members through 2018.

Strategy 4: Actively recruit dental student members and retain them when they become practicing dentists.

* *AGD Student Chapters are the best marketing opportunity we have for recruiting dental student members and retaining them when they become practicing dentists. Student Chapter experiences are personal, and they provide an ongoing and meaningful chance to share AGD core values with students in a way that no other AGD program or publication can. Student Chapters give us the best chance for retention of new graduate members (whether in 2018 or beyond). That is why it is imperative that AGD provide support for these programs at the national level.*

Goal 5—Organizational Excellence: Ensure that the AGD is financially viable, functions efficiently in a cost-effective manner, and has a mutually supportive relationship with its constituents.

Strategy 5: Ensure the success of constituents in meeting the needs of grassroots members.

* *Partnering with constituents and/or components to support faculty leadership within Student Chapters is instrumental to building a mutually supportive relationship between national AGD and the state and local levels. We work together to ensure the success of the local, grassroots members (students) by meeting them where they are during a critical stage in their career path.*

**How it Fits into the Corporate Objectives:**

**Membership** – Increase the number of “full dues-equivalent” members to 27,000 by the end of 2018; increase existing market share of US members based on market share as of 12/31/15; retain at least 50% of 2015 new graduate members as of 12/31/18; increase Student members by 5% over 12/31/17 number.

**AGD Student Chapters** – By December 31, 2018, have AGD Student Chapters registered at 85% of US dental schools. G3, S1, S2, S4, S5

* *Student Chapters are incubators for future AGD full dues-paying members. Capturing them as students gives us the best chance of holding on to them through their careers. Promoting AGD faculty leadership for Student Chapters is an incentive to create and grow Student Chapters, to spread the AGD message to new generations of dentists, and to ensure the viability of the organization’s future.*

**Introduction:**

AGD Student Chapter success is largely dependent on strong faculty leadership and mentorship. Ensuring that we have the best academic leaders in position to help facilitate Student Chapters is foundational to continued growth in student membership and ultimately to the future of our organization. It is well known that most faculty members are compensated at a much lower rate than private practitioners. Because of this, membership in organized dentistry among faculty members is generally low. In order to recruit and retain faculty involvement in Student Chapters, Texas AGD and its respective local components have committed to waive membership dues for two (2) faculty members who are dedicated to AGD Student Chapters at each school. We believe national AGD should also waive national AGD membership dues for these faculty members during the year(s) in which they serve as Student Chapter advisors/leaders. Having enthusiastic AGD members within schools will only strengthen the position of Student Chapters across the country and help guarantee that dental students are introduced to the AGD culture as soon as possible in their professional journey.

**Necessary Information:**

* *Waiving annual membership dues for two (2) faculty member leaders/advisors per AGD Student Chapter is a strategy for increasing AGD faculty involvement in schools. It is an indirect opportunity for AGD to support Student Chapters. The presence of enthusiastic and influential AGD members within schools will only strengthen the position of Student Chapters across the country and help guarantee that dental students are introduced to AGD core values early in their careers. Therefore, any part of AGD’s Strategic Plan or Corporate Objectives that applies to strengthening AGD Student Chapters would also apply to this resolution.*

**What We Don’t Know:**

* We do not know the total budgetary impact of this resolution. (How many student chapters are in existence now? How many will be created in the future? Etc., etc. . . .)
* We do not know how to quantitatively measure whether AGD faculty members are effective in their roles as Student Chapter advisors/leaders.
* We do not know how to establish safeguards that might keep AGD faculty members from taking advantage of the dues waiver without performing their roles as advisors/leaders to the best of their ability.

**Pros and Cons:**

**Pros:**

* Waiving annual membership dues for two (2) Student Chapter faculty advisors/ leaders effectively removes a steep barrier to faculty involvement in AGD.
* AGD faculty advisors/leaders for Student Chapters may prove to be influential mentors to students. They serve in a trusted position and can personally share their own feelings about why AGD membership is valuable throughout one’s career.
* Developing strong faculty advisors/leaders for Student Chapters can help to stabilize these chapters and provide continuity across multiple years.
* Any strategy that strengthens AGD Student Chapters ultimately strengthens the AGD due to the membership recruiting potential inherent these chapters. Development of enthusiastic AGD faculty advisors/leaders will ultimately strengthen the Student Chapters.

**Cons:**

* Waiving annual national membership dues for two (2) faculty member leaders per Student Chapter represents a substantial, but important, marketing investment for the AGD.

**Executive Director/CEO Recommendations:**

**From:** Max Moses
**Sent:** Tuesday, October 16, 2018 4:05 PM
**To:** Jennifer Goler <jennifer.goler@agd.org>
**Cc:** Daniel Buksa <daniel.buksa@agd.org>; Thomas Killam <Thomas.Killam@AGD.org>; Christa Ojeda <Christa.Ojeda@AGD.org>
**Subject:** AIR re: Dues Waiver for Faculty at Student Chapter

Texas AGD recognizes the importance of students and student chapters to the long term growth of the AGD.  The AIR they have submitted to waive annual membership dues for two faculty members for each student chapter is an interesting strategy.   Several questions need to be addressed in order to understand how this proposal would be implemented.  For example:

1. How are the two faculty members selected?
2. If more than two faculty members involved with a Student Chapter, who determines the odd person out?
3. Do the faculty members need to be general dentists?
4. Can the faulty members be “adjunct” or part-time faculty?  Should they be full-time faculty?
5. Are there specific expectations and standards of activity for a student chapter faculty member?
6. How are they evaluated as “earning” their membership fee waiver?
7. Are constituent and/or component dues waived as well?
8. Will a 1099-MISC need to be issued to include as potential taxable income the amount “earned” by the faculty member due to the waiver of the dues?
9. What does success look like?  E.G., will more students choose general dentistry as their career path?  Will more students remain members of AGD at Rate Level 5?  Will more apply for a GPR or AEGD residency program?
10. Will a separate, lower dues rate for all full-time faculty at dental schools increase overall membership in the AGD sufficiently to make up for revenue loss from those who currently pay full dues?

Max G. Moses, JD, CPA, MBA

Executive Director

Academy of General Dentistry

560 W. Lake St., Sixth Floor

Chicago, IL 60661-6600

312.440.4303 Direct

888.AGD.DENT Main

888.243.7392 Exclusive AGD Leader Line

312.335.3438 Fax

Max.Moses@agd.org

[www.agd.org](http://www.agd.org/)

**How It Fits into the Market Research:**

**Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it:**

**Responsible Staff Liaison & AGD member:**

*Include all the staff who will be involved in the project*

**Suggested Council or Agencies to Complete Action:**

*Insert the council name here*

**Suggested Councils or Agencies to be Involved in Collaboration:**

*Include all the councils who will be involved in the project and information on when the staff liaisons/Council Chairs were notified*

**Chair Approval Email:**

* **N/A**

**Division Coordinator Review Email:**

* **N/A**

**Board Liaison Review Email:**

* **N/A**

**CFO Review Email:**

**AIR Addendum – HOD Policy Change Request**

**Action: Add \_\_\_\_\_\_\_\_\_\_ Revise \_\_\_\_\_\_\_\_\_\_ Delete \_\_\_\_\_\_\_\_\_\_**

**Existing Policy to Revise/Delete:**

**Resolution Presented for Approval:**

**Related Existing HOD Policies:**

**Are existing AGD policies inadequate or no longer appropriate? Explain.**

**For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]**

**Any documentation or literature considered in developing this submission?**

**Other Comments?**

# Resolution 150

**“Resolved, that the 2019 Budget with Revenues of $14,839,221 and Expenses of $14,839,221 netting out to 0 Net Loss from Operations with a Contingency of $123,497 and capital budget of $481,522 be approved. And be it further,**

Resolved, that House Policy 2017:150S4-H-11 be rescinded.

**~~2017:150S4-H-11 “Resolved, that the 2018 budget with Net Income from Operations of $0 pre-spending and $0 post-spending and a capital budget of $89,500 be approved.~~**

**~~And be it further, resolved, that the budget be amended to include a $3 increase in student dues and be it further resolved that the contingency fund be reduced by $34,420.~~**

**AIRBIV2018#02 – Approve 2019 Budget**

Prepared by: Christa Ojeda, Chief Financial Officer

Date of Report: July 13, 2018

Staff Resources: NA

Total Financial Cost: Develops budget for calendar year 2019

Budget Ramifications: Develops budget for calendar year 2019

Action/Timeline: Record vote at 2017-2018 Board Meeting IV; implementation starting January 1, 2019.

**BOARD RECOMMENDS ADOPTION**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*A - Gehrig, ~~Kozelka,~~ Tillman*

*N/A - Cordero*

**How it Fits into the Strategic Plan:**

* N/A

**How it Fits into the Corporate Objectives:**

* N/A

**Introduction:**

The attached report from the Budget & Finance Committee provides the following:

* Impact of the Dues Stabilization Policy and HOD policies on stipends on the 2019 budget.
* A summary of financial results which includes how the Investment Policy mandates were achieved.
* Describes the budget process.
* The Statement of Activities by Program details the budget by AGD programs for both revenues and expenses.
* A summary of the Board contingency fund.
* Information regarding the capital budget for 2019 and additional capital improvements.

**Necessary Information:**

* All members of Budget and Finance Committee have provided input into this report.
* The Budget and Finance Committee, including Dr. Gajjar and Dr. White, unanimously approved (by roll call vote) the 2019 Budget and annual report. Dr. Donald Worm was unable to attend the meeting but reviewed the report afterwards.
* The budget meets the mandates of the Investment policy.
* The budget includes CPI dues increase, no student dues increase and a CPI increase to the officers’ annual honorariums and the RDs’ and Board’s allotments.
* Board Contingency fund of $100,000.

**What We Don’t Know:**

* As with any budget, the budget was based on the information available to staff at the time the budget was developed. As time progresses, circumstances can change which may result in actual results varying from budget. It is the responsibility of staff and the Board to respond to these changes to ensure that the actual Net Income from Operations is at budget or better.

**Pros and Cons:**

**Pros:**

* A budget provides a guide of where the organization wants to focus its resources.

**Cons:**

* As the 2019 budget is compiled prior to the start of the budget year, alterations to the budget may be necessary.

**Executive Director/CEO Recommendations:**

**From:** Max Moses
**Sent:** Friday, July 13, 2018 4:01 PM
**To:** Christa Ojeda <Christa.Ojeda@AGD.org>; Dr. Uppal <sanjayuppal@yahoo.com>
**Subject:** RE: 2019 Budget AIR

I agree that this AIR should be presented to the Board for discussion.

Max G. Moses, JD, CPA, MBA

Executive Director

**How It Fits into the Market Research:**

* N/A

**Does this conflict with the Constitution and Bylaws, an AGD HOD Policy or Board Policy? If yes, please provide the conflict and how you propose to resolve it:**

* No

**Responsible Staff Liaisons & Council/Committee Chair:**

Dr. Sanjay Uppal, DDS, FAGD

Chair, Budget and Finance Committee

519.212.1677-p

sanjayuppal@yahoo.com

Dr. Mohamednazir F. Harunani, DDS, MAGD

Treasurer & Vice Chair, Budget and Finance Committee

815.222.7228-p

mharunani@gmail.com

Christa Ojeda

Chief Financial Officer

312.440.4315-p

christa.ojeda@agd.org

**Suggested Council or Agencies to Complete Action:**

Budget & Finance Committee

**Chair Approval Email:**

**From:** Sanjay Uppal [mailto:sanjayuppal@yahoo.com]
**Sent:** Friday, July 13, 2018 6:28 PM
**To:** Max Moses <Max.Moses@AGD.org>
**Cc:** Christa Ojeda <Christa.Ojeda@AGD.org>
**Subject:** Re: 2019 Budget AIR

I approve this AIR and it needs to be presented to the board.

Thanks,

Sanjay

**Division Coordinator Review Email:**

* **N/A**

**Board Liaison Review Email:**

* **N/A**

**CFO Review Email:**

* **N/A**

**AIR Addendum – HOD Policy Change Request**

**Action: Add \_\_\_\_X\_\_\_\_\_\_ Revise \_\_\_\_\_\_\_\_\_\_ Delete \_\_\_\_X\_\_\_\_\_\_**

**Existing Policy to Revise/Delete:**

**2017:150S4-H-11: “Resolved, that the 2018 budget with Net Income from Operations of $0 pre-spending and $0 post-spending and a capital budget of $89,500 be approved.**

**And be it further, resolved, that the budget be amended to include a $3 increase in student dues and be it further resolved that the contingency fund be reduced by $34,420.”**

**Resolution Presented for Approval:**

**“Resolved, that the 2019 Budget with Revenues of $14,839,221 and Expenses of $14,839,221 netting out to 0 Net Loss from Operations with a Contingency of $123,497 and capital budget of $481,522 be approved.**

And be it further resolved, that House Policy 2017:150S4-H-11 be rescinded.”

**Related Existing HOD Policies:**

N/A

**Are existing AGD policies inadequate or no longer appropriate? Explain.**

N/A

**For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]**

Annually

**Any documentation or literature considered in developing this submission?**

N/A

**Other Comments?**

N/A

# Communications Council 2018 Report

“The Communications Council shall consist of 10 members, including the chairperson. Initially, this council shall consist of 10 members, three members serving three (3) years; three members serving two (2) years; and four members serving one (1) year.

It shall be the duty of the council:

To ensure that the AGD has a comprehensive communications strategy in place to inform each of its key stakeholders;

To ensure that the AGD utilizes current and new media vehicles to create integrated campaigns that communicate AGD messages in a cohesive fashion to execute that strategy;

To manage, conduct, and disseminate market research in support of organizational decision making;

To efficiently use all communication vehicles and applications to communicate the AGD brand;

To oversee and facilitate technology innovations and growth throughout all areas of the AGD;

To oversee the AGD’s print and online content, both to the profession and to the public;

To work with media representatives, constituent leaders, and members of the health care community to promote the AGD and disseminate oral health information to the public;

To act as consultants of communications-related activities, such as advertising, policies, proposals, partnerships, contracts, and agreements.”

**Publications**

**AGD Impact**

2018 Highlights

With *AGD Impact*, we have continued to provide a mix of news that is relevant to the profession and stories that highlight the unique abilities of our members. We constantly strive to bring in new voices (as evidenced by five new Member Spotlights) and seek out new topics on which to base well-researched and thought-provoking articles.

Member engagement efforts have showcased the varied and diverse voices of our members:

Sound Off and Member Spotlight have featured over a dozen voices

***Opinions in Sound Off:*** Scott Frederick, DDS; Mai-Ly Duong, DMD, FAGD; Steven A. Ghareeb, DDS, FAGD; Angela Toy, DDS, FAGD; Emily Hobart, DMD; Randy Huffines, DDS, FRCS(ED); Marie M. Jackson, DMD; Partha Mukherji, DDS, FAGD; Adam Hodges, DDS

***Dentists featured in Member Spotlight:*** Omowumi Ladipo, DDS, FAGD; Jarred Donald, DDS, FAGD; Kay Jordan, DDS, MAGD; Aldo Miranda-Collazo, DMD; Quan Ma, DMD

New contributors so far this year include:

Pamela Marzban, DDS, FAGD, LVIF, dentist with emergency preparedness experience who provides cosmetic services to patients in Burke, Fairfax, Fairfax Station and the surrounding Northern Virginia communities

Lisa Knowles, DDS, international speaker and writer who focuses on leadership and business communication development

Jamie Toop, DDS, dentist in Las Vegas and current faculty member for the PDS Institute

Michal Christine Escobar, Chicago-based freelance writer

The Editorial team is working to coordinate collaborations with the American College of Dentists and representatives from Health Resources and Services Administration.

*General Dentistry*

**2017 Submissions**

In 2017, we received 222 manuscripts and accepted 77 for publication, placing our rejection rate at 65%. As of April 19, 2018, we have received 70 manuscripts. Of the 48 that have completed the peer review process, 14 were accepted, placing the acceptance rate at 29.2% for 2018. (This rate will likely rise as revised manuscripts are accepted: The rate does not include provisionally accepted manuscripts.)

The bulk of submissions continue to come from Brazil (50.6%), the United States (28.6%), and India (11.0%), while various other countries represent a small proportion of manuscripts submitted (9.8%). Our total acceptance rate from 2014 to present is 41.2%.

**Columnist Recruitment Efforts**

We have recruited two new columnists for our Oral Diagnosis column, Dr. Galal Omami, whose first column appeared in the March/April 2018 issue, and Dr. Tanya M. Gibson, who is scheduled to contribute to the July/August issue.

Our efforts to recruit a new Ethics columnist are ongoing. We have had several candidates, but none has passed the peer-review process for columns. In the meantime, our respected former columnist, Dr. Toni Roucka, has submitted some columns on the subject.

**2018 Collaboration Update**

In 2018, *General Dentistry* will partner with the American Academy of Pediatric Dentistry to produce a special issue emphasizing pediatric dentistry. The special issue will run in the November/December 2018 issue. We worked with Dr. Paul Casamassimo, AAPD’s Chief Policy Officer, to compile a list of topics and recruit authors.

***General Dentistry* recognized for excellence**

*General Dentistry* was recognized by the Association Media & Publishing EXCEL Award for its ***Feature Article*** category for “Nerve damage in dentistry,” by M. Anthony Pogrel, DDS, MD, published in the March/April 2017 issue. *General Dentistry* was also awarded an EXCEL in the ***Design Excellence*** category, recognizing the journal’s “use of images and design that draws the reader into the text” for the complete run of 2017 issues.

**Advertising**

AGD has created a new Corporate Relations department which will be coordinating sponsorship, advertising, exhibits, AGD Exclusive Benefits and other non-dues revenue programs. This will allow a more coordinated approach to managing and enhancing relationships with corporations who seek to reach AGD members. AGD ended its relationship with Association Management Center in 2017 and to date, the Communications team has continued to provide outreach and fulfillment to generate revenue and advertising commitments.

Advertising Revenue

|  |  |  |
| --- | --- | --- |
|   | **2017** | **2018****(as of 9/13/18)** |
|   |  | **Goal** | **Actual** | **Goal** | **Actual** |
| General  Dentistry |  | $88,000 | $21,147 | $50,000 | $43,778 |
| AGD Impact |  | $195,000 | $84,537 | $150,000 | $100,338 |
| Digital Channels |  | $57,000 | $16,400 | $44,000 | $27,060 |
| Annual Meeting Program |  | $10,000 | $14,745 | $10,000 | $8,043 |

*This includes commitments through the end of 2018.*

Advertising was managed by AGD’s Communication team until August 2018. Our new dedicated advertising representative through AGD’s new Corporate Sponsorship team is having a positive impact on our advertising sales. Adverting commitments for the last four months have increased tremendously. Similarly, we are experiencing strong growth in advertising on our digital channels.

Goals for 2019 have been set at $95,000 for *AGD Impact,* $45,000 for *General Dentistry* and $30,000 for AGD’s online channels.

**Other Non-Dues Revenue Reporting**

The Communications Department also supports the sale of publications subscriptions and mailing lists sales. The below table outlines these non-due revenue figures.

|  |  |  |  |
| --- | --- | --- | --- |
|   | **2017** | **2018 Goals** | **2018 Actuals****(as of 7/1/18)** |
|   |  | **Goal** | **Actual** | **Goal** | **Actual** |
| General  Dentistry |  | $46,020 | $45,520 | $54,520 | $32,792 |
| AGD Impact |  | $6,000 | $9,145 | $12,800 | $5,614 |
| Mailing List Rentals |  | $27,950 | $30,147 | $30,000 | $12,700 |

**AGD Website**

AGD launched its redesigned, mobile-friendly website one year ago. Since that time, AGD.org received the 2017 Platinum eHealth Leadership Award for Best Internet Site, and was a top five finalist for the Sitefinity of the Year award in the association category. AGD.org also received the Associations Standards of Excellence Award from the Web Marketing Association as part of its 2018 Web Awards Program.

The following is an update on its performance, feedback, updates made and long-term planning:

**Key Performance Indicators (2017 versus 2018):**

12% increase in new visitors to the website.

10% increase in returning visitors to the site.

32% of those visiting the Join AGD page are doing so from a mobile device.

Due to mobile friendliness of the site, we’ve seen the following increase in traffic from social media channels:

100% increase in referrals from Instagram Stories

622% increase in referral from Instagram

486% increase in referrals from paid search advertisements

**Top pages visited:**

Manage my CE

View Award Transcript

Continuing Education and Events

Member Center

CE Submission Guidelines

**Completed Updates/Enhancements**

Since January, the following improvements/enhancements have been made to agd.org:

|  |  |
| --- | --- |
| **Request for Enhancement**  | **Resulting Change**  |
| Create a different experience for the member upon login.  | When an AGD member logs in, the website recognizes this and automatically drops them down the home page to the member benefits bubbles.  |
| Make the member benefit bubbles clickable to improve the experience.  | The member benefit bubbles are now clickable within the bubble and within the description on the right size of the bubbles.  |
| Small enhancements for a better user experience.  | PDF documents now open in a new browser tab to keep the agd.org website open and available for navigation.  |
| Provide additional advertising space with the ability to provide data back to advertisers.  | AGD set up an advertising account with Google to enable the tracking of advertisements. A module was created by Americaneagle to house advertisements and correlate to the Google analytics.  |
| Create a better format to the AGD blog.  | A new format has been deployed that includes a new design, better content tagging and a dedicated page for each author.  |

**FAGD/MAGD Public Awareness Campaign**

The Communications and Marketing teams are working collaboratively on a campaign to raise awareness to the public of AGD’s Fellows and Masters. The campaign includes communications and marketing tools that can be used by these members to promote the value of these awards, including resources and instructions on how to use these to promote the work online. The campaign will have a special page within the AGD.org website for these tools. The initial aspects of the campaign will be available in September 2018.

**KnowYourTeeth.com Redesign Proposal**

KnowYourTeeth.com has not be redesigned since its launch in 2008 – with the exception of the Find an AGD Dentist tool. Content has not been refreshed since 2012. AGD’s communications, marketing and information technology departments are proposing a redesign of KnowYourTeeth.com to be completed by the end of 2018.

**Objective**

Redesign KnowYourTeeth.com to provide a modern, up-to-date resource for consumer/patient facing information and to increase the public awareness of the AGD Dentist. The purpose of this objective is to:

Enhance and curate updated content for patients/consumers that will be shareable across social channels for our member dentist to use as a resource for their patients.

Increase the public’s awareness of the AGD Dentist, including the understanding of AGD’s Fellowship and Mastership awards.

Create cohesive branding across consumer/public materials to align with AGD’s new voice and look.

**FAGD/MAGD/LLSR Communities on AGD Connect**

The Communications, Marketing and Education teams are working on creating specific communities online to allow Fellows, Masters and LLSRs to have specific forums through AGD Connect where they can have discussions about their work, trainings and challenges. This will rollout in September 2018.

**Social Media Update**

As of June 2018, AGD has over 90,000 followers across Facebook, Twitter, Instagram, LinkedIn and YouTube. AGD realized a 3.11 percent increase in followers over year-end 2017 (87,486). These numbers are only a small part of the growth we’ve achieved. The implementation of the brand and website as well as the use of video and public relations clips has resulted in an increase in constituent and member/nonmember engagement and shared content.

The Communications Council approved the developments of a Social Media Task Force.

**AGD Blog/Daily Grind**

AGD sponsors a dental blog entitled *The Daily Grind*, which is written by various AGD members. The blog is updated two to three times per week and typically describes issues that affect the everyday personal and professional lives of general dentists. AGD published 16 blogs in 2018 and has added two contributors – Dr. Conaway and Sonal Kumar, a second year dental student.

*The Daily Grind* was transitioned to the agd.org domain during the development of the new website and we’ve continued to see readership remain the same. After reviewing the format the current blog and speaking with our team of bloggers, the AGD Communications team reached out to AmericanEagle.com to discuss redesigning *The Daily Grind* to provide our readers with a more traditional blog experience. AGD has rolled out a new design and our blog readers are experiencing a newly designed masthead that will differentiate the blog from other website pages, a more visual, colorful layout and individual author pages that contain a photo, bio and full listing of that author’s articles.

**Podcast Update**

The podcast had more than 1,800 plays on SoundCloud since our move to the platform in May 2017, with an audience mostly located in the United States, Canada and United Kingdom.

January: “How to Solve the Internet Marketing Puzzle,” with Mr. Scott Spencer

February: “Jumpstart a Dental Speaking Career,” with Ms. Vanessa Emerson

March: “An Overview of 3-D Printing for the General Dentist,” with Dr. August de Oliveria

April: “Reflecting on Oral Cancer: Finding Purpose Through Practice,” with Dr. Jeff Blackburn

May: “Laser Treatment of Periodontal Disease,” with Dr. Todd McCracken

June: “Facial Esthetics: Let’s Talk About Lips,” with Dr. Louis Malcmacher

July: “Your Brand, Your Image, Your Success,” with Ms. Janice Hurley

August: *Scheduled dental industry podcast with Ms. Bonnie Hixon*

September: *Scheduled diabetes podcast with Mr. Tom Viola.*

**Public Relations**

2018 Public Relations Tactics

Continue use of the Digital Demand Mapping outcomes to Understand Conversations – Online and Print

Continue to draw information from both the consumer survey and the readership study on perceptions and interest related to general dentists

Focus is on four key areas/campaign planning:

Establishing your dental home

Oral cancer

Oral health combined with overall health (Oral and Systemic Health Connection)

Industry policies

Continue to utilize our spokespeople to talk about oral health/additional training for new spokespeople.

Prepare media tools that can be utilized by AGD constituents. (Example: B-roll for video, photography of members in action, etc.)

Work to strengthen brand awareness on local levels through the dissemination of supporting national content.

Develop and Align public relations efforts with content strategy.

**Spokespeople**

Training for new spokespeople will take place in 2018.

**Conclusion**

The council is honored to oversee the management of the AGD’s communications programs, both to the profession and to the public. The efforts of the entire council reflect the common goal of moving the AGD forward in all areas of communication.

**Communications Council Members:**

Colleen DeLacy, DDS, FAGD, Chair

Mohammed Attia, DDS, MAGD

Frank Conaway, DMD, MAGD

Otice Z. Helmer, DDS, MAGD

William Lee, DMD, MAGD

Elizabeth Minard, DDS

Sireesha Penumetcha, DDS, MAGD

Demarcio Reed, DMD, FAGD

Timothy Tinker, DMD

Marc Worob, DDS, FAGD

Timothy Kosinski, DDS, MAGD

Roger Winland, DDS, MS, MAGD

J.C. Cheney, DMD

Anita Rathee, DDS, FAGD

Scott Cayouette, DMD, FAGD, Consultant

**Responsible Council/Committee Chair & Staff Liaisons**

Colleen DeLacy

Communications Chair

810.531.7398

kcdelacy@gmail.com

**Kristin Gover**

**Director of Communications**

**312.440.4116**

Kristin.gover@agd.org

**Respectfully submitted:**

**Chair**

From: Colleen DeLacy [mailto:colleendelacy@gmail.com]
Sent: Sunday, September 16, 2018 9:32 PM
To: Kristin Gover <Kristin.Gover@AGD.org>
Cc: Roger Winland <105156.3607@compuserve.com>; Jess <drjccheney@aol.com>; ratheedds@gmail.com; Thomas Killam <Thomas.Killam@AGD.org>
Subject: Re: REVISION TO COMMUNICATIONS COUNCIL REPORT

I approve,  thank you

Colleen B. DeLacy, DDS, FAGD

Michigan AGD Immediate Past President

AGD Communications Council Chair

Sent from my iPhone

**Division Coordinator**

**From:** Anita Rathee [mailto:ratheedds@gmail.com]
**Sent:** Tuesday, September 18, 2018 3:15 AM
**To:** Kristin Gover <Kristin.Gover@AGD.org>
**Cc:** Colleen DeLacy <colleendelacy@gmail.com>; Roger Winland <105156.3607@compuserve.com>; Jess <drjccheney@aol.com>; Thomas Killam <Thomas.Killam@AGD.org>
**Subject:** Re: REVISION TO COMMUNICATIONS COUNCIL REPORT

Looks Good Kristin. I approve.

Anita Rathee, D.D.S., M.P.H., FAGD

Fellow of the Academy of General Dentistry

Chair, AGD Policy Review Committee

Division Coordinator, AGD Public and Professional Relations

Past President, San Fernando Valley Dental Society

Past President, SFVDS Foundation

Past President, California Academy of General Dentistry

**Board Liaison**

**From:** Jess [mailto:drjccheney@aol.com]
**Sent:** Friday, September 14, 2018 10:18 PM
**To:** Kristin Gover <Kristin.Gover@AGD.org>
**Cc:** Colleen DeLacy <colleendelacy@gmail.com>; Roger Winland <105156.3607@compuserve.com>; ratheedds@gmail.com; Thomas Killam <Thomas.Killam@AGD.org>
**Subject:** Re: REVISION TO COMMUNICATIONS COUNCIL REPORT

Kristin,

I think the revisions look good. Thanks for your continued efforts for us.

JC

Sent from my iPhone

**Editor**

-----Original Message-----
From: Roger Winland [mailto:rwinland@compuserve.com]
Sent: Wednesday, September 19, 2018 7:03 AM
To: Kristin Gover <Kristin.Gover@AGD.org>
Subject: RE: REVISION TO COMMUNICATIONS COUNCIL REPORT

Looks ok thanks roger

# Secretary’s Report to the 2018 House of Delegates

The report includes actions of the Board from the 2017-2018 Board Meeting IV; and the Board Zoom Callsfrom October 2, 2018.

**17-18 Board Meeting IV Minutes**

**Dr. Acheson moved, Dr. Dubowsky seconded:**

**“Resolved, that the agenda be approved as amended.”**

**PASSED**

*Y –Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Winland, White, Wooden, Worm*

*a – Acheson, Gajjar, Uppal*

*A – Gehrig, Tillman*

*N/A - Cordero*

**Executive Session**

**Dr. Dyzenhaus moved, Dr. Worm seconded:**

**“Resolved, that the Board go into Executive Session at 8:10 a.m. to discuss the Executive Committee minutes.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, Winland, White, Wooden, Worm*

*A - Gehrig, Tillman*

*N/A - Cordero*

**Dr. Worm moved, Dr. Cheney seconded:**

**“Resolved, that the Board come out of executive session at 8:18 a.m.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, Winland, White, Wooden, Worm*

*A - Gehrig, Tillman*

*N/A - Cordero*

**Consent Agenda**

**Dr. Hanson moved, Dr. Cheney seconded:**

**“Resolved, that the consent agenda be approved as amended.”**

* **Audit Committee Annual Report**
* **Awards Committee Annual Report**
* **Constitution, Bylaws and Judicial Affairs Council Annual Report**
* **Editor’s Annual Report**
* **Examinations Council Annual Report**
* **HOD News Release**
* **Investment Committee Annual Report**
* **New Dentist Committee Annual Report**
* **PACE Council Annual Report**
* **Self-Instruction Annual Report**
* **Treasurer’s Report from AGD *Impact***

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Smith, Stillwell, Uppal, Winland, White, Wooden, Worm*

*a - Edgar, Shelly*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AIRBIV2018#01 – Adopt the 2019-2021 AGD Strategic Plan**

**Dr. Edgar moved, Dr. Stillwell seconded:**

**“Resolved, that AIRBIV2018#01 – Adopt the 2019-2021 AGD Strategic Plan, be postponed until after lunch to allow for Dean West and Board members to craft a narrative of the plan to be included with the policy.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, Winland, White, Wooden, Worm*

*A - Gehrig, Tillman*

*N/A - Cordero*

**Budget and Finance Committee Annual Report**

**Dr. Acheson moved, Dr. Hanson seconded:**

**“Resolved, that the face-to-face $10,000 Board Training Day and travel costs associated with the additional training day be eliminated from the 2019 Budget.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Winland, White, Wooden*

*N – Worm*

*a – Hanson, Harunani, Uppal*

*A - Gehrig, Tillman*

*N/A - Cordero*

**Dr. Kozelka moved, Dr. Dubowsky seconded:**

**“Resolved, that the 2019 Budget include four in-person Board meetings.”**

**PASSED**

*Y – Acheson, Drumm, Dubowsky, Dyzenhaus, Gorman, Guter, King, Kozelka, Low, Smith, Winland, Wooden*

*N - Cheney, Edgar, Gajjar, Harunani, Lew, Olsen, Shelly, Stillwell, Uppal, White, Worm*

*a - Hanson*

*A - Gehrig, Tillman*

*N/A - Cordero*

**Dr. Winland moved, Dr. Lew seconded:**

**“Resolved, that the 2019 Leadership Symposium funding be returned to the 2019 budget due to a lack of required budget and business plan.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gorman, Guter, King, Kozelka, Low, Olsen, Shelly, Smith, Stillwell, Winland, White, Wooden, Worm*

*N - Gajjar, Harunani*

*a - Hanson, Lew, Uppal*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AIRBIV2018#02 – Approve 2019 Budget**

**Dr. Worm moved, Dr. Stillwell seconded:**

**“Resolved, that AIRBIV2018#02 – Approve 2019 Budget discussion be postponed until Saturday, August 25, 2018 to allow for staff to amend the 2019 Budget to include the Board amendments.”**

**PASSED**

*Y – Acheson, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, Winland, White, Wooden, Worm*

*a – Cheney*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AIRBIV2018#01 – Adopt the 2019-2021 AGD Strategic Plan**

**Dr. Stillwell moved, Dr. Olsen seconded:**

**“Resolved, that AIRBIV2018#01 – Adopt the 2019-2021 AGD Strategic Plan be approved as amended.”**

**“Resolved, that the 2019-2021 AGD Strategic Plan be adopted, effective January 1, 2019, so that it reads:**

**Continuing Education**

**Expand the breadth, depth and convenience of high quality continuing education opportunities for AGD members.**

**Goals**

General dentists provide superior patient clinical outcomes.

**High-Level Strategy**

To achieve these goals, AGD will do the following:

* **Continuing Education** - Deliver multi-channel continuing dental education through AGD, AGD Constituents or other AGD collaborative relationships.
	+ Provide a portfolio of online or web-based offerings to make CE accessible and affordable.
	+ Explore direct-to-member CE facilitated by AGD for instances where constituent-led CE is not viable.
	+ Support constituent led CE including the development of efforts to provide high quality education.
* **Expanded educational recognition opportunities** – Create more opportunities to receive recognition for continuing education.
* **Micro-education -** AGD will explore developing micro-education to specifically address key clinical training meeting applicable licensure or AGD credentialing requirements.

**Practice Leadership and Support**

**Creates new initiatives to help AGD members lead more financially successful practices by providing practice leadership education and business support.**

**Goals**

AGD members lead or work in successful practices with positive business and clinical outcomes.

**High-Level Strategy**

To achieve these goals, AGD will do the following:

* **Improve Dental Practice Leadership –** Educate and train dental practice leaders on effective practice management and leadership techniques. Activities include, but are not limited to, the following.
	+ Create robust practice management education providing practice leaders with critical business and leadership resources.
* **Help Dental Students and Residents –** Lead efforts helping students and residents manage financial impact of their education through best practices.
* **Improve Practice Performance –** Make available national buying program or direct supplier negotiation providing discounts on practice supplies, equipment and other services. Activities include, but are not limited to, the following.
	+ Investigate developing an expanded portfolio of direct practice services (billing, EHR, legal) designed to provide AGD members with vetted, trusted and useful practice management and leadership assistance.
	+ Investigate direct negotiations with high quality dental practice suppliers to provide for cost savings or service improvements to AGD dentists and their practice.

**Public and Policy Advocacy**

**Improves the climate for practicing dentistry through patient and policy maker education on the value of oral care and general dentistry and by promoting AGD members’ lifelong commitment to continuing education and successful patient outcomes.**

**Goals**

Patients will seek out AGD members or member led practices.

Policy makers will support policies encouraging viable general dentist practices and improving oral health.

**High-Level Strategy**

To achieve these goals, AGD will do the following:

* **Increase Patients** – Promoting efforts highlighting the clinical differentiation between AGD members and other oral care options.
* **Educate Policy Makers** – Educate policy makers on the positive patient clinical outcomes of dentist led general dentistry practices.
* **Advocate for the Dental Home Concept** - AGD will identify and implement strategies to educate policy makers and the public on the value of the dentist led Dental Home Concept.

**And be it further,**

**Resolved, that the Strategic Plan Synopsis be employed as the primary document for public dissemination and distribution.**

**AGD 2018 Strategic Planning Text Narrative (This language will be utilized for public campaigns)**

**The Academy of General Dentistry (AGD) recognizes that current and future dentists will practice in a dynamic and evolving world. It is a priority of the AGD to prepare and support general dentists, regardless of their personal goals, career paths or practice settings, to be successful within this environment. As a result, the AGD Strategic Plan is designed to outline high level goals and strategies to focus AGD efforts to support general dentistry.**

**The AGD Strategic Plan is inclusive of all individuals considering, practicing or supporting the practice of general dentistry and who share AGD members’ commitment to high quality patient outcomes and a life-long commitment to learning. The following summarizes key elements of the AGD Strategic Plan.**

**The AGD Strategic Plan through its Vision and Mission reiterates members’ visionary commitment to *oral health and better lives because of the Academy of General Dentistry* through its continuing Mission of *advancing general dentistry and oral health through quality education and advocacy*.**

**This Vision and Mission will be achieved by ensuring the following:**

* **General dentists provide high quality patient clinical outcomes through high quality and accessible continuing education.**
* **General dentists provide, lead or work in successful practices with positive business and clinical outcomes through AGD provided practice management, leadership education, and practice support services.**
* **Patients will seek out general dentists or general dentist led practices and policy makers will support policies encouraging viable general dentist practices because of AGD advocacy, patient education and promotional efforts.**

**Resolved, that HOD Policy 2015:102-H-6, the 2015-2018 AGD Strategic Plan be rescinded, effective December 31, 2018:**

**~~2016-2018 Strategic Plan~~**

**~~Goal 1 - Education: Become the most valued resource of quality continuing dental education for general dentists at all stages of their career.~~**

***~~Strategy 1: Create a Scientific Session that will annually attract at least 25% of AGD members by the end of 2018.~~***

***~~Strategy 2: Facilitate education programs that promote members’ success and advancement through all stages of their dental career using traditional as well as innovative, cutting edge methods.~~***

***~~Strategy 3: Partner with AGD constituents in the development and delivery of continuing education programs.~~***

***~~Strategy 4: Protect PACE and increase the number of PACE providers.~~***

**~~Goal 2 - Advocacy: Strengthen and protect the general dentistry profession and the oral health of the public.~~**

***~~Strategy 1: Represent the unique interests of general dentists in all advocacy arenas.~~***

***~~Strategy 2: Advocate on behalf of the general dentistry profession as relates to policy making, insurance, licensing, education, and all levels of government.~~***

***~~Strategy 3: Advocate on behalf of the public to ensure safe, best quality dentistry practices and appropriate access to care.~~***

***~~Strategy 4: Develop strong working relationships where appropriate with the AGD constituents, the ADA, and dental specialty organizations in addressing issues of common interest.~~***

***~~Strategy 5: Pursue instruments and resources to empower the AGD’s advocacy agenda.~~***

**~~Goal 3 - Membership: Achieve a 25% increase in full-dues-equivalent members and student members by the end of 2018.~~**

***~~Strategy 1: Utilize market and member research to determine which current and new member benefits will best serve AGD in attracting and retaining members.~~***

***~~Strategy 2: Provide and promote products and services that meet the current and future needs of members and prospective members in all stages of practice and career paths.~~***

***~~Strategy 3: Achieve at least a 10% increase in members’ assessments of AGD value by the end of 2018.~~***

***~~Strategy 4: Actively recruit dental student members and retain them when they become practicing dentists.~~***

***~~Strategy 5: Attract non-member general dentists by promoting the value of a lifelong learning mindset.~~***

**~~Goal 4 – Communications: Promote the AGD as an organization dedicated to advancing general dentistry through quality continuing education and advocacy.~~**

***~~Strategy 1: Position the AGD as the leading source of information on oral health issues for general dentistry.~~***

***~~Strategy 2: Create and promote a consistent AGD brand that is applied to all marketing vehicles and collateral materials.~~***

***~~Strategy 3: Increase public awareness of the value AGD general dentists bring as gatekeepers to oral health.~~***

***~~Strategy 4: Focus communication efforts on engaging members to advocate on behalf of general dentistry.~~***

***~~Strategy 5: Enhance AGD publications and digital-based communication vehicles to effectively communicate to all AGD stakeholders.~~***

**~~Goal 5 – Organizational Excellence: Ensure that the AGD is financially viable, functions efficiently in a cost-effective manner, and has a mutually supportive relationship with its constituents.~~**

***~~Strategy 1: Ensure the fiscal soundness of AGD.~~***

***~~Strategy 2: Improve the effectiveness and efficiency of AGD headquarters operations.~~***

***~~Strategy 3: Streamline the AGD governance structure and operations.~~***

***~~Strategy 4: Promote an organizational culture that best supports attainment of strategic goals and a healthy operating environment~~***

***~~Strategy 5: Ensure the success of constituents in meeting the needs of grassroots members.”~~***

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Edgar, Gajjar, Gorman, Guter, King, Kozelka, Low, Olsen, Shelly, Stillwell, Uppal, White, Worm*

*a – Dyzenhaus, Hanson, Lew, Smith, Winland, Wooden*

*A - Gehrig, Harunani, Tillman*

*N/A - Cordero*

**Annual Reports**

**Dr. Dubowsky moved, Dr. Smith seconded:**

**“Resolved, that the Dental Practice Council and the Legislative and Government Affairs Council investigate new policy to address government-based healthcare reform.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, King, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*a –Lew, Kozelka*

*A - Gehrig, Harunani, Tillman*

*N/A - Cordero*

**Dr. Worm moved, Dr. Cheney seconded:**

**“Resolved, that the Dental Practice Council Report and the amended Legislative and Government Affairs Council Report be transmitted to the House of Delegates.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*a –Edgar*

*A - Gehrig, Harunani, Tillman*

*N/A - Cordero*

**Dr. Hanson moved, Dr. Olsen seconded:**

**“Resolved, that the amended Advocacy Fund Annual Report be transmitted to the House of Delegates.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, , Gajjar, Gorman, Guter, Hanson, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*a – Edgar*

*A - Gehrig, Harunani, Tillman*

*N/A - Cordero*

**Dr. Hanson moved, Dr. Wooden seconded:**

**“Resolved, that the Academy of General Dentistry Foundation Annual Report be transmitted to the House of Delegates.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, , Gajjar, Gorman, Guter, Hanson, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*a - Edgar*

*A - Gehrig, Harunani, Tillman*

*N/A - Cordero*

**Dr. Worm moved, Dr. White seconded:**

**“Resolved, that the Communications Council Annual Report be referred to the Communications Council for inclusion of budgetary information.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Wooden, Worm*

*a - Winland*

*A - Gehrig, Harunani, Tillman*

*N/A - Cordero*

**Dr. Olsen moved, Dr. Stillwell seconded:**

**“Resolved, that the Dental Education Annual Report be transmitted to the House of Delegates.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, , Gajjar, Gorman, Guter, Hanson, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*a - Edgar*

*A - Gehrig, Harunani, Tillman*

*N/A - Cordero*

**Dr. Shelly moved, Dr. Stillwell seconded:**

**“Resolved, that the Group Benefits Annual Report be transmitted to the House of Delegates.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, White, Winland, Wooden, Worm*

*A – Edgar, Gehrig, Harunani, Tillman, Uppal*

*N/A - Cordero*

**Dr. Smith moved, Dr. Worm seconded:**

**“Resolved, that the Membership Council Annual Report be transmitted to the House of Delegates as editorially amended.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*a - Edgar*

*A - Gehrig, Harunani, Tillman*

*N/A - Cordero*

**AIRBIV2018#04 - Lifelong Learning and Service Recognition Guideline Changes Recognition to Award**

**Dr. Kozelka moved, Dr. Cheney seconded:**

**“Resolved, that AIRBIV2018#04 – Lifelong Learning and Service Recognition Guideline Changes Recognition to Award be approved.”**

**“Resolved, that the Lifelong Learning & Service Guidelines be amended to read:**

**Lifelong Learning & Service ~~Recognition~~ Recipient Award Guidelines**

***~~Why Achieve Recognition?~~***

**~~Lifelong Learning & Service Recognition (LLSR) is a program of formal recognition for Academy of General Dentistry (AGD) Masters in the areas of continuing education, dental-related community service and service to organized dentistry. It is not a credential and in no way may be represented to the public as such. LLSR was created to recognize the achievements of those AGD Masters who clearly recognize the professional obligation to remain current in their profession and to create an example so that each member of the dental profession never loses sight of this obligation. Achieving the LLSR from the AGD tells colleagues and patients of your continued commitment to lifelong learning and quality patient care. A Master may receive LLSR multiple times, in a sequential manner, as long as all requirements are met. Once a Master is first recognized by this achievement, subsequent recognitions may include only those credits and points earned since the date of the previous LLSR recognition.~~**

***~~A Charge to all Masters~~***

**~~Masters of the AGD embody the AGD’s principles and ideals. They accept an obligation to continually prove themselves worthy of that designation throughout their professional lives. There are certain obligations that go along with the honor of becoming a Master in the AGD. Masters are expected to:~~**

**~~1) Continue their commitment to lifelong learning~~**

**~~2) Be a mentor to associates and new dentists~~**

**~~3) Improve the quality of continuing education~~**

**~~4) Be a voice of the general dentist.~~**

***LLSR Requirements***

**1) All applicants must be AGD Masters, with AGD membership in good standing at the time of application and when recognition is received.**

**2) Completion of 500 ~~credit~~ hours of FAGD/MAGD-approved continuing education credit with at least 300 hours in course attendance. LLSR credit begins to accrue Jan. 1 of the year a member is approved to receive AGD Mastership** **~~are required in course attendance, teaching or publications earned since the date Mastership was received~~ ~~or since a previous LLSR was received~~. A breakdown of these credits can be found below in the Course Attendance section.**

**3) Completion of 100 hours of AGD-approved dental-related community/volunteer service and/or service to organized dentistry ~~is required~~. ~~Hours must have been performed since the date Mastership was received or since a previous LLSR was received~~ LLSR community/volunteer service points begin to accrue Jan. 1 of the year a member is approved to receive AGD Mastership. The acceptability of points is subject to review by the Dental Education Council. Examples of acceptable dental-related volunteer service can be found below in the Community and Volunteer Service section.**

**4) Attendance at a Convocation ceremony held during the AGD scientific sessions to receive the award. Successful candidates are allowed three years following approval to attend the convocation and receive their award.**

**~~An application must be submitted with the designated application processing fee, which is determined annually by the Dental Education Council. This fee covers direct costs, plus $100 for overhead costs. Applications must be postmarked by December 31.~~**

**~~5) Acceptance or denial will be communicated to applicants following review of the application by the Dental Education Council. All decisions of the council are final. Recognition of LLSR recipients will be at the constituent and/or regional level and through AGD publications. Recipients will be invited to be present and attend the Convocation Ceremony where they will be celebrated by inclusion of their names in the Convocation program. Recipients will be seated in a designated area and will walk across the stage to be honored, and have each of their names read, prior to the FAGD and MAGD awardees.”~~**

**Course Attendance**

**1) Completion of 500 hours of FAGD/MAGD-approved continuing education credit. Hours must have been earned since ~~the date~~ January 1 of the year member was approved for Mastership ~~was received~~ ~~or since a previous LLSR was received~~:**

**a) At least 150 continuing education hours must be earned in participation course attendance;**

**b) A maximum of 100 credits for teaching is allowed;**

**c) A maximum of 100 credits for publications is allowed.**

**2) Credits for course attendance, teaching or publications must be in at least eight (8) of the following disciplines, although there are no minimums or maximum by discipline. Note: No credits will be accepted for advanced academic education programs, such as residencies or advanced degree programs.**

**Subject Category Subject Code**

**Basic Science 010**

**Endodontics 070**

**Electives 130**

**Myofacial Pain/**

**Occlusion Orofacial Pain~~\*~~ 200**

**Operateive Dentistry 250**

**Oral/Max Surgery 310**

**Anes/Pain Mgmt/Pharm~~\*~~ 340**

**Orthodontics 370**

**Pediatrics 430**

**Periodontics 490**

**Practice Mgmt 550**

**Fixed Prosth 610**

**Removable Prosth 670**

**Implants 690**

**Oral Med/Oral Dx 730**

**Special Pt Care 750**

**Esthetics 780**

***~~\*These changes go into effect January 1, 2019. Any member that has not achieved or applied for Fellowship, Mastership, or LLSR by December 31, 2016, will be expected to meet the updated continuing education requirements at that time.~~***

**Teaching and Publication Credit**

**1) Full or part-time faculty positions in ~~ADA~~CODA/CDAC-accredited institutions are eligible for up to ten (10) credit hours each year. Verification of teaching appointments is required from each institution and should be included with the application.**

**2) Teaching continuing dental education courses for organizations that are approved by AGD-PACE~~,~~or ADA-CERP ~~or an AGD constituent~~ are eligible for credit. Verification is required that indicates the dental discipline and the number of hours. Credit will be given hour-for-hour for each presentation.**

**3) The publication of a scientific article, case report, technique paper or clinical research report in a scientific journal or textbook is worth ten (10) credit hours. A copy of the articles, with dates of publication, should be submitted with the application.**

**Dental-Related Community and Volunteer Service**

**1) One community service point is equal to one hour of dental-related volunteer community service. The Dental Education Council will determine which additional categories of service not described in these guidelines may be eligible. Volunteer work for a for-profit organization, such as a dental manufacturer, is not eligible.**

**2) To document dental-related community service, a representative of the organization for which the community/volunteer work was done must complete and sign the provided Volunteer Service Verification Form, which specifies the type(s) and term(s) of volunteer service(s) provided. If additional verification is needed, please attach necessary documentation to this form.**

**3) No financial remuneration or “in-kind” remuneration may be received for service/volunteer work. Reimbursement of expenses such as airfare, transportation, meals, etc., is allowed.**

**Categories of dental-related community and volunteer service may include, but are not limited to:**

**a. Providing pro bono dental services through a not-for-profit organization;**

**b. Mentoring a dental student, emerging dentist or struggling colleague, through a recognized dental organization;**

**c. Service in a volunteer dental clinic;**

**d. Service overseas on a dental mission;**

**e. Volunteer dental-related service in a community program, such as a health fair;**

**f. Providing presentation on dental-related topics to schools, civic, church or other community groups or other health professionals;**

**g. Providing oral cancer screenings at a local church, synagogue, school, health fair, nursing home, retirement community, etc.;**

**h. Providing dental screenings to athletes through the Special Olympics Special Smiles;**

**i. Volunteer work at a local or national dental meeting, such as working at the organization’s booth;**

**j. Serving as an unpaid team dentist for a school, college, professional sports team or youth athletic association;**

**k. Instituting a mouth guard program for a school, college, professional sports team or youth athletic association;**

**l. Providing dental education programs at elementary or secondary schools;**

**m. Volunteering as a Boy/Girl Scout merit badge leader for dental health.**

***Service to Organized Dentistry:***

**Holding a local, state/provincial or national appointment or an elected office in a dental organization is considered service to organized dentistry. Points are awarded for each month of service, up to 12 points per year per national or local organization.**

**1) A maximum of 12 points may be earned annually for serving in a national position in a dental organization. Service time of less than one year will be prorated by month. Holding multiple positions at the national level in the same organization is acceptable only up to the 12-point limit each year.**

**2) A maximum of 12 points may be earned annually for serving in state/provincial, constituent or component positions in a dental organization. Service time of less than one year will be prorated by month. Holding multiple positions in the same local organization is acceptable only up to the 12-point limit each year.**

**3) To document service to organized dentistry, a representative of the organization for which the service was done must complete and sign the provided Volunteer Service Verification Form, which specifies the type(s) and term(s) of volunteer service(s) provided. If additional verification is needed, please attach necessary documentation to this form.**

***Application Procedures and Deadline***

**1) All LLSR requirements must be completed by ~~the~~ December 31 ~~application deadline~~** **to be considered for the class immediately following the year the application is submitted.**

**2) Applications must be postmarked no later than December 31 to be considered for the class immediately following the year the application ~~deadline~~ is submitted, and must include the designated application fee. This fee is determined annually by the Dental Education Council and includes a non-refundable processing fee. The AGD is not responsible for lost or delayed mail.**

**3) Only the Dental Education Council may determine the acceptability of LLSR applications. Applicants are notified by letter of the Council’s decision, and all decisions of the Council are final. ~~Recognition will be provided at the Convocation Ceremony at the AGD Annual Meeting & Exhibits through the inclusion of names of the new recipients in the Convocation program and in AGD publications.~~**

**4) Acceptance or denial will be communicated to applicants following review of the application by the Dental Education Council. All decisions of the council are final.**

**5) Recipients are required to attend the annual Convocation ceremony held during the AGD scientific sessions to receive the award. Successful candidates are allowed three years following approval to attend convocation and received their award. Additional recognition of LLSR recipients may occur at the constituent or regional levels and thorough AGD publications.**

**Direct inquiries regarding the LLSR to:**

**Academy of General Dentistry**

**Department of Dental Education**

**560 W. Lake Street, Sixth Floor**

**Chicago, Illinois 60661-6600**

**Phone 888.AGD.DENT (243.3368)**

**Fax 312.335.3428**

**Adopted HOD 7/2003**

**Amended HOD 6/2015**

**And be it further,**

**Resolved that AGD House Policy 2000:9-H-7 Advertising FAGD/MAGD Credentials be modified to allow AGD members to advertise the LLSR Award as a Credential, similar to the FAGD/MAGD.**

**Advertising FAGD/MAGD/LLSR Credentials**

**Fellow, ~~or~~ Master, or Lifelong Learning & Service Recipient of the Academy of General Dentistry**

**General Dentist**

**“Resolved, that the following language be accepted by the Academy of General Dentistry as the appropriate use of the Fellowship, ~~and~~ Mastership, and Lifelong Learning and Service Recipient designation to the public by way of advertising, listing, or office signage:**

**\_\_\_\_\_\_\_ \_\_\_\_\_\_\_, DDS, BDS, or DMD, FAGD, ~~or~~ MAGD, or LLSR**

**Fellow, or Master or Lifelong Learning & Service Recipient of the Academy of General Dentistry**

**and be it further**

**Resolved, that our members be advised through AGD printed communications that our Principles of Ethics allow general dentists to announce Fellowship, ~~or~~ Mastership or Lifelong Learning & Service Recipient in the area of general dentistry in their announcement of services to patients so long as they avoid any communication that expresses specialization and clearly write out the definition of the initials, in order to not lead the reasonable person to believe that the designation represents an academic degree.”**

**And be it further,**

**Resolved that House Policy 81:12-H-7 Defending their capabilities to render dental procedures be modified to read:**

**Resolved, that members faced…**

**C. Verification that the individual has achieved Fellowship, ~~or~~ Mastership, or Lifelong Learning & Service Recipient status in the AGD. …**

**And be it further,**

**Resolved that House Policy 99:44-H-7, Approve procedures for processing FAGD and MAGD applications be modified to read:**

**Approval procedures for processing FAGD, ~~and~~ MAGD, and LLSR applications**

**Resolved, that the AGD Board approve procedures and procedural changes related to the mechanics of processing the applications for the Fellowship, ~~and~~ Mastership, and Lifelong Learning & Service Recipient Awards.**

**And be it further,**

**Resolved that House Policy 96:49-H-7 Appeal of application deadline be modified to read:**

**Appeal of application deadline**

**Resolved, that the following guided be established for considering appeals of the FAGD/MAGD/LLSR application deadline:**

**GUIDELINES FOR APPEALS OF**

**THE FAGD/MAGD/LLSR APPLICATION DEADLINE

An application for the Fellowship, ~~or~~ Mastership, or Lifelong Learning & Service Recipient award that is received in the ~~Chicago~~ headquarter office…**

**And be it further,**

**Resolved that House Policy 2002:20-H-7 Category of membership, Fellowship as, be modified to read:**

**Resolved, that the AGD recognize the its Fellowship, ~~and~~ Mastership, and Lifelong Learning & Service Recipient designation are categories of membership in the organization that may be announced appropriately to the public but only while an individual maintains membership in the organization, and be further**

**Resolved, that constituent academies recognize that they may report to appropriate licensing bodies instances of non-members announcing FAGD, ~~and~~ MAGD, and LLSR designation to the public because it is false advertising.**

**And be it further,**

**Resolved that House Policy 78:19-H-6 Changes in, be modified to read:**

**Resolved, that changes made in the Fellowship, ~~or~~ Mastership, or Lifelong Learning & Service Recipient guidelines which make those guidelines more restrictive, be made effective for all members of the AGD five (5) years after the date of passage of such changes by the AGD House of Delegates.**

**And be it further,**

**Resolved, that House Policy 2003:3-H-7 Lifelong Learning and Service ~~Recognition~~ Recipient Program be modified to read:**

**Lifelong Learning and Service ~~Recognition~~ Recipient Award Program**

**“Resolved, that the AGD offer the Lifelong Learning and Service ~~Recognition~~ Recipient Award (LLSR) program to recognize the accomplishment of AGD Masters for their continuing education and volunteer service to dentistry, and be it further**

**Resolved, that the document Lifelong Learning and Service ~~Recognition~~ Recipient Award (LLSR) Guidelines be adopted.”**

**DEFEATED**

*Y –Edgar, Gajjar, Kozelka, Lew, Olsen, Shelly, Stillwell, Uppal*

*N – Acheson, Drumm, Dubowsky, Dyzenhaus, Gorman, Guter, Hanson, King, Low, Smith, Winland, Wooden, Worm*

*a - Cheney*

*A - Gehrig, Harunani, Tillman, White*

*N/A - Cordero*

**AIRBIV2018#05 – Lifelong Learning and Service Recognition Guideline Changes Limitation to One Recognition**

**Dr. Cheney moved, Dr. Guter seconded:**

**“Resolved, that AIRBIV2018#05 – Lifelong Learning and Service Recognition Guideline Changes Limitation to One Recognition be approved.”**

**“Resolved, that the Lifelong Learning & Service Guidelines be amended to read:**

**Lifelong Learning & Service Recognition Guidelines**

***Why Achieve Recognition?***

**Lifelong Learning & Service Recognition (LLSR) is a program of formal recognition for Academy of General Dentistry (AGD) Masters in the areas of continuing education, dental-related community service and service to organized dentistry. It is not a credential and in no way may be represented to the public as such. LLSR was created to recognize the achievements of those AGD Masters who clearly recognize the professional obligation to remain current in their profession and to create an example so that each member of the dental profession never loses sight of this obligation. Achieving the LLSR from the AGD tells colleagues and patients of your continued commitment to lifelong learning and quality patient care. ~~A Master may receive LLSR multiple times, in a sequential manner, as long as all requirements are met. Once a Master is first recognized by this achievement, subsequent recognitions may include only those credits and points earned since the date of the previous LLSR recognition.~~**

***A Charge to all Masters***

**Masters of the AGD embody the AGD’s principles and ideals. They accept an obligation to continually prove themselves worthy of that designation throughout their professional lives. There are certain obligations that go along with the honor of becoming a Master in the AGD. Masters are expected to:**

**1) Continue their commitment to lifelong learning**

**2) Be a mentor to associates and new dentists**

**3) Improve the quality of continuing education**

**4) Be a voice of the general dentist.**

***LLSR Requirements***

**1) All applicants must be AGD Masters, with AGD membership in good standing at the time of application and when recognition is received.**

**2) 500 credit hours are required in course attendance, teaching or publications earned since the date Mastership was received ~~or since a previous LLSR was received~~. A breakdown of these credits can be found below in the Course Attendance section.**

**3) Completion of 100 hours of AGD-approved dental-related community/volunteer service and/or service to organized dentistry is required. Hours must have been performed since the date Mastership was received ~~or since a previous LLSR was received~~. The acceptability of points is subject to review by the Dental Education Council. Examples of acceptable dental-related volunteer service can be found below in the Community and Volunteer Service section.**

**4) An application must be submitted with the designated application processing fee, which is determined annually by the Dental Education Council. This fee covers direct costs, plus $100 for overhead costs. Applications must be postmarked by December 31.**

**5) Acceptance or denial will be communicated to applicants following review of the application by the Dental Education Council. All decisions of the council are final. In addition to recognition on a national level, additional recognition of LLSR recipients can also ~~will~~ be at the constituent and/or regional level and through AGD publications. Recipients will be ~~invited~~ requested to be present and attend the Convocation Ceremony where they will be celebrated by inclusion of their names in the Convocation program. Recipients will be seated in a designated area and will walk across the stage to be honored, and have each of their names read, ~~prior to~~ following** **the FAGD and MAGD awardees.”**

**Course Attendance**

**1) Completion of 500 hours of FAGD/MAGD-approved continuing education credit. Hours must have been earned since the date Mastership was received ~~or since a previous LLSR was received~~:**

**a) At least 150 continuing education hours must be earned in participation course attendance;**

**b) A maximum of 100 credits for teaching is allowed;**

**c) A maximum of 100 credits for publications is allowed.**

**2) Credits for course attendance, teaching or publications must be in at least eight (8) of the following disciplines, although there are no minimums or maximums by discipline for non-participation credits. Note: No credits will be accepted for advanced academic education programs, such as residencies or advanced degree programs.**

**Subject Category Subject Code**

**Basic Science 010**

**Endodontics 070**

**Electives 130**

**Myofacial Pain/**

**Occlusion Orofacial Pain~~\*~~ 200**

**Operateive Dentistry 250**

**Oral/Max Surgery 310**

**Anes/Pain Mgmt/Pharm~~\*~~ 340**

**Orthodontics 370**

**Pediatrics 430**

**Periodontics 490**

**Practice Mgmt 550**

**Fixed Prosth 610**

**Removable Prosth 670**

**Implants 690**

**Oral Med/Oral Dx 730**

**Special Pt Care 750**

**Esthetics 780**

***~~\*These changes go into effect January 1, 2017. Any member that has not achieved or applied for Fellowship, Mastership, or LLSR by December 31, 2016, will be expected to meet the updated continuing education requirements at that time.~~***

**Teaching and Publication Credit**

**1) Full or part-time faculty positions in ADA/CDA-accredited institutions are eligible for up to ten (10) credit hours each year. Verification of teaching appointments is required from each institution and should be included with the application.**

**2) Teaching continuing dental education courses for organizations that are approved by PACE, or an AGD constituent are eligible for credit. Verification is required that indicates the dental discipline and the number of hours. Credit will be given hour-for-hour for each presentation.**

**3) The publication of a scientific article, case report, technique paper or clinical research report in a scientific journal or textbook is worth ten (10) credit hours. A copy of the articles, with dates of publication, should be submitted with the application.**

**Community and Volunteer Service**

**1) One community service point is equal to one hour of volunteer community service. The Dental Education Council will determine which additional categories of service not described in these guidelines may be eligible. Volunteer work for a for-profit organization, such as a dental manufacturer, is not eligible.**

**2) To document community service, a representative of the organization for which the community/volunteer work was done must complete and sign the provided Volunteer Service Verification Form, which specifies the type(s) and term(s) of volunteer service(s) provided. If additional verification is needed, please attach necessary documentation to this form.**

**3) No financial remuneration or “in-kind” remuneration may be received for service/volunteer work. Reimbursement of expenses such as airfare, transportation, meals, etc., is allowed.**

**Categories of community and volunteer service may include, but are not limited to:**

**a. Providing pro bono dental services through a not-for-profit organization;**

**b. Mentoring a student, emerging dentist or struggling colleague, through a recognized dental organization;**

**c. Service in a volunteer dental clinic;**

**d. Service overseas on a dental mission;**

**e. Volunteer service in a community program, such as a health fair;**

**f. Providing presentation on dental-related topics to schools, civic, church or other community groups or other health professionals;**

**g. Providing oral cancer screenings at a local church, synagogue, school, health fair, nursing home, retirement community, etc.;**

**h. Providing dental screenings to athletes through the Special Olympics Special Smiles;**

**i. Volunteer work at a local or national dental meeting, such as working at the organization’s booth;**

**j. Serving as an unpaid team dentist for a school, college, professional sports team or youth athletic association;**

**k. Instituting a mouth guard program for a school, college, professional sports team or youth athletic association;**

**l. Providing dental education programs at elementary or secondary schools;**

**m. Volunteering as a Boy/Girl Scout merit badge leader for dental health.**

***Service to Organized Dentistry:***

**Holding a local, state/provincial or national appointment or an elected office in a dental organization is considered service to organized dentistry. Points are awarded for each month of service, up to 12 points per year per national or local organization.**

**1) A maximum of 12 points may be earned annually for serving in a national position in a dental organization. Service time of less than one year will be prorated by month. Holding multiple positions at the national level in the same organization is acceptable only up to the 12-point limit each year.**

**2) A maximum of 12 points may be earned annually for serving in state/provincial, constituent or component positions in a dental organization. Service time of less than one year will be prorated by month. Holding multiple positions in the same local organization is acceptable only up to the 12-point limit each year.**

**3) To document service to organized dentistry, a representative of the organization for which the service was done must complete and sign the provided Volunteer Service Verification Form, which specifies the type(s) and term(s) of volunteer service(s) provided. If additional verification is needed, please attach necessary documentation to this form.**

***Application Procedures and Deadline***

**1) All LLSR requirements must be completed by the December 31 application deadline.**

**2) Applications must be postmarked no later than December 31 to be considered for the class immediately following the application deadline is submitted, and must include the designated application fee. This fee is determined annually by the Dental Education Council and includes a non-refundable processing fee. The AGD is not responsible for lost or delayed mail.**

**3) Only the Dental Education Council may determine the acceptability of LLSR applications. Applicants are notified by letter of the Council’s decision, and all decisions of the Council are final. Recognition will be provided at the Convocation Ceremony at the AGD Annual Meeting & Exhibits through the inclusion of names of the new recipients in the Convocation program and in AGD publications.**

**Direct inquiries regarding the LLSR to:**

**Academy of General Dentistry**

**Department of Dental Education**

**560 W. Lake Street, Sixth Floor**

**Chicago, Illinois 60661-6600**

**Phone 888.AGD.DENT (243.3368)**

**Fax 312.335.3428**

**Adopted HOD 7/2003**

**Amended HOD 6/2015**

**And be it further,**

**Resolved, that House Policy 2003:3-H-7 Lifelong Learning and Service Recognition Program be modified to read:**

**Lifelong Learning and Service Recognition Program**

**“Resolved, that the AGD offer the Lifelong Learning and Service Recognition (LLSR) program to recognize the accomplishment of AGD Masters for their continuing education and volunteer service to dentistry, and be it further**

**Resolved, that the document Lifelong Learning and Service Recognition (LLSR) Guidelines be adopted.”**

**PASSED**

*Y – Cheney, Dubowsky, Gorman, Guter, Kozelka, Low, Olsen, Smith, Stillwell, Uppal, Winland*

*N – Acheson, Drumm, Dyzenhaus, Hanson, King, Lew, Shelly, Wooden, Worm*

*a - Edgar, Gajjar*

*A - Gehrig, Harunani, Tillman, White*

*N/A - Cordero*

**AIRBIV2018#06 – Elimination of CE Submissions Requiring Manual Data Entry**

**Dr. Stillwell moved, Dr. Cheney seconded:**

**“Resolved, that AIRBIV2018#06 – Elimination of CE Submissions Requiring Manual Data Entry be approved.”**

 **“Resolved, that Policy Type: V. Board Policy Statements, I. Membership Maintenance be amended to read:**

**I.  Membership Maintenance**

**Continuing dental education is a fundamental value of the AGD, and membership in the AGD requires a minimum of 75 hours of CE every three (3) years. Therefore, all members are required to verify this requirement by signing a statement with their annual dues renewal that this requirement is being satisfied. Members requiring documentation for the AGD awards or other needs, such as licensure, will submit course documentation as has been done in the past.**

**Submission of CE by Members**

**Effective ~~April 17, 2015~~ August 31, 2019 all Continuing Education hours (CE) must be submitted to AGD using the AGD online CE submission form by its members and be accompanied by a course completion certificate or verifiable equivalent issued by the course provider in order for it to be displayed on the members’ AGD Licensing and Award Transcripts.**

**And be it further,**

**Resolved, that the AGD be a repository for the certificates.**

**Approved 17-18 Board Meeting IV~~2015 Board Meeting III”~~**

**PASSED**

*Y – Acheson, Cheney, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Uppal, Winland, Worm*

*N – Stillwell*

*a - Drumm, Edgar, Hanson, Wooden*

*A - Gehrig, Harunani, Tillman, White*

*N/A - Cordero*

**AIRBIV2018#03 – Rescind HOD Policy 93:28 H 7 Health Care Reform Criteria**

**Dr. Shelly moved, Dr. Cheney seconded:**

**“Resolved, that AIRBIV2018#03 – Rescind HOD Policy 93:28 H 7 Health Care Reform Criteria be approved.”**

“**Resolved, that AGD HOD policy 93:28‑H‑7** **be rescinded**:

**~~93:28 H 7~~**

**~~"Resolved, that it is the policy of the Academy of General Dentistry that if dentistry is to be included in any government health care program reform, it must:~~**

**~~1) Be adequately funded to provide broad access;~~**

**~~2) Permit freedom of choice of dentists;~~**

**~~3) Be based on fee for service; and~~**

**~~4) Assure high quality dental care.~~**

**~~and be it further~~**

**~~Resolved, in any case where dentistry is included in health care reform, the AGD support the following six recommendations set forth by the American Dental Association:~~**

**~~1. Maintain the advantages of the current dental care and dental benefits system, which would not require inclusion of dental benefits for population groups currently receiving regular dental care, and which would not require public sector participation and subsequent cost transfer. The Association strongly opposes any change in the tax deductibility of current dental benefit coverage.~~**

**~~2. Continue existing policy support for a separate, restructured program of publicly funded dental benefits for indigent persons. Priority consideration should be given to programs for children. The Association urges that these programs be administered in the private sector wherever possible.~~**

**~~3. For population groups currently not receiving regular dental care the Association supports the opportunity for a) small employers purchase dental plans in the private sector, b) development of cooperative dental benefit purchasing alliances administered in the private sector.~~**

**~~4. The Association recommends that preventive services and educational programs for children be included in any health system reform proposal. Preventive services may include but are not necessarily limited to, fluoridation of community water supplies, oral prophylaxis and application of topical fluorides and sealants; dietary fluoride supplements; restoration of carious teeth; maintenance of space resulting from the early loss of primary teeth and patient education.~~**

**~~5. The Association recommends that in the event that a more comprehensive program is enacted, preventive, diagnostic, emergency services and basic restorative and periodontal care be included for children and the elderly.~~**

**~~6. The Association believes that if the Medicare program is expanded to include coverage for additional dental health care services, we would endorse the inclusion of a defined dental benefit plan for the elderly population. These services would be expressly focused on those elderly who are in long term residential care or home bound. Delivery of these services should not be compromised by discrimination by category of provider (physician or dentist)."~~***”*

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Wooden, Worm*

*a - Winland*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AIRBIV2018#07 – Amend Rules of Procedure Reference Committee Timing**

**Dr. White moved, Dr. Cheney seconded:**

**“Resolved, that AIRBIV2018#07 – Amend Rules of Procedure Reference Committee Timing be approved.”**

**“Resolved, that the Rules of Procedure for Conducting The Reference Committee Hearings and Business of the Academy of General Dentistry’s House of Delegates be amended at paragraph 5 (e), so that they read:**

**~~All~~ Each Reference Committee~~s~~ must remain in session ~~for a minimum of 90 minutes or~~ until there are no ~~all~~ attendees at the microphones ~~have left the room~~ so that delegates have the opportunity to present their views before ~~all~~ each of the Reference Committees.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*a - Edgar*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AIRBIV2018#08 – Request to Increase Terms of Policy Review Committee Members**

**Dr. Stillwell moved, Dr. Cheney seconded:**

**“Resolved, that AIRBIV2018#08 – Request to Increase Terms of Policy Review Committee Members be referred to the Policy Review Committee with edits to stagger member terms and bring back to the October 15, 2018, 17-18 Board Zoom for approval.”**

**“Resolved, that Policy Type: II. Governance Process, N. Charges of Council and Committees, O. Policy Review Committee be amended to read:**

**Policy Review Committee**

**1. The Policy Review Committee shall consist of three (3) persons, including the chairperson who will each serve a two (2) year term, and may be reappointed to ~~followed by up to~~ one additional two (2) year term, by appointment of the incoming President. The Speaker of the House will serve as a consultant to the committee.**

**2. It shall be the duty of the committee to continually review AGD House of Delegates (HOD) policies, and develop recommendations on their maintenance, development, and strategic implementation.**

**3 .It shall be the duty of the committee to establish, maintain, and/or clarify policy lexicon to ensure consistent use of terms in the HOD policy manual.**

**4. This committee shall be a committee of the Board and not merely a committee contained within the Dental Practice Council or LGA Council.”**

**5. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.**

**6. Evaluate the pricing of all programs and services annually during the fall (at the Joint Council Meetings I if meeting) to be included as part of the budget process and provide a complete pricing analysis to the Board at the Board Meeting III at least every three years.**

**7. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government’s reporting structure under the Sunshine Act. The staff liaison will compile all of their individual’s forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.**

**And be it further,**

**Resolved, that the terms of the current members of the committee be amended as follows:**

**Dr. Anita Rathee, Region 13, (11/13/2017-~~11/04/2018~~ 11/10/2019), Chair, 4th term**

**Dr. Shahram Shekib, Region 02, (11/13/2017-~~11/04/2018~~ 11/10/2019), 1st term**

**Dr. Gary Myers, Region 19. (04/24/2018-~~11/04/2018~~ 11/10/2019), 1st term”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AIRBIV2018#09 – Scientific Session Registration Cancellation Policy 2014:105R-H-6 Amendment**

**Dr. Hanson moved, Dr. Guter seconded:**

**“Resolved, that AIRBIV2018#09 – Scientific Session Registration Cancellation Policy 2014:105R-H-6 be approved.”**

**“Resolved, that HOD Policy 2014:105R-H-6 be rescinded.**

**~~2014:105R-H-6 “Resolved, that the Meeting Services Guidelines Scientific Session Fees Annual Meetings Council be amended to read~~**

**~~Scientific Session Fees Annual Meetings Council~~**

**~~AGD member dentist registrants who purchase tickets for scientific sessions and then find that they are elevated to delegate or alternate delegate status may obtain a full refund of their scientific session ticket(s)~~**

**~~REFUNDS FOR TICKETS PURCHASED~~**

**~~Cancellation requests received less than 30 days prior to the first official day of the annual meeting, with the exception of AGD member dentist registrants who have been elevated to delegate or alternate delegate status, will not be eligible for a credit or refund.~~**

**And be it further,**

**Resolved, that the Board Policy Manual be amended to include Policy Type: VI. Board Guidelines, E. Scientific Session Refunds**

**AGD member dentist registrants who purchase registration and/or tickets for the Scientific Session may obtain a refund of that purchase, less a processing fee, up to 30 days before the first day of the Session. AGD member dentist registrant refund requests will incur a $50 processing fee. Guest registrant refund requests will incur a $15 processing fee. Requests received less than 30 days before the first day of the Session will not be eligible for a credit or refund.**

**Monitoring: Review by Board annually in April**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Wooden, Worm*

*a – Edgar, Winland*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AIRBIV2018#10 – Amend the Names of the Exam Committees in the BPM, HOD Policy Manual and Constitution and Bylaws**

**Dr. Hanson moved, Dr. Acheson seconded:**

**“Resolved, that AIRBIV2018#10 – Amend the Names of the Exam Committees in the BPM, HOD Policy Manual and Constitution and Bylaws be approved.”**

**“Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: II. Governance Process, M., Section 2., Examinations Council to read:**

**E. Examination~~s~~ Council**

**1. The Examinations Council shall consist of six (6) members, including the chairperson, the chairs of the ~~Fellowship Exam Committees (A, B, and C)~~, Examination Development Committee, Examination Assessment Committee and Examination Materials Committee, chair of the Self-Instruction Committee, and one (1) other member~~s~~ who has ~~have~~ served at least one (1) term on the Examination Council or Self-Instruction Committee. All members of the council must ~~and each of whom~~ have achieved Fellowship or Mastership status within the organization.**

**2. It shall be the duty of the council:**

**a. To be responsible for overseeing the construction, administration, scoring, and security of the Fellowship Examination;**

**b. To help develop and administer, in conjunction with the ~~Examination Committees~~ Examination Development Committee, Examination Assessment Committee and Examination Materials Committee, any other examination, quizzes, or instruments of measurement when so directed by the HOD, or Board;**

**c. To audit the Fellowship Review Course annually to ensure the quality of the course materials is consistent with the overall premise of the Fellowship Examination;**

**d. To recommend and enforce policies pertaining to examinations for which it is responsible.**

**e. To evaluate the quality and effectiveness of *General Dentistry’s* Self-Instruction program once a year.**

**3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.**

**4. A quorum of the council and the examination committees ~~exam teams~~ shall be a majority of members present.**

**5. Each Council and Committee shall evaluate the revenues and expenses pricing of all its programs and services annually as part of the budget process. Additionally, each Council and Committee shall provide a complete revenue and expense analysis to the Board at Board Meeting IV at least every three years, beginning 2019.**

**6. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government’s reporting structure under the Sunshine Act. The staff liaison will compile all of their individual’s forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.**

**And be it further:**

**Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: II. Governance Process, M., Section 3H, Examinations Items Bank Committee (Team C) to read:**

**H. Examination~~s Items Bank~~ Materials Committee ~~(Team C)~~**

**1. The Examination ~~Item Bank~~ Materials Committee ~~(Team C)~~ shall be composed of six (6) members, each of whom have achieved Fellowship or Mastership status within the organization and each of whom have served a minimum of two (2) years on either ~~Team A or Team B~~ the Examination Development Committee or ~~of the Fellowship~~ Examination Assessment Committee;**

**Committee members shall serve no more than two (2) consecutive three (3) year terms on the committee;**

**2. It shall be the duty of the committees:**

**a. To ensure that each item in the item bank is appropriately and consistently categorized in accordance with the examination content outline;**

**b. To review periodically the content outline for the Fellowship Examination and recommend changes in the outline to the council;**

**c. To develop the Fellowship Examination Study Guide annually per the established development guidelines set forth by the council;**

**3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.**

**4. Each Council and Committee shall evaluate the revenues and expenses pricing of all its programs and services annually as part of the budget process. Additionally, each Council and Committee shall provide a complete revenue and expense analysis to the Board at Board Meeting IV at least every three years, beginning 2019.**

**5. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government’s reporting structure under the Sunshine Act. The staff liaison will compile all of their individual’s forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.**

**And be it further:**

**Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: II. Governance Process, M., Section 3 I. Fellowship Exam Committee (Teams A and B) to read:**

**I. ~~Fellowship Exam Committee (Teams A and B)~~ Examination Development Committee**

**1. The ~~Fellowship Exam Committee (Teams A and B)~~ Examination Development Committee shall be composed of ~~twelve (12)~~ six (6) members, at least one (1) of whom shall be a member of the Examination~~s~~ Council, with each of the ~~twelve (12)~~ six (6) members having achieved Fellowship or Mastership status within the organization;**

**Those committee members who are not members of the Examination~~s~~ Council shall serve no more than two (2) consecutive three- (3) year terms on the committee;**

**2. It shall be the duty of the committee:**

**a. To construct, ~~review,~~ and score the Fellowship Examination;**

**b. To make recommendations for an official passing score, based on the statistical analyses, for the annual Fellowship Examination to the Examination~~s~~ Council;**

**c. To maintain an adequate pool of examination items that can be utilized for the Fellowship Examination.**

**3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.**

**4. Each Council and Committee shall evaluate the revenues and expenses pricing of all its programs and services annually as part of the budget process. Additionally, each Council and Committee shall provide a complete revenue and expense analysis to the Board at Board Meeting IV at least every three years, beginning 2019.**

**5. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government’s reporting structure under the Sunshine Act. The staff liaison will compile all of their individual’s forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.**

**~~I~~J. ~~Fellowship Exam Committee (Teams A and B)~~Examination Assessment Committee**

**1. The ~~Fellowship Exam Committee (Teams A and B)~~ Examination Assessment Committee shall be composed of ~~twelve (12)~~ six (6) members, at least one (1) of whom shall be a member of the Examination~~s~~ Council, with each of the ~~twelve (12)~~ six (6) members having achieved Fellowship or Mastership status within the organization;**

**Those committee members who are not members of the Examination~~s~~ Council shall serve no more than two (2) consecutive three- (3) year terms on the committee;**

**2. It shall be the duty of the committee:**

**a. ~~To construct, review, and score~~ To review the preliminary and approve the final version of the Fellowship Examination;**

**b. ~~To make recommendations for an official passing score, based on the statistical analyses, for the annual Fellowship Examination to the Examinations Council~~ To review all course materials for the Fellowship Review Course annually;**

**c. To maintain an adequate pool of examination items that can be utilized for the Fellowship Examination.**

**3. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.**

**4. Each Council and Committee shall evaluate the revenues and expenses pricing of all its programs and services annually as part of the budget process. Additionally, each Council and Committee shall provide a complete revenue and expense analysis to the Board at Board Meeting IV at least every three years, beginning 2019.**

**5. AGD staff will send out to each council, committee, or other agency member along with any member collaborating on any AGD business the Code of Conduct form to be completed by said individual at the beginning of each governance year. Each covered individual will submit to their staff liaison an accurately completed form, including particular attention paid to any companies that may have remunerated said covered individual and subsequently reported such remuneration to the federal government’s reporting structure under the Sunshine Act. The staff liaison will compile all of their individual’s forms, and share them with their chairperson and also the executive office staff, who will in turn, forward them to the Audit Committee for further review.**

**And be it further,**

**Resolved that all subsequent committee charges be renumbered appropriately in the Board Policy Manual.**

**And be it further,**

**Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: II. Governance Process, H. Division Coordinator Duties be amended to read:**

**...**

**Continuing Education Division**

**• Dental Education Council**

**• Examination~~s~~ Council**

**• ~~Fellowship Exam Committee (Teams A and B)~~ Examination Assessment Committee**

**• ~~Fellowship Exam Committee (Teams A and B)~~ Examination Development Committee**

**• ~~Examinations Items Bank Committee (Team C)~~ Examination Materials Committee**

**• Local Advisory Committee**

**• PACE Council**

**• Scientific Meeting Council**

**• Self Instruction Committee**

**And be it further,**

**Resolved, that the Board Policy Manual (BPM) be amended at Policy Type: V. Board Policy Statements, Q. Sunset Review Process and Schedule be amended to read:**

**…**

**Sunset Review Process schedule**

**2015-2016**

**Credentials and Elections Committee**

**Examination~~s~~ Council**

**~~Fellowship Exam Committee (Teams A and B)~~ Examination Assessment Committee**

**~~Fellowship Exam Committee (Teams A and B)~~ Examination Development Committee**

**~~Examinations Items Bank Committee (Team C)~~ Examination Materials Committee**

**And be it further,**

**Resolved, that HOD Policy 2017-101-H-11 be amended to read:**

**2017-101-H-11 “Resolved, that AGD HOD policy 2002:8-H-7 be revised as follows:**

**“Resolved, that the following system be used to guide the incoming President in making council and committee appointments:**

**1. The incoming President will send a letter in April to all Constituent Presidents, Regional Directors, and Trustees asking for council and committee appointment recommendations. The letter will be accompanied by a suggested geographical distribution based on the number of members in each region to help make the appointments as geographically balanced as possible. This geographical distribution list will be based on the present council and committee structure, not including the Local Advisory Committees, the Professional Relations Committee, and all Board Committees. Members of the Examination Council shall not be counted a second time if also serving on ~~Exam Committee A, Exam Committee B, or Exam Committee C~~ Examination Assessment Committee, Examination Development Committee, and Examination Materials Committee. The deadline for responding to this communication will be June 30 of each year.**

**And be it further,**

**Resolved that the AGD Constitution and Bylaws be amended to read:**

**CHAPTER XIII, Divisions, Councils and Committees**

**Section 2. Each of the following councils and committees shall be assigned to the following Divisions:**

**…**

**C. Continuing Education Division**

**…**

**4. Examination~~s~~ Council**

**a. Examination Assessment Committee**

**b. Examination Development Committee**

**c. Examination Materials Committee**

**~~b~~d. Self Instruction Committee**

**a. ~~Examinations Item Bank Committee (Team C)~~**

**~~d. Fellowship Examination Committee (Teams A & B)~~”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Wooden, Worm*

*a – Edgar, Winland*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AGD and AGDF Contract Negotiation Report**

**Dr. Cheney moved, Dr. Olsen seconded:**

**“Resolved, that the Board go into executive session at 9:39 a.m. to discuss the AGD and AGDF Contract Negotiation Report.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*A - Gehrig, Tillman*

*N/A - Cordero*

**Dr. Hanson moved, Dr. Stillwell seconded:**

**“Resolved, that the Board come out of executive session at 9:47 a.m.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*A - Gehrig, Tillman*

*N/A - Cordero*

**Dr. Lew moved, Dr. Dubowsky seconded:**

**“Resolved, that the AGD believes in the continued existence of the AGD Foundation.**

**And be it further,**

**Resolved, that the AGD supports the AGD Foundation and its continued success.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Edgar, Gajjar, Gorman, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Worm*

*a - Dyzenhaus, Guter, Wooden*

*A - Gehrig, Tillman*

*N/A - Cordero*

**Dr. Edgar moved, Dr. Smith seconded:**

**“Resolved, that the AGD Executive Committee and the Academy of General Dentistry Foundation (AGDF) Executive Committee renegotiate a new fair and equitable contract to promote the projects and mission of the AGDF, and report back to the AGD Board by 18-19 Board Meeting I.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Edgar, Gajjar, Gorman, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Uppal, White, Winland, Worm*

*a - Dyzenhaus, Guter, Stillwell, Wooden*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AIRBIV2018#11 – Amend Election Guidelines & Bylaws to Eliminate Early Declaration of Candidacy by EC Officers**

**Dr. Stillwell moved, Dr. Olsen seconded:**

**“Resolved, that AIRBIV2018#11 – Amend Election Guidelines & Bylaws to Eliminate Early Declaration of Candidacy by EC Officers be approved as amended.”**

“Resolved, that the Election Guidelines be amended, at Paragraph VIII (e), so that they read:

A candidate will formally declare his or her candidacy for the coming year’s election to constituent officers, Regional Directors, members of the Board and council and committee chairs not earlier than ~~the latter of~~ the commencement of the AGD Board meeting III ~~or January 1st~~ of the year in which the election is held. Notwithstanding this section, all AGD officers are primarily subject to the provisions of the AGD Bylaws, Chapter IX, Section 1(B)4, which states "An AGD officer must declare for a new office within the thirty (30) days prior toBoard Meeting III , and resign his or her current office effective at the close of the annual meeting pursuant Chapter IX, Section 1, paragraph D. Once an AGD officer declares for a new office, said resignation is irrevocable." Such notice may contain biographical and issue oriented information on his or her candidacy. A candidate shall not announce or circulate petitions for signatures at the preceding annual meeting. Nothing in these guidelines, including the filing deadline for other candidates, shall prohibit a candidate who makes a valid declaration of candidacy from campaigning, subject to all provisions of these guidelines.

And be it further,

Resolved, that the Bylaws be amended at Chapter IX B (4), so that they read

An AGD officer must declare for a new office ~~at least not more than~~ within the thirty (30) days ~~before the start of~~ prior toBoard Meeting III, and resign his or her current office effective at the close of the annual meeting, pursuant Chapter IX, Section 1, paragraph D. Once an AGD officer declares for a new office, said resignation is irrevocable.”

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gorman, Guter, Hanson, King, Kozelka, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Wooden, Worm*

*N – Gajjar*

*a - Harunani, Lew, Winland*

*A - Gehrig, Tillman*

*N/A - Cordero*

**AIRBIV2018#12/AIRBIII2018#22 – Amend Bylaws to Provide Board with Veto Authority over Presidential Appointments**

**“Resolved, that AIRBIV2018#12/AIRBIII2018#22 – Amend Bylaws to Provide Board with Veto Authority over Presidential Appointments be postponed until 2018-2019 Board Meeting II.”**

**“Resolved, that the Bylaws be amended in the following locations so that they read:**

**Chapter IX, Section 2 A 4 a**

**To have the authority to appoint individuals to committees, task forces, work groups and other AGD agencies that are not listed in Chapter XIII, Sections 2 and 3 of these Bylaws, without ratification by the Board. Such appointments shall expire at the conclusion of the President’s tenure, unless otherwise specified in the agency’s charge as determined by the Board. When such an appointment extends beyond the tenure of the President, the Board may also, when creating the agency’s charge, provide for its authority to ~~approve or~~ reject (requiring super majority of 2/3 vote) the president’s specific appointment(s) until such time as the president provides the Board with a suitable selection.**

**Chapter XII, Section 10 Z**

**To approve all council and committee appointment recommendations to the council and committees that are listed in Chapter XIII, Section 2 and 3 of these Bylaws. The Board may ~~approve or~~ reject (requiring super majority of 2/3 vote) specific appointments made by the president-elect until such time as the president provides the Board with a suitable selection.**

**Chapter XIII, Section 1 A**

**The president-elect shall make, with the approval of the Board, council and committee appointments in accordance with Chapter IX, Section 2.A.4. of these Bylaws. The Board may ~~approve or~~ reject (requiring super majority of 2/3 vote) specific appointments made by the president-elect until such time as the president provides the Board with a suitable selection.**

**Chapter XIII, Section 1 D**

**Each president-elect shall designate, with approval of the Board, one particular council member to serve as chairperson.**

**The Board may ~~approve or~~ reject (requiring super majority of 2/3 vote) specific appointments made by the president-elect until such time as the president provides the Board with a suitable selection.**

**Chapter XIII, Section 1 E**

**Each president-elect shall designate, with the approval of the Board, one individual who shall serve as the Division Coordinator for each vacancy in the four council and committee divisions. The Board may ~~approve or~~ reject (requiring super majority of 2/3 vote) specific appointments made by the president-elect until such time as the president provides the Board with a suitable selection. The term of the Division Coordinator shall be two-years. No Division Coordinator shall serve more than two successive terms and the appointment of terms shall be staggered so that only two terms expire on any given year.”**

**PASSED**

*Y –Dubowsky, Dyzenhaus, Gajjar, Gorman, Hanson, Harunani, Lew, Olsen, Uppal, White, Worm*

*N – Acheson, Drumm, Guter, King, Low, Shelly, Smith, Stillwell, Winland, Wooden*

*a - Cheney, Edgar*

*A - Gehrig, Kozelka, Tillman*

*N/A - Cordero*

**AIRBIV2018#13 – Amend Bylaws to Reflect Authority of President-Elect to Make Council and Committee Appointments**

**Dr. Hanson moved, Dr. Shelly seconded:**

**“Resolved, that AIRBIV2018#13 – Amend Bylaws to Reflect Authority of President-Elect to Make Council and Committee Appointments be approved.”**

 **“Resolved, that the Bylaws be amended at Chapter IX, Section 2 A 8 so that the entire sequence is stricken, so that it reads:**

**~~8. To appoint, subject to the final approval of the Board, members to serve on the AGD councils and committees that are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, subject to the following stipulations:~~**

**~~a. To have the authority with regard to AGD councils to appoint only to those positions which have an expiration date at the annual meeting at which the president assumes that office.~~**

**~~Council and committee appointments, that are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, are subject to approval by the Board. The Board may reject specific appointments made by the president-elect until such time as the president-elect provides the Board with a suitable selection.~~**

**And be it further,**

**Resolved, that the Bylaws be amended at Chapter IX, Section 2 B, by the addition of a new paragraph 9, so that it reads:**

**9. To appoint, subject to the final approval of the Board, members to serve on the AGD councils and committees that are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, subject to the following stipulations:**

**a. To have the authority with regard to AGD councils to appoint only to those positions which have an expiration date at the annual meeting at which the president assumes that office.**

**Council and committee appointments, that are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, are subject to approval by the Board. The Board may reject specific appointments made by the president-elect until such time as the president-elect provides the Board with a suitable selection.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Wooden, Worm*

*a - Dubowsky, Winland*

*A - Gehrig, Kozelka, Tillman*

*N/A - Cordero*

**Executive Session**

**Dr. Drumm moved, Dr. Stillwell seconded:**

**“Resolved, that the Board go into Executive Session at 1:11 p.m. to discuss AIRBIV2018#14/AIRBIII2018#03 – 2019 Weclew Award Recommendation.**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, Winland, White, Wooden, Worm*

*A - Gehrig, Kozelka, Tillman*

*N/A - Cordero*

**Dr. Guter moved, Dr. Worm seconded:**

**“Resolved, that the Board come out of executive session at 1:16 p.m.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, Winland, White, Wooden, Worm*

*A - Gehrig, Kozelka, Tillman*

*N/A - Cordero*

**During the executive session the following action was taken:**

**Dr. Worm moved, Dr. Dubowsky seconded:**

**“Resolved, that AIRBIV2018#14/AIRBIII2018#03 – 2019 Weclew Award Recommendation be approved.”**

**“Resolved, that the 2019 Dr. Thaddeus V. Weclew Award be awarded to\_J. Steven Ratcliff, DDS, MS.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Guter, Hanson, Harunani, King, Lew, Low, Olsen, Shelly, Stillwell, Uppal, Winland, White, Worm*

*N – Smith, Wooden*

*a - Gorman*

*A - Gehrig, Kozelka, Tillman*

*N/A - Cordero*

1. **Regional Director’s Annual Report**

The Regional Director’s Constituent Activity and Individual Activity Reports were discussed. A request was made for the chair of the Regional Directors and Constituent Services staff to review the activity reports and discuss follow up actions with the RDs.

**Dr. Drumm moved, Dr. Guter seconded:**

**“Resolved, that the Regional Director’s Annual Report be transmitted to the House of Delegates.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*A - Gehrig, Kozelka, Tillman*

*N/A - Cordero*

**Scientific Meeting Council Annual Report**

**Dr. Drumm moved, Dr. Hanson seconded:**

**“Resolved, that the Scientific Meeting Council Annual Report be transmitted to the House of Delegates.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*A - Gehrig, Kozelka, Tillman*

*N/A - Cordero*

**Budget and Finance Committee Annual Report**

**Dr. Smith moved, Dr. Stillwell seconded:**

**“Resolved, that the Budget and Finance Committee Annual Report be approved as amended, and transmitted to the House of Delegates.”**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gorman, Guter, Hanson, Harunani, King, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Wooden, Worm*

a - *Gajjar, Winland*

*A - Gehrig, Kozelka, Tillman*

*N/A - Cordero*

**AIRBIV2018#02 – Approve 2019 Budget**

**Dr. Shelly moved, Dr. Smith seconded:**

**“Resolved, that AIRIV2018#02 – Approve 2019 Budget be approved as amended.”**

**“Resolved, that the 2019 Budget with Revenues of $14,839,221 and Expenses of $14,839,221 netting out to 0 Net Loss from Operations with a Contingency of $123,497 and capital budget of $481,522 be approved. And be it further,**

**Resolved, that House Policy 2017:150S4-H-11 be rescinded.**

**~~2017:150S4-H-11 “Resolved, that the 2018 budget with Net Income from Operations of $0 pre-spending and $0 post-spending and a capital budget of $89,500 be approved.~~**

**~~And be it further, resolved, that the budget be amended to include a $3 increase in student dues and be it further resolved that the contingency fund be reduced by $34,420.~~**

**PASSED**

*Y – Acheson, Cheney, Drumm, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, King, Kozelka, Lew, Low, Olsen, Shelly, Smith, Stillwell, Uppal, White, Winland, Wooden, Worm*

*A - Gehrig, ~~Kozelka,~~ Tillman*

*N/A - Cordero*

# Board Zoom 10-2-18 Minutes

**AIR - Approval of PRC Recommended Positions on 2018 ADA Resolutions**

**Dr. Hanson moved, Dr. Guter seconded:**

**“Resolved, that AIR – Approval of PRC Recommended Positions on 2018 ADA Resolutions be approved.”**

**“Resolved, that the recommended positions of the Professional Relations Committee (PRC) to take on the ADA HOD resolutions as detailed in their report, PRC Recommendations on 2018 ADA HOD Resolutions, to the Board be approved, and be it further,**

**Resolved, that the PRC, in consultation with the AGD Presidents, be authorized to take positions on amendments and new resolutions at the 2018 ADA HOD.”**

**PASSED**

*Y – Acheson, Drumm, Dyzenhaus, Gajjar, Gehrig, Guter, Hanson, Harunani, King, Lew, Low, Olsen, Smith, White, Winland, Wooden, Worm*

*a - Stillwell*

*A – Cheney, Dubowsky, Edgar, Gorman, Kozelka, Shelly, Tillman, Uppal*

*N/A – Cordero*

****

**2018 Delegates and Alternates**

***(Updated 10-22-18)***

**REGION 1**

**Connecticut, Maine, Massachusetts,**

**New Hampshire, Rhode Island, Vermont**

***Delegates***

Eric J. Levine, DMD, FAGD

231 Farmington Avenue

Farmington, CT 06032-1915

Joseph A. Picone, DMD, MAGD

954 S. Main Street

Plantsville, CT 06479-1645

Michael A. Wernick, DMD

22 Seneca Drive

Vernon Rockville, CT 06066-4828

Kunio K. Chan, DMD, MAGD

655 Boston Road, Suite 3A

Billerica, MA 01821-5338

William Lee, DDS

383 Neponset Avenue

Dorchester, MA 02122-3104

Sarita B. Patel, DDS

57 Crescent Street

Northampton, MA 01060-3769

Ofelia V. Villanueva, DMD

52 Greenleaf Street

Quincy, MA 02169-4411

Ronald G. Sawyer, DMD

9 Waters Edge Drive

Yarmouth, ME 04096-6318

Jean-Paul Rabbath, DMD, MAGD

17319 Pavaroso Street

Boca Raton, FL 33496-3202

H. Michael Sefranek, DMD, MAGD

54 Highland Avenue

Barrington, RI 02806-4700

Joyce A. Hottenstein, DMD, FAGD

71 Allen Street, Suite 301

Rutland, VT 05701-4544

***Alternates***

Stephanie A. Urillo, DDS, FAGD

360 N. Main Street, Suite 15

Southington, CT 06489-2503

Rodney G. Sigua, DDS, MAGD

10 Commercial Street

Concord, NH 03301-5031

Bettina D. Laidley, DMD, FAGD

P.O. Box 157

420 Tamworth Road

Tamworth, NH 03886-0157

**REGION 2**

**New York**

***Delegates***

Karthilde Appolon, DDS

30 Buffalo Street

Floral Park, NY 11003-5015

Brian R. Ciporin, DDS, FAGD

8808 151st Avenue, Apt. 5K

Howard Beach, NY 11414-1445

Joseph DiDonato, DDS, FAGD, MBA

48 Menlo Place

Rochester, NY 14620-2718

Philip L. Epstein, DDS, FAGD

14 Apple Tree

Liverpool, NY 13090Lorna G. Flamer-Caldera, DDS, FAGD

31 Washington Square W, Suite 1F

New York, NY 10011-9126

James R. Keenan, DDS, MAGD

2375 Ocean Avenue, Apt. 6H

Brooklyn, NY 11229-3563

Janice K. Pliszczak, DDS, MAGD

404 Gertrude Avenue

Solvay, NY 13209-1518

Seung-Hee Rhee, DDS, MAGD

5 E. 22nd Street, #29A

New York, NY 10010-5331

Shahram Shekib, DDS, FAGD

2178 63rd Street

Brooklyn, NY 11204-3058

Teresa Skalyo, DDS, FAGD

418 Skuse Road

Geneva, NY 14456

Berry Stahl, DMD

4422 3rd Avenue

Mills Building

Bronx, NY 10457-2545

Binod K. Verma, DDS, MAGD

5904 Junction Boulevard

Elmhurst, NY 11374

***Alternates***

Louis G. Bartimmo, DMD

535 Plandome Road

Manhasset, NY 11030-1974

Ira A. Levine, DDS, MAGD

111 N. Central Avenue, Suite 280

Hartsdale, NY 10530-1938

Robert Margolin, DDS, FAGD

1 Fountain Lane, Apt. 3L

Scarsdale, NY 10583-4656

**REGION 3**

**Pennsylvania**

***Delegates***

Katherine S. Dangler, DDS, MAGD

1500 12th Avenue

Altoona, PA 16601-4812

Ann L. Hunsicker-Morrisey, DMD, MAGD

1213 Main Street

Hellertown, PA 18055-1320

Raymond J. Johnson, DMD, FAGD

101 Oak Street

Warren, PA 16365

Richard D. Knowlton, DMD, MAGD

102 W. High Street

Elizabethtown, PA 17022-2019

Leigh A. Jacopetti-Kondraski, DMD

1073 Oak Street

Pittston, PA 18640-3716

Michael K. Kaner, DMD, FAGD

137 W Street Rd

Feasterville Trevose, PA 19053-4168

Kurt J. Laemmer, DMD, MAGD

197 Interstate Parkway

Bradford, PA 16701-1013

Hema R. Nair, DMD, MAGD

1102 Baltimore Pike, Suite 203

Glen Mills, PA 19342-1058

***Alternates***

Eric N. Shelly, DMD, MAGD

403 N. 5 Points Road

West Chester, PA 19380-4632

**REGION 4**

**New Jersey**

***Delegates***

Boris Alvarez, DDS, FAGD

20 Mount Vernon Square

Verona, NJ 07044-2924

Elizabeth A. Clemente, DDS, MAGD

15 Milford Place

Skillman, NJ 08558-2335

Murtuza Jaffari, DDS

300 Lexington Road, Suite 220

Swedesboro, NJ 08085-1278

Narpat S. Jain, DMD, MAGD

101 Piermont Road, Floor 2

Tenafly, NJ 07670-1023

Arlene O’Brien, DMD

10 Douglass Drive

Princeton, NJ 08540-9510

George J. Schmidt, DMD, FAGD

197 Ridgedale Avenue, Suite 245

Cedar Knolls, NJ 07927-2107

Jeffrey J. Urban, DMD

1608 Route 88, Suite 111

Brick, NJ 08724-3009

Asim R. Zaidi, DMD

429 State Route 35

Red Bank, NJ 07701-5914

***Alternates***

Jaafar T. Ali, DDS

593 Birch Avenue

Westfield, NJ 07090-3042

Joseph A. Battaglia, DMD, FAGD

516 Hamburg Turnpike, Suite 9

Wayne, NJ 07470-2063

Scott M. Dubowsky, DMD, FAGD

12 W. 22nd Street

Bayonne, NJ 07002-3616

Shari L. Hyder, DMD, MAGD

407 White Horse Pike

Oaklyn, NJ 08107-1451

Muna N. Khan, DDS

35 Beaverson Boulevard, Suite 2A

Brick, NJ 08723-7855

Laura Sharbash, DDS

3169 Park Avenue

South Plainfield, NJ 07080-5234

**REGION 5**

**Delaware, District of Columbia, Maryland, Virginia**

***Delegates***

Laura A. Dougherty, DDS

1601 Milltown Road, Suite 25

Wilmington, DE 19808-4084

Sheila M. Samaddar, DDS

1313 S. Capitol Street SW

South Capitol Smile Center

Washington, DC 20003-3526

Steven G. Feldman, DDS

15321 Carrolton Road

Rockville, MD 20853-1702

Gigi Meinecke, DMD, FAGD

10520 Macarthur Boulevard

Potomac, MD 20854-3837

Eric L. Morse, DDS

112 W. Ostend Street, Apt. B

Baltimore, MD 21230-3711

Charles A. Young, DDS, FAGD

15 Malibu Court

Baltimore, MD 21204-2047

Bruce E. Yuille, DDS, MAGD

700 Geipe Road, Suite 270

St. Agnes Health Care Center

Catonsville, MD 21228-4176

Mohamed H. Attia, DDS, MAGD

6420 Grovedale Drive, Suite 100A

Alexandria, VA 22310-2599

Jenni C. Bobbio, DDS, FAGD

42206 Bunker Woods Place

Ashburn, VA 20148-6434

Greggory Bowles, DDS, MAGD

1225 Kempsville Road, #64398

Virginia Beach, VA 23467-1218

Stuart A. Broth, DDS, MAGD

3400 Wicklow Lane

Richmond, VA 23236-1328

Jeena E. Devasia, DDS

6455 Old Chesterbrook Road

McLean, VA 22101-4741

Bradley D. Hammitt, DDS

911 Manchester Court

Charlottesville, VA 22901-1756

Christine D. Howell, DDS

102 Western Avenue

Suffolk, VA 23434-4434

***Alternates***

Michael D. Matthias, DMD, MAGD

3801 Kennett Pike, Suite E207

Wilmington, DE 19807-2340

James K. Feldman, DDS

4707 Connecticut Avenue NW, Apt. 108

Washington, DC 20008-5619

Angela D. Marwaha, DMD

6318 Stoneham Lane

McLean, VA 22101-2345**REGION 6**

**Kentucky, Missouri, Tennessee, West Virginia**

***Delegates***

Darren S. Greenwell, DMD, MAGD

169 E. Lincoln Trail Boulevard

Radcliff, KY 40160-1253

Richard J. Alvarez, DDS, FAGD

183 Royal Dornoch Drive

Branson, MO 65616

Philip Batson, DDS

409 Vandiver Drive

Building 4, Suite 101

Columbia, MO 65202-3754

Dennis Nguyen, DDS

1923 Rex Avenue, Apt. 61

Joplin, MO 64801-5980

Jian Huang, DDS, BMS, MAGD

2810 Bransford Avenue, Suite B

Nashville, TN 37204-3102

Keith D. Gilmore, DDS, MAGD

493 Henslee Drive

Dickson, TN 37055-2166

Gary R. Woodall, DDS, MAGD

161 Capital Drive, Suite 201

Knoxville, TN 37922-3581

Steven A. Ghareeb, DDS, FAGD

1203 Jefferson Road

South Charleston, WV 25309-9732

***Alternates***

~~Geoffrey S. Ball, DMD, MAGD~~

~~2105 Crossfield Drive~~

~~Elizabethtown, KY 42701-7831~~

Todd T. Cochran, DMD, FAGD

5520 Sonora Road

Hodgenville, KY 42748Richard B. Alvarez, DDS

14303 State Highway 38

Marshfield, MO 65706-8952

Anthony S. Carroccia, DDS, MAGD, ABGD

2088 Lowes Drive, Suite C

St. Bethlehem Dental Care

Clarksville, TN 37040-1635

Anthony A. Martin, DMD, MAGD

440 Cherokee Boulevard

Knoxville, TN 37919

~~Sami M. Ghareeb, DDS, MAGD~~

~~P.O. Box 566~~

~~178 Main Street~~

~~Poca, WV 25159-0566~~

Bruce L. Cassis, DDS, MAGD

P.O. Box 926

Fayetteville, WV 25840-0926

**REGION 7**

**Indiana, Ohio**

***Delegates***

Charles W. Bartholomew, DDS, FAGD

3415 S. Lafountain Street, Suite C

Kokomo, IN 46902-3826

James M. Lindsey, DDS, FAGD

2516 Locust Lane

Kokomo, IN 46902-2954

Thomas J. Steckbeck, DDS, FAGD

8007 S. Meridian Street, Suite 4

Indianapolis, IN 46217-2901

~~David G. Austin, DDS~~

~~3600 Olentangy River Road, Suite B1~~

~~Columbus, OH 43214-3468~~

William G. Leffler, DDS, FAGD

2300 Wales Avenue NW, Suite 205

Massillon, OH 44646-2323Mehrdad Safavian, DDS

65 E. State Street, Suite E

Columbus, OH 43215-4259

David W. Schlosser, DDS, MAGD

3506 Darrow Road

Stow, OH 44224-4009

Tyler L. Scott, DDS

633 N. Union Street

Loudonville, OH 44842-1074

***Alternates***

Michael A. Gordon, DDS, MAGD

829 Main Street

Schererville, IN 46375-1100

Hans P. Guter, DDS, FAGD

598 Northridge Road

Circleville, OH 43113-1150

**REGION 8**

**Illinois**

***Delegates***

Spencer R. Bloom, DDS

5530 W. Montrose Avenue

Chicago, IL 60641-1330

Dawood Harunani, DDS, MAGD

301 W. Washington Street

Oregon, IL 61061-1621

William M. Lawley, DDS, MAGD

10704 31st Street

Westchester, IL 60154-5111

Charles F. Martello, DDS, MAGD

106 W. Nebraska Street, #635

Frankfort, IL 60423-1420

Brenden D. Moon, DMD, FAGD

4529 Brandywine Lane

Quincy, IL 62305-9047Cheryl L. Mora, DDS, MAGD

888 Creek Bend Drive

Vernon Hills, IL 60061-3301

Ryan R. Vahdani, DDS, FAGD

3450 Lacey Road

Downers Grove, IL 60515-5430

Seymour Wachtenheim, DDS, MAGD

7031 W. Touhy Avenue, Apt. 306

Niles, IL 60714-4394

Larry N. Williams, DDS, MAGD, ABGD

4934 Lunt Avenue

Skokie, IL 60077-3538

***Alternates***

Randal P. Ashton, DDS

517 W. Fairchild Street

Danville, IL 61832-3801

Susan Bordenave-Bishop, DMD, MAGD

7314 N. Edgewild Drive

Peoria, IL 61614-2114

Robert S. Kozelka, DDS, MAGD

101 S. Washington Avenue Suite 124

Park Ridge, IL 60068-4258

Theresa B. Lao, DDS, FAGD

3450 Lacey Road, Room 407

Downers Grove, IL 60515-5430

~~Jaclyn P. MacDonald, DMD~~

~~1700 W. Bluebonnet Drive, #15103~~

~~Peoria, IL 61615~~

Daniel D. Pagel, DMD

150 Forest Avenue, #2001

Oak Park, IL 60301

Brian M. Weinberg, DMD

3355 N. Kedzie Avenue

Chicago, IL 60618George R. Zehak, DDS, MAGD

6731 26th Street

Berwyn, IL 60402-2590

**REGION 9**

**Michigan, Wisconsin**

***Delegates***

~~Anthony R. Bielkie, DDS, FAGD~~

~~51725 Van Dyke Avenue~~

~~Shelby Township, MI 48316-4451~~

Jessica J. Brisbois, DDS

20916 Meadowlark Street

Farmington, MI 48336-5058

Dennis G. Charnesky, DDS, MAGD

4101 John R. Road, Suite 100

Troy, MI 48085-3647

Colleen B. DeLacy, DDS, FAGD

7305 Huron Avenue

P.O. Box 700

Lexington, MI 48450-8325

Nahid A. Kashani, DDS

17129 Tall Pines Court

Northville, MI 48168-1883

J. Michael Owen, DDS, FAGD

42430 W. 12 Mile Road

Novi, MI 48377-3028

Samer G. Shamoon, DDS, MAGD

600 Eleven Mile Road

Berkley, MI 48072-3027

David A. Susko, DDS

20737 E. 13 Mile Road

Roseville, MI 48066-4503

Edwin T. Batchelor, DDS, FAGD

2602 Crest Line Drive

Madison, WI 53704-2836Louis C. Boryc, DDS, FAGD

S76W18538 Kingston Drive

Muskego, WI 53150-9276

Virginia G. Scott, DDS, MAGD

W7347 Polinske Road

Portage, WI 53901-9151

***Alternates***

Fares M. Elias, DDS, FAGD

5353 Woodview Drive

Bloomfield Hills, MI 48302-2571

John V. Machi, DDS

290 Ohio Street

Oshkosh, WI 54902

**REGION 10**

**Iowa, Minnesota, Nebraska, North Dakota, South Dakota**

***Delegates***

Roberto A. Moreno, DDS, MAGD

201 W. 16th Street

West Liberty, IA 52776-1064

Dona W. Prince, DDS, MAGD

4220 Sergeant Road, Suite 100

Sioux City, IA 51106-4648

Daniel T. Johnson, Jr., DDS, FAGD

1757 Saunders Avenue

Saint Paul, MN 55116-2432

John J. Keller, DDS, MAGD

552 E. Main Street

Anoka, MN 55303-2529

Matthew R. Serbousek, DMD

368 N. Webb Road, Suite 1

Grand Island, NE 68803

Colleen J. Hofer, DDS, MAGD

P.O. Box 250

111 1st Street West

Velva, ND 58790-0250

Mark R. Bain, DDS

1416 18th Avenue NE

Aberdeen, SD 57401-1516

***Alternate***

Bradley J. Anderson, DDS, FAGD

4521 38th Avenue S

Fargo, ND 58104-8507

**REGION 11**

**Alaska, Idaho, Montana, Oregon, Washington**

***Delegates***

Ghazal A. Ringler, DMD

4951 Business Park Boulevard

Anchorage, AK 99503

~~Russell R. Jensen, DMD~~

~~3270 N. Maple Grove Road~~

~~Boise, ID 83704-4214~~

Leslie A. Hayes, DDS, MAGD

1125 W. Kagy Boulevard, Suite 300

Bozeman, MT 59715-5879

Scott S. Hansen, DMD, MAGD

Hansen Family Dentistry

6201 SE Harmony Road

Milwaukie, OR 97222

Howard E. Hilman, DMD

1240 SE 122nd Avenue

Portland, OR 97233-1202

~~Martha E. Rich, DMD, FAGD~~

~~833 SW 11~~~~th~~ ~~Avenue, Suite 405~~

~~Portland, OR 97205-2118~~

Ravi S. Sinha, DDS

1238 SE 122nd Avenue

Portland, OR 97233-1202Kimberly R. Wright, DMD, MAGD

1554 Garden Street

P.O. Box 589

West Linn, OR 97068-3278

Puneet S. Aulakh, DDS, MAGD

1808 Richards Road, Suite 101

Bellevue, WA 98005-3982

Teresa K. Kang, DDS

12332 120th Avenue NE

Kirkland, WA 98034-6926

Theron A. Manson, DDS, FAGD

9750 NE 120th Place, Suite 8

Kirkland, WA 98034-4207

Dzon M. Nguyen, DDS, MAGD

1421 NW 85th Street

Seattle, WA 98117-4298

Carl W. Youngquist, DDS, MAGD

1911 19th Street SE

Puyallup, WA 98372-7123

***Alternates***

Matthew J. West, DMD, FAGD

10467 Fox Farm Trail

Juneau, AK 99801-8548

Timothy M. Lawhorn, DDS, FAGD

16111 Rocky Mountain Road, Suite E

Belgrade, MT 59714-8037

~~Stefanie Beckley, DMD~~

~~4813 Parkview Drive, Apt. G~~

~~Lake Oswego, OR 97035-4461~~

Linda J. Edgar, DDS, MAGD

220 SW 292nd Street

Federal Way, WA 98023-3502

Timothy A. Hess, DDS, MAGD

1314 8th Street NE, Suite 101

Auburn, WA 98002-5748

Gary E. Heyamoto, DDS, MAGD

15657 NE 190th Street

Woodinville, WA 98072

**REGION 12**

**Arkansas, Kansas, Louisiana, Mississippi, Oklahoma**

***Delegates***

John Pardo, DDS

17585 E. Wyman Road

Fayetteville, AR 72701-9561

Mark H. Armfield, DDS

2814 Ohio Street

Augusta, KS 67010-2361

Kristopher P. Rappold, DDS, MAGD

1721 Peniston Street

New Orleans, LA 70115-4630

Jeffrey R. Richardson, DDS

4913 Elmwood Parkway

Metairie, LA 70003-2628

Steven M. Porter, DDS

301 Plantation Drive

Columbus, MS 39705-1126

Erin M. Sexson, DDS

1113 Huntington Avenue

Oklahoma City, OK 73116-6212

***Alternates***

~~Carl S. Plyler, DDS, FAGD~~

~~119 Elm~~

~~P.O. Box 4~~

~~Glenwood, AR 71943-9213~~

K. David Stillwell, DDS, MAGD

108 Marseille Drive

Maumelle, AR 72113-7246

David A. Bowman, DDS

713 Main Street

Seneca, KS 66538-1931

John W. Portwood, Jr., DDS, MAGD

9069 Siegen Lane

Baton Rouge, LA 70810-1951

Frank L. Conaway, DMD, MAGD

292 Hancock Square Drive

Bay Saint Louis, MS 39520-1634

**REGION 13**

**California**

***Delegates***

Samer S. Alassaad, DDS, FAGD

4204 Vistosa Street

Davis, CA 95618-7120

Myron J. Bromberg, DDS

7012 Reseda Boulevard, Suite G

Reseda, CA 91335-4281

Chethan Chetty, DDS, FAGD

2231 Swiftwater Way

Glendora, CA 91741-4606

Cheryl D. Goldasich, DDS, FAGD

3610 Lomita Boulevard, Suite 203

Torrance, CA 90505-3919

Kirk M. Hobock, DDS, MAGD

32382 del Obispo Street, Suite C2

San Juan Capistrano, CA 92675-4029

Erika Kullberg, DMD

4944 Cass Street, Unit 801

San Diego, CA 92109-2043

Anita Rathee, DDS, FAGD

23101 Sherman Place, Suite 415

West Hills, CA 91307-2037

Harriet F. Seldin, DMD

3737 Moraga Avenue, Suite B113

San Diego, CA 92117-5356Ricardo A. Suarez, DDS, FAGD

15732 Mar Vista Street

Whittier, CA 90605-1325

James H. Thompson, DMD, FAGD

7424 Jackson Drive, Suite 3

San Diego, CA 92119-2324

Chirag Vaid, DDS

4130 Saint Andrews Drive

Stockton, CA 95219-1865

Eric Wong, DDS, MAGD

P.O. Box 22417

Sacramento, CA 95822-0417

***Alternates***

Guy E. Acheson, DDS, MAGD

American River Dental Center

10350 Coloma Road

Rancho Cordova, CA 95670

Howard H. Chi, DMD, MAGD

6529 Inglewood Avenue, Suite B1

Stockton, CA 95207-3864

**REGION 14**

**Arizona, Colorado, Hawaii, Nevada, New Mexico, Utah, Wyoming**

***Delegates***

Mai-Ly Duong, DMD, FAGD

859 N. Harmony Avenue

Gilbert, AZ 85234-8020

Dana E. Onet, DDS

8868 W. Bell Road, #362

Peoria, AZ 85382-4931

Onika R. Patel, DMD, FAGD

11981 E. Becker Lane

Scottsdale, AZ 85259-4142

Dennis L. Burgner, DDS, MAGD

P.O. Box 988

Parker, CO 80134-0988 Sheila N. O’Grady-Stille, DMD, MAGD

5307 S. Havana Court

Englewood, CO 80111-3815

Sandra Montes, DDS

3215 Rio Madre Court SW

Albuquerque, NM 87121-9344

Summer Kleidosty, DMD

P.O. Box 17893

Reno, NV 89511-1033

Jason Eaton, DDS, MAGD

680 Liston Circle

Kaysville, UT 84037-1562

Michael R. Keim, DDS, MAGD

1749 S. Boxelder Street

Casper, WY 82604-3538

***Alternates***

Charles D. Tatlock, DDS, MAGD
405 Tulane Drive SE

Albuquerque, NM 87106-1417

Jennifer E. McClanahan, DMD

2815 Show Jumper Lane

Reno, NV 89521

**REGION 15-16**

**Alberta, Atlantic Provinces, British Columbia, Ontario, Quebec**

***Delegates***

Jennifer T. Nguyen, DDS

912 Goshawk Point NW

Edmonton, AB T5S 0H6

Lary F. Trites, DDS

6 Allison Avenue

Sackville, NB E4L 3L9

Joseph A. Belsito, DDS, FAGD

2095 Wyandotte Street W

Windsor, ON N9B 1J8Elio F. Filice, DDS, MAGD

1685 Main Street W, Unit 1-B

Hamilton, ON L8S 1G5

Frank C. Infusini, DDS, FAGD

3200 Dufferin Street, Unit 15B

Toronto, ON M6A 3B2

Kirandip K. Johal, DDS

84 Nova Scotia Road

Brampton, ON L6Y 5K1

Antonio Mancuso, DDS, MAGD

547 Thorold Road, Unit 2

Welland, ON L3C 3W9

Sarah A. Mancuso, DDS

547 Thorold Road, Unit 2

Welland, ON L3C 3W9

Gulam Walji, DDS

21 Heathmore Court

Markham, ON L3R 8J2

Faraj Hanna Alkass, DMD

3535 Queen-Mary, #218

Montreal, QC H3V 1H8

***Alternates***

Kulwant S. Turna, DDS

110 Pertosa Drive, Unit 1

Brampton, ON L6X 5E9

Bashar Shagoury, DDS, MAGD

1100 Beaumont Avenue, Suite 404

Mont-Royal, QC H3P 3H5

**REGION 17**

**Air Force, Army, Navy, Public Health, Veterans Administration**

***Delegates***

John A. Safar, DDS, MAGD, ABGD

12346 Magnolia Spring

San Antonio, TX 78253-6381Dragos Stefan-Dogar, DDS, FAGD, ABGD

1301 Shamrock Court

Warrensburg, MO 64093

Jarom Hansen, DMD

117 Sycamore Way

Fort Knox, KY 40121

John Clay Hastings, DMD

401 Quaker Meadows Court

Holly Springs, NC 27540

Alain Ouellet, DMD, FAGD, ABGD

50 Rue Des Migrateurs

Gatineau, QC J9A 2X7

Jared A. Geller, DMD, FAGD

401 Grandin Avenue

Rockville, MD 20850-4142

Doris K. Lam, DDS, FAGD

400 Russell Avenue

Building 41 - Dental Clinic

Belle Chasse, LA 70143

Thu N. Luu, DMD, FAGD, ABGD

13513 Moonlight Trail Drive

Silver Spring, MD 20906-6701

Li-Kuei G. Hung, DDS, FAGD

218 239th Way SE

Sammamish, WA 98074-3685

Juan A. Villafane-Hernandez, DMD

6002 Auburndale Avenue, Unit B

Dallas, TX 75205

***Alternates***

David L. Mapes, DDS

106 Honeycomb Drive, Unit C

Boerne, TX 78006

Demarcio L. Reed, DMD, FAGD

100 First Street, Apt. 117

Rockville, MD 20851Melissa Tucker, DDS, FAGD

1337 NW Still Water Trail

Lawton, OK 73507-5053

Justin L. Rogers, DMD, FAGD

13513 Moonlight Trail Drive

Silver Spring, MD 20906-6701

**REGION 18**

**Texas**

***Delegates***

Dean N. Armstrong, DDS, MAGD

3512 Farwell Drive

Amarillo, TX 79109-4038

Douglas W. Bogan, DDS, FAGD

791 Town and Country Boulevard

Suite 222

Houston, TX 77024-3978

Jennifer J. Bone, DDS, MAGD

710 Hill Country Drive, Suite 1

Kerrville, TX 78028-6168

Ben A. Bratcher, DDS, MAGD

240 E. Highway 243

Canton, TX 75103-2315

Ralph A. Cooley, DDS, FAGD

7500 Cambridge Street, Suite 5330

UT Health School of Dentistry

Houston, TX 77054-2032

Brooke Elmore, DDS, FAGD

713 Chatham Road

Belton, TX 76513-6707

Jeffrey B. Geno, DDS, MAGD

6011 W. Main Street. Suite A101

League City, TX 77573-6953

Alex Gonzalez, DDS, MAGD

10965 Ben Crenshaw Drive

Building 4B

El Paso, TX 79935-3021Melissa Lent Brown, DDS, FAGD

5422 Judalon Lane

Houston, TX 77056-7225

Hanna E. Lindskog, DDS, FAGD

1120 W. Temple Street

Houston, TX 77009-5240

Anne C. Lyon, DDS, FAGD

7002 Manchaca Road

Austin, TX 78745-5352

Christina Meiners, DDS

140 Merry Trail

San Antonio, TX 78232-1329

Bryan T. Moore, DDS

800 Timberwood Lane

Fairview, TX 75069-9181

Sarah Tovar, DDS, FAGD

23526 Edens Canyon

San Antonio, TX 78255

Marc J. Worob, DDS, FAGD

11623 Angus Road, Suite 16

Austin, TX 78759-4041

***Alternates***

Dan P. McCauley, DDS, FAGD

1603 N. Jefferson Avenue

Mount Pleasant, TX 75455-2329

Akshay Thusu, DDS

5919 Seneca Drive

San Antonio, TX 78238-2344

David M. Tillman, DDS, MAGD

747 8th Avenue, Suite C

Ft. Worth, TX 76104-2503

**REGION 19**

**Alabama, Georgia, North Carolina, South Carolina**

***Delegates***

Gordon R. Isbell, IV, DMD

241 S. 4th Street

Gadsden, AL 35901-4213

Derrick D. Mendez, DMD

146 County Road 80

Clanton, AL 35045-8041

Gary L. Myers, DMD, MAGD

531 Creekview Circle

Birmingham, AL 35226-3417

John P. Gale, DMD

3380 Old Jefferson Road

Athens, GA 30607-1480

Kenneth A. Gilbert, DDS, FAGD

1275 McConnell Drive, Suite G

Decatur, GA 30033-3505

Ricky Lane, DDS, MAGD

1066 Bermuda Run

Statesboro, GA 30458-0858

Amit P. Patel, DMD

1874 Chamdun Place

Atlanta, GA 30341-1767

Erin H. Pickwick, DMD

2023 Georgia Highway 20, Suite 203

Grayson, GA 30017

M. Usman Sajid, DDS

3301 Vintage Circle SE

Smyrna, GA 30080-4596

Woodson B. Bolinger, DDS, FAGD

101 N. Main Street

Weaverville, NC 28787-8444Tracy D. Johnson, DDS

Dowd Family Dentistry

309 McArthur Road

Fayetteville, NC 28311-6921

Cammie T. Morris, DDS

126 SE 3rd Street

Oak Island, NC 28465-6701

Alex P. Pence, DDS, FAGD

46 Buckhorn Gap Road

Candler, NC 28715

Theodore M. Roberson, II

340 Dabney Drive

Henderson, NC 27536-4036

Callan D. White, DDS

1011 Tunnel Road, Suite 140

Asheville, NC 28805-2059

William A. Burn, DMD, MAGD

P.O. Box 2117

Irmo, SC 29063-7117

Rocky L. Napier, DMD

143 Trafalgar Street SW

Aiken, SC 29801-3760

Ronald S. Wilson, DMD

140 Mall Connector Road

Greenville, SC 29607-3582

***Alternates***

William E. Chesser, DMD, MAGD

5002 Woodland Forrest Drive

Tuscaloosa, AL 35405

Kim E. Stiegler, DMD, MAGD

1151 Hillcrest Road, Suite A

Mobile, AL 36695-3907

Phillip H. Durden, DMD, MAGD

104 Moores Grove Road

Winterville, GA 30683-1506Suvidha Sachdeva, DDS

470 Wembley Circle

Sandy Springs, GA 30328-6754

Jennifer S. Bell, DDS, FAGD

5245 Sunset Lake Road

Holly Springs, NC 27540-3793

W. Carter Brown, DMD, FAGD

1422 S. Jetties Court

Mount Pleasant, SC 29466-7993

Scott R. Cayouette, DMD, FAGD

1040 Savannah Highway

Charleston, SC 29407-7804

Christopher T. Griffin, DMD, FAGD

150 Cambridge Avenue W

Greenwood, SC 29646-2234

**REGION 20**

**Florida, Puerto Rico**

***Delegates***

John V. Gammichia, DMD, FAGD

450 Errol Parkway

Apopka, FL 32712-2627

Harvey P. Gordon, DDS, MAGD

4949 SW 33rd Way

Fort Lauderdale, FL 33312-7927

Toni-Anne Gordon, DMD

11250 Point Sylvan Circle, Apt. H

Orlando, FL 32825

Laurence A. Grayhills, DMD, MAGD

250 Professional Way

Wellington, FL 33414-6391

Naresh A. Kalra, DDS

3306 W. Kennedy Boulevard

Tampa, FL 33609-2904Andrew P. Martin, DMD, MAGD

11626 SW 6th Lane

Gainesville, FL 32607-1139

Douglas L. Massingill, DDS, MAGD, ABGD

104 Overoaks Place

Sanford, FL 32771-7118

Ray A. Morse, DMD, MAGD

227 Southwood Drive

Panama City, FL 32405-4905

Merlin P. Ohmer, DDS, MAGD

1126 1st Street N, #201
Jacksonville Beach, FL 32250

Bipin J. Sheth, DDS, MAGD

5239 Coconut Creek Parkway

Margate, FL 33063-3964

Aldo L. Miranda-Collazo, DMD

Hyde Park

249 Calle Las Marias

San Juan, PR 00927-4224

***Alternates***

~~Tomas J. Ballesteros, III, DMD, MAGD~~

~~P.O. Box 121187~~

~~Clermont, FL 34712-1187~~

Robert D. Gehrig, DMD, FAGD

2902 Serenity Circle S ~~Ste B~~

Fort Pierce, FL 34981-5055

~~Linda G. Trotter, DMD, FAGD~~

~~4247 Stacey Road E~~

~~Jacksonville, FL 32250-2100~~

***Student Delegates***

Ms. Hannah W. Benn

3 Sherman Avenue

Summit, NJ 07901-1926

Mr. Kevin S. Lin

4722 S. Balveine Place

Salt Lake City, UT 84107-1474

Student Alternates

Ms. Diana Huynh

3316 40th Street

Metairie, LA 70001

Mr. Trent E. Finley

4702 N. Flintridge Road

Kansas City, MO 64150-1154