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AGD Strategic Plan

2016–2018 Strategic Plan

1. Education: Become the most valued resource of quality dental continuing education for general dentists at all stages of their career.
   a. Create a Scientific Session that will annually attract at least 25 percent of AGD members by the end of 2018.
   b. 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.
   c. Partner with AGD constituents in the development and delivery of continuing education programs.
   d. Protect PACE and increase the number of PACE providers.
   e. Achieve at least a 10 percent increase in members’ assessments of AGD value by the end of 2018.
   f. Actively recruit dental student members and retain them when they become practicing dentists.
   g. Attract nonmember general dentists by promoting the value of a lifelong learning mindset.

2. Advocacy: Strengthen and protect the general dentistry profession and the oral health of the public.
   a. Represent the unique interests of general dentists in all advocacy arenas.
   b. Advocate on behalf of the general dentistry profession as it relates to policymaking, insurance, licensing, education, and all levels of government.
   c. Advocate on behalf of the public to ensure safe, best quality dentistry practices and appropriate access to care.
   d. Develop strong working relationships with appropriate with the AGD constituents, the ADA, and dental specialty organizations in addressing issues of common interest.
   e. Pursue instruments and resources to empower the AGD’s advocacy agenda.

3. Membership: Achieve a 25 percent increase in full-dues-equivalent members and student members by the end of 2018.
   a. Utilize market and member research to determine which current and new member benefits will best serve the AGD in attracting and retaining members.
   b. 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.
   c. Ensure the membership target is met by the end of 2018.
   d. Promote an organizational culture that best supports attainment of strategic goals and a healthy operating environment.
   e. Ensure the success of constituents in meeting the needs of grassroots members.

4. Communications: Promote the AGD as an organization dedicated to advancing general dentistry through quality continuing education and advocacy.
   a. Position the AGD as the leading source of information on oral health issues for general dentistry.
   b. Create and promote a consistent AGD brand that is applied to all marketing vehicles and collateral materials.
   c. Increase public awareness of the value AGD general dentists bring as gatekeepers to oral health.
   d. Focus communication efforts on engaging members to advocate on behalf of general dentistry.
   e. Enhance AGD publications and digital-based communication vehicles to effectively communicate to all AGD stakeholders.

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.
   a. Ensure the fiscal soundness of the AGD.
   b. Improve the effectiveness and efficiency of AGD Headquarters operations.
   c. Streamline the AGD governance structure and operations.
   d. Promote an organizational culture that best supports attainment of strategic goals and a healthy operating environment.
   e. Ensure the success of constituents in meeting the needs of grassroots members.

Approved by the Board, April 2015; approved by the House of Delegates, Resolutions 102A and 102B, June 2015
Guiding Documents

A. Vision Statement

Policy 2015:102A-H-6

Oral health and better lives through the Academy of General Dentistry

B. Mission Statement

Policy 2015:102A-H-6

Advancing general dentistry and oral health through quality continuing education and advocacy.

C. Brand Statement

The Academy of General Dentistry (AGD) is committed to excellence in oral health care by promoting life-long learning. As the voice of general dentistry, the AGD advocates for general dentists and the patients they serve.

D. Core Purpose

Advance the value and excellence of general dentistry.

E. Core Values

- Excellence in oral health care
- Diversity
- Universal acceptance of the general dentist as the gatekeeper of oral health care
- Continuous life-long learning
- Advocacy/representation
- Teamwork; camaraderie; mentorship
- Ethical, honest and credible behavior

F. Tag Line

Your voice for excellence through education and advocacy.
Candidate for Vice President: Connie L. White, DDS, FAGD

Connie L. White, DDS, FAGD, attended the University of Missouri-Kansas City (UMKC), where she earned her bachelor’s degree in chemistry in 1977. She then attended the UMKC School of Dentistry, receiving her Doctor of Dental Surgery degree in 1981. Following graduation, White’s love of learning and the academic environment led to a position as an associate professor of dentistry at her alma mater. During her early days with the university, she began her private general dentistry practice, earned her certificate in oral medicine and quickly rose to leadership positions within the school. She held many leadership roles at the school, including team coordinator, chair of the Department of General Dentistry, chair of the dental school faculty and interim associate dean for clinical programs. Her current roles at the School of Dentistry are director of patient relations and associate dean of community relations and communication. Her tenure has continued for 36 years.

White became involved in the Missouri AGD as its liaison to the School of Dentistry when she began her teaching career in 1981. She went on to serve as Missouri AGD’s membership chair and moved through the presidential line. She expanded her service beyond the local constituent, by serving on the AGD Membership Council for six years, three of which as chair. She was then elected by her Region 6 colleagues as the regional director for two terms. She initiated her trustee role in 2011, a position that she held for five years. In 2010 and 2015, she enjoyed her involvement in the Strategic Planning task forces and has chaired the president-appointed Dental Student Task Force for the past four years.

White was elected as the secretary of AGD in July 2016. She remains an avid spokesperson for AGD, while serving on the Executive Committee. White holds fellowships in the American College of Dentists, International College of Dentists, Pierre Fauchard Academy and Academy of Dentistry International. She is active in the American Dental Association, Missouri Dental Association and Greater Kansas City Dental Society.

White has been married to her husband, Jerry, for 33 years, and together, they raised three children. They also have two granddaughters.

Personal Statement

“It has been an extreme honor to serve as secretary of AGD for the past year and a half. The time spent in working with the Executive Committee, our dedicated staff and our knowledgeable board has been an invaluable experience for me. With encouragement from many of you, I have
decided that the time has come for me to step forward and seek the vice presidency of the Academy.

“Dentistry and AGD have been my life for many years. I am privileged to have served in many capacities throughout the organization, and each of those roles has been so valuable in my preparation for this opportunity. I have learned and have grown much as a dentist and a leader. This position of great magnitude can only be accomplished by true commitment to the Academy, excellent communication skills, deep passion for the organization and a great ability to bring people together. These characteristics define who I am. I am a consensus builder with a servant’s heart and will give everything to see our Academy grow in becoming the world leader, representing the general dentist. My commitment to our organization, our profession and to each of you is paramount in my decision to take this step.

“Our Academy remains strong, and our aspirations for the future of our organization are high. We exist in a world of increasing competition, changing workforce models and changing demographics of the population that we serve. We must examine our Academy and find creative ways to expand our influence as an organization, while bringing increased value to you — our members. We must join together in bringing strength to our organization both in words and actions. Our voice through membership and Advocacy must be passionate and strong.

“I thank you for your commitment and dedication to our tremendous organization. I look forward to visiting with you over the coming months and years as we work together to build our world-class organization.”
Candidate for Secretary: Michael W. Lew, DMD, MAGD

Michael W. Lew, DMD, MAGD, currently serves as trustee representing the California AGD. He received his Bachelor of Arts degree from the University of California Berkeley in 1979 and his Doctor of Dental Medicine degree from the University of Pennsylvania in 1983. While studying at the University of Pennsylvania, he was recognized as an outstanding student in both endodontics and dental radiology.

Lew joined AGD immediately after graduating from dental school, receiving his Fellowship in 1993 and his Mastership in 2007. He also has fellowships with the Academy of Cosmetic and Adhesive Dentistry and International Congress of Oral Implantologists.

Lew has served on the Northern California AGD Board (San Francisco) and the California AGD Board since 2003 in multiple leadership capacities. He has led or supported membership drives, student events, socials for new dentists, task forces, and educational courses at the local and state levels. He has been a delegate to the AGD House of Delegates since 2003. Nationally, Lew served AGD on its Strategic Planning Committee and Membership Council. He was regional director from 2009 to 2014, including leading as chair and overseeing the Leadership Conference. As trustee, he currently participates as board liaison to the Membership Council, associate member of the Investment Committee and member of the Budget and Finance Committee. In 2013, Lew was awarded “Dentist of the Year” by California AGD.

Lew has also been active with the American Dental Association (ADA). He led local study clubs for his dental society for years. Lew was trustee to the California Dental Association (CDA) and a member of the Dentists Insurance Company Board of Directors, CDA Legislative Affairs Council and CDA Strategic Planning Group. In addition, he was alternate delegate to ADA.

In 2005, he joined the Dental Board of California, where he would chair the Continuing Education Committee and participate on the Examination Committee. At the Dental Board, Lew successfully advocated for cultural diversity in dental education and acceptance of AGD’s PACE as dental board approved-courses in California. He was a consistent voice for the general dentist throughout many deliberations.

Lew was in private practice for 25 years before joining the state of California as a correctional health dentist.

Lew is married to Vivian, a professional photographer. They have three children. His interests outside of dentistry include history, finance, hiking and music.
Personal Statement

“AGD is a great organization representing general dentists and their educational achievements. We have unlimited potential for our future. I want our AGD to be at the forefront of that process. I am asking you to make me part of that leadership team. I believe in servant leadership and in serving AGD for the benefit of the organization and its members. I support AGD’s continuing process of strategic planning and growth, and if elected, I will work to further AGD’s goals as decided by the House of Delegates.

“Like you, I struggled with intrusive government regulations, diminished insurance reimbursements, staff challenges and other changes in our profession. This motivated me to get involved with organized dentistry to help solve the problems of the everyday general dentist, including licensure for new graduates, increasing the numbers of dental hygienists, increasing the number of eligible dental courses allowable for licensure, advocating for the general dentists to perform Invisalign® procedures, and fighting the promotion of the midlevel provider. Shortly after I began, dentistry changed with the advent of cosmetic dentistry, posterior composites, dental implants and rotary endodontics. With my AGD friends, I organized courses in these areas to educate our members. My leadership at the local, state and national levels has always focused on how to help other leaders succeed.

“Let me work with you to help our members succeed in the face of challenge through advocacy and education. Together, let us build a stronger AGD with more members and programs that are second-to-none. With your help and support, I will serve you, the members of AGD, as your secretary. Please vote for me to become your next secretary of AGD.”
Candidate for Speaker of the House: Bryan C. Edgar, DDS, MAGD

Bryan C. Edgar, DDS, MAGD, currently serves as the Academy of General Dentistry’s (AGD) Speaker of the House. He is a graduate of the University of Washington School of Dentistry and a graduate of the U.S. Army General Practice Residency at Fort Riley, Kansas. He joined AGD in 1977 and has served in many roles over the past 20 years both in his state and nationally. Bryan practices general dentistry in Federal Way, Washington.

Edgar is a member of the American Association of Dental Boards (AADB) and served as its parliamentarian for 11 years prior to 2013. He is a member of the American Institute of Parliamentarians. Additionally, he was appointed by AADB to the American Dental Association (ADA) Commission on Dental Accreditation for a four-year term, and later became its chairman in 2010. He is currently a member of the ADA Council on Dental Education & Licensure. He completed his 20th year as a WREB examiner in 2013, and during that time, he served for nine years on Washington’s Dental Board (DQAC). He has served as a delegate to ADA since 1998, and he also served on the ADA Council on Ethics, Bylaws and Judicial Affairs from 1999 to 2003. He currently serves the Washington AGD as the legislative chair in coordination with the Washington State Dental Association. He was a member of the first Mastership Study Club in Washington in 1988, which resulted in 18 new Mastership recipients. In 2005, he was one of the first three recipients of the Lifelong Learning and Service Recognition Award.

Nationally, Edgar served on the AGD Constitution, Bylaws & Judicial Affairs Council for six years, from 2005 to 2011, including four years as its chair. During this time, he coordinated continually with the advocacy and legal staff to craft language for resolutions and bylaws for the Board of Trustees and the House of Delegates. In addition, he served three years as a consultant to House reference committees, and this experience has given him a strong understanding of the structure and functions of AGD. He has also served on the AGD Professional Relations Committee for four years.

As a member of the AGD Investment Committee since 2007, he has helped to grow the AGD reserves to more than $15 million currently. As a result, a large part of the new AGD Headquarters building was paid for with investment earnings. During this time, he also served on the Real Estate Task Force from 2007 to 2011 and previously served on the Board of Trustees and Budget & Finance Committee from 1996 to 1999. Edgar has been a member of the AGD House of Delegates since 1992.

Edgar served in the U.S. Army for 32 years in both active duty and the Reserve, and retired in the rank of colonel. He completed two deployments, which required absences from his private
practice, and also graduated from the prestigious U.S. Army Command and General Staff College.


Personal Statement

“I am so proud to be an AGD member and am especially grateful for the education opportunities the Academy has provided to be able to care for patients at a much higher level over the years. In addition, the Academy has provided the basis for lifelong learning and relationship building with like-minded dental professionals. Without AGD, I could not have achieved the success I enjoy today.

“As a result of my vast experience with constitution and bylaws construction and understanding of parliamentary procedures, my AGD colleagues have encouraged me to continue in the role and challenge of being the AGD Speaker of the House. I accept the challenge and ask for your continued support.”
Roger D. Winland, DDS, MS, MAGD, has been the AGD editor for 21 years. Previously, he served as editor of the award-winning Ohio AGD newsletter, The Family Dentist, from 1986 to 1996.

During his tenure as editor, Winland has overseen many successful initiatives. During the past year, he assisted the AGD Communications Department in a rebranding effort, as well as a website and publications redesign. In the past, he has led the AGD editorial team in introducing a number of electronic communications, including the AGD blog and podcast series, digital editions of both AGD Impact and General Dentistry and an AGD Impact mobile app. He also has assisted staff in improving the AGD’s Self-Instruction program, which allows dental professionals to earn continuing education credits by reading articles in General Dentistry and passing open-book tests.

Winland continues to lead fruitful collaborations with several allied dental organizations. He has directed joint issues of General Dentistry with the American Academy of Cosmetic Dentistry, Academy of Laser Dentistry, American Association of Endodontists, American College of Prosthodontists and American Association of Oral and Maxillofacial Surgeons.


Winland practices in Athens, Ohio, where he resides with his wife, Debra.

Personal Statement

“It’s been an honor to serve as the AGD editor for the past 21 years and to represent the interest of the membership on the Executive Committee. Just in my last term, I’ve been able to work with the AGD Communications Department to accomplish a number of exciting initiatives on behalf of this organization, including the redesign of both of our publications and our website. Our new website and our publications are fantastic. Our organization’s rebrand, featuring our new logo, was launched during the AGD2017 scientific session in Las Vegas and further personalizes the AGD member experience.
“It’s been exciting to lead ongoing efforts in engaging with our members via digital communication. Our social media accounts are growing at a consistent pace, and the communications team continues to share members’ stories through The Daily Grind, AGD’s blog that spotlights what really happens every day in our lives as dentists.

“In 2016, I selected Timothy F. Kosinski, DDS, MAGD, to be our new associate editor. Dr. Kosinski is a renowned author and lecturer on implants and their related surgical aspects. His most notable recently published articles include: ‘What’s on Your Technology Wish List? Considering Return on Investment and Efficiency as Purchasing Factors (AGD Impact, May 2017)’ and ‘Alumni play a critical role in maintaining excellence in dental education (General Dentistry, May-June 2017).’ He is a great addition to our publications team.

“Your communications staff is a young, vibrant group of professionals whom I look forward to continue working with as we share with the membership many exciting developments for the future of our organization. I have been honored to serve as your editor and look forward to continuing this exciting work for the next three years.”
Guide to Reading Resolutions

The following is an explanation of the different formatting found in the resolutions as well as a sample resolution. This resolution is to be thought of as an example only, and not to be considered for vote in the 2017 House of Delegates. Please keep this example in mind as you review the documents to be voted on.

Example 1:

“Resolved, that the Fellowship Award Guidelines be amended as follows:

Fellowship Requirements

4. Successful completion of the Fellowship Examination. The exam may be taken at any time after joining the AGD but any dentist joining the AGD after February 2010 be subject to a 90-day waiting period prior to applying for or sitting for the Fellowship Exam in order to verify their membership status. The application must be completed prior to December 31 deadline for Fellowship applications.”

Underlined text - This is verbiage that would be added to the resolution should it be approved.
- Strikethroughs - This is verbiage that has been proposed to be removed from the resolution.
- Regular font - This is verbiage that is to be considered as it is presented with no changes.
I. First Session House of Delegates (8:00 a.m. – 10:30 a.m., Friday, November 3, 2017) – McCormick Place, E354B-Lakeside Ballroom
   a. Call to order/presentation of the colors/playin of the anthems
   b. Welcome
   c. Invocation
   d. Recognition of Dignitaries
   e. Announcement of new business and assignment of such business to appropriate Reference Committee
   f. President’s Address
   g. Candidates for Office Nominations/SpeECHes
      i. A nomination will be made for each candidate
      ii. Candidate speeches
   h. Awards Ceremony
      i. Awards will be presented to AGD Achievement Awardees, the constituent award winners, emeritus members, and presidential awards.

II. Second Session House of Delegates (8:00 a.m. – Noon; Sunday, November 5, 2017) – McCormick Place, E354B-Lakeside Ballroom
   a. Awards will be presented to AGD leaders completing terms of service.
   b. Approval of the minutes of the 2016 HOD meeting.
   c. Reference Committee Reports (order of Reports of Reference Committees subject to change)
      1. Report of Reference Committee on Advocacy and Other Priorities
      2. Report of Reference Committee on Continuing Education
      3. Report of the Reference Committee on Administration, Image & Membership
   d. Special items of business
      i. Installation of Officers
      ii. Presentation of the incoming President’s gavel
      iii. Presentation of the Past President's plaque
      iv. President’s Address

III. Lunch Break

IV. Third Session House of Delegates (1:00 p.m. – End; Sunday, November 5, 2017) – McCormick Place, E354B-Lakeside Ballroom
   a. The House of Delegates will re-convene to complete unfinished business.

V. Adjournment
Welcome Message

Dear Colleagues:

Welcome, and congratulations on your selection as Delegates to the 2017 AGD House of Delegates (HOD)! *Yours is a great responsibility*; in fact, *you* are an important part of the legislative governing body of the Academy of General Dentistry. We know you will take this responsibility seriously because our organization is faced with many substantial and important issues. Your deliberations and decisions at the 2017 HOD will impact our organization well beyond the immediate future.

**AGD Delegates will be required to attend the following sessions in order to be eligible for reimbursement:** HOD First Session, Second Session and Third Session, at least one Reference Committee meeting, and the Town Hall meeting. You also will need to partake in all HOD voting.

Each delegate’s badge will be scanned prior to entering the governance events. If you do not participate in all of the events above, you will not receive reimbursement for your annual meeting expenses.

Please be sure to arrive on time for the scheduled events. Adequate seating will be provided but late arrivals may disrupt the meeting. To avoid large crowds gathering in the back of the meeting room — and to comply with the venue’s fire code regulations — we ask that you fill all available seating.

You are also encouraged to actively **participate** in the Reference Committee Hearings. *It is in this forum that every single one of you can share your vision and experience on how to make the AGD work better.* Your communication to the Reference Committees during these hearings will allow us to move expeditiously through the HOD’s business on Sunday, November 5, 2017 and avoid an extended session.

We look forward to meeting you at the hearings. Following is the Reference Committee Hearing schedule:

### 2017 Reference Committee Schedule

<table>
<thead>
<tr>
<th>Reference Committee</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy &amp; Other Priorities</td>
<td>1:30-3:00 p.m.</td>
<td>E350</td>
</tr>
<tr>
<td>Administration, Membership &amp; Image</td>
<td>2:30-4:00 p.m.</td>
<td>E352</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>3:30-5:00 p.m.</td>
<td>E351</td>
</tr>
</tbody>
</table>
Delegate Checklist

1. Bring a copy of this manual with you to Chicago. You may wish to save it to your laptop/tablet or print it out. If you wish to have a paper copy of the manual, it will be the responsibility of your constituent to provide one at your request. Please contact your Constituent officers accordingly to make your request. **AGD will not be providing printed materials at the 2017 House of Delegates.**

2. Pick up your registration materials in McCormick Place, E354B – Lakeside Ballroom on Thursday, November 2, 2017 from 3:00 p.m. to 7:00 p.m. or on Friday, November 3, 2017 from 7:00 a.m. to 10:30 a.m.

3. Plan to attend on Friday, November 3, 2017:
   a. The first session of the House of Delegates (HOD) in E354B – Lakeside Ballroom 8:00 a.m. to 10:30 a.m.
   b. The Reference Committee Hearings to which you have been assigned by your Region.
      1) Reference Committee on Advocacy and Other Priorities 1:30 to 3:00 p.m. in Room E350.
      2) Reference Committee on Administration, Image and Membership 2:30 p.m. – 4:00 p.m. in Room E352.
      3) Reference Committee on Continuing Education 3:30 p.m. – 5:00 p.m. in Room E351.

4. Plan to attend on Saturday, November 4, 2017:
   a. The Oral Health Literacy Panel and Town Hall Meeting 8:00 a.m. to 10:00 a.m. in Room E350.
   b. Any caucus meeting called by your region prior to the annual meeting. Please contact your Regional Director to confirm.
   c. Your regional caucus at McCormick Place.

5. Plan to attend on Sunday, November 5, 2017:
   a. The second and third HOD sessions from 8:00 a.m. until the HOD adjourns in E354B – Lakeside Ballroom,

6. As a delegate, you will be voting on resolutions presented to the HOD. It is your responsibility to read and understand each resolution with its appropriate background
information so that you will be able to cast an educated vote at the HOD session. Your Regional Director and Trustee are available for any clarification you need about the resolutions and to answer any additional questions which may arise from discussion. Thorough knowledge and understanding of issues to be voted upon before rising to speak on the floor of the HOD is a crucial part of your responsibilities as a delegate.

7. Expense Reports:
   a. AGD Delegates will be required to attend the following sessions in order to be eligible for reimbursement: HOD First Session, Second Session and Third Session, at least one Reference Committee meeting, and the Town Hall meeting. You also will need to partake in all HOD voting.
   b. Each delegate’s badge will be scanned prior to entering the governance events. If you do not participate in all of the events above, you will not receive reimbursement for your annual meeting expenses.
   c. Please be sure to arrive on time for the scheduled events. Adequate seating will be provided but late arrivals may disrupt the meeting. To avoid large crowds gathering in the back of the meeting room — and to comply with the venue’s fire code regulations — we ask that you fill all available seating.
   d. Please review and use the appropriate Expense Reimbursement form. To print out an Expense Form go to the Leader Resource Center.

8. Attire: The attire for the meeting will be business dress. Jeans, shorts, sneakers, and athletic wear are unacceptable.
**Schedule of Events**

*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.*

<table>
<thead>
<tr>
<th>Start Time</th>
<th>End Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 11/2/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00 a.m.</td>
<td>5:00 p.m.</td>
<td>Regional Directors Meeting <em>(By Invitation)</em> – E271A</td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>7:00 p.m.</td>
<td>Attendee Registration Desk - E354B – Lakeside Ballroom</td>
</tr>
<tr>
<td>8:00 p.m.</td>
<td>10:00 p.m.</td>
<td>Candidates’ Reception</td>
</tr>
<tr>
<td>Friday 11/3/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:30 a.m.</td>
<td>7:00 a.m.</td>
<td>Credentials and Elections Committee Meeting <em>(By Invitation)</em> – E270</td>
</tr>
<tr>
<td>7:00 a.m.</td>
<td>10:30 a.m.</td>
<td>Attendee Registration Desk - E354B – Lakeside Ballroom</td>
</tr>
<tr>
<td>8:00 a.m.</td>
<td>10:30 a.m.</td>
<td>House of Delegates First Session &amp; Awards Ceremony - E354B – Lakeside Ballroom</td>
</tr>
<tr>
<td></td>
<td>12:00 p.m.</td>
<td>Reference Committee Lunch <em>(By Invitation)</em> – Room E353B</td>
</tr>
<tr>
<td></td>
<td>12:00 p.m.</td>
<td>Past Presidents’ Forum Lunch <em>(By Invitation)</em> – Room 255</td>
</tr>
<tr>
<td>1:30 p.m.</td>
<td>3:00 p.m.</td>
<td>Reference Committee on Advocacy &amp; Other Priorities - Room E350</td>
</tr>
<tr>
<td>2:30 p.m.</td>
<td>4:00 p.m.</td>
<td>Reference Committee on Administration, Image &amp; Membership - Room E352</td>
</tr>
<tr>
<td>3:30 p.m.</td>
<td>5:00 p.m.</td>
<td>Reference Committee on Continuing Education - Room E351</td>
</tr>
<tr>
<td>Saturday 11/4/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00 a.m.</td>
<td>10:00 a.m.</td>
<td>Oral Health Literacy Panel and Town Hall Meeting - Room E350</td>
</tr>
</tbody>
</table>

**Regional Caucuses**

<table>
<thead>
<tr>
<th>Start time</th>
<th>End time</th>
<th>Official Function Name</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 a.m.</td>
<td>3:30 p.m.</td>
<td>Region 1 Caucus</td>
<td>E267</td>
</tr>
<tr>
<td>10:15 a.m.</td>
<td>12:00 p.m.</td>
<td>Region 2 Caucus</td>
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<td>4:00 p.m.</td>
<td>Region 3 Caucus</td>
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<td>2:30 p.m.</td>
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<td>3:30 p.m.</td>
<td>Region 5 Caucus</td>
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<td>Regional 09 Caucus</td>
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<td>10:15 a.m.</td>
<td>4:00 p.m.</td>
<td>Caucus Support</td>
<td>E270</td>
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Sunday 11/5/17 | | |
| 8:00 a.m. | 12:00 p.m. | House of Delegates Second Session - E354B – Lakeside Ballroom |
| 12:00 p.m. | 1:00 p.m. | HOD Lunch Break – On Own |
| 12:00 p.m. | 1:00 p.m. | Board Lunch – E271B |
| 1:00 p.m. | End | House of Delegates Third Session *(If necessary)* - E354B – Lakeside Ballroom |
| | 45 minutes post HOD | Board Meeting – E271A |
## Resolution Index Summary

Bryan C. Edgar, DDS, MAGD, AGD Speaker of the House; Connie L White, DDS, FAGD, AGD Secretary; and Jennifer Goler, Associate Director, Governance, Governance

<table>
<thead>
<tr>
<th>Resolution #</th>
<th>Brief Description</th>
<th>Ref. Comm. Assignment</th>
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</thead>
<tbody>
<tr>
<td>101</td>
<td>Revise HOD Policy 2002:8-H-7</td>
<td>Admin/Image/Mem 2:30 – 4:00 pm</td>
</tr>
<tr>
<td>102</td>
<td>Amend Bylaws to Reflect Term-limits for Editor and Speaker</td>
<td>Admin/Image/Mem 2:30 – 4:00 pm</td>
</tr>
<tr>
<td>103</td>
<td>Amend the AGD 2016-2018 Strategic Plan (2015:102B-H-6)</td>
<td>Admin/Image/Mem 2:30 – 4:00 pm</td>
</tr>
<tr>
<td>104</td>
<td>Rescind HOD Policy Manual, Publishing/Production Design Guidelines, Advertising Policies of the Academy of General Dentistry</td>
<td>Admin/Image/Mem 2:30 – 4:00 pm</td>
</tr>
<tr>
<td>105</td>
<td>Rescind HOD Policy AGD Emergency Handbook</td>
<td>Admin/Image/Mem 2:30 – 4:00 pm</td>
</tr>
<tr>
<td>150</td>
<td>Approve 2018 Budget</td>
<td>Admin/Image/Mem 2:30 – 4:00 pm</td>
</tr>
<tr>
<td>301</td>
<td>Rescind and Replace HOD Policy 2006:23R-H-7</td>
<td>Advocacy/Other Priorities 1:30 – 3:00 pm</td>
</tr>
<tr>
<td>302</td>
<td>Adopt Off-Label Use of Dental Products Statement</td>
<td>Advocacy/Other Priorities 1:30 – 3:00 pm</td>
</tr>
<tr>
<td>303</td>
<td>Adopt an AGD HOD Policy on Leased Dental Benefit Networks</td>
<td>Advocacy/Other Priorities 1:30 – 3:00 pm</td>
</tr>
<tr>
<td>304</td>
<td>Adopt an AGD HOD Policy on Flossing</td>
<td>Advocacy/Other Priorities 1:30 – 3:00 pm</td>
</tr>
<tr>
<td>305</td>
<td>Adopt AGD Policy Statement on the Consumption of Sugar and Its Health Care Consequences as AGD HOD Policy</td>
<td>Advocacy/Other Priorities 1:30 – 3:00 pm</td>
</tr>
<tr>
<td>306</td>
<td>Adopt Role of Dentistry in Addressing Opioid Crisis as AGD HOD Policy</td>
<td>Advocacy/Other Priorities 1:30 – 3:00 pm</td>
</tr>
<tr>
<td>307</td>
<td>Revise Policy Statement on Cost-Efficiency of Primary Oral Health Care</td>
<td>Advocacy/Other Priorities 1:30 – 3:00 pm</td>
</tr>
<tr>
<td>308</td>
<td>HPV Vaccination Policy Approval</td>
<td>Advocacy/Other Priorities 1:30 – 3:00 pm</td>
</tr>
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</table>
How to Write a Position Statement for the House of Delegates (HOD)

This document is being prepared to assist members and Delegates as they consider and prepare Position Statements for submission to the House of Delegates (HOD) of the Academy of General Dentistry (AGD). A carefully considered, well crafted Position Statement has a much better chance of being adopted by the HOD and will minimize confusion and debate on the floor of the HOD during its annual meeting.

What is a Position Statement of the HOD?

The HOD is a representative body of the membership that approves AGD position statements. A position statement is the AGD’s position on professional or public policy issues that relate to its mission and goals. An individual member or group of members develops proposed Position Statements. However, they can only be submitted by an AGD dentist member and only a delegate can submit a proposal for a Position Statement to the HOD Operations Committee. Once proposed position statements have gone through the review process, they are sent to delegates and made available to the membership via the AGD Web site for feedback. Using this feedback to help form an opinion on the Position Statement, the delegate goes to the HOD meeting where the Position Statement is debated and then voted on. If the Position Statement passes the HOD, it becomes an official position of the AGD. Therefore, it is in the best interests of the maker of the Position Statement to submit a proposal that is in keeping with AGD policy and meets the criteria for a Position Statement.

Is it needed? This is the first thing to consider when planning to propose a Position Statement.
Is the issue you are attempting to address covered in the current bylaws and policies of the organization? Before beginning the long process of drafting and offering a Position Statement it is wise to review these, and any other relevant AGD documents. This will help you answer the second question.

**Is it consistent with the Position Statement Criteria?**

Position Statement Criteria:

1. Must be related to AGD’s core purpose and goals.
2. Must address professional or public policy issues.
3. Must take a position, not state the need for a position.
4. Must be submitted in a standard format.
5. Must not be defamatory.
6. Must not make references to the position statement of an organization or the stated opinion of an individual.
7. Must not endorse a political candidate or party.
8. Must not address internal AGD issues.
9. Must not endorse a specific product or company.

Position Statements must deal with issues related directly to dentistry, or the policies and practices of the AGD.

Once a proposed Position Statement is received, it will go through an evaluation process. The proposed Position Statement will be evaluated by the AGD Board of Trustees (Board), potentially other agencies of the AGD or legal counsel, and ultimately by the AGD HOD. They will check for factual accuracy, legality and adherence to existing AGD policy.

The HOD will not consider Position Statements that violate local, state, or federal statues. Position Statements that would alter our tax-exempt status, or result in lengthy litigation would be unwise and probably be rejected.

The evaluation will also check against any impact on previously approved Position Statements. Each proposed Position Statement will be evaluated on form, approach and content.

**Is a Position Statement in the HOD the appropriate forum to discuss this issue?**
There are many avenues to provide feedback to the Board. Any issue regarding the actions and functioning of the organization or issues related to the profession are permitted to be brought before the HOD. Position Statements of the HOD are not appropriate forums for personal vendettas or criticism of the organization, its board or individual officers or members.

Do you have a clear idea of what you hope to accomplish?

Position Statements should have clear goals and address specific issues. Carefully consider what your desired outcome will be, and be able to express that outcome clearly. If you do not clearly present your intent and meaning, and why AGD should hold this position then the debate will be difficult and frustrating and your Position Statement will flounder. You only get one shot each year, make it count.

Is your Position Statement well crafted?

Sometimes English can be a frustrating language. However, words often have specific legal meanings, and there are rules of grammar. The document that you submit to the HOD becomes a part of our organization’s public record. Individuals outside of AGD will have access to those documents; they should be well written and properly formatted. Beyond the potential for embarrassment, the tragedy of a good idea being rejected because it is poorly presented is completely avoidable with a little groundwork up front. Remember, the proposed Position Statement will be presented to the HOD in the HOD manual, not by the person or agency who thought of it. Use the spell check and grammar check on your computer. Before you begin the process of submitting the Position Statement, have disinterested third parties (not just your friends) read and comment on your draft. Position Statements that include good ideas, but are written with hostility or negativity are usually defeated on the basis of the way they are written, regardless of the intent of the Position Statement. Remember that we are a professional association and present your ideas in a clear way with supporting facts rather than emotions.

How do you write a Position Statement?

A Position Statement should be should be well written and properly formatted. Present a brief summary of the background and rationale for the Position Statement. Include any information that will explain the intent and meaning of the Position Statement. The Position Statement, itself, should be limited to one paragraph. Then include a list of verifiable references to support your proposal, including research, statistics, AGD Board decisions, etc.
When submitting a resolution to the Board and/or HOD for adoption of a policy, the format should roughly follow in this manner:

1. “Resolved,…
2. The next phrase on the same line should be a statement of what the AGD believes, e.g., the AGD supports the FDA’s position on amalgam
3. Following that should be a phrase that explains why, e.g., because of its peer reviewed, scientific basis

Ideally, a policy resolution should have only one resolved clause. If there are more clauses, the HOD has a tendency to want to split the question. However, if, as part of the policy, there is a directive for implementation, say, then the following should occur:

4. the first clause will end with and be it further,
5. The first line of the second clause will begin “Resolved…
6. The next phrase will be the directive, e.g., that the Public Relations Council be directed to publicize this policy through press releases.
7. The resolution will always end in a closed quote. “

Example

2001:27-H-8 “Resolved, that the Academy of General Dentistry (AGD) believes that supervising or providing materials or methodology for consumers to make intraoral impressions constitutes the practice of dentistry, which requires an appropriate license in the state or province where the individual is being treated, and be it further

Resolved, that directing a dental laboratory to fabricate intraoral appliances and devices (including bleaching trays) constitutes the practice of dentistry, which requires an appropriate license in the state or province where the individual is being treated, and be it further

Resolved, that in order to protect the health of the public, the AGD believes that the fabrication of intraoral appliances and devices (including bleaching trays) by dental laboratories
requires a proper prescription by a dentist licensed in the state or province where the individual is being treated.”

Conclusion

We hope this document helps you in preparing and submitting position statements to the HOD. These statements are a vital form of member input into the association. We look forward to receiving your input and suggestions on how to improve this guide. If you have any suggestions, please contact advocacy@agd.org.
Amendment to Resolution Form

RESOLUTION # ________________

REFERENCE COMMITTEE REPORT - PAGE # ________________

2016 HOUSE OF DELEGATES (HOD) – Chicago, IL

FOR AMENDMENTS TO RESOLUTIONS

Amendments or substitute resolutions should be taken to Room E270 (AGD Caucus Support) of the McCormick Place Lakeside Building from 10:15 a.m. to 4:00 p.m. on Saturday, November 4 so provisions can be made for the HOD to fully comprehend what it is voting on at all times. The amendment will be entered so that it can be electronically projected to the HOD.

Please paste the original resolution below as well as on the next page, underline new additions and strike through language you wish to remove:

Submitted by: Delegate’s Name ________________________________
State ______________________________________________________
Region ____________________________________________________

REQUIRED SIGNATURE______________________________________
Resolution #xxxx

Please enter your completed resolution (including strikethroughs and underlines) in this space. It should be in Arial 22 pt. font. We will use this document to project your resolution in the HOD.
The reference committee may recommend that a particular resolution be adopted, rejected, amended, postponed definitely, or referred to the appropriate AGD agency. A proposal to amend the resolution can take the form of a substitute resolution.

Items of note:

- The resolution number is to remain constant throughout the HOD proceedings. For example, a resolution would be called “Resolution #12.”
- If the reference committee recommends a substitute resolution, the resolution number would remain constant, but the letter “R” would follow the resolution number to indicate that the recommendation has emanated from the reference committee. For example, “Resolution #12R.”
- If a substitute resolution is being recommended, the reference committee is bound to reference the original resolution in its report.
- These reports are written to facilitate the business of the HOD. Even a simple word change in a resolution will cause the resolution to be treated as a substitute resolution as it emerges from the reference committee.
Anthem

Star-Spangled Banner

O say, can you see, by the dawn’s early light,
What so proudly we hail’d at the twilight’s last gleaming?
Whose broad stripes and bright stars, thro’ the perilous fight,
O’er the ramparts we watch’d, were so gallantly streaming?
And the rockets’ red glare, the bombs bursting in air,
Gave proof thro’ the night that our flag was still there.
O say, does that star-spangled banner yet wave
O’er the land of the free and the home of the brave?

O Canada

O Canada!
Our home and native land!
True patriot love in all of us command.

With glowing hearts we see thee rise,
The True North strong and free!

From far and wide,
O Canada, we stand on guard for thee.

God keep our land glorious and free!
O Canada, we stand on guard for thee.

O Canada, we stand on guard for thee.
Rules of Procedure for Conducting The Reference Committee Hearings and Business of the
Academy of General Dentistry’s House of Delegates

1. The House of Delegates (HOD) will consider business introduced only in one of the
following ways:

   a. A resolution submitted on a petition signed by 25 or more active members at least
two weeks prior to the annual session of the HOD and directed to the Executive
Director;

   b. An appropriate resolution emanating from a meeting of the Board of Trustees
(Board);

   c. Resolutions emanating from any report of an officer, council or committee;

   d. A resolution introduced by any Constituent AGD or any certified delegate
providing that the resolution has been received by the AGD's Executive Director
at least two weeks prior to the First Session of the HOD at the annual session of
the HOD;

   e. A resolution submitted in writing and introduced on the floor of a session of the
HOD with the unanimous consent of the HOD. Such a resolution requires
approval by two-thirds of the delegates present and voting. Reference Committee
recommendations are not, however, deemed new business.

2. In keeping with the Constitution and Bylaws of the AGD, no amendment may be made to
either the Constitution or the Bylaws unless it has been published to the members at least
thirty (30) days in advance of the annual session of the HOD on the AGD Web site and
links to the proposed changes will be headlined thereon. If such is the case, the
Constitution may be amended by an affirmative vote of at least two-thirds of the certified
delegate members present and voting at the annual session of the HOD, and the Bylaws
may be amended by an affirmative vote of two-thirds (2/3) of the delegates present and
voting.

3. The Speaker of the House, in consultation with the Executive Director, shall make a
recommendation to the Board at the regular meeting held before the annual session of the
HOD of how the annual reports and resolutions are to be divided among three Reference
Committees. All delegates will be strongly encouraged to review all resolutions.

4. The President shall designate five delegates and two non-voting consultants who need not
be delegates to serve on each Reference Committee. Members serving on current
councils and committees of the organization may not serve on the Reference Committee
if that Reference Committee is going to review a report from a council or committee on
which the member is currently serving. The two non-voting consultants may, of course,
have served on councils or committees whose reports are being reviewed by that
Reference Committee.
5. Reference Committee hearings are open to all members of the AGD. At the appropriate
time each member may express his/her opinion on a given subject being heard by that
Reference Committee.

   a. The Chairperson of the Reference Committee shall preside at the Reference
Committee hearing. He/she shall be seated with his/her four committee members,
a maximum of two consultants, and designated staff from the AGD’s headquarters
office at a table in the front of the hearing room.

   b. The Chairperson of the Reference Committee may limit the length of time each
member is allowed to speak, but may not prevent any member from speaking at
least once on a given subject. Once debate has been limited by the Chairperson, it
shall apply to all future speakers in that particular Reference Committee on that
topic.

   c. No resolutions may be introduced in the Reference Committee hearing.

   d. The purpose of the Reference Committee hearing is only to receive information
and opinions. No votes may be taken in the hearing on any resolution.

   e. All Reference Committees must remain in session for a minimum of 90 minutes
or until all attendees have left the room so that delegates may present their views
before all of the Reference Committees.

6. Immediately after the hearing, the five members of the Reference Committee and the
Committee’s consultants shall deliberate in executive session and make a
recommendation to the AGD on each item of business assigned to it. No item of business
may be omitted. The Reference Committee may recommend that a resolution be
adopted, rejected, amended, referred to committee, or postponed definitely. An
amendment may take the form of a substitute resolution. However, the substitute
resolution must be completely germane to the original resolution. After the executive
session, the report of the Reference Committee shall be prepared by the Chairperson with
the assistance of staff from the AGD's headquarters office.

7. At the appropriate time, the presiding officer shall request that each Reference
Committee Chairperson deliver his/her report to the HOD. The Chairperson shall move
for appropriate action on each recommendation or substitute resolution from the
Reference Committee and identify a member of the Reference Committee as the seconder
of the motion. At this time, an amendment to the resolution may be offered from the
floor. The amendment must receive a second before it can be discussed. A vote on the
main motion or resolution will occur after the membership has reached a decision on each
amendment which has been duly proposed. No motions to postpone indefinitely will be
permitted.

   a. Only those sections of the Constitution and Bylaws which have been published to
the membership at least thirty (30) days prior to the annual session of the HOD
are subject to amendment. It will be the presiding officer's duty to determine whether a proposed amendment to such a resolution is completely germane to the question. If the proposed amendment is not germane to the particular section of the Constitution and Bylaws under scrutiny, it will be his/her duty to rule the amendment out of order and request that it be appropriately introduced at next year's annual session of the HOD.

b. The President shall appoint a parliamentarian to assist and advise the Speaker of the House in running an orderly meeting in keeping with these Rules of Procedure. All questions not covered by the AGD's Constitution and Bylaws or these Rules of Procedure shall be governed by the American Institute of Parliamentarians Standard Code of Parliamentary Procedure. A copy of this code shall be maintained by the parliamentarian for reference.

8. Only duly certified delegates or alternate delegates who have been elevated to delegate status may vote or move resolutions on the floor of the HOD. However, any of the following individuals may address the HOD after they are recognized by the presiding officer:

   a. All delegates;

   b. All AGD officers who are members of the Executive Committee;

   c. All Council or Committee chairpersons;

   d. All AGD Past Presidents;

   e. The Executive Staff of the AGD;

   f. All members of the Board who have not otherwise been elected delegates (such Board members may be seated with their Constituent AGD delegations on the floor of the HOD).

   h. All Regional Directors who have not otherwise been elected delegates (such Regional Directors may be seated with their constituent academy delegation on the floor of the HOD)

   i. The President of the AGD Foundation may have access to the floor, but may address the HOD only if an issue concerns the Foundation.

   j. Any AGD member may have access to the floor of the HOD in order to give a nominating speech for a candidate in a contested election.

9. The procedure with regard to handling of nominations at the First Session of the HOD for AGD offices shall be:
a. The AGD’s Secretary shall announce any petitions received at least 60 days prior to the First Session of the HOD on behalf of candidates running for AGD office at the annual session of the HOD. No petition will be honored that is received more than one year in advance of the annual session of the HOD in which the election takes place.

10. Council and Committee Chairpersons shall sit in the front row of the HOD with the appropriate staff when resolutions from their agencies of the AGD are being considered. If a Council or Committee Chairperson is not in attendance at the annual session of the HOD, the President may designate another member of the Council or Committee as a substitute. The Speaker of the House shall recognize such individuals in proper sequence when it is obvious that they need to provide input to the HOD on any proposed change affecting their areas of jurisdiction.

11. Constituent Executives, officially listed in the Constituent Officers List, may sit with their delegations on the floor of the HOD, but no constituent may seat more than one officially-listed executive.

Adopted HOD 7/89
Revised HOD 7/91
Amended HOD 7/94
Amended HOD 7/95
Revised HOD 7/99
Revised HOD 8/2001
Revised HOD 7/2002
Revised HOD 6/2007
Revised HOD 7/2010
Congratulations on being appointed as a delegate or alternate delegate of the Academy of General Dentistry (AGD) House of Delegates. The AGD invites you to use the provided news release template to educate your patients and community about your work with the AGD. Here are some tips to help you get your information published in local media outlets:

1. Use the Internet to research the newspapers that are published in your area.
2. Determine the newspapers to which you would like to send your news release. Call each newspaper on your list and ask to speak with the news editor (if it’s a community publication) or the business editor (if it’s a larger, daily publication). If that person is unavailable, you also may be able to find his or her email address by searching the newspaper’s website.
3. Inform the editor that you are a local business owner who has just been appointed to a national dental organization’s House of Delegates. Tell him or her that you would like to submit a news release with the details of your appointment.

Here’s an example of a phone conversation with a media contact:

**You:** Hi, my name is Dr. John Smith and I was just appointed to the Academy of General Dentistry House of Delegates. I work/live in [insert city], and I thought that the paper may be interested in running an article about my achievement. I have a news release with more details. Would you like me to send it to you via email? [Media contact says, “Yes.”] Great! What is your email address?

4. Email your news release to the media contact. If you have a headshot of yourself, you may want to include it as an attachment. Newspapers may run your photo if space allows.
5. Follow up with your media contacts within one week. Make sure that they have received the release and inquire whether they are interested in printing it. If they plan to publish your story, ask when it is scheduled to run so you can watch for the media coverage.

The AGD recommends that you distribute your release as soon as possible after AGD Annual Meeting 2017 to receive the most media placements. News outlets prefer to report on recent events. Waiting too long after the annual meeting to send this release may limit your media coverage potential.

If you have any questions or need more information, contact AGD Public Relations at 312.404.4346 or news@agd.org.

Thank you again for your participation!
FOR IMMEDIATE RELEASE

For more information contact:
<FIRST AND LAST NAME>, <Title/Credentials>
<OFFICE PHONE>
<EMAIL>

<CITY> Dentist Appointed to AGD 2017 House of Delegates

<CITY, ST> (DATE) — <FIRST AND LAST NAME>, <DDS/DMD>, <FAGD/MAGD>, of <CITY>, <STATE>, was appointed to serve as <AN ALTERNATE DELEGATE/A Delegate(identify one)> to the Academy of General Dentistry (AGD) 2017 House of Delegates (HOD) during AGD’s annual meeting, held November 2 to 4 in Chicago.

As the AGD’s governing body, the HOD dictates the organization’s policy and votes on issues that affect the dental community, as well as the AGD’s 40,000 members in the United States, its territories, and Canada.

Committed to providing quality care and patient education to the public, AGD members are required to complete 75 hours of continuing dental education every three years.

Dr. <LAST NAME> graduated from <DENTAL SCHOOL> in <YEAR> and currently practices dentistry in <CITY>. <HE/SHE> and <HIS/HER> <WIFE/HUSBAND>, <NAME>, have <NUMBER> children, <NAMES>.

About the Academy of General Dentistry

The Academy of General Dentistry (AGD) is a professional association of more than 40,000 general dentists, dedicated to providing quality dental care and oral health education to the public. Founded in 1952, AGD is the second largest dental association in the United State, and serves the needs and represents the interests of general dentists. For more information about the AGD, visit, www.agd.org.

###
# 2016-2017 Leader Contact Information

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Address</th>
<th>Office</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Maria A. Smith, DMD, MAGD</td>
<td>72 Wooster Street</td>
<td>203.924.1613</td>
<td><a href="mailto:president@agd.org">president@agd.org</a></td>
</tr>
<tr>
<td>President-Elect</td>
<td>Manuel A. Cordero, DDS, CPH, MAGD</td>
<td>2 Talon Court</td>
<td>856.589.8533</td>
<td><a href="mailto:president-elect@agd.org">president-elect@agd.org</a></td>
</tr>
<tr>
<td>Vice President</td>
<td>Neil J. Gajjar, DDS, MAGD</td>
<td>16-735 Twain Avenue</td>
<td>905.564.2021</td>
<td><a href="mailto:vice-president@agd.org">vice-president@agd.org</a></td>
</tr>
<tr>
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19 Charlestown, MA 02129

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23 Billerica, MA 01821-5338

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29 Sarita B. Patel, DDS
30 57 Crescent Street
31 Northampton, MA 01060-3769

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37 Jean-Paul Rabbath, DMD, MAGD
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46 240 Stratton Road, Suite 2
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69 Quincy, MA 02169-4411

71 REGION 2

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74 Karthilde Appolon, DDS
75 30 Buffalo Street
76 Floral Park, NY 11003-5015

78 Louis G. Bartimmo, DMD
79 535 Plandome Road
80 Manhasset, NY 11030-1974
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<thead>
<tr>
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<th>Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip</th>
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</thead>
<tbody>
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<td>13209-1518</td>
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<tr>
<td>7</td>
<td>Seung-Hee Rhee, DDS, MAGD</td>
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<td>New York, NY</td>
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<tr>
<td>8</td>
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<td>9</td>
<td>Teresa Skalyo, DDS, FAGD</td>
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<tr>
<td>10</td>
<td>Berry Stahl, DMD</td>
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<td>Bronx, NY</td>
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<td>11</td>
<td>Nathan Hershkowitz, DDS, MAGD</td>
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<td>Brooklyn, NY</td>
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**REGION 3**

**Pennsylvania Delegates**

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<thead>
<tr>
<th></th>
<th>Name</th>
<th>Address</th>
<th>City, State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Ann L. Hunsicker-Morisey, DMD, MAGD</td>
<td>1213 Main Street</td>
<td>Hellertown, PA</td>
<td>18055-1320</td>
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<tr>
<td>13</td>
<td>Richard D. Knowlton, DMD, MAGD</td>
<td>102 W. High Street</td>
<td>Elizabethtown, PA</td>
<td>17022-2019</td>
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<td>14</td>
<td>Leigh A. Jacopetti-Kondraski, DMD</td>
<td>1073 Oak Street</td>
<td>Pittston, PA</td>
<td>18640-3716</td>
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<td>15</td>
<td>Thomas D. Kratzenberg, DMD, MAGD</td>
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<tr>
<td>16</td>
<td>Kurt J. Laemmer, DMD, MAGD</td>
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<td>16701-1013</td>
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<td>17</td>
<td>Frederick C. Lally, DDS, MAGD</td>
<td>164 W. Tioga Street</td>
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2. Eric N. Shelly, DMD, MAGD
3. 15 Shady Ridge Road
4. Russell, PA  16345-1135
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6. Boris Alvarez, DDS, FAGD
7. 20 Mount Vernon Square
8. Verona, NJ  07044-2924
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54 Kokomo, IN  46902-2954
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58 Evansville, IN  47714-1561
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61 1425 Offnere Street
62 Portsmouth, OH  45662-3505
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66 Dublin, OH  43017-8878
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68 Mehrdad Safavian, DDS
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73 633 N. Union Street
74 Loudonville, OH  44842-1074
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78 829 Main Street
79 Schererville, IN  46375-1100
80
81 Hans P. Guter, DDS
82 598 Northridge Road
83 Circleville, OH  43113-1150
84
85 Kevin J. Kramer, DDS, MAGD
86 P.O. Box 342
87 Aurora, OH  44202-0342
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89
REGION 8

Illinois Delegates

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3. Chicago, IL  60641-1330
4. Douglas J. Brown, DDS, MAGD
5. 1453 W. Thomas Street
6. Chicago, IL  60642-3912
7. Robert S. Kozelka, DDS, MAGD
8. 101 S. Washington Avenue, Suite 124
9. Park Ridge, IL  60068-4258
10. Susan Mayer, DDS, FAGD
11. 30 N. Michigan Avenue, Suite 800
12. Chicago, IL  60602-3406
13. Charles F. Martello, DDS, MAGD
14. 106 W. Nebraska Street, #635
15. Frankfort, IL  60423-1420
16. Brenden D. Moon, DMD, FAGD
17. 4529 Brandywine Lane
18. Quincy, IL  62305-9047
19. Cheryl L. Mora, DDS, MAGD
20. 888 Creek Bend Drive
21. Vernon Hills, IL  60061-3301
22. Stephen F. Petras, DMD, MAGD
23. 120 W. Front Avenue
24. P.O. Box 146
25. Stockton, IL  61085-1318
26. Muzammil M. Saeed, DDS
27. 230 W. 17th Street
28. Lombard, IL  60148-6198
29. Larry N. Williams, DDS, MAGD, ABGD
30. 4934 Lunt Avenue
31. Skokie, IL  60077-3538

Alternates

1. Randal P. Ashton, DDS
2. 517 W. Fairchild Street
3. Danville, IL  61832-3801
4. Susan Bordenave-Bishop, DMD, MAGD
5. 7314 N. Edgewild Drive
6. Peoria, IL  61614-2114
7. Sara E. Carroll, DDS
8. 640 Kendridge Court
9. Aurora, IL  60502-9029
10. Mohamed F. Harunani, DDS, MAGD
11. 5215 Forest Trail Drive
12. Rockford, IL  61109-6516
13. Theresa B. Lao, DDS, FAGD
14. 3450 Lacey Road, Room 407
15. Downers Grove, IL  60515-5430
16. Dawn L. Silfies, DMD, MAGD
17. 29W140 Lost Meadows Lane
18. Warrenville, IL  60555-2213
19. Seymour Wachtenheim, DDS, MAGD
20. 7031 W. Touhy Avenue, Apt. 306
21. Niles, IL  60714-4394

REGION 9

Michigan, Wisconsin Delegates

1. Dennis G. Charnesky, DDS, MAGD
2. 4101 John R. Road, Suite 100
3. Troy, MI  48085-3647
4. Anthony R. Bielkie, DDS, FAGD
5. 51725 Van Dyke Avenue
6. Shelby Township, MI  48316-4451
7. Colleen B. DeLacy, DDS, FAGD
8. 7305 Huron Avenue
9. P.O. Box 700
10. Lexington, MI  48450-8325
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<tr>
<td>1</td>
<td>Fares M. Elias, DDS, JD, FAGD</td>
<td>5353 Woodview Drive</td>
<td>Bloomfield Hills, MI 48302-2571</td>
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<td>Nahid A. Kashani, DDS</td>
<td>17129 Tall Pines Court</td>
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<td>2602 Crest Line Drive</td>
<td>Madison, WI 53704-2836</td>
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<td>13195 W. Hampton Avenue</td>
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<td>Jessica Brisbois, DDS</td>
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<td>David A. Susko, DDS</td>
<td>20737 E. 13 Mile Road</td>
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<td>9725 W. Saint Martins Road</td>
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<td>4220 Sergeant Road, Suite 100</td>
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<td>Brad Nelson, DDS, MAGD</td>
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<td>4521 38th Avenue S</td>
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<td>Ghazal A. Ringler, DMD</td>
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<td>Carl W. Youngquist, DDS, MAGD</td>
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**REGION 14**

**Arizona, Colorado, Hawaii, Nevada, New Mexico, Utah, Wyoming**

**Delegates**

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<td>Mai-Ly Duong, DMD, FAGD</td>
<td>859 N. Harmony Avenue</td>
<td>Gilbert, AZ 85234-8020</td>
</tr>
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</table>

**REGION 15-16**

**Alberta, Atlantic Provinces, British Columbia, Ontario, Quebec**

**Delegates**

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
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<tr>
<td>47</td>
<td>Jennifer T. Nguyen, DDS</td>
<td>7846 - 170 A Avenue</td>
<td>Edmonton, AB T5Z 0C9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>1</td>
<td>Kenneth V. MacDonald, DDS</td>
<td>54 Pinewood Drive</td>
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<tr>
<td>2</td>
<td>Rudy Wassenaar, DMD, MAGD</td>
<td>6 249 Barnard Street</td>
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<tr>
<td>3</td>
<td>Joseph A. Belsito, DDS, FAGD</td>
<td>9 2095 Wyandotte Street W</td>
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<tr>
<td>4</td>
<td>Anca Bordeianu, DDS</td>
<td>13 226 Boake Trail</td>
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<tr>
<td>5</td>
<td>Frank C. Infusini, DDS, FAGD</td>
<td>17 3200 Dufferin Street, Unit 15B</td>
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<tr>
<td>6</td>
<td>Kirandip Johal, DDS</td>
<td>21 2 Heathmore Court</td>
</tr>
<tr>
<td>7</td>
<td>Gulam Walji, DDS</td>
<td>25 21 Heathmore Court</td>
</tr>
<tr>
<td>8</td>
<td>Charles B. Weingarten, DDS</td>
<td>29 14800 Yonge Street, Unit 140</td>
</tr>
<tr>
<td>9</td>
<td>Bashar Shagoury, DDS, MAGD</td>
<td>33 1100 Beaumont Avenue, Suite 404</td>
</tr>
<tr>
<td>10</td>
<td>Sanjay Uppal, DDS, FAGD</td>
<td>42 900 Jamieson Parkway, Unit 3</td>
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<td>Anca Bordeianu, DDS</td>
<td>13 226 Boake Trail</td>
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<td>12</td>
<td>David L. Mapes, DDS</td>
<td>55 155 Lilly Creek</td>
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<td>Kenneth V. MacDonald, DDS</td>
<td>54 Pinewood Drive</td>
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<td>16</td>
<td>Faraj Hanna A., DMD</td>
<td>47 3535 Queen-Mary, #218</td>
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<td>Faraj Hanna A., DMD</td>
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</tr>
</tbody>
</table>
1 Li-Kuei G. Hung, DDS, FAGD
2 218 239th Way SE
3 Sammamish, WA 98074-3685
4 Juan A. Villafane-Hernandez, DMD
5 6002 Auburndale Avenue, Unit B
6 Dallas, TX 75205
7
8 REGION 18
9 Texas
10 Delegates
11 Douglas W. Bogan, DDS, FAGD
12 791 Town and Country Boulevard
13 Suite 222
14 Houston, TX 77024-3978
15
16 Jennifer J. Bone, DDS, MAGD
17 710 Hill Country Drive, Suite 1
18 Kerrville, TX 78028-6168
19 Ralph A. Cooley, DDS, FAGD
20 7500 Cambridge Street, Suite 5330
21 UT Health School of Dentistry
22 Houston, TX 77054-2032
23
24 T. Bob Davis, DMD, MAGD
25 11925 Lock Ness Drive
26 Dallas, TX 75218-1325
27 Brooke Elmore, DDS, FAGD
28 713 Chatham Road
29 Belton, TX 76513-6707
30 Jeffrey B. Geno, DDS, MAGD
31 6011 W. Main Street, Suite A101
32 League City, TX 77573-6953
33 Melissa D. Lent, DDS, FAGD
34 5422 Judalon Lane
35 Houston, TX 77056-7223
36 Hanna E. Lindskog, DDS, FAGD
37 1120 W. Temple Street
38 Houston, TX 77009-5240
39
40 REGION 19
41 Alternates
42 David M. Tillman, DDS, MAGD
43 P.O. Box 1509
44 Ft. Worth, TX 76104-2503
45 William E. Chesser, DMD, MAGD
46 747 8th Avenue, Suite C
47 11623 Angus Road, Suite 16
48 Austin, TX 78759-4041
49 Marc J. Worob, DDS, FAGD
50 11623 Angus Road, Suite 16
51 San Antonio, TX 78249-3516
52 Sarah Tovar, DDS, FAGD
53 7015 Scenic Sunset
54 Corpus Christi, TX 78412-3491
55 Shane A. Ricci, DDS, FAGD
56 5945 Mc Ardle Road, Suite 113
57 Corpus Christi, TX 78412-3491
58
59 James D. Speer, DDS, FAGD
60 5132 Village Creek Drive
61 Plano, TX 75093-4497
62
63 Sarah Tovar, DDS, FAGD
64 7015 Scenic Sunset
65 Corpus Christi, TX 78412-3491
66
67 Sarah Tovar, DDS, FAGD
68 7015 Scenic Sunset
69 San Antonio, TX 78249-3516
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71 Marc J. Worob, DDS, FAGD
72 11623 Angus Road, Suite 16
73 Austin, TX 78759-4041
74
75 Alternates
76 David M. Tillman, DDS, MAGD
77 747 8th Avenue, Suite C
78 Ft. Worth, TX 76104-2503
79
80 REGION 19
81 Alabama, Georgia, North Carolina, South Carolina
82 Delegates
83 William E. Chesser, DMD, MAGD
84 P.O. Box 1509
85 Ozark, AL 36361-1509
86 Derrick D. Mendez, DMD
87 146 County Road 80
88 Clanton, AL 35045
89
90
91
92
1  Toni T. Neumeier, DMD, MAGD      46  Eric J. Roman, DDS, FAGD
2  1919 7th Avenue S - SDB 514      47  270 Saint Johns Wood
3  Birmingham, AL  35294-0001      48  Fayetteville, NC  28303-4976
4                                            49
5  Phillip H. Durden, DMD, MAGD          50  Callan D. White, DDS
6  104 Moores Grove Road                51  1011 Tunnel Road, Suite #140
7  Winterville, GA  30683-1506          52  Asheville, NC  28805-2059
8                                            53
9  John P. Gale, DMD                    54  William A. Burn, DMD, MAGD
10  3380 Old Jefferson Road             55  P.O. Box 2117
11  Athens, GA  30607-1480              56  Irmo, SC  29063-7117
12                                            57
13  Kenneth A. Gilbert, DDS, FAGD        58  Rocky L. Napier, DMD
14  1275 McConnell Drive, Suite G       59  143 Trafalgar Street SW
15  Decatur, GA  30033-3505             60  Aiken, SC  29801-3760
16                                            61
17  Ricky Lane, DDS, MAGD               62  Ronald S. Wilson, DMD
18  1066 Bermuda Run                    63  140 Mall Connector Road
19  Statesboro, GA  30458-0858          64  Greenville, SC  29607-3582
20                                            65
21  Amit P. Patel, DMD                  66  Alternates
22  1874 Chamdun Place                   67  Gordon R. Isbell, IV
23  Atlanta, GA  30341                  68  241 S. 4th Street
24                                            69  Gadsden, AL  35901
25  Erin H. Pickwick, DMD               70                                            71
26  1320 Azalea Brook Drive             51  Gary L. Myers, DMD, MAGD
27  Lawrenceville, GA  30043-3210        72  531 Creekview Circle
28  Lawrenceville, GA  30043-3210        73  Birmingham, AL  35226-3417
29  Woodson B. Bolinger, DDS, FAGD      74                                            75
30  101 N. Main Street                  51  Suvidha Sachdeva, DDS
31  Weaverville, NC  28787-8444          76  470 Wembley Circle
32  Weaverville, NC  28787-8444          77  Sandy Springs, GA  30328-7281
33  Barbara B. Bowman-Hensley, DMD, FAGD 78                                            79
34  111 Taylor Street                   51  Usman U. Sajid, DDS
35  Black Mountain, NC  28711-2530       80  3301 Vintage Circle SE
36                                            81  Smyrna, GA  30080-4596
37  Cammie T. Morris, DDS               82                                            83
38  126 SE 3rd Street                   51  Jennifer S. Bell, DDS, FAGD
39  Oak Island, NC  28465-6701          84  5245 Sunset Lake Road
40                                            85  Holly Springs, NC  27540-3793
41  Alex P. Pence, DDS, FAGD            86                                            87
42  11 Dilworth Circle, Apt. 101         51  Scott R. Cayouette, DMD, FAGD
43  Asheville, NC  28806-0122            88  1040 Savannah Highway
44                                            89  Charleston, SC  29407-7804
45                                            90
46  1919 7th Avenue S - SDB 514
<table>
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<th>No.</th>
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<tr>
<td>1</td>
<td>Tomas J. Ballesteros, DMD, MAGD</td>
<td>P.O. Box 121187, Clermont, FL 34712-1187</td>
</tr>
<tr>
<td>2</td>
<td>Irving N. Carvajal, DDS, FAGD</td>
<td>P.O. Box 121187, Clermont, FL 34712-1187</td>
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<tr>
<td>3</td>
<td>John V. Gammichia, DMD, FAGD</td>
<td>10114 SW 107th Avenue, Miami, FL 33176-2760</td>
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<tr>
<td>4</td>
<td>Harvey P. Gordon, DDS, MAGD</td>
<td>4949 SW 33rd Way, Fort Lauderdale, FL 33312-7927</td>
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<td>5</td>
<td>Laurence A. Grayhills, DMD, MAGD</td>
<td>250 Professional Way, Wellington, FL 33414-6391</td>
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<tr>
<td>6</td>
<td>Naresh A. Kalra, DDS</td>
<td>3306 W. Kennedy Boulevard, Tampa, FL 33609-2904</td>
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<td>7</td>
<td>Andrew P. Martin, DMD, MAGD</td>
<td>11626 SW 6th Lane, Gainesville, FL 32607-1139</td>
</tr>
<tr>
<td>8</td>
<td>Merlin P. Ohmer, DDS, MAGD</td>
<td>72 Valencia Street, St. Augustine, FL 32084-3540</td>
</tr>
<tr>
<td>9</td>
<td>Bipin J. Sheth, DDS, MAGD</td>
<td>5239 Coconut Creek Parkway, Margate, FL 33063-3964</td>
</tr>
<tr>
<td>10</td>
<td>Linda G. Trotter, DMD, FAGD</td>
<td>2522 Oak Street, Jacksonville, FL 32204-4504</td>
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<td>11</td>
<td>Aldo L. Miranda-Collazo, DMD</td>
<td>249 Calle Las Marias, San Juan, PR 00927-4224</td>
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<td>12</td>
<td>John V. Gammichia, DMD, FAGD</td>
<td>2902 Serenity Circle S, Fort Pierce, FL 34981-5055</td>
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<tr>
<td>13</td>
<td>Melvin L. Kessler, DDS, MAGD</td>
<td>8145 SW 128th Street, Miami, FL 33156-6150</td>
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<tr>
<td>14</td>
<td>Tony Menendez, DDS, MAGD</td>
<td>4120 Tamiami Trail, Suite A, Port Charlotte, FL 33952-9241</td>
</tr>
<tr>
<td>15</td>
<td>Vanessa A. Kristensen</td>
<td>1424 S. Rosemont Street, Mesa, AZ 85206-3438</td>
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<tr>
<td>16</td>
<td>Milton E. Ramirez</td>
<td>3272 SW Corbeth Lane, Troutdale, OR 97060-3173</td>
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</tbody>
</table>
2017 Constituent Presidents and Executives

REGION 1
Connecticut, Maine, Massachusetts
New Hampshire, Rhode Island, Vermont

Eric J. Levine, DMD, FAGD
President – Connecticut
Office: 860.677.7007
Email: ejldmd@gmail.com
Start Date: 1/1/2003
End Date: 3/31/2018

Daniel L. Steinke, DDS, MAGD
President – Maine
Office: 207.564.3455
Email: dansteinkedds@aol.com
Start Date: 3/4/2017
End Date: 3/4/2019

Courtney L. Brady, DMD
President – Massachusetts
Office: 978.369.2062
Email: courtney.brady@gmail.com
Start Date: 6/1/2016
End Date: 6/30/2018

Anne B. Filler, DMD, MAGD
President – New Hampshire
Office: 603.898.2072
Email: abfiller@gmail.com
Start Date: 1/1/2003
End Date: 2/9/2018

H. Michael Sefranek, DMD, MAGD
President – Rhode Island
Office: 401.247.1777
Email: mike@smilesdr.com
Start Date: 1/5/2017
End Date: 1/5/2018

Roger G. Reckis, DDS
President – Vermont
Email: rgreckis@juno.com
Start Date: 7/1/2013
End Date: 8/15/2018

REGION 2
New York
Ms. Paula Bostick
Executive Director – New York
Office: 718.747.3353
Email: paulaj@nysagd.org
Start Date: 10/6/2011
End Date: 2/1/2018

James R. Keenan, DDS, MAGD
President – New York
Email: lordofthedrill@yahoo.com
Start Date: 1/1/2017
End Date: 2/1/2018

REGION 3
Pennsylvania
Steve Neidlinger, CAE
Executive Director – Pennsylvania
Office: 717.737.4682
Email: steve@pennagd.org
Start Date: 1/1/2017
End Date: 12/31/2019

Andrew T. Stewart, DMD, MAGD, ABGD
President – Pennsylvania
Office: 717.865.3457
Email: astewart109@comcast.net
Start Date: 5/1/2017
End Date: 4/30/2018
1 REGION 4
2 New Jersey
3 Charles H. Perle, DMD, FAGD
4 Executive Director – New Jersey
5 Email: drperlenjagd@gmail.com
6 Start Date: 5/11/2016
7 End Date: 5/17/2018
8 Vaidya Selvan, DDS, MAGD
9 President – New Jersey
10 Office: 732.679.8300
11 Email: drrvselvan@gmail.com
12 Start Date: 5/11/2016
13 End Date: 5/17/2018
14 REGION 5
15 Delaware, District of Columbia, Maryland, Virginia
16 Nicholas J. Russo, DMD
17 President – Delaware
18 Office: 302.652.3775
19 Email: baldialdi@aol.com
20 Start Date: 7/7/2015
21 End Date: 7/6/2018
22 Sheila M. Samaddar, DDS
23 President – District of Columbia
24 Email: drsamaddar@southcapitolsmilecenter.com
25 Start Date: 10/1/2017
26 End Date: 10/1/2018
27 Ms. Connie Lynch
28 Executive Secretary – Maryland
29 Office: 410.982.9195
30 Email: contact@maryland-agd.org
31 Start Date: 7/2/2015
32 End Date: 10/31/2019
33 Eric L. Morse, DDS
34 President – Maryland
35 Office: 410.642.9983
36 Email: Eric.L.Morse@gmail.com
37 Start Date: 2/15/2016
38 End Date: 10/31/2018
39 Ms. Karen Haddon
40 Executive Director – Virginia
41 Office: 804.320.8803
42 Email: VirginiaAGD@gmail.com
43 Start Date: 1/1/2014
44 End Date: 12/31/2018
45 REGION 6
46 Kentucky, Missouri, Tennessee, West Virginia
47 Mark A. Moats, DMD, MAGD
48 President – Kentucky
49 Office: 270.826.2677
50 Email: drmoats@twc.com
51 Start Date: 11/1/2016
52 End Date: 10/31/2018
53 Ms. Lacy Dear
54 Executive Secretary – Missouri
55 Email: missouri.agd1@gmail.com
56 Start Date: 8/1/2015
57 End Date: 7/16/2018
58 Philip Batson, DDS
59 President – Missouri
60 Office: 573.875.7071
61 Email: philipbatson@gmail.com
62 Start Date: 7/17/2016
63 End Date: 7/16/2018
1 Jian Huang, DDS, BMS, MAGD  
2 President – Tennessee  
3 Office: 615.297.8470  
4 Email: jjhuangdds@gmail.com  
5 Start Date: 8/1/2017  
6 End Date: 8/1/2020  
7  
8 Ms. Tammy Cavender  
9 Executive Secretary – West Virginia  
10 Office: 304.755.3931  
11 Email: tammy@ghareebdental.com  
12 Start Date: 3/1/2011  
13 End Date: 2/28/2018  
14  
15 Steven A. Ghareeb, DDS, FAGD  
16 President – West Virginia  
17 Office: 304.744.3333  
18 Email: sstevenamos@aol.com  
19 Start Date: 3/1/2011  
20 End Date: 2/28/2018  
21  
22 REGION 7  
23 Indiana, Ohio  
24 Ms. Shannon Gossett-Webb  
25 Executive Secretary – Indiana  
26 Office: 317.979.8636  
27 Email: indianaagd@yahoo.com  
28 Start Date: 1/1/2007  
29 End Date: 8/1/2020  
30  
31 James M. Lindsey, DDS, FAGD  
32 President – Indiana  
33 Email: james.m.lindsey@comcast.net  
34 Start Date: 7/18/2016  
35 End Date: 5/5/2018  
36  
37 Ms. Heidi Drollinger  
38 Executive Secretary – Ohio  
39 Email: ghdroll@aol.com  
40 Start Date: 1/1/2003  
41 End Date: 9/30/2019  
42  
43 Aparna Sadineni, DDS, MAGD  
44 President – Ohio  
45 Office: 614.766.5600  
46 Email: aparna@dublinmetro dental.com  
47 Start Date: 10/1/2016  
48 End Date: 9/30/2019  
49  
50 REGION 8  
51 Illinois  
52 Ms. Jamie Petras  
53 Executive Secretary – Illinois  
54 Office: 815.541.3795  
55 Email: agd4illinois@gmail.com  
56 Start Date: 9/1/2015  
57 End Date: 8/31/2018  
58  
59 Stephen F. Petras, DMD, MAGD  
60 President – Illinois  
61 Email: stephenpetras@gmail.com  
62 Start Date: 1/1/2017  
63 End Date: 12/31/2017  
64  
65 REGION 9  
66 Michigan, Wisconsin  
67 Colleen B. DeLacy, DDS, FAGD  
68 President – Michigan  
69 Office: 810.359.7321  
70 Email: kcdelacy@gmail.com  
71 Start Date: 3/11/2017  
72 End Date: 3/10/2020  
73  
74 Louis C. Boryc, DDS, FAGD  
75 President – Wisconsin  
76 Office: 262.781.9585  
77 Email: louis.boryc@marquette.edu  
78 Start Date: 1/20/2017  
79 End Date: 1/20/2019  
80  
81
1 REGION 10
2 Iowa, Minnesota, Nebraska,
3 North Dakota, South Dakota
4 Ms. Julie Berger
5 Regional Executive Director
6 Executive Director – Nebraska
7 Email: julieberger50@gmail.com
8 Start Date: 1/1/2003
9 End Date: 6/2/2018
10
11 Chadwick A. Johnson, DDS, FAGD
12 President – Iowa
13 Office: 515.266.3700
14 Email: chaddds@gmail.com
15 Start Date: 3/17/2017
16 End Date: 3/2/2018
17
18 Ms. Toni Nelson
19 Executive Secretary – Minnesota
20 Office: 612.412.4366
21 Email: minnesotaagd@gmail.com
22 Start Date: 3/11/2013
23 End Date: 12/31/2017
24
25 John J. Keller, DDS, MAGD
26 President – Minnesota
27 Office: 763.421.4550
28 Email: johnkeller07@peoplepc.com
29 Start Date: 1/1/2017
30 End Date: 12/31/2017
31
32 Thomas St. Germain, DDS, FAGD
33 President – Nebraska
34 Email: dr.tom.stgermain@gmail.com
35 Start Date: 6/2/2016
36 End Date: 6/2/2018
37
38 Colleen J. Hofer, DDS, MAGD
39 President – North Dakota
40 Office: 701.338.2061
41 Email: dentgirl@gmail.com
42 Start Date: 7/1/2009
43 End Date: 12/31/2017
44 Ms. Brenda Goeden
45 Executive Secretary – South Dakota
46 Office: 605.224.9133
47 Email: brenda.goeden@sddental.org
48 Start Date: 10/1/2005
49 End Date: 11/15/2017
50
51 Mark R. Bain, DDS
52 President – South Dakota
53 Email: bain.mark@yahoo.com
54 Start Date: 2/1/2017
55 End Date: 2/1/2018
56
57 REGION 11
58 Alaska, Idaho, Montana, Oregon,
59 Washington
60 Mrs. Valerie Bartoli, CDA
61 Regional Executive Director
62 Executive Director – Washington
63 Office: 253.306.0730
64 Email: washingtonagd1@yahoo.com
65 Start Date: 1/1/2003
66 End Date: 9/30/2018
67
68 Ghazal A. Ringler, DMD
69 President – Alaska
70 Office: 907.743.7346
71 Email: ringlerdmd@hotmail.com
72 Start Date: 11/30/2015
73 End Date: 12/31/2017
74
75 Ms. Alessa Bieker
76 Executive Director – Idaho AGD
77 Office: 208.340.4207
78 Email: idahoagdcoordinator@gmail.com
79 Start Date: 4/10/2015
80 End Date: 12/31/2017
81
82 Eric Ballou, DDS
83 President – Idaho
84 Office: 208.853.4687
85 Email: ericdballou@yahoo.com
86 Start Date: 1/1/2016
87 End Date: 12/31/2017
Leslie A. Hayes, DDS, MAGD
President – Montana
Office: 406.586.0622
Email: blumun@prodigy.net
Start Date: 7/1/2014
End Date: 11/25/2017

Ms. Laura Seurynck
Executive Director – Oregon
Office: 503.228.6266
Email: laura@oragd.org
Start Date: 10/26/2012
End Date: 10/11/2019

Larry R. Franz, DMD, FAGD
President – Oregon
Office: 503.760.7610
Email: lrfranz@msn.com
Start Date: 10/1/2016
End Date: 1/18/2018

Teresa K. Kang, DDS
President – Washington
Email: tkangdds@comcast.net
Start Date: 10/1/2017
End Date: 9/30/2019

REGION 12
Arkansas, Kansas, Louisiana, Mississippi, Oklahoma
Carl S. Plyler, DDS, FAGD
President – Arkansas
Office: 870.356.3920
Email: cjplyler@windstream.net
Start Date: 5/1/2016
End Date: 4/30/2018

Cynthia M. Peticolas, DMD, FAGD
President – Kansas
Email: janesherbondy@yahoo.com
Start Date: 1/23/2016
End Date: 3/31/2018

REGION 13
California
Ms. Gretel MacLeod
Executive Secretary – California
Office: 916.932.1936
Email: GretelM@4arc.com
Start Date: 3/30/2015
End Date: 1/29/2018

Ms. Brenda Descant
Executive Director – Louisiana
Office: 225.757.8359
Email: LAGD@cox.net
Start Date: 1/1/2003
End Date: 12/31/2017

Kristopher P. Rappold, DDS, FAGD
President – Louisiana
Office: 504.891.7471
Email: krappo1@gmail.com
Start Date: 12/1/2016
End Date: 12/31/2017

Frank L. Conaway, DMD, MAGD
President – Mississippi
Office: 228.467.4670
Email: DrC@drfconaway.com
Start Date: 7/1/2017
End Date: 7/30/2019

Ms. Robin Jones
Executive Director – Oklahoma
Office: 918.223.5587
Email: robingailjones@gmail.com
Start Date: 8/22/2014
End Date: 1/12/2018

Erin M. Sexson, DDS
President – Oklahoma
Office: 405.622.5612
Email: erinmccalldds@gmail.com
Start Date: 4/24/2017
End Date: 1/12/2018
<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Title</th>
<th>Region</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mrs. Terri Iwamoto-Wong</td>
<td>Executive Director</td>
<td>California</td>
<td>8/26/2015</td>
<td>12/31/2018</td>
</tr>
<tr>
<td>2</td>
<td>Chethan Chetty, DDS, FAGD</td>
<td>President</td>
<td>Arizona, Colorado, Hawaii, Nevada, New Mexico, Utah, Wyoming</td>
<td>2/4/2017</td>
<td>1/27/2018</td>
</tr>
<tr>
<td>3</td>
<td>Ronald D. Giordan, DDS, MAGD</td>
<td>Regional Executive Director</td>
<td>Arizona</td>
<td>1/1/2007</td>
<td>4/30/2019</td>
</tr>
<tr>
<td>4</td>
<td>Dana E. Onet, DDS</td>
<td>President</td>
<td>Arizona</td>
<td>4/1/2017</td>
<td>4/30/2019</td>
</tr>
<tr>
<td>5</td>
<td>Dennis L. Burgner, DDS, MAGD</td>
<td>President</td>
<td>Colorado</td>
<td>8/2/2015</td>
<td>8/1/2018</td>
</tr>
<tr>
<td>6</td>
<td>Hawaii - TBD</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Stephen E. Hubbert, DDS, MAGD</td>
<td>President</td>
<td>New Mexico</td>
<td>8/1/2016</td>
<td>11/1/2017</td>
</tr>
<tr>
<td>8</td>
<td>Rudy Wassenaar, DMD, MAGD</td>
<td>President</td>
<td>British Columbia</td>
<td>6/5/2017</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td>Alberta</td>
<td></td>
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<tr>
<td>10</td>
<td>Kenneth V. MacDonald, DDS</td>
<td>President</td>
<td>Atlantic Provinces</td>
<td>11/29/2004</td>
<td>11/26/2017</td>
</tr>
<tr>
<td>11</td>
<td>Rudy Wassenaar, DMD, MAGD</td>
<td>President</td>
<td>British Columbia</td>
<td>6/5/2017</td>
<td>6/30/2018</td>
</tr>
<tr>
<td>Region</td>
<td>President – Office</td>
<td>Email</td>
<td>Start Date</td>
<td>End Date</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>17</td>
<td>Joseph A. Belsito, DDS, FAGD</td>
<td><a href="mailto:jbelsito@cogeco.net">jbelsito@cogeco.net</a></td>
<td>12/7/2015</td>
<td>12/7/2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bashar Shagoury, DDS, MAGD</td>
<td><a href="mailto:bshagoury@videotron.ca">bshagoury@videotron.ca</a></td>
<td>1/1/2011</td>
<td>8/31/2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>John W. Klish, DDS, FAGD, ABGD</td>
<td><a href="mailto:klishdds@comcast.net">klishdds@comcast.net</a></td>
<td>1/1/2003</td>
<td>7/1/2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>David L. Mapes, DDS</td>
<td><a href="mailto:dlmtooth@gmail.com">dlmtooth@gmail.com</a></td>
<td>7/1/2015</td>
<td>11/30/2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eric Danko, DMD, MAGD, ABGD</td>
<td><a href="mailto:ericthedmd@yahoo.com">ericthedmd@yahoo.com</a></td>
<td>6/2/2016</td>
<td>2/5/2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Troy Brooks, DMD, FAGD, ABGD</td>
<td><a href="mailto:troy_w_brooks@hotmail.com">troy_w_brooks@hotmail.com</a></td>
<td>8/24/2016</td>
<td>8/31/2018</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Rachel G. Osborne, DMD</td>
<td><a href="mailto:leifandrachel@att.net">leifandrachel@att.net</a></td>
<td>6/2/2016</td>
<td>2/5/2018</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Maharukh E. Kravich, DDS, MAGD</td>
<td><a href="mailto:kravichdds@att.net">kravichdds@att.net</a></td>
<td>6/26/2015</td>
<td>7/16/2018</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Jeffrey B. Geno, DDS, MAGD</td>
<td><a href="mailto:jbgeno1@sbcglobal.net">jbgeno1@sbcglobal.net</a></td>
<td>10/1/2017</td>
<td>9/30/2018</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Gary L. Myers, DMD, MAGD</td>
<td><a href="mailto:gmyers7472@gmail.com">gmyers7472@gmail.com</a></td>
<td>12/18/2015</td>
<td>12/17/2018</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Rachel G. Osborne, DMD</td>
<td><a href="mailto:leifandrachel@att.net">leifandrachel@att.net</a></td>
<td>6/2/2016</td>
<td>2/5/2018</td>
<td></td>
</tr>
</tbody>
</table>
Mrs. Arianna Afshar  
Executive Director – Georgia  
Office: 404.299.7987  
Email: arianna@gagd.org  
Start Date: 6/22/2016  
End Date: 6/21/2019

Kenneth A. Gilbert, DDS, FAGD  
President – Georgia  
Office: 404.325.7664  
Email: drkagilbert@gmail.com  
Start Date: 7/17/2016  
End Date: 11/30/2017

Jennifer S. Bell, DDS, FAGD  
Executive Director – North Carolina  
Office: 919.355.1170  
Email: jsbelldds@gmail.com  
Start Date: 2/1/2017  
End Date: 12/31/2018

Cammie T. Morris, DDS  
President – North Carolina  
Office: 910.755.7645  
Email: cammiemorrisdds@gmail.com  
Start Date: 2/4/2017  
End Date: 2/3/2018

Ms. Evelyn Horne  
Executive Director – South Carolina  
Office: 803.667.3958  
Email: evelyn@ehorneandassociates.com  
Start Date: 1/21/2014  
End Date: 9/30/2018

Rocky L. Napier, DMD  
President – South Carolina  
Office: 803.641.1000  
Email: DRROCKY@aol.com  
Start Date: 5/1/2017  
End Date: 9/30/2018

REGION 20  
Florida, Puerto Rico, Virgin Islands

Ms. Judy Nichols  
Executive Director – Florida  
Office: 866.620.0773  
Email: flagdjn@gmail.com  
Start Date: 7/29/2015  
End Date: 12/31/2017

Linda G. Trotter, DMD, FAGD  
President – Florida  
Office: 904.389.3451  
Email: Lindatrotter@me.com  
Start Date: 6/23/2017  
End Date: 6/15/2018

Aldo L. Miranda-Collazo, DMD  
President – Puerto Rico  
Office: 787.751.5090  
Email: gala@coqui.net  
Start Date: 2/29/2008  
End Date: 2/28/2018
### Parliamentary Procedures At A Glance

<table>
<thead>
<tr>
<th>Order of precedence</th>
<th>BASIC RULES</th>
<th>GOVERNING MOTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Can interrupt?</td>
<td>Requires a second?</td>
</tr>
<tr>
<td><strong>PRIVILEGED MOTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Adjourn</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Recess</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Question of privilege</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>SUBSIDARY MOTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Table</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Close debate</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Limit or Extend debate</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Postpone to a certain time</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Refer to a committee</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Amend</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>MAIN MOTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.a. The main motion</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10.b. Specific main motions</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Adopt in-lieu-of</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Amend a previous action</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Ratify</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Recall from committee</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Reconsider</td>
<td>Yes³</td>
<td>Yes</td>
</tr>
<tr>
<td>Resolved</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>INCIDENTAL MOTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No order of precedence</td>
<td>Can interrupt?</td>
<td>Requires a second?</td>
</tr>
<tr>
<td><strong>MOTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appeal</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Suspend the rules</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Consider informally</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>REQUESTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Point of order</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Inquiries</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Withdraw a motion</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Division of question</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Division of assembly</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Notes:

1. Motions are in order only if no motion higher on the list is pending. Thus if a motion to close debate is pending, a motion to amend would be out of order, but a motion to recess would be in order, since it outranks the pending motion.
2. Withdraw may be applied to all motions.
3. A member may interrupt the proceedings but not a speaker.
4. A tie or majority vote sustains the ruling of the presiding officer; a majority vote in the negative reverses the ruling.
5. If decided by the assembly, by motion, requires a majority vote to adopt.
The Code of Conduct is a statement of the Academy of General Dentistry’s (AGD) values and professional standards. The AGD requires its employees, volunteers and Board members to adhere to the Code of Conduct.

Through the Code of Conduct, the following principles are endorsed:

- We comply with all applicable laws, regulations, and AGD policies.
- We make decisions and acts that are proper, in terms of our own sense of integrity and how they might appear to others.
- We are honest, trustworthy, and fair in all of our actions and relationships with, and on behalf of the AGD.
- We maintain honest and accurate financial records that are maintained honestly, accurately, and in accordance with acceptable accounting practices.
- We avoid situations in which our individual personal financial interests conflict, may conflict, or may appear to conflict, with any interest of the AGD.
- We secure business for the AGD on the basis of an honest competitive market process.
- We maintain the appropriate level of confidentiality at all times with respect to information pertaining to members, suppliers, employees, or the AGD itself.
- We protect all of the AGD’s assets, including facilities and equipment, and help maintain their value to the AGD.
- We act professionally at all times.
- We contribute to the effectiveness of the Code of Conduct by notifying the Audit Committee if violations or suspected violations are observed.
- We treat each other as colleagues, respecting the skills and talents we each contribute.

Employees, volunteers and Board members must apply the principles of the Code of Conduct in all of their dealings and in every aspect of their employment by or trusteeship of the AGD. They must consider their actions in light of how they might be interpreted by others and whether they are behaving appropriately and performing in the best overall interests of the AGD. Compliance with the spirit as well as the letter of the Code of Conduct is vitally important.
The key rules to ensure effectiveness of the Code of Conduct are set forth below. More extensive
direction to employees on how to interpret and apply the principles of the Code of Conduct is provided
throughout the AGD’s Employee Handbook, which is required reading for all employees.

Avoiding Conflicts of Interest

As an Academy of General Dentistry (AGD) employee, volunteer, Board member, or any other person
working with the AGD in any capacity, you are expected to avoid conflicts of interest. This means
you must avoid any situation where a conflict could exist or appear to exist between your personal
financial or otherwise interests and those of the AGD. You must avoid any outside financial interest that
might influence your decisions or actions on behalf of the AGD. While it is impractical to describe all
situations that may create a conflict of interest, examples include personal or family interests in
enterprises that do business with the AGD, except for minimal holdings of stock or other securities in
publicly traded companies, including mutual funds. The AGD may purchase goods or services from an
employee or from a business in which an employee, volunteer, Board member or close relative, friend, or
neighbor of an employee, volunteer or Board member has any interest only when full disclosure is
provided by the AGD employee, volunteer or Board member. A written waiver must first be granted by
the Executive Director before said goods or services may be purchased. The Executive Director must
obtain a waiver from the President of the AGD. When there are two or more vendors bidding for AGD
business, and one or more of them have a potential conflict interest relating to an Academy employee
volunteer or Board member, and in the case where bids are substantially equal, the bidder without the
potential conflict of interest should receive the business.

Conducting business with vendors can pose ethical problems. Purchase of goods and services must not
benefit you or your family in the form of kickbacks or rebates. These can take many forms and are not
limited to direct cash payments or credits. A business courtesy is a gift or favor for which you pay
nothing or less than fair market value. It may be a tangible or intangible benefit, including, but not limited
to, such items as non-monetary gifts, meals, drinks, entertainment, hospitality, recreation, door prizes,
transportation, discounts, tickets, passes, promotional items or use of a giver’s name, time, materials or
equipment.

Under no circumstances may you accept gifts of money including, but not limited to salary, or other
payments for services, i.e., consulting fees, honoraria, equity interest, property rights, including patents,
copyrights and royalties from such rights. You may not solicit non-monetary gifts, gratuities or any other
personal benefit or favor of any kind from vendors. You and members of your immediate family may
accept unsolicited, non-monetary, infrequent business courtesies from someone doing or seeking to do
business with the AGD only if it is of nominal value, i.e., a face value of less than $200 (cumulative for
the year).

AGD employees, volunteers or Board member may not encourage or solicit entertainment from any
company or individual with whom the AGD does business. From time to time, AGD employees,
volunteers or Board members may accept entertainment, but only if it is reasonable, occurs infrequently
and does not involve lavish expenditures. Accepting entertainment intended to gain favor or influence
must be avoided. AGD employees, volunteers or Board member should also not be influenced by the
special interests of individual members.

Agreements with agents or consultants must be in writing on AGD letterhead. Such agreements must
clearly set forth the services to be performed, the basis for earning the commission or fee involved, and
the rate or fee. All such agreements must be reviewed by the proper authority (the Executive Director)
prior to execution. Any payments must be reasonable in amount, not excessive in light of the practice in
the trade, and commensurate with the value of the services rendered.

AGD employees, volunteers and Board member will acknowledge receipt and understanding of this
policy. At the same time they will disclose any existing or potential conflict of interests which would
include any gifts or entertainment that exceeds $200 (cumulative for the year). Annually, they must renew
this understanding and disclosure. Any conflicts will be reviewed by the Audit Committee.

All employees, volunteers and Board member must report any actual or suspected exceptions to the
Executive Director. If you encounter a situation in which a possible conflict of interest may be involved,
talk to the Executive Director before you take any action.

No AGD officer, Board member, Regional Director, Council or Committee member or any other leader
may refer to his or her AGD title or leadership status in conjunction with any advertising, promotion,
solicitation or marketing for any other for-profit or non-profit entity(s) or its product or services unless
specifically authorized to do so in writing by the Board. Affected leaders may refer to their AGD
leadership position in the context of a resume or biographical statement without violation of this policy.

In answering the following questions, please include all relevant information occurring during the year.

In the past year, have you or any family member received any business courtesies (excluding business
courtesies up to $200 value (cumulative for the year)) or monetary gifts of any amount from people or
companies doing business or seeking to do business with the AGD?

__________ Yes  ___________ No

If yes, specify the approximate date of receipt, person or company from which received, what was
received, and the recipient.
I, ____________________________, declare that I have no proprietary, financial or other personal or professional interest of any nature or kind in any product, service and/or company that will, or might, be considered a conflict of interest during my term as an elected or appointed official of the AGD except the following:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

I, ____________________________, belong to the following dental and/or professional organizations:

Organization                      Leadership Role (if any)
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

Should I acquire such an interest, subsequent to signing this document, I will promptly sign and file an amended statement.

Proper Use and Care of Confidential Information and Proper Record Keeping

The AGD, while a not-for-profit organization, is still a business and operates as such. Sound business practices mandate that an organization’s employees, volunteers and Board members, while trusted, are made aware of principles regarding confidentiality.

Confidential information including position papers, Board member business, House of Delegates business, etc. should not be disclosed to anyone other than people who are authorized to receive such information. If confidential information is requested of you, either by another employee, volunteer or Board member, or by someone outside the AGD, and you question your authority to release the information, ask the Executive Director before providing it. When in doubt as to whether certain information is or is not confidential, employees and volunteers should contact their supervisor, the Executive Director or a member of the Board.

All entries employees, volunteers and Board members make to the financial records must be accurate, in accordance with established accounting and record-keeping procedures and sound accounting controls, and in compliance with document retention requirements.
Anti-Harassment and Anti-Discrimination

It has been and remains the policy of AGD to maintain a work environment where every employee, volunteer and Board member is free from all forms of harassment and discrimination based upon or related to race, color, sex, pregnancy, religion, national origin, ancestry, physical or mental disability, age, sexual orientation, gender identity, marital status, veteran status, military status, order of protection status, genetic information, and any other characteristic protected by applicable law. This includes conduct that creates a hostile, intimidating, or offensive work environment. AGD will not tolerate harassment of AGD employees, volunteers or Board members by anyone, including any supervisor, co-worker, vendor, client, contractor, member, or other regular visitor of AGD. Our policy prohibits not only conduct and language that constitute unlawful harassment and discrimination as defined by the courts, but all inappropriate behavior of this type.

Definition of Sexual Harassment:

“Sexual harassment” consists of unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when made by any employee, volunteer or Board member to another employee, volunteer or Board member where:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of a person’s employment;
2. Submission to or rejection of such conduct is used as the basis for any employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment, as defined above, may include, but is not limited to:

1. Uninvited sex-oriented verbal “kidding” or demeaning sexual innuendoes, leers, gestures, teasing, sexually explicit or obscene jokes, remarks or questions of a sexual nature;
2. Graphic or suggestive comments about an individual’s dress or body;
3. Displaying sexually explicit objects, photographs, or drawings, including emails and websites;
4. Unwelcome touching, such as patting, pinching, or intentional brushing against another’s body; or
5. Suggesting or demanding sexual involvement of another employee whether or not such suggestion or demand is accompanied by implicit or explicit threats concerning one’s employment status or similar personal concerns.

Other Harassment

Other harassment prohibited by this policy includes inappropriate conduct in the workplace, based upon an individual’s race, color, religion, sex, pregnancy, national origin, age, mental or physical disability, ancestry, sexual orientation, gender identity, veteran status, military status, marital status, order of protection status, or any other protected category as defined by applicable law that has the purpose or effect of interfering with an individual’s work performance or creating an intimidating, hostile, or offensive work environment.

The conduct forbidden by this policy specifically includes, but is not limited to: (a) epithets, slurs, negative, stereotyping, or intimidating acts that are based on a person’s protected status; and (b) written or graphic material circulated within or posted within the workplace that shows hostility toward a person or persons because of their protected status.
Harassment of any employee, volunteer, Board member, applicant, or third party is strictly prohibited and will not be tolerated. All employees, volunteers and Board members are strictly prohibited from engaging in such harassment. No supervisor or manager has the authority to request or demand compliance with unwelcome or offensive conduct in return for any job assignment, continued employment, compensation, promotion, or other term or condition of employment, and supervisors and managers have no authority to retaliate against any individual for failure or refusal to comply with such demands or requests. Any such demand or request, and any such retaliation or attempted retaliation, constitutes a serious violation of this policy.

Keep in mind that an employee, volunteer or Board member may complain about harassment if the employee, volunteer or Board member is subjected to consensual behavior between two or more other employees, volunteers or Board members.

**Complaint Procedure**

Any individual who has a complaint about harassment by any employee, member, or other person connected to an individual’s employment at AGD should immediately bring the incident to the attention of the head of Human Resources, and the AGD President when an AGD volunteer is involved, or the Executive Director.

Every employee, volunteer and Board member is responsible for ensuring compliance with this policy. Any supervisor who has been approached by an employee with a harassment complaint must immediately contact the head of Human Resources, and the AGD President when an AGD volunteer is involved, or the Executive Director to report the complaint.

Upon learning of an allegation of harassment, the head of Human Resources, and the AGD President when an AGD volunteer is involved, shall promptly initiate an investigation. The investigations should include, but not necessarily be limited to: 1) interviewing the alleged victim, 2) interviewing the alleged harasser, and 3) interviewing all other witnesses, as feasible. Confidentiality will be respected to the extent consistent with the need to conduct a fair, complete, and responsive investigation.

**Action After Investigation**

AGD’s immediate goal is to take prompt remedial action to stop the discriminatory, harassing, or offensive conduct if a violation of this policy is found. The second goal is to assure that the violation will not recur. Even where a violation is not found, it may be appropriate to counsel individuals regarding their behavior.

If a violation of this policy is found, discipline may be imposed ranging from a notation in the individual’s personnel file up to and including termination, depending on the circumstances. AGD considers violations of this policy to be extremely serious. Violations undermine the AGD’s basic concept of fairness and can lead to legal and financial liability for the violator and AGD.

The appropriate parties, as determined by the Executive Director and Audit Committee Chair, will be informed of the results of the investigation. Legal obligations and constraints will guide the determination of the appropriate parties.

**No Retaliation**
As noted already, any individual making a complaint or providing information relative to a complaint will not be retaliated against, even if a complaint made in good faith is determined to be unfounded. Retaliation will result in disciplinary action.

Our goal is to maintain a workplace free from any form of harassment, and AGD is committed to doing everything reasonably possible to achieve this goal. Any employee who feels that he or she has been the subject of retaliation or adverse or different treatment as a result of having complained about prohibited discrimination or harassment, or having participated in an investigation, should immediately bring the matter to AGD’s attention through the same complaint procedure identified above.

Compliance with the Law

Employees, volunteers and Board members of the AGD must not participate in illegal or criminal activity. Any employee who is being investigated or has been convicted of or pleaded guilty to a felony must immediately report such information in writing to the head of Human Resources who will then report to the Audit Committee.

Employees, volunteers and Board members must also respond to specific inquiries of the AGD’s independent accounting firm. Employees, volunteers and Board members must protect the AGD’s assets in whatever ways are appropriate to maintain their value to the AGD. Employees, volunteers and Board members must take care to use facilities, furnishings, and equipment properly and to avoid abusive, careless, and inappropriate behavior that may destroy, waste, or cause the deterioration of AGD property.

Antitrust Compliance

AGD Board members, staff and meeting attendees must have a basic understanding of antitrust laws and how they apply to their activities. If they don’t, the possibility of subjecting themselves, their employers, and the AGD to an antitrust investigation and prosecution is increased. The following is a list of subjects which shall not be discussed or be the subject of any type of agreement, whether formal or informal, express or implied, among competitors or potential competitors:

- Prices to be charged to patients or customers or by suppliers.
- Methods by which prices are determined.
- Division or allocation of markets or patients or customers.
- Coordination of bids or requests for bids.
- Terms and conditions of sale, including, for example, credit or discount terms, etc.
- Profit levels.
- Levels or schedules of production.
- Hindering the ability of non-members to compete.

Legally inappropriate informal meetings regarding official topics that take place in a social setting, are also prohibited.

Due Diligence

All employees, volunteers and Board members must exercise due diligence consistent with a duty of care that requires an individual to act:

- In good faith;
With the care an ordinarily prudent person in a like position would exercise under similar circumstances;

In a manner the individual reasonably believes to be in the organization’s best interests.

Employees, volunteers and Board members should see to it that policies and procedures are in place to help them meet their duty of care. Such policies and procedures should ensure that each individual:

- Is familiar with the organization’s activities and knows whether those activities promote the organization’s mission and achieve its goals;
- Is fully informed about the organization’s financial status;
- Has full and accurate information to make informed decisions; and
- Complies with the policies set forth by the AGD.

**Fraud**

All employees, volunteers and Board members are responsible for recognizing and reporting fraud, falsification of records, or other irregularities. Fraud applies to any irregularity or suspected irregularity related to AGD’s business and involving employees, volunteers, Board members, vendors, or persons providing service or materials to the AGD.

Irregularities include, but are not limited to:

- Forgery or alteration of any document
- Impropriety in the handling or reporting of financial transactions
- False, fictitious, or misleading entries or reports
- False or misleading statements to those conducting investigation of irregularities

Employees, volunteers and Board members must immediately report any suspected irregularity to the Chair of the Audit Committee. The AGD’s ability to investigate and remediate fraud successfully depends on prompt and confidential reporting. If you suspect fraud, do not discuss the matter with any of the individuals involved, do not attempt to investigate or determine facts on your own, and do not discuss your suspicions with anyone unless specifically directed or authorized to do so by a member of the investigations team.

Employees, volunteers and Board members must cooperate with any investigation and provide accurate and truthful information. Employees, volunteers and Board members must not disclose or discuss the fact that an investigation is being conducted or has been conducted, and must not disclose the results of any investigation to anyone except those persons in the AGD or law enforcement who need to know in order to perform their duties, or except as otherwise required by law.

**Code of Conduct**

Every possible situation cannot be anticipated in the Code of Conduct. If you are uncertain about any aspect of the Code of Conduct and how it should be applied or interpreted, you are encouraged to discuss it with your Associate Executive Director, the CFO, the Executive Director, or the head of Human Resources. An employee, volunteer or Board member who compromises or violates that law and any employee, volunteer or Board member who violates AGD policies relating to the conduct of its business or the high ethical standards contained in the Code of Conduct is subject to corrective action, up to and including dismissal from employment or trusteeship in accordance with the AGD bylaws, and, in some cases, may also be subject to criminal or civil proceedings under applicable laws.
All employees, volunteers and Board members are strongly encouraged to assist management in its efforts to ensure that the Code of Conduct is being followed by all employees – colleagues, staff members and superiors – volunteers and Board members. If you observe or suspect a breach of the Code of Conduct or any law, regulation, or other AGD policy by another employee, volunteer or Board member while he or she is conducting business for the AGD, then you should report such observations or suspicions to the head of Human Resources, the Executive Director, or the Audit Committee Chair. Retaliation of any kind against any employee, volunteer or Board member who makes a good faith report of an observed or suspected violation of the Code of Conduct or any law, regulation or AGD policy is prohibited.

Volunteer Copyright and Confidentiality

The undersigned, in consideration of the opportunity to participate on an AGD Council/Committee, accept the following terms.

I understand that I may create or contribute to original work for the AGD.

I hereby assign to AGD copyright in any and all work created by me as part of my participation with the AGD Council/Committee (“Work”).

I further represent and warrant that I am the sole author of any and all Work that I create.

Further, I understand and acknowledge that any and all information disclosed to me or which I create as part of my participation with the AGD Council/Committee that is indicated as confidential during the Council/Committee’s meeting or in the minutes of the Council/Committee’s meeting shall be considered Confidential Information of the AGD. I understand and acknowledge that I shall not disclose or cause to be disclosed any Confidential Information without the express written permission of the AGD. I further understand and acknowledge that disclosure of Confidential Information may cause irreparable harm to the AGD, and that, therefore, the AGD reserves the right to pursue all remedies available to it in law and equity.

Failure to Submit Signed Form

In order to ensure all forms are completed and signed, the following process will be utilized to follow-up with volunteers.

1. Forms will be distributed annually to all volunteers once the appointments are approved (council and committee members after the Spring Board meeting and RDs and Board members at the Annual Meeting).

2. A follow-up request will be posted to the respective LCC immediately following the initial distribution.

3. Two weeks after the initial distribution, an e-mail remainder will be sent to those who have not responded.

4. After one month, staff will call volunteers who have not responded.

5. Travel reimbursement will be withheld until a completed code of conduct form is received at AGD Headquarters.
I hereby acknowledge receipt of the Code of Conduct and understand that I am responsible for reading, understanding, and complying with it.

Signature: ___________________________  Date: ________________

Printed Name: ________________________________

PLEASE RETURN THIS SIGNED FORM

Please return this form via fax to 312.335.3438.
### 2017 House of Delegates Seating Diagram

<table>
<thead>
<tr>
<th>Dignitaries</th>
<th>10 Chairs</th>
<th>Row 1</th>
<th>Dignitaries</th>
<th>10 Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Presidents</td>
<td>10 Chairs</td>
<td>Row 2</td>
<td>Dignitaries</td>
<td>10 Chairs</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>10 Chairs</td>
<td>Row 3</td>
<td>Council/Committees</td>
<td>10 Chairs</td>
</tr>
<tr>
<td>Region 1</td>
<td>10 Chairs</td>
<td>Row 4</td>
<td>Region 12</td>
<td>9 Chairs</td>
</tr>
<tr>
<td>Region 1</td>
<td>3 Chairs</td>
<td>Row 5</td>
<td>Region 13</td>
<td>10 Chairs</td>
</tr>
<tr>
<td>Region 2</td>
<td>8 Chairs</td>
<td>Row 6</td>
<td>Region 13</td>
<td>5 Chairs</td>
</tr>
<tr>
<td>Region 3</td>
<td>2 Chairs</td>
<td>Region 14</td>
<td>5 Chairs</td>
<td></td>
</tr>
<tr>
<td>Region 4</td>
<td>9 Chairs</td>
<td>Row 7</td>
<td>Region 14</td>
<td>8 Chairs</td>
</tr>
<tr>
<td>Region 4</td>
<td>1 Chair</td>
<td>Region 15-16</td>
<td>2 Chairs</td>
<td></td>
</tr>
<tr>
<td>Region 5</td>
<td>10 Chairs</td>
<td>Row 8</td>
<td>Region 15-16</td>
<td>10 Chairs</td>
</tr>
<tr>
<td>Region 5</td>
<td>7 Chairs</td>
<td>Row 9</td>
<td>Region 15-16</td>
<td>2 Chairs</td>
</tr>
<tr>
<td>Region 6</td>
<td>3 Chairs</td>
<td>Region 17</td>
<td>8 Chairs</td>
<td></td>
</tr>
<tr>
<td>Region 6</td>
<td>8 Chairs</td>
<td>Row 10</td>
<td>Region 17</td>
<td>2 Chairs</td>
</tr>
<tr>
<td>Region 7</td>
<td>2 Chairs</td>
<td>Region 18</td>
<td>8 Chairs</td>
<td></td>
</tr>
<tr>
<td>Region 7</td>
<td>8 Chairs</td>
<td>Row 11</td>
<td>Region 18</td>
<td>10 Chairs</td>
</tr>
<tr>
<td>Region 8</td>
<td>2 Chairs</td>
<td>Region 19</td>
<td>10 Chairs</td>
<td></td>
</tr>
<tr>
<td>Region 8</td>
<td>10 Chairs</td>
<td>Row 12</td>
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</tr>
<tr>
<td>Region 9</td>
<td>10 Chairs</td>
<td>Row 13</td>
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</tr>
<tr>
<td>Region 9</td>
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<td>Region 20</td>
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<td></td>
</tr>
<tr>
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<td>Row 14</td>
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</tr>
<tr>
<td>Region 10</td>
<td>2 Chairs</td>
<td>Region 11</td>
<td>4 Chairs</td>
<td></td>
</tr>
<tr>
<td>Region 17</td>
<td>4 Chairs</td>
<td>Region 11</td>
<td>10 Chairs</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Each region has seating for its delegates, a constituent executive (if applicable), a regional director and a trustee, unless one of those leaders is serving a dual role as a delegate.*
EXPENSE REIMBURSEMENT REPORT

2017 HOUSE OF DELEGATES

The full instructions for this form can be found on the Leader Resource Center page on the AGD website. A quick reference guide can be found on the second page of this form. Please complete the entire form, and attach all receipts to your expense report. For expenses greater than $50, receipts are mandatory or the item will not be reimbursed. Submit the original copy to AGD headquarters office, and retain a copy for your records. A copy of the form will be sent back to you once the expenses have been approved.

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail Address</th>
<th>AGD ID Number (6 digits)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Title/Purpose of Funded AGD Meeting</td>
<td>Beginning Date of Travel</td>
<td>End Date of Travel</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5726</td>
<td>Per Diem: $75 per day you attend the HOD up to a maximum of two (2) days</td>
</tr>
<tr>
<td>5724</td>
<td>Hotel: Up to Two (2) night’s stay will be reimbursed based on the standard room rate at AGD contracted hotels (up to $200.56 per night at the Hyatt Regency McCormick Place)</td>
</tr>
<tr>
<td>5721</td>
<td>Airfare (Over $600, prior approval necessary)</td>
</tr>
<tr>
<td>5721</td>
<td>Baggage (all receipts necessary, even under $50)</td>
</tr>
<tr>
<td>5722</td>
<td>Mileage @ IRS rate 2017 = $0.535</td>
</tr>
<tr>
<td>5722</td>
<td>Tolls</td>
</tr>
<tr>
<td>5722</td>
<td>Taxi/ Shuttle</td>
</tr>
<tr>
<td>5722</td>
<td>Parking - Up to a maximum of $25 per day for (3) days @ local airport</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

The expenses listed above were incurred by me on behalf of the AGD.

Signature | Date

### For Finance Use Only

<table>
<thead>
<tr>
<th>Account</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5726 (tax): $</td>
<td>Tons amount to be reimbursed: $</td>
</tr>
<tr>
<td>5726 (non-tax): $</td>
<td></td>
</tr>
<tr>
<td>5723 $</td>
<td></td>
</tr>
<tr>
<td>5724 $</td>
<td></td>
</tr>
<tr>
<td>5721 $</td>
<td></td>
</tr>
<tr>
<td>5722 $</td>
<td></td>
</tr>
<tr>
<td>Other $</td>
<td></td>
</tr>
<tr>
<td>Other $</td>
<td></td>
</tr>
</tbody>
</table>

Account Number/s to be charged: 510 841
Department Code Function Code

Approved by: __________ ACH __________ Check

Voucher #: __________ Vendor #:
Instructions for AGD Travel Expense Voucher

Please complete the entire form. Please attach all receipts to your expense report. For expenses greater than $50, receipts are mandatory or the item will not be reimbursed. Submit the original copy to AGD headquarters office, and retain one copy for your records. Please refer to the AGD Travel Policy for exact guidance on reimbursable items.

1. Time Frame in Submitting Reimbursement
Reimbursement for volunteers attending AGD related meetings will not be made unless documentation is provided within 90 days (February 2, 2018) of incurring the expenses. A follow up notification will be made at 75 days. If there are extenuating circumstances an appeal may be made to the Executive Committee.

2. Per Diem
The per diem rate for each day of official AGD funded business will be $75 per day. The maximum allowable number of days will be specified in the meeting notice.

3. Hotel
For functions in which there is an AGD contracted hotel, all funded travelers are required to stay at the AGD contracted hotel. Travelers staying at hotels not contracted by AGD will not be reimbursed for accommodations. You will receive information on the approved hotel and rates prior to the meetings. For the 2017 House of Delegates, individuals will receive reimbursement based on the standard room rate (up to $280.56) for two (2) nights at the Hyatt Regency McCormick Place.

4. Airfare
Travelers on AGD business are free to search the internet for the lowest round trip coach airfare not exceeding $600. If your flight is over $600, you will be reimbursed for 43% of the cost. Other transportation expenses from your home to the meeting location, must not exceed the cost of coach round trip airfare.

5. Baggage
Travelers will be reimbursed upon submission of a receipt for the charge of one checked bag regardless of the length of stay; a second checked bag will be reimbursed if the event requires a stay longer than 5 days.

6. Mileage
The cost of transferring the member from his or her home to the local airport, bus, railroad station or meeting site and return will be reimbursed at the current IRS rate.

7. Tolls
The cost of tolls incurred while transferring the member from his or her home to the local airport, bus, railroad station or meeting site and return.

8. Taxi/Shuttle/Rental Car
Travelers will be reimbursed for actual costs of round-trip travel from home/airport/hotel. The most economical method of transportation should be utilized. It is expected that airport shuttle services be used whenever possible. Limousine service will not be authorized unless it is less than or equal to taxi or shuttle transportation. Travelers wishing to utilize a limousine to and from the airport will only be reimbursed at the shuttle rate. Rental car expenses will not be authorized unless they are less than or equal to taxi or shuttle transportation and prior approval is necessary.

9. Parking - Maximum $25 per day
Members driving to a meeting site or to an airport may be reimbursed for parking expenses.

10. Other
Please list expenses that do not fall into one of the above categories.

Non reimbursable items due to coverage through Per Diem:
Tips & gratuities - In-room or airline internet charges - Room service (or any other food and beverage charges) - Movies - Personal entertainment items - Mini-bar - Laundry - Alcohol - Fitness center - Concierge services - Personal items (i.e. clothing luggage and reading materials) - Paper airline tickets rather than electronic - Airline club charges - Rental car memberships - Personal credit card fees

Per Board policy, in order to receive this expense allowance, your delegate spot must be filled for every session of the AGD’s House of Delegates by either the delegate or an appropriate designated alternate and you must vote in contested elections.

PLEASE NOTE THIS POLICY: Members of the Credentials and Elections Committee and Board monitors will scan your badge for the various governance sessions. This will serve as proof of attendance and includes the Reference Committees, Candidates Forum and Town Hall.

If you would like the funds directly deposited into your bank account please complete and submit an ACH Form. Unless otherwise indicated, you will be reimbursed by check. You may fax your form to the Academy of General Dentistry, Attn: Paula Richardson, 312.335.3438 or via mail at 560 W. Lake St., Sixth Floor, Chicago, IL 60661-6600.
Reports to be reviewed by the

Reference Committee on

Advocacy & Other Priorities

Friday, November 3, 2017
1:30 p.m.
Room E350 – McCormick Place Lakeside Building
Resolution 301

“Resolved, that AGD HOD policy 2006:23R-H-7 be rescinded as follows:

‘Resolved, that AGD seeks to educate the public about the potential financial & health risks, due to lack of legal and contractual insurance recourse when medical & dental care is sought outside of the United States and Canada.’

And be it further,

Resolved, that the AGD educate the public that there are potential risks, including but not limited to financial, health, and contractual insurance, which may offer limited recourse when dental services are sought outside their countries of residence’”

AIRBV2017#07 - Rescind and Replace HOD Policy 2006:23R-H-7

Prepared by: Srinivasan Varadarajan, Director, Dental Practice & Policy

Date of Report: August 2, 2017

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 2016-2017 Board Meeting V. Forward to the 2017 HOD.

BOARD RECEOMMENDS ADOPTION

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Bishop, Gehrig, Gorman

N/A – Smith

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.
Goal 3 – Membership: (Broadly, enables support of international membership)

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:
During the course of annual review of AGD HOD policies pertaining to dental practice, the Dental Practice Council noticed that the current 2006:23R-H-7 warns against seeking dental care from practitioners outside the United States and Canada.

Given the AGD’s establishment of international membership, this policy stands in conflict with our desire to grow AGD membership beyond the U.S. and Canada. In a nutshell, our current policy would warn patients against seeking care from international AGD members outside the U.S. and Canada.

Thus, the DP Council took it upon itself to recommend a revision to this policy.

Necessary Information:
- Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
- The current policy was adopted to address the exhaustion and unavailability of dental benefits when patients engaged in ‘dental tourism’ to obtain cheap dental care in other countries.
- The recommended replacement to the policy seeks to retain the spirit of addressing ‘dental tourism’ without disparaging international dentists who may one day become AGD members.

What We Don’t Know:
- We do not know the financial, health, and contractual insurance risks that citizens/residents of other countries face when they seek care outside their own countries.

Pros and Cons:

Pros:
- The rescission and replacement brings us consistent with our desire to expand into international membership, while still addressing the dental tourism concern of the original policy.

Cons:
- If one day, we wished to encourage patients from other countries to travel to the U.S. to seek care, then this policy would have to be revisited.

Executive Director/CEO Recommendations:
From: Daniel Buksa
Sent: Friday, August 04, 2017 2:28 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda <Christa.Ojeda@AGD.org>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>

Subject: RE: More AIRs for your ED and CFO comments

I approve this AIR being transmitted to the Board for further deliberations.

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, as it revises the current HOD Policy

Responsible Staff Liaison & AGD member:
Srinivasan Varadarajan, JD
Director, Dental Practice & Policy
312.440.4973 - p
srini.varadarajan@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:
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Suggested Councils or Agencies to be Involved in Collaboration:
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Chair Approval Email:
From: Steven Ghareeb [mailto:sstevenamos@aol.com]
Sent: Saturday, August 05, 2017 10:00 AM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>

Subject: Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17
I approve.
Steven

Division Coordinator Review Email:
From: Mike Bromberg [mailto:drmikebromberg@gmail.com]
Sent: Friday, August 04, 2017 7:52 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Reviewed all
Mike Bromberg

Board Liaison Review Email:
From: Robert D. Gehrig [mailto:rdgehrig@comcast.net]
Sent: Sunday, August 06, 2017 4:06 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; 'Ghareeb, Steven A., DDS, FAGD' <sstevenamos@aol.com>; 'Bromberg, Mike, DDS' <drmikebromberg@gmail.com>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Srini & Jeanie;
I have reviewed all seven AIR’s. They are in good order.

CFO Review Email:
From: Christa Ojeda
Sent: Friday, August 04, 2017 2:35 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Daniel Buksa <daniel.buksa@agd.org>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: More AIRs for your ED and CFO comments

Given no budgetary ramifications, I approve these AIRs be forwarded to the Board for further deliberation.
AIR Addendum – HOD Policy Change Request

Action:  Add ________  Revise __________  Delete ___X_____

Existing Policy to Revise/Delete:
Delete policy 2006:23R-H-7, which reads, “Resolved, that AGD seeks to educate the public about the potential financial & health risks, due to lack of legal and contractual insurance recourse when medical & dental care is sought outside of the United States and Canada.”

Resolution Presented for Approval:
“Resolved that AGD HOD policy 2006:23R-H-7 be rescinded as follows:

‘Resolved, that AGD seeks to educate the public about the potential financial & health risks, due to lack of legal and contractual insurance recourse when medical & dental care is sought outside of the United States and Canada.’

and be it further,

Resolved that the AGD educate the public that there are potential risks, including but not limited to financial, health, and contractual insurance, which may offer limited recourse when dental services are sought outside their countries of residence.”

Related Existing HOD Policies:
Just the one that would be rescinded (2006-23R-H-7)

Are existing AGD policies inadequate or no longer appropriate? Explain.
2006-23R-H-7 is no longer appropriate because it disparages prospective international AGD members.

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

Any documentation or literature considered in developing this submission?
No

Other Comments?
Resolution 302

“Resolved, that Off Label Use of Dental Products be adopted as AGD HOD policy.”

AIRBV2017#08 - Adopt Off-Label Use of Dental Products Statement

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

Date of Report: July 28, 2017

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 2016-2017 Board Meeting V. Forward to the 2017 HOD.

PASSED

Y – Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm

A - Dear, Edgar, Hanson, Winland

N/A – Smith

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.

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

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:
The Dental Practice Council considered drafting a policy on the use of silver diamine fluoride (SDF). After discussion, the Council decided to broaden the scope of the statement to encompass the off-label use of dental products generally, and then cite SDF as a specific example.

Under the direction of the council, and in collaboration with its appropriate subcommittee, the Manager, Dental Practice & Policy developed the policy statement, which the Dental Practice Council discussed at their May 2017 meeting without controversy. As significant users of medical devices, the Council believe that it is appropriate to hold a position on off-label use. The Council approved the statement unanimously.

**Necessary Information:**
- Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.

**What We Don’t Know:**
- We don’t know how the Food and Drug Administration (FDA) will change their policies on the allowance of off-label disseminated communications in the future. We also don’t know the impact of future or current court cases that may affect the outcome of FDA policy making in years to come.

**Pros and Cons:**

**Pros:**
- Adoption of the content of the Statement as AGD HOD policy would cement its principles as the formal position of the AGD for use in legislative, regulatory, and public relations efforts.

**Cons:**
- None.

**Executive Director/CEO Recommendations:**

From: Daniel Buksa
Sent: Friday, August 04, 2017 10:22 AM
To: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Cc: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Subject: RE: Request for approval of AIR (Action Item Reports)

I approved of this AIR being transmitted to the Board for further deliberations.

**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:
- No, it does not conflict with current HOD Policy. There is no HOD policy on off-label use.

Responsible Staff Liaison & AGD member:
Jeanie Kennedy
Manager, Dental Practice & Policy
312.440.4347 - phone
jeanie.kennedy@agd.org

Suggested Council or Agencies to Complete Action
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Suggested Councils or Agencies to be Involved in Collaboration
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Chair Approval Email:
From: Steven Ghareeb [mailto:sstevenamos@aol.com]
Sent: Saturday, August 05, 2017 10:00 AM
To: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Cc: Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Subject: Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17
I approve.
Steven

Division Coordinator Review Email:
From: Mike Bromberg [mailto:drmikebromberg@gmail.com]
Sent: Sunday, August 06, 2017 6:42 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Robert D. Gehrig <rdgehrig@comcast.net>; Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17
Reviewed all.
Board Liaison Review Email:
From: Robert D. Gehrig [mailto:rdgehrig@comcast.net]
Sent: Sunday, August 06, 2017 4:06 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; 'Ghareeb, Steven A., DDS, FAGD' <sstevenamos@aol.com>; 'Bromberg, Mike, DDS' <drmikebromberg@gmail.com>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: Request for Approval/Acknowledgment of AIR- Today 8/4/17

Srini & Jeanie;
I have reviewed all seven AIR’s. They are in good order.

CFO Review Email:
From: Christa Ojeda
Sent: Thursday, August 03, 2017 3:44 PM
To: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Cc: Daniel Buksa <daniel.buksa@agd.org>
Subject: FW: Request for approval of AIR (Action Item Reports)

I recommend these AIRs be forwarded to the Board for further deliberation – no budgetary impact.
AIR Addendum – HOD Policy Change Request

Action: Add __X______ Revise ___________ Delete __________

Existing Policy to Revise/Delete:

Resolution Presented for Approval:
Resolved that Off Label Use of Dental Products be adopted as AGD HOD policy.

Related Existing HOD Policies:
While we have existing policy supporting the use of safe and effective dental products, we do not have any existing policies addressing off-label use, including SDF.

Are existing AGD policies inadequate or no longer appropriate? Explain.
Existing policies do not address off-label use or SDF.

For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]
3 years. Given the evolving science and the growing interest in off-label use of SDF to address childhood caries, a slightly more aggressive review cycle than every 5 years may be warranted.

Any documentation or literature considered in developing this submission?
Please see the resources references within the paper.

Other Comments?
Off-Label Use of Dental Products

Terminology

The term “off-label use” refers to any use of approved drugs, licensed biologics, and approved or cleared medical devices in any manner that is inconsistent with the U.S. Food and Drug Administration’s (FDA) approved labeling of the medical product. “Clinician-directed application” or “physician-directed application” are also terms that are indicative of off-label use.

Labeling means any written material that may accompany a medical product such as prescribing information, a package insert, and professional product instructions.

Off-label use means the use of a medical product for an unapproved indication, patient population, dosage, route of administration, or use outside of the product labeling.

Background - Regulatory Authority

The FDA evaluates medical products for safety and effectiveness. Additionally, the agency regulates the marketing approval, clearance, and licensing of pharmaceutical, over-the-counter, medical device, and biological products in the United States.

The FDA’s regulatory authority extends to the labeling and promotion of medical products. Promotion of the manufacturer’s product entails all written, oral, video, or other activities that contribute to the sales growth of the product. Manufacturers determine the appropriate product claims prior to submission of their application to the FDA, based on scientific data.

The FDA does not regulate the practice of dentistry or medicine. Often referred to as the “Practice of Medicine Exception,” dentists and physicians may prescribe or administer legally marketed products for an off-label indication.

Generally Accepted Practices/ Standard of Care

The practice of dentistry is regulated by state laws and regulations. Dentists should comply with all relevant federal, state, and local laws and regulations.

While the FDA recognizes the Practice of Medicine Exception, tensions remain in efforts to protect the public’s health and safety. Health care practitioners may prescribe any legally marketed product to a patient within a legitimate health care practitioner-patient relationship. Dental professionals may use medical/dental products in the manner they deem appropriate for their patients. Dentists should be aware of product safety concerns and use a sound scientific

basis, along with professional judgment, for off-label indications. Adverse patient reactions can be voluntarily reported to the FDA’s MedWatch\(^2\) program.

Standard of care is a medical-legal term that changes over time due to experience and the accumulation of data with a medical product. In some instances, the off-label use of a product is considered standard of care.

**Legal Developments**

Decisions in several recent court cases have changed the landscape for findings in off-label issues. Truthful off-label promotional speech\(^3\), the FDA’s pursuit of misbranding provisions (for statements that were truthful and not misleading)\(^4\), and speech that is solely truthful and not misleading\(^5\) cannot be the basis for a misbranding charge for a manufacturer. Additionally, a problematic decision from the Ninth Circuit\(^6\) appears to confuse the use of adulterated devices caused by unsanitary practices with the use of legally marketed off-label products. Cases may be appealed to the Supreme Court or the FDA may elect to alter their policies.

**First Amendment Issues**

The FDA recognizes that recent First Amendment jurisprudence creates tension with agency policies intending to protect the public’s health. In 2016, the agency convened a Part 15\(^7\) meeting to solicit input from stakeholders. For some patients, approved or cleared products are not available or have failed. The off-label use of medical products by health care professionals provides a necessary treatment for some patients without options.

U.S. health agencies seek to promote robust research and development for medical therapies. Conducting rigorous research studies for some products is difficult, particularly for those therapies intending to treat rare disease indications. The FDA supports medical decision-making for patients in the absence of better options while maintaining a structure meant to incentivize the development of medical products, and encourage the use of labeled indications.

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2 U.S. Food and Drug Administration; https://www.fda.gov/Safety/MedWatch/default.htm


7 U.S. Code of Federal Regulations, Title 21, Chapter 1, Subchapter A, Part 15: [https://www.ecfr.gov/cgi-bin/text-idx?SID=449e8b175b9888f5ec4848f1b7da903e&mc=true&tpl=/ecfrbrowse/Title21/21cfr15_main_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?SID=449e8b175b9888f5ec4848f1b7da903e&mc=true&tpl=/ecfrbrowse/Title21/21cfr15_main_02.tpl)
The FDA produced a memorandum in January 2017 summarizing recent court challenges on speech restrictions regarding evidence of intended use, commercial free speech, content and speaker-based restrictions. The document is intended to solicit public feedback on free speech issues while maintaining government interests in protecting the public’s health.

**Restricted Use of Medical Products**

In 2007, a law was passed granting the FDA new authority to require Risk, Evaluation, and Mitigation Strategies (REMS) to ensure that the benefits outweigh the risks for a particular drug or biological product. A REMS designation may require additional safety procedures prior to prescribing, shipping, or dispensing the drug or biologic. Post-approval studies may also be ordered if serious risk is associated with the use of the product.

Elements of a REMS may include a medication guide or patient package insert, a communication plan, elements to assure safe use (ETASU), and an implementation system. The ETASU may require any of the following: prescribers with specific training, experience, or special certifications, pharmacies, practitioners, or health care settings that dispense the drug may need to be specially certified, a drug or biologic may be dispensed only in certain health care settings, a drug or biologic may be dispensed with evidence of laboratory test results, and patients may require monitoring or enrollment in a registry. As such, a drug or biologic with a REMS may be limited to the labeled indications of the product, constraining the practice of medicine or dentistry.

Humanitarian use devices are also restricted for use and are authorized in limited populations, for example, with patients with rare diseases. These types of devices require prior institutional review board (IRB) authorization and must be used according to the FDA approved indication.

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FDA Guidance

In 2017, the FDA released two guidance documents\textsuperscript{10,11} meant to clarify the agency’s current thinking on communications about medical and dental product labeling. The guidance documents are non-binding and do not carry the force of law. Alternative approaches may be used if the requirements satisfy applicable statutes and regulations.

Enforcement Trends

Health care practitioners are not immune from prosecution if they engage in off-label sales and marketing activities on behalf or in conjunction with manufacturers of medical products. It should be noted that off-label promotion is strictly scrutinized by federal authorities. Traditionally, rather than risk potential criminal or civil enforcement actions as a result of an unfavorable verdict at trial, manufacturers have settled high profile suits alleging off-label promotion. Manufacturers of medical products are reticent to risk exclusion of participation in federal health programs administrated by the Department of Health and Human Services (DHHS). With recent legal verdicts favorable to manufacturers, they may be unwilling to settle future disputes with federal authorities as readily.

Dental Product Example

Silver diamine fluoride is one example of a dental product that is used off-label. While silver diamine fluoride is FDA-cleared as a Class II medical device to reduce sensitivity in teeth, it is often used to delay tooth decay.

Policy Statement

The Academy of General Dentistry believes that dentists may prescribe or administer legally marketed medical and dental products for an off-label use within the Practice of Medicine Exception. Health care practitioners may prescribe legally marketed medical and dental products in an off-label manner if they believe that such an application is in the best interest of their patient. The practice of dentistry is regulated by state laws and regulations. Dentists should comply with all relevant federal, state, and local laws and regulations. Dentists should be aware of product safety concerns and use a sound scientific basis, along with professional judgment, for off-label indications. Adverse patient reactions can be voluntarily reported to the FDA’s MedWatch program.


Resolution 303

“Resolved, that the AGD supports federal and state legislative efforts to require that PPO third party payer participation contracts include the requirement that providers shall be provided notice of 1) participation on leased networks, and 2) the identity of payers to which the networks are leased, and that the reimbursement mechanisms used by the lessor shall continue to apply with regard to participation with the lessee.”

AIRBV2017#09 - Adopt an AGD HOD Policy on Leased Dental Benefit Networks

Prepared by: Srinivasan Varadarajan, Director, Dental Practice & Policy

Date of Report: August 2, 2017

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 2016-2017 Board Meeting V. Forward to the 2017 HOD.

PASSED

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

a - Edgar, Tillman, Winland

A – Bishop, Gehrig, Gorman

N/A – Smith

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:
Network leasing, sometimes referred to as network sharing, refers to a mechanism by which a PPO shares its network of dentists with other PPOs, such that the first PPO’s in-network dentists must then accept patients as in-network providers of the other PPOs.

General dentists may be participating with numerous PPOs without knowing it.

In some cases, the dentist who has signed a contract with one PPO will discover that he or she is actually in-network with a different PPO only when he or she submits a claim for services and receives an explanation of benefits (EOB) indicating reduction to a contracted fee and restriction against balance-billing the patient.

In today’s market, not only do PPOs lease their own networks to other PPOs, but separate network organizations now exist that lease networks for a living. Some network organizations own the networks, but do not offer any PPO plans of their own. Network organizations, such as network leasing companies, then lease their networks to multiple PPOs. A dentist that signs a contract with one PPO may inadvertently agree to participate with hundreds of PPO plans from across the nation.

The AGD Dental Practice Council examined this issue, and proposed AGD HOD policy language to address this matter. The language was shared with the Legislative & Governmental Affairs (LGA) Council, which also provided support for the language, with slight amendment. The resolution presented with this AIR is the language supported unanimously by both LGA and Dental Practice Councils.

Necessary Information:
- Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.

What We Don’t Know:
- N/A

Pros and Cons:

Pros:
- Having an HOD policy on this issue enables legislative and public relations areas to convey our position before state legislatures/dental boards and the media, respectively.

Cons:
- None.

Executive Director/CEO Recommendations:
From: Daniel Buksa
Sent: Friday, August 04, 2017 2:28 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda <Christa.Ojeda@AGD.org>
I approve this AIR being transmitted to the Board for further deliberations.

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:
• No, as we do not have any current policies addressing leased networks.

Responsible Staff Liaison & AGD member:
Srinivasan Varadarajan, JD
Director, Dental Practice & Policy
312.440.4973 - p
srini.varadarajan@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
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Suggested Councils or Agencies to be Involved in Collaboration
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Chair Approval Email:
From: Steven Ghareeb [mailto:sstevenamos@aol.com]
Sent: Saturday, August 05, 2017 10:00 AM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>;
Subject: Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17

I approve.
Steven

Division Coordinator Review Email:
From: Mike Bromberg [mailto:drmikebromberg@gmail.com]
Sent: Friday, August 04, 2017 7:52 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Reviewed all
Mike Bromberg

Board Liaison Review Email:
From: Robert D. Gehrig [mailto:rdgehrig@comcast.net]
Sent: Sunday, August 06, 2017 4:06 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Bromberg, Mike, DDS <drmikebromberg@gmail.com>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Srini & Jeanie;
I have reviewed all seven AIR’s. They are in good order.

CFO Review Email:
From: Christa Ojeda
Sent: Friday, August 04, 2017 2:35 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Daniel Buksa <daniel.buksa@agd.org>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: More AIRs for your ED and CFO comments

Given no budgetary ramifications, I approve these AIRs be forwarded to the Board for further deliberation.
AIR Addendum – HOD Policy Change Request

Action: Add ___X____ Revise __________ Delete _________

Existing Policy to Revise/Delete:

N/A

Resolution Presented for Approval:

Resolved that the AGD supports federal and state legislative efforts to require that PPO third party payer participation contracts include the requirement that providers shall be provided notice of 1) participation on leased networks, and 2) the identity of payers to which the networks are leased, and that the reimbursement mechanisms used by the lessor shall continue to apply with regard to participation with the lessee.

Related Existing HOD Policies:

Numerous dental benefits policies, but no existing policies on leased networks.

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

Inadequate. None exist on leased networks.

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?

No

Other Comments?
Resolution 304

“Resolved, that the AGD supports flossing as an integral part of oral hygiene care.”

AIRBV2017#10 - Adopt an AGD HOD Policy on Flossing

<table>
<thead>
<tr>
<th>Prepared by:</th>
<th>Srinivasan Varadarajan, Director, Dental Practice &amp; Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Report:</td>
<td>August 2, 2017</td>
</tr>
<tr>
<td>Staff Resources:</td>
<td>$50 (Approx. 1 hour of staff time to draft the AIR)</td>
</tr>
<tr>
<td>Total Financial Cost:</td>
<td>$50 in staff resources (no direct costs)</td>
</tr>
<tr>
<td>Budget Ramifications:</td>
<td>None</td>
</tr>
<tr>
<td>Action/Timeline:</td>
<td>Record vote at 2016-2017 Board Meeting V. Forward to the 2017 HOD.</td>
</tr>
</tbody>
</table>

BOARD RECOMMENDS ADOPTION

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm

a - Edgar, Winland

A – Bishop, Gehrig, Gorman

N/A – Smith

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:

Per the request of the AGD Editor, and in light of recent press regarding questioning the efficacy of flossing, the Dental Practice Council affirmed flossing as an integral part of oral hygiene care, by presenting this policy for approval.
Necessary Information:
- Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
- The council’s vote indicated all in favor except with one abstention. The vote in abstention was provided not in any objection to the policy, but to reflect the voter’s opinion that such an obvious statement did not necessarily need to be encapsulated in policy.

What We Don’t Know:
- N/A

Pros and Cons:
Pros:
- Having an HOD policy on this issue enables legislative and public relations areas to convey our position before state legislatures/dental boards and the media, respectively.

Cons:
- None.

Executive Director/CEO Recommendations:
From: Daniel Buksa
Sent: Friday, August 04, 2017 2:28 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda <Christa.Ojeda@AGD.org>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: More AIRs for your ED and CFO comments

I approve this AIR being transmitted to the Board for further deliberations.

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:
- No, as we do not currently have any policy on flossing.

Responsible Staff Liaison & AGD member:
Srinivasan Varadarajan, JD
Director, Dental Practice & Policy
312.440.4973 - p
Suggested Council or Agencies to Complete Action
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Suggested Councils or Agencies to be Involved in Collaboration
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Chair Approval Email:
From: Steven Ghareeb [mailto:sstevenamos@aol.com]
Sent: Saturday, August 05, 2017 10:00 AM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>;
Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17

I approve.
Steven

Division Coordinator Review Email:
From: Mike Bromberg [mailto:drmikebromberg@gmail.com]
Sent: Friday, August 04, 2017 7:52 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>  
Cc: Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Reviewed all
Mike Bromberg

Board Liaison Review Email:
From: Robert D. Gehrig [mailto:rdgehrig@comcast.net]
Sent: Sunday, August 06, 2017 4:06 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; ’Ghareeb, Steven A., DDS, FAGD’ <sstevenamos@aol.com>; ’Bromberg, Mike, DDS’ <drmikebromberg@gmail.com>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: Request for Approval/Acknowledgment of AIR- Today 8/4/17
Srini & Jeanie;
I have reviewed all seven AIR’s. They are in good order.

CFO Review Email:
From: Christa Ojeda
Sent: Friday, August 04, 2017 2:35 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Daniel Buksa <daniel.buksa@agd.org>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: More AIRs for your ED and CFO comments

Given no budgetary ramifications, I approve these AIRs be forwarded to the Board for further deliberation.
AIR Addendum – HOD Policy Change Request

| Action: | Add ___X_____ | Revise __________ | Delete __________ |

Existing Policy to Revise/Delete:
N/A

Resolution Presented for Approval:
Resolved that the AGD supports flossing as an integral part of oral hygiene care.

Related Existing HOD Policies:
No existing HOD policies on flossing.

Are existing AGD policies inadequate or no longer appropriate? Explain.
None exist on flossing.

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?
No

Other Comments?
Resolution 305

“Resolved, that the AGD Policy Statement on the Consumption of Sugar and its Health Care Consequences be adopted as AGD HOD Policy.”

AIRBV2017#11 - Adopt AGD Policy Statement on the Consumption of Sugar and Its Health Care Consequences as AGD HOD Policy

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

Date of Report: August 3, 2017

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 2016-2017 Board Meeting V. Forward to the 2017 HOD.

PASSED

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani, Lew, Malterud, Shamo, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

N – Worm

a - Edgar, Winland

A – Bishop, Gehrig, Gorman

N/A – Smith

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:
On Nov. 3-4, 2016, Dr. John Drumm participated in the *Engaging the Oral Health Community in Childhood Obesity Prevention Conference*. Dr. Drumm provided a report to the Board and proposed that that AGD:

1. Establish AGD Policy on the daily recommended amount of sugar for children.
2. Establish AGD Policy on Childhood Obesity and its relationship (connection) to diet and dental decay.
3. Promote CE courses on awareness of childhood obesity and the connections of childhood obesity, sugar consumption and dental decay.
4. Promote CE courses on the importance of training our dental teams to be advocates for nutrition
5. Recommend that our AGD members screen children for obesity – recording height and weight (BMI scores).
6. Continue AGD advocacy on the elimination of soda and sugar-sweetened beverages in schools.
7. Reinforce to our AGD members that they have a very important “role” in sugar-sweetened beverage consumption and childhood obesity prevention.
8. On April 19, 2017, the AGD Board voted to adopt Dr. Drumm’s report, inclusive of all recommendations.

With approval of Dr. Drumm’s report by the Board, the AGD Dental Practice Council reviewed, discussed, and provided direction for the implementation of Dr. Drumm’s recommendations. Based upon its review and discussion, the Dental Practice Council provided direction as follows:

“Resolved, that the Dental Practice Council request its Workforce, Access, and Public Health (WAPH) Subcommittee return to the Council by July 14, 2017, with policies on:

1) Daily recommended amount of sugar for children; and
2) Childhood obesity and its relationship to diet and dental decay; and be it further,

Resolved, that the Dental Practice Council recommends to the appropriate council(s), the exploration of development of CE on opportunities for the practicing dentist to address childhood obesity, sugar consumption, nutrition, and dental decay, based upon recommendations from Dr. John Drumm in his Childhood Obesity Report.”

Accordingly, the present resolution is presented to the Board with the council’s approval of the policy statement, as appended.
Necessary Information:
- Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.

What We Don’t Know:
- We don’t know how the science on the health effects incurred from the consumption of sugar will evolve. In light of that, it is particularly important to review policies every five years to assess if AGD statements are in need of updating.

Pros and Cons:

Pros:
- Adoption of the content of the Statement as AGD HOD policy would cement its principles as the formal position of the AGD for use in legislative, regulatory, and public relations efforts.

Cons:
- None.

Executive Director/CEO Recommendations:

From: Daniel Buksa
Sent: Friday, August 04, 2017 10:22 AM
To: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Cc: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Subject: RE: Request for approval of AIR (Action Item Reports)

I approved of this AIR being transmitted to the Board for further deliberations.

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:
- No, it does not conflict with any AGD policies.

Responsible Staff Liaison & AGD member:
Jeanie Kennedy
Manager, Dental Practice & Policy
312.440.4347 – phone
jeanie.kennedy@agd.org
Suggested Council or Agencies to Complete Action
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Suggested Councils or Agencies to be Involved in Collaboration
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Chair Approval Email:
From: Steven Ghareeb [mailto:sstevenamos@aol.com]
Sent: Saturday, August 05, 2017 10:00 AM
To: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Cc: Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17

I approve.
Steven

Division Coordinator Review Email:
From: Mike Bromberg [mailto:drmikebromberg@gmail.com]
Sent: Sunday, August 06, 2017 6:42 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Robert D. Gehrig <rdgehrig@comcast.net>; Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Reviewed all.
Mike Bromberg

Board Liaison Review Email:
From: Robert D. Gehrig [mailto:rdgehrig@comcast.net]
Sent: Sunday, August 06, 2017 4:06 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; 'Ghareeb, Steven A., DDS, FAGD’ <sstevenamos@aol.com>; 'Bromberg, Mike, DDS’ <drmikebromberg@gmail.com>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: Request for Approval/Acknowledgment of AIR - Today 8/4/17
Srini & Jeanie;
I have reviewed all seven AIR’s. They are in good order.

CFO Review Email:
From: Christa Ojeda
Sent: Thursday, August 03, 2017 3:44 PM
To: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Cc: Daniel Buksa <daniel.buksa@agd.org>
Subject: FW: Request for approval of AIR (Action Item Reports)

I recommend these AIRs be forwarded to the Board for further deliberation – no budgetary impact.
AIR Addendum – HOD Policy Change Request

Action:  Add __X______  Revise __________  Delete __________

Existing Policy to Revise/Delete:

Resolution Presented for Approval:
Resolved, that the AGD Policy Statement on the Consumption of Sugar and its Health Care
Consequences be adopted as AGD HOD Policy.

Related Existing HOD Policies:
- Soft drink consumption/pouring rights contracts

2004:13-H-7

“Resolved, that the Academy of General Dentistry, through its appropriate agencies, continue to review the supporting data concerning the oral health effects of the increasing consumption of beverages containing sugars, carbonation or acidic components. These products are commonly referred to as “soft drinks,” including but not limited to juice drinks, sports drinks and soda pop, and be it further

Resolved, that the Academy of General Dentistry encourages its constituents to work with
education officials, pediatric and family practice physicians, dietetic professionals, parent
groups, and other interested parties, to increase the awareness of the importance of maintaining
healthy vending choices in schools, and to encourage the promotion of fluoridated water and
beverages of high nutritional value, and be it further

Resolved, that the Academy of General Dentistry opposes contractual arrangements, including
pouring rights contracts that influence the consumption patterns that promote increased access to
‘soft drinks’ for children.”

Are existing AGD policies inadequate or no longer appropriate? Explain.
Existing policies are inadequate as our sole policy on sugar (pouring rights) does not fully
address the role of general dentistry in address sugar consumption and its effects.

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

Any documentation or literature considered in developing this submission?
See footnotes within the below policy statement presented for adoption

Other Comments?
AGD Policy Statement on the Consumption of Sugar and its Health Care Consequences

In 2016, the American Heart Association published a scientific statement on the “Added Sugars and Cardiovascular Disease Risk in Children.” Evidence supports the correlation that the consumption of added sugars leads to a myriad of human health problems.

The term “sugar” refers to any number of carbohydrates with the general chemical formula of C\(_n\)(H\(_2\)O)\(_n\). Sugars are categorized into monosaccharaides (simple sugars) and disaccharides (a sugar formed by two monosaccharides or simple sugars). Scientific research indicates a preference for a sweet taste is evident in infants and childhood. Furthermore, sugar functions as a pain reliever in children and elicits an endogenous opioid release. Carbohydrates provide a ready source of energy for children and assist in their growth. From an evolutionary standpoint, there is a rationale for humans, particularly children’s affinity for sweet tasting substances. Notwithstanding, many communities world-wide find that the consumption of sugar has evolved into the over-consumption of sugar.

Knowledge and data acquired about the health consequences from sugar consumption continue to accumulate. The over ingestion of sugar has adverse effects on local and systemic anatomical structures in the human body.

The Academy of General Dentistry (AGD) has a vested interest in the health and well-being of children and adults. Sugar consumption is the most important contributing factor of caries, which is the most prevalent of worldwide diseases.

Physiological Issues Resulting from Sugar Consumption

Caries

Sugars in beverages and foods including breads and other carbohydrates act with bacteria in the mouth to form acid reactions. Over time, a lowered pH in the mouth creates an environment

where bacteria infiltrate the enamel of the tooth and can cause decay. If left untreated, tooth
decay, also known as cavities or caries, can lead to grave consequences including death.

**Obesity**
The inability to feel full contributes to excess eating and calories. High levels of fructose and
other sugars in blood obscure leptin levels in the brain so that satiation is not achieved and
consumption continues beyond normal. The most common causes of obesity are overeating and
physical inactivity.

Consumption of too many sugary foods and beverages contribute to excess calories and may lead
to an increase in weight. Furthermore, studies have confirmed a relationship between childhood
and adult obesity and dental caries. Obesity is associated with heart disease, stroke, high
blood pressure, diabetes, osteoarthritis, gout, select cancers, and sleep apnea.

**Diabetes**
A diet high in sugar can increase the likelihood of a diabetes diagnosis. Type 2 diabetes is linked
to high levels of sugar in the blood; however, consuming sugar is only one risk factor in
acquiring diabetes. Adding one serving of a sweetened beverage to a diet per day increases the
risk of diabetes by 15 percent.

**Increased Cholesterol**
A high sugar diet is linked to unhealthy cholesterol and triglyceride levels. In one study, the
cohort that ate the most sugar were more than three times likely to have low high density
lipoprotein levels.

**Heart Disease**
A diet high in sugar may increase the risk of dying from heart disease absent an indication of
being overweight. High insulin levels cause abnormal cell growth around artery walls resulting
in blood vessel restriction, high blood pressure, heart attack, or stroke.

**Beverages and Food**

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Sugar sweetened beverages (SSB), or drinks with added sugars, are associated with weight gain, obesity, heart disease, type 2 diabetes, and tooth decay. High fructose corn syrup (HFCS) is one type of sugar in SSBs and consists of both glucose and fructose. It allows for rapid absorption of the blood steam, which leads to increased metabolic disturbances. Moreover, HFCS triggers an immune reaction leading to inflammation. HFCS consumption is associated with adult chronic bronchitis, childhood asthma, and other diseases. Public health officials recommend limiting the intake of SSBs, particularly for children. Limitations should be extended to the consumption of 100% fruit juice, as well.

Foods
While much public health focus is relegated to SSB consumption, the intake of sugary foods is equally problematic. Starchy foods in bread, beans, fruit, potatoes, and many others, act with bacteria in the mouth to form acids that can eat away at teeth enamel and lead to caries. Consumption of sugary foods should not be substituted for adherence to sugar-free beverage ingestion. A diet of nutrient rich foods is recommended with minimal intake of added sugars.

Alternate sweeteners
Consumers seeking to replace sugar in food and beverages may pursue sugar substitutes. Alternative sweetener options include sugar alcohols and high-intensity sweeteners. Sugar alcohols, not considered high intensity sweeteners, include sorbitol, xylitol, mannitol, and others, do not promote tooth decay or cause a precipitous increase in blood glucose. Primarily, this class of sweeteners are added to chewing gum, sugar-free candies, and other foods. Sugar alcohols are between 25%-100% as sweet as sugar.

High-intensity sweeteners are many times sweeter than sucrose (table sugar) therefore a smaller amount is needed to achieve the same level of sweetness as sugar. Stevia, monk fruit, saccharine, aspartame, and sucralose are some of the high-intensity sweeteners permitted for use in food and beverages by the U.S. Food and Drug Administration.

Water
An uncontaminated ready source of water must be available to all residents of cities and municipalities. Lead and copper contaminants must be kept out of the water supply and are particularly harmful to fetuses, infants, and young children due to their inherent physiology and

size. When used appropriately, fluoride is safe and effective in preventing and controlling dental caries. Regular use throughout life may help protect teeth against decay.

**Taxes**

Public health advocates are nearly unanimous in support of the adoption of taxes on SSB. Taxes are proposed to effect changes in policies at local, state, and national levels. Further, taxes are advocated to decrease consumption of sugar sweetened beverages and to fund public health education efforts aimed at a change to healthy nutritional behaviors and choices.

Free market advocates contend that citizens in the U.S. are taxed sufficiently already. SSB taxes may disproportionately affect the poor and tax exemptions apply differently in each locale. For instance, the proposed Cook County, Illinois tax exempts individuals using federal food assistance programs such as the supplemental nutrition assistance program (SNAP).

Lawmakers and citizens should consider what is being attempted by imposing taxes on SSB. Potential reasons cited to adopt a SSB tax are to raise revenue, to change beverage consumption from unhealthy beverages to healthy beverages, decrease incidence of disease, to fund pre-kindergarten, or other rationales. Public policy should be well thought out and aim to address solutions that benefit citizens. Moreover, policy makers should discuss the effects of federal subsidies that have artificially inflated the price of sugars over the last 80 years.

**Role of media in promoting poor nutrition**

Marketing to children is one factor in the childhood obesity epidemic. Several national and international organizations have advocated for restrictions on marketing to children due to concerns about food and beverages and resulting adverse health consequences. Prior television exposure predicts unhealthy food preferences and diet, as well as parenting factors. Parents may want to set limits on childhood exposure to media in order to establish healthy eating habits for children.

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School/Educational Issues

Food and beverage choices available to children should be of high nutritional value. Contractual arrangements, such as beverage pouring rights, that influence increased access to soft drinks for children should be kept out of schools. Parental and caretaker education is needed on what and how to feed children to optimize health and development.

Science evolves over time as more data is known. Health professionals are discovering that food and beverage nutritional content is necessary in order to make informed choices. Federal regulations have assisted in efforts of transparency on ingredient labels.

Education

As society considers the importance of the role of proper nutrition in human health, it is appropriate to consider educational improvement for health care professionals. Dentists and physicians receive limited education on nutrition during their training, and yet, proper nutrition is an essential component to prevent many diseases. Cultural differences also affect food choices therefore, cultural competency is needed to ensure that health professionals dispense the most appropriate advice to parents and children.

Screening for Obesity

Screening for obesity is unlike screening for other systemic diseases and can be accomplished easily by calculating a body mass index (BMI). While a BMI measurement has limitations, it provides an assessment of a standardized height/weight metric. If the patient’s BMI measurement is in the overweight or obese categories, dentists may choose to seek a referral to an appropriate health professional to assist in providing relevant nutritional information and advice.
Academy of General Dentistry Policy Statements and Recommendations

1. Prevalence of and Connection between Sugar Consumption and Caries: The Academy of General Dentistry (AGD) has a vested interest in the health and well-being of children and adults. Sugar consumption is the most important contributing factor of caries, which is the most prevalent of worldwide diseases.

2. Levels of Sugar Consumption: AGD supports recommendations of sugar consumption for children not to exceed 6 teaspoons per day. However, consumption of less than 3 teaspoons of sugar per day is more optimal. Consumption of sugary foods should not be substituted for adherence to sugar-free beverage ingestion.

3. Diabetes Identification and Management: General dentists, as primary health care professionals, have an important role in the identification and management of diabetes. General dentists should be provided the ability, training, and resources to screen for diabetes, and to collaborate with the patient’s primary care physicians, as deemed appropriate, to identify and manage diabetes.

4. Screening for Obesity: General dentists, as primary health care professionals, have an important role in the prevention of childhood obesity. General dentists should be provided the ability, training, and resources to screen children for obesity using a BMI score and to refer children to pediatric primary care physicians or qualified nutritionists, where deemed appropriate by the dentist. While not a perfect measurement, BMI scores can be helpful in establishing a general assessment of a child’s propensity toward obesity.

5. Taxation and Subsidies: Lawmakers and citizens should consider all the objectives of taxation when considering imposing taxes on SSB. Potential reasons to adopt an SSB tax may include, but not necessarily be limited to, to raise revenue, change beverage consumption from unhealthy beverages to healthy beverages, decrease incidence of disease, or fund pre-kindergarten. Public policy should be well thought out and aim to address solutions that benefit the health of the U.S. population. Moreover, policy makers should discuss the effects of federal subsidies that have artificially inflated the price of sugars since the 1930s.

6. Nutrition Education and Training: Public health professionals should design a campaign for parents and caretakers to target what and how to feed children to optimize health and development. Given that proper nutrition is an essential component to prevent many diseases, resources should be directed to providing dentists and physicians with additional education and/or training on nutrition.
Resolution 306

“Resolved, that the White Paper on the Role of Dentistry in Addressing Opioid Crisis be adopted as AGD HOD policy.”

AIRBV2017#12 - Adopt Role of Dentistry in Addressing Opioid Crisis as AGD HOD Policy

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

Date of Report: July 28, 2017

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 2016-2017 Board Meeting V. Forward to the 2017 HOD.

BOARD RECOMMENDS ADOPTION

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm

a - Edgar, Winland

A – Bishop, Gehrig, Gorman

N/A – Smith

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:

The U.S. opioid crisis has become the most significant drug epidemic the country has ever experienced. Before conducting research, it was theorized that dentists were major contributors
to the opioid epidemic as some public health officials had previously conjectured. After substantial research, the findings are such that dentists are minor contributors to the opioid epidemic. Nonetheless, dentists must be vigilant in their use of opioids as the potential for addiction is quite high for some patients.

National, state, and international resources were used to assess policy recommendations.

Opioid abuse is an ongoing epidemic in the United States. The number of opioid prescriptions written by dentists rank among the highest of health care professionals. However, dentists rank among the lowest in prescribing multiple or refill opioid prescriptions to the same patient, and also in the dosage of each opioid prescription. Studies suggest that these latter factors are of far greater significance in assessing the likelihood of opioid dependence or death from opioid abuse.

On the other hand, despite lower dosages and shorter durations of prescription, surveyed dentists believed that their patients have “leftover” opioids. Studies suggest that a majority of opioid abusers obtain their drugs from friends or family with these “leftover” prescriptions. Therefore, although assessments based solely upon the number of prescriptions exaggerate the effect of dentistry on opioid abuse, it is nonetheless incumbent upon dentistry and dental associations to support and further the education of dentists, dental teams, and the public on opioid addiction, and to understand, consider, and utilize alternative pain management strategies, including non-opioid analgesics, when appropriate and effective.

The Dental Practice Council was pleased to have the opportunity to review this matter, and, under the direction of the council, Dental Practice & Policy staff has developed this policy paper for adoption.

Necessary Information:
- The entire Dental Practice Council, inclusive of Dr. Steven Ghareeb, Chair, has provided input into the contents of this paper. The paper provides a fulsome explanation as to the role of dentists in the use and abuse of the opioid crisis in the U.S. Dentists played a small part in the creation of the opioid epidemic nonetheless, AGD can provide solutions to ending this crisis.

What We Don’t Know:
- We do not know how the national opioid crisis will be mitigated or how soon. However, we do know that many federal agencies list the opioid overdose and addiction as one of their priorities. Many national and state resources are being brought forward to combat this epidemic.

Pros and Cons:

Pros:
- Adoption of the content of the Statement as AGD HOD policy would cement its principles as the formal position of the AGD for use in legislative, regulatory, and public relations efforts.
Cons:
  • None.

Executive Director/CEO Recommendations:

From: Daniel Buksa  
Sent: Friday, August 04, 2017 10:22 AM  
To: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>  
Cc: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>  
Subject: RE: Request for approval of AIR (Action Item Reports)

I approved of this AIR being transmitted to the Board for further deliberations.

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:
  • No, it does not conflict with current HOD 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 - phone  
sstevenamos@aol.com

Suggested Council or Agencies to Complete Action
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Suggested Councils or Agencies to be Involved in Collaboration
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Chair Approval Email:
From: Steven Ghareeb [mailto:sstevenamos@aol.com]

Sent: Saturday, August 05, 2017 10:00 AM

To: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>

Cc: Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>

Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17

I approve.

Steven

Division Coordinator Review Email:

From: Mike Bromberg [mailto:drmikebromberg@gmail.com]

Sent: Sunday, August 06, 2017 6:42 PM

To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>

Cc: Robert D. Gehrig <rdgehrig@comcast.net>; Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>

Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Reviewed all.

Mike Bromberg

Board Liaison Review Email:

From: Robert D. Gehrig [mailto:rdgehrig@comcast.net]

Sent: Sunday, August 06, 2017 4:06 PM

To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; 'Ghareeb, Steven A., DDS, FAGD' <sstevenamos@aol.com>; 'Bromberg, Mike, DDS' <drmikebromberg@gmail.com>

Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>

Subject: RE: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Srini & Jeanie;

I have reviewed all seven AIR’s. They are in good order.

Srini

CFO Review Email:

From: Christa Ojeda

Sent: Thursday, August 03, 2017 3:44 PM

To: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>

Cc: Daniel Buksa <daniel.buksa@agd.org>

Subject: FW: Request for approval of AIR (Action Item Reports)

I recommend these AIRs be forwarded to the Board for further deliberation – no budgetary impact.
AIR Addendum – HOD Policy Change Request

Action: Add __X______ Revise ___________ Delete __________ 

Existing Policy to Revise/Delete:

Resolution Presented for Approval:
Resolved that the White Paper on the Role of Dentistry in Addressing Opioid Crisis be adopted as AGD HOD policy.

Related Existing HOD Policies:
We do not currently have any policies addressing the opioid crisis.

Are existing AGD policies inadequate or no longer appropriate? Explain.
There are no existing AGD policies on this subject matter.

For additions/revisions, how often should this policy be reviewed? [Default is every 5 years]
2 years. Given the national limelight on this issue, a more aggressive review schedule would be warranted to ensure that our policy remains current and consistent with available data.

Any documentation or literature considered in developing this submission?
See footnotes and resources listed within the policy paper.

Other Comments?
Introduction

Opioid and non-opioid analgesics are utilized in dentistry for the management of post-operative pain. Non-opioids, including acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), are effective in the management of mild to moderate pain, including the initial management of pain.\(^\text{42}\)

The Institute of Medicine (IOM) has noted opioids “can be safe and effective for acute postoperative pain, procedural pain, and patients nearing the end of life who desire more pain relief,” when “used as prescribed.” However, the IOM has also “acknowledge[d] a serious crisis in the diversion and abuse of opioids and a lack of evidence for the long-term usefulness of opioids in treating chronic pain.”\(^\text{43}\)

Sales of opioids have quadrupled between 1999 and 2010, and dosage calculated in morphine milligram equivalents (MME) per person has increased over seven-fold from 96 MME per person in 1997 to 710 MME in 2010.\(^\text{44}\) Fatalities solely from opioid abuse exceed the combined fatalities from suicide, motor vehicle crashes, and cocaine and heroin use.\(^\text{45}\)

Opioid abuse has risen to epidemic levels in the United States. This issue is being addressed by federal and state governments, private industry, health practitioners, and other stakeholders. In recent years, some publications have purported the dental profession to be a significant contributor to the opioid crisis. The purpose of this white paper is to examine the veracity of these claims by a review of the contemporary literature on the role of dentistry on the opioid abuse epidemic. The development of organizational policy based upon this review is also presented.

Background of Prescription Opioid Issues of Abuse and Misuse

The United States has experienced an epidemic of abuse and misuse of opioid medications. Over the past two decades, knowledge of factors leading to addiction were not widely identified or disseminated. Nonetheless, it is incumbent on the health care community to ensure appropriate use of opioid medications.

One of the Food and Drug Administration’s (FDA) charges is to assess the safety and effectiveness of pharmaceuticals. In an effort to facilitate transparency, the agency compiled a


\(^{44}\) Manchikanti et al., at ES22.

\(^{45}\) Id.
timeline\textsuperscript{46} of their activities relating to the misuse and abuse of opioid medications. From 1911 to the 1990’s, opioid medications were predominantly used for the management of acute pain and chronic cancer pain.

OxyContin\textsuperscript{®} was approved by the FDA on December 12, 1995. Abuse of the formulation was occurring by 2001 as the formulation could be broken, chewed, or crushed for rapid release delivery. Reports of overdose and death from prescription drug products, particularly opioids, increased dramatically. In January 2003, the FDA sent the manufacturer of OxyContin, Purdue Pharma L.P., an extensive warning letter about minimizing serious safety risks and promoting the drug for uses beyond proven safety and effectiveness claims.

In 2007, the FDA Amendments Act granted the FDA authority to require certain post-market measures be implemented to further drug safety, i.e., the Risk Evaluation and Mitigation Strategies (REMS). Other federal agencies, including the Drug Enforcement Agency (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), launched various programs to educate the public and assist in efforts to forestall opioid abuse.

In addition to labeling changes and post-marketing surveillance requirements, abuse deterrent formulations were slowly introduced. After more than a decade of problems with opioid formulations, the FDA in 2016 developed a comprehensive action plan to reassess the agency’s approach to opioid medications.

\textit{Pharmacies}

While the use and abuse of opioid medications is a national issue, there are notable sections of the country with more severe and complex problems. For example, in the state of West Virginia, during a six-year period drug wholesalers shipped 780 million opioids to pharmacies within the state. That number equates to more than 400 pills for every person living in the West Virginia. One pharmacy in Mingo County received 9 million hydrocodone pills in 2 years. In retrospect, the West Virginia Board of Pharmacy failed to enforce appropriate regulations to audit pharmacies dispensing high volumes of opioids.

Pain clinics— the so-called “pill mills”— located in Michigan, Florida, and other states, serve no legitimate medical purpose. These clinics charge customers cash payments in return for narcotics. In many ensuing court cases, most prescriptions in this environment were found to be medically unnecessary.

\textit{State Lobbying}

A 2016 investigation by the Center for Public Integrity and the Associated Press\textsuperscript{47} revealed that state lobbyists funded by a coalition of pharmaceutical companies and allied groups were instrumental in deterring state legislatures from enacting limitations on prescriptions of opioids.


Drug manufacturers adopted a state strategy to include hundreds of lobbyists working behind closed doors to weaken measures for more stringent opioid prescription requirements.

The use and abuse of opioid medications in the U.S. is due to multiple factors. Congressional investigations have been initiated to determine how marketing practices affected sales, prescribing patterns, continuing medical education (CME) accreditation agencies, and state medical board policies.

Review Methods

Databases including PubMed and Medline, as well as resources provided by the United States Centers for Disease Control and Prevention (CDC), and a broader Google search, were employed to retrieve contemporary manuscripts addressing the opioid epidemic. Given the recent boom in opioid distribution, only manuscripts dated within the last twelve years and that specifically addressed dentistry were included as primary resources. However, additional manuscripts were retained as general references for clinical background information on opioid and non-opioid analgesics, and dosage conversion metrics between varying opioids. Given that the intent of this paper was to survey current literature in an effort to assess the role of dentistry to the extent necessary to derive an organizational policy, rather than to produce a clinical study, a formal systematic review process was not followed.

Findings

Number of Prescriptions:
Recent studies attribute 8% to 12% of all opioid prescriptions are written by dentists. Dentists are the leading prescribers when the metric is the percentage of number of prescriptions to persons aged 10 to 19 years, accounting for over 30% of the number of these prescriptions.

Prolonged/multiple prescriptions:
The literature suggests opioid addiction and abuse may be more likely affiliated with prolonged or repeated prescriptions than with one-time prescriptions. “Patients consuming opioids regularly for more than a week may develop some degree of dependence.”

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49 Volkow ND, McLellan TA. Characteristics of Opioid Prescriptions in 2009. JAMA. 2011 April 6; 305(13): 1299–1301. doi:10.1001/jama.2011.401. (“Overall, the main prescribers were primary care physicians (general practitioner/family medicine/osteopathic physicians) with 28.8% (22.9 million) of total prescriptions, followed by internists (14.6%, 11.6 million), dentists (8.0%, 6.4 million), and orthopedic surgeons (7.7%, 6.1 million).”)
51 Volkow et al. (“For patients aged 10 to 19 years, dentists were the main prescribers (30.8%, 0.7 million), followed by primary care (13.1%, 0.3 million) and emergency medicine physicians (12.3%, 0.3 million.”)
52 Becker et al.
According to Volkow et al. (JAMA, 2011), “On average, across all physician specialties included in this analysis, 56.4% (44.8 million) of opioid prescriptions were dispensed to patients who had already filled another opioid prescription within the past month (FIGURE 2).” However, as illustrated by FIGURE 2 below, this number is in stark contrast to prescription patterns of dentists, with repeated prescriptions accounting for less than 30% for prescriptions provided by dentists.  

Figure 2

![Graph showing prescription patterns by specialty](image)

New vs Continuing or Switch/Add-on Opioid Prescriptions Dispensed by US Retail Pharmacies as a Function of Specialty, 2009

Shown are unprojected data. Prior prescriptions (dispensed within the past month) could be from the same or a different prescriber or specialty. GP/FM/DO indicates general practitioner/family medicine/osteopathic physician; IM, internal medicine.

Thus, contrary to prescription patterns of general practitioners and specialists in medicine, dentists are far less likely to provide refills or multiple prescriptions to the same patient.

Dosage and duration:

Higher dosages may be more likely to result in addiction and abuse than lower dosages, although both carry risk.  

Most general dentists that prescribe opioids provide only single-fill prescriptions of 10-20 doses to be taken over the course of 2 to 5 days.

Considering a prescription of 4-6 doses per day (every 6 hours or every 4 hours) of hydrocodone/acetaminophen at 5 mg / 300 mg as an example, the maximum daily dosage of hydrocodone would be 20 to 30 mg of hydrocodone. Given the approximate 1-to-1 correlation

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53 Volkow et al.  
54 CDC, “Calculating Total Daily Dose of Opioid for Safer Dosage”  
55 Denisco et. al., at p. 803
between dosage of hydrocodone and MME, this would correlate to at most 20 to 30 MME/day, over the course of up to 5 days, with no refills. In contrast, a study of the Veterans Health Administration (VHA) patients found that patients that died of opioid abuse were prescribed an average of 98 MME/day, with a duration of 90 days of continuous prescription with an allowance for up to a 30 day gap for obtaining a refill.\textsuperscript{56}

The Centers for Disease Control and Prevention (CDC) states 20-50 MME/day as relatively low dosages. While the CDC has identified higher dosages of opioids as primarily associated with higher risk of overdose and death, it also cautions such relatively low dosages should not be ignored.\textsuperscript{57}

Where prescriptions are obtained:

“Most abusers report they obtained prescriptions on their own or medications from friends and relatives that had been prescribed opioids.”\textsuperscript{58}

Among persons aged 12 or older in 2009-2010 who used pain relievers non-medically in the past 12 months, 55% obtained pain relievers from a friend or relative for free\textsuperscript{59} Among the remaining 45%, 11.4% bought them from a friend or relative (which was significantly higher than the 8.9% from 2007-2008), and 4.8% essentially stole them from a friend or relative. However, only one in 6 or 17.3% indicated that they received the drugs through a prescription from one doctor, while only 4.4% received pain relievers from a drug dealer or other stranger, and 0.4% bought them on the Internet, with no significant changes from 2007 to 2008.\textsuperscript{60}

However, “among those who reported getting the pain reliever from a friend or family member for free, 80 percent reported that the friend or family member had obtained the drugs from one prescriber.”\textsuperscript{61} Based upon the results of a 2010 survey of dentists in West Virginia, “When asked about doses of IR [immediate release] opioids that dentists suspect patients have left after a third-molar extraction, 41 percent of dentists expected patients to have leftover drugs. It is unknown, however, whether dentists informed patients about how to secure medication so that it was not diverted or how to dispose of unused medication.”\textsuperscript{62}

AGD Policy Statement

\textsuperscript{56} Bohnert AS, Logan JE, Ganoczy D, Dowell D. A detailed exploration into the association of prescribed opioid dosage and overdose deaths among patients with chronic pain [published online January 22, 2016]. Med Care. doi:10.1097/MLR.0000000000000505.
\textsuperscript{57} Id.
\textsuperscript{58} Volkow et al., at p. 1.
\textsuperscript{60} Manchikanti et al., at ES22
\textsuperscript{61} Denisco et al., at p. 802
\textsuperscript{62} Denisco et al., at p. 803
In light of the above findings, the Academy of General Dentistry (AGD) adopts the following as the policy of the AGD on the role of dentistry in opioid abuse:

...The dosage and duration of each prescription, and the number of multiple or refill prescriptions to the same patient, must be considered in any assessment of the effect of dentistry upon the epidemic of opioid addiction in the United States;

...Assessments of the causation of opioid addiction based solely upon the number of prescriptions written results in an overestimation of the dental profession’s effect on opioid addiction;

...It is nonetheless incumbent upon the profession of dentistry and all dental associations to support and further the education of dentists, dental staff members, and the public to recognize the indicators of propensity and likelihood of opioid addiction, and to understand, consider, and utilize alternative pain management strategies.

Conclusion

Opioid abuse is an ongoing epidemic in the United States. The number of opioid prescriptions written by dentists rank among the highest of health care professionals. However, dentists rank among the lowest in prescribing multiple or refill opioid prescriptions to the same patient, and also in the dosage of each opioid prescription. Studies suggest that these latter factors are of far greater significance in assessing the likelihood of opioid dependence or death from opioid abuse.

On the other hand, despite lower dosages and shorter durations of prescription, surveyed dentists believed that their patients have “leftover” opioids. Studies suggest that a majority of opioid abusers obtain their drugs from friends or family with these “leftover” prescriptions. Therefore, although assessments based solely upon the number of prescriptions exaggerate the effect of dentistry on opioid abuse, it is nonetheless incumbent upon dentistry and dental associations to support and further the education of dentists, dental teams, and the public on opioid addiction, and to understand, consider, and utilize alternative pain management strategies, including non-opioid analgesics, when appropriate and effective.

Resources

U.S. Surgeon General’s Call to End the Opioid Crisis
FDA Fact Sheet- FDA Opioids Action Plan
CDC Guideline for Prescribing Opioids for Chronic Pain- U.S., 2016
Prescription Drug Monitoring Programs
Royal College of Dental Surgeons of Ontario: The Role of Opioids in the Management of Acute and Chronic Pain in Dental Practice
Pennsylvania Guidelines on the Use of Opioids in Dental Practice
New Jersey Law Limits Opioid Prescriptions
National Alliance for Model State Drug Laws
Pain Management: Alternative Therapy
Resolution 307

“Resolved, that HOD Policy 2016:301-H-7, *Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System* be amended as follows:

‘Whereas, the primary oral health care delivery system uses prevention to divert unnecessary treatment costs;

Whereas, the primary oral health care delivery system enables incorporation of bundles or waives administrative, ancillary, and incidental costs;’”

AIRBV2017#13 - Revise Policy Statement on Cost-Efficiency of Primary Oral Health Care

Prepared by: Srinivasan Varadarajan, Director, Dental Practice & Policy

Date of Report: August 2, 2017

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 2016-2017 Board Meeting V. Forward to the 2017 HOD.

BOARD RECOMMENDS ADOPTION

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm

a - Edgar, Winland

A – Bishop, Gehrig, Gorman

N/A – Smith

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 2016, the AGD HOD adopted the Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System. Some AGD delegates noted however that the 2nd and 3rd “Whereas” clauses in the Policy Statement section of document may be inaccurately phrased, and should be revised for presentation to the 2017 AGD HOD. Specifically, delegates noted that the word “unnecessary” was inaccurate in that “unnecessary” treatment should not be considered regardless of the use of prevention.

Additionally, with regard to the reference to bundling and waiving costs, the delegates noted that administrative, ancillary, and incidental costs are often bundled, but not waived.

The Dental Practice Council reviewed the concerns of the delegates, and now present this AIR to amend those parts of the Policy Statement to ensure clarity of intent and meaning.

Necessary Information:
- Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
- The adoption of the Policy Statement as AGD HOD policy, by the 2016 AGD HOD, is encapsulated as 2016:301-H-7.
- The full Policy Statement, with the requested changes shown, is appended at the end of this AIR. However, the Dental Practice Council respectfully requests that the AGD HOD refrain from amending any section of the Policy Statement, other than those two “Whereas” statements presented now for revision.

What We Don’t Know:
- N/A.

Pros and Cons:

Pros:
- The revision to the Policy Statement provides clarity.

Cons:
- None.

Executive Director/CEO Recommendations:
From: Daniel Buksa
Sent: Friday, August 04, 2017 2:28 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda <Christa.Ojeda@AGD.org>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: More AIRs for your ED and CFO comments
I approve this AIR being transmitted to the Board for further deliberations.

**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, in that it revises the current HOD Policy

**Responsible Staff Liaison & AGD member:**
Srinivasan Varadarajan, JD
Director, Dental Practice & Policy
312.440.4973 - p
srini.varadarajan@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**
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

**Suggested Councils or Agencies to be Involved in Collaboration**
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

**Chair Approval Email:**
From: Steven Ghareeb [mailto:sstevenamos@aol.com]
Sent: Saturday, August 05, 2017 10:00 AM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>
Subject: Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17
I approve.
Steven
Division Coordinator Review Email:
From: Mike Bromberg [mailto:drmikebromberg@gmail.com]
Sent: Friday, August 04, 2017 7:52 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17
Reviewed all
Mike Bromberg

Board Liaison Review Email:
From: Robert D. Gehrig [mailto:rdgehrig@comcast.net]
Sent: Sunday, August 06, 2017 4:06 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; 'Ghareeb, Steven A., DDS, FAGD' <sstevenamos@aol.com>; 'Bromberg, Mike, DDS' <drmikebromberg@gmail.com>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: Request for Approval/Acknowledgment of AIR - Today 8/4/17
Srini & Jeanie;
I have reviewed all seven AIR’s. They are in good order.

CFO Review Email:
From: Christa Ojeda
Sent: Friday, August 04, 2017 2:35 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Daniel Buksa <daniel.buksa@agd.org>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: More AIRs for your ED and CFO comments
Given no budgetary ramifications, I approve these AIRs be forwarded to the Board for further deliberation.
AIR Addendum – HOD Policy Change Request

Action: Add ________ Revise __________ Delete ____X_____

Existing Policy to Revise/Delete:


Resolution Presented for Approval:

Resolved, that the following language within the Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System be amended as follows:

‘Whereas, the primary oral health care delivery system uses prevention to divert unnecessary reduce treatment costs;

Whereas, the primary oral health care delivery system enables incorporation of bundles or waives administrative, ancillary, and incidental costs;’”

Related Existing HOD Policies:
N/A

Are existing AGD policies inadequate or no longer appropriate? Explain.
Simply provides clarity to the intent of the existing policy.

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

Any documentation or literature considered in developing this submission?
No

Other Comments?
Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System

Academy of General Dentistry (AGD)

Introduction
Healthcare expenditures in the United States have risen to nearly $3 trillion, accounting for over 17% of the nation’s Gross Domestic Product. Hospital care (32.1%) and physician and clinical services (20.1%) account for over 50% of these expenses. Hospital care includes care delivered through emergency departments (ED) which saw 330,000 preventable visits related to dental decay in 2006, costing $110 million dollars.

Over the course of 2009 through 2013, total health expenditures, as well as physician and clinical services expenditures, increased by 16.5%. These increases were eclipsed by hospital care costs which increased by 20.6%. In this same time period, expenditures for dental services delivered outside the hospital setting increased by only 8.3%. In fact, when adjusted for inflation (8.7% from 2009 through 2013), expenditures for dental services decreased. Moreover, expenditures for dental services that once represented over 7% of total healthcare expenditures, now stand at less than 4% of the national total.

This policy statement begins to explore this cost efficiency of dentistry in comparison to medicine and hospital/ED care.

Executive Summary
The cost efficiency of the practice of dentistry in comparison to medicine, hospital care, and ED dentistry is attributable to a number of key factors that may be unique to the primary oral health care delivery model.

In medicine, the diversification of the workforce away from primary care and toward a proliferation of nurse practitioners and specialists has burdened the consumer with increased cost of care and has adversely affected patient health. While only 20% of physicians are generalists,

63 National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2013. Table 103 (page 1 of 2). Centers for Medicare & Medicaid Services.
64 Ibid.
65 A Costly Dental Destination: Hospital Care Means States Pay Dearly, The Pew Center on the States (February 2012)
67 Ibid.
68 Ibid.
71 In the United States, an increase of just one primary care physician is associated with 1.44 fewer deaths per 10,000 persons; adults with a primary care physician rather than a specialist had 33% lower costs of care after adjusting for demographic and health characteristics (Starfield, 2006). Patients with a regular primary care physician have lower overall health care costs than those without one (Weiss & Blustein, 1996; De Maeseneer, De Prins, Gosset, & Heyerick, 2003). Higher ratios of primary care physicians to population are associated with...
80% of dentists are primary care practitioners - general and pediatric dentists. Additionally, while the practice of nurse practitioners in clinics without the presence of a physician produces multiple visits and cost incidents for the patient, primary care dentistry presently utilizes a dental team model in which dental assistants, hygienists and expanded function auxiliaries operate under the direct or indirect supervision of a dentist, producing a single bundled cost incident.

Moreover, unlike in much of medicine, primary care dental practitioners have established an expectation of recall visits even for the asymptomatic patient, enabling a prevention mindset that diverts more expensive treatment and builds trust by establishing the general or pediatric practice as the patient’s dental home.

Additionally, dentists generally charge solely for dental procedures. Anesthesia and laboratory charges are often required to be bundled with the primary procedure by the Code on Dental Procedures and Nomenclature. General dentistry does not bill for incidental services, including for the sterilization and upkeep of dental instruments, or for numerous laboratory costs. On the other hand, a physician may charge for the physician’s time, the physician assistant’s time, the nurse practitioner’s time, incidental charges, laboratory costs, and diagnostic interpretation costs. In a hospital setting, these charges may be compounded with ambulance costs, inpatient room charges, operating room charges, pharmacy costs, nursing care, and meals.

These hospital charges are also apparent in visits to EDs that are related to dental caries. Medicaid data shows that the average cost of an enrollee’s “inpatient hospital treatment for dental problems is almost 10 times more expensive than preventative care delivered in a dentist’s office.”72 Further, “a routine teeth cleaning that could prevent future dental problems can cost up to $100, as compared to $1,000 for ER treatment for untreated cavities and infections.”73

However, whether the visit is related to prevention in contrast to treatment is not the sole determinant of the increased costs of ER visits. ER visits are far more expensive even when same or similar treatment services are compared. “Visits to the ER for dental pain are costly and can range from $400 to $1,500 compared to a $90 to $200 visit to a dentist.”74 Further, unlike the dental office, the ER visit will often not address the underlying condition or provide the definitive care.75

reduced hospitalization rates (Parchman & Culler, 1994). Patients with a regular primary care provider have 19% lower mortality (Franks & Fiscella, 1998), are 7% more likely to stop smoking, and are 12% less likely to be obese (Arora, et al., 2009). Advisory Committee on Training in Primary Care Medicine and Dentistry. The Redesign of Primary Care with Implications for Training. Eighth Annual Report to the U.S. Department of Health and Human Services and to the U.S. Congress. January, 2010.

73 Azmat Khan, More Americans Visiting ER for Dental Care, PBS (February 28, 2012) (http://www.pbs.org/wgbh/pages/frontline/health-science-technology/more-americans-visiting-er-for-dental-care/)
74 American Dental Association, The Issue: Reduce health care costs and improve patient care by treating dental disease in the dental practice instead of the ER (August 2013) (http://www.ada.org/~/media/ADA/Public%20Programs/Files/ER_Utilization_Issues_Flyer.ashx)
Primary care dentistry’s focus on prevention by establishment of the dental home, use of the dental team concept to produce single incidents of cost for the patient, minimized specialization to mitigate care fragmentation, and bundling of incidental and ancillary charges, begins to create an understanding of the comparative cost efficiency of the primary oral health care delivery system.

Policy Statement

Whereas, the primary oral health care delivery system encompasses the delivery of oral health care services via the general or pediatric dentist (primary oral health care practitioners);

Whereas, the primary oral health care delivery system uses prevention to divert unnecessary reduce treatment costs;

Whereas, the primary oral health care delivery system enables incorporation of bundles or waives administrative, ancillary, and incidental costs;

Whereas, primary oral health care practitioners are educated and authorized by state laws to provide all dental services, allowing minimal fragmentation through specialty care;

Whereas, the primary oral health care delivery system utilizes a dental team that functions within the direct or indirect supervision of the general or pediatric dentist to enable single unified cost incidents;

Now therefore, the Academy of General Dentistry resolves as follows:

“Resolved that the primary oral health care delivery system, provided under the direct or indirect supervision of a general or pediatric dentist, is a cost-efficient model of care in comparison to medicine, hospital care, and emergency department care.”
Resolution 307

“Resolved, that HOD Policy 2016:301-H-7, Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System be amended as follows:

‘Whereas, the primary oral health care delivery system uses prevention to divert unnecessary reduce treatment costs;

Whereas, the primary oral health care delivery system enables incorporation of bundles or waives administrative, ancillary, and incidental costs;”

AIRBV2017#13 - Revise Policy Statement on Cost-Efficiency of Primary Oral Health Care

Prepared by: Srinivasan Varadarajan, Director, Dental Practice & Policy

Date of Report: August 2, 2017

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 2016-2017 Board Meeting V. Forward to the 2017 HOD.

PASSED

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm

a - Edgar, Winland

A – Bishop, Gehrig, Gorman

N/A – Smith

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 2016, the AGD HOD adopted the Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System. Some AGD delegates noted however that the 2nd and 3rd “Whereas” clauses in the Policy Statement section of document may be inaccurately phrased, and should be revised for presentation to the 2017 AGD HOD. Specifically, delegates noted that the word “unnecessary” was inaccurate in that “unnecessary” treatment should not be considered regardless of the use of prevention.

Additionally, with regard to the reference to bundling and waiving costs, the delegates noted that administrative, ancillary, and incidental costs are often bundled, but not waived.

The Dental Practice Council reviewed the concerns of the delegates, and now present this AIR to amend those parts of the Policy Statement to ensure clarity of intent and meaning.

Necessary Information:
- Dr. Steven Ghareeb, Chair, Dental Practice Council, has provided input into this report.
- The adoption of the Policy Statement as AGD HOD policy, by the 2016 AGD HOD, is encapsulated as 2016:301-H-7.
- The full Policy Statement, with the requested changes shown, is appended at the end of this AIR. However, the Dental Practice Council respectfully requests that the AGD HOD refrain from amending any section of the Policy Statement, other than those two “Whereas” statements presented now for revision.

What We Don’t Know:
- N/A.

Pros and Cons:

Pros:
- The revision to the Policy Statement provides clarity.

Cons:
- None.

Executive Director/CEO Recommendations:
From: Daniel Buksa
Sent: Friday, August 04, 2017 2:28 PM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Christa Ojeda <Christa.Ojeda@AGD.org>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: RE: More AIRs for your ED and CFO comments
I approve this AIR being transmitted to the Board for further deliberations.

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, in that it revises the current HOD Policy

Responsible Staff Liaison & AGD member:
Srinivasan Varadarajan, JD
Director, Dental Practice & Policy
312.440.4973 - p
srini.varadarajan@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
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Suggested Councils or Agencies to be Involved in Collaboration
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Chair Approval Email:
From: Steven Ghareeb [mailto:sstevenamos@aol.com]
Sent: Saturday, August 05, 2017 10:00 AM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>;
Cc: Bromberg, Mike, DDS <drmikebromberg@gmail.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>
Subject: Re: Request for Approval/Acknowledgment of AIR- Today 8/4/17

I approve.

Steven
**Division Coordinator Review Email:**

From: Mike Bromberg [mailto:drmikebromberg@gmail.com]

Sent: Friday, August 04, 2017 7:52 PM

To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>

Cc: Ghareeb, Steven A., DDS, FAGD <sstevenamos@aol.com>; Gehrig, Robert D., DMD, FAGD <rdgehrig@comcast.net>; Jeanie Kennedy <Jeanie.Kennedy@AGD.org>

Subject: Re: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Reviewed all

Mike Bromberg

**Board Liaison Review Email:**

From: Robert D. Gehrig [mailto:rdgehrig@comcast.net]

Sent: Sunday, August 06, 2017 4:06 PM

To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; 'Ghareeb, Steven A., DDS, FAGD' <sstevenamos@aol.com>; 'Bromberg, Mike, DDS' <drmikebromberg@gmail.com>

Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>

Subject: RE: Request for Approval/Acknowledgment of AIR - Today 8/4/17

Srini & Jeanie;

I have reviewed all seven AIR’s. They are in good order.

**CFO Review Email:**

From: Christa Ojeda

Sent: Friday, August 04, 2017 2:35 PM

To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>; Daniel Buksa <daniel.buksa@agd.org>

Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>

Subject: RE: More AIRs for your ED and CFO comments

Given no budgetary ramifications, I approve these AIRs be forwarded to the Board for further deliberation.
AIR Addendum – HOD Policy Change Request

Action: Add _______ Revise _________ Delete ___X_____

Existing Policy to Revise/Delete:


Resolution Presented for Approval:

Resolved, that the following language within the Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System be amended as follows:

‘Whereas, the primary oral health care delivery system uses prevention to divert unnecessary reduce treatment costs;

Whereas, the primary oral health care delivery system enables incorporation of bundles or waives administrative, ancillary, and incidental costs;”’

Related Existing HOD Policies:

N/A

Are existing AGD policies inadequate or no longer appropriate? Explain.
Simply provides clarity to the intent of the existing policy.

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

Any documentation or literature considered in developing this submission?
No

Other Comments?
Introduction
Healthcare expenditures in the United States have risen to nearly $3 trillion, accounting for over 17% of the nation’s Gross Domestic Product. Hospital care (32.1%) and physician and clinical services (20.1%) account for over 50% of these expenses. Hospital care includes care delivered through emergency departments (ED) which saw 330,000 preventable visits related to dental decay in 2006, costing $110 million dollars.

Over the course of 2009 through 2013, total health expenditures, as well as physician and clinical services expenditures, increased by 16.5%. These increases were eclipsed by hospital care costs which increased by 20.6%. In this same time period, expenditures for dental services delivered outside the hospital setting increased by only 8.3%. In fact, when adjusted for inflation (8.7% from 2009 through 2013), expenditures for dental services decreased. Moreover, expenditures for dental services that once represented over 7% of total healthcare expenditures, now stand at less than 4% of the national total.

This policy statement begins to explore this cost efficiency of dentistry in comparison to medicine and hospital/ED care.

Executive Summary
The cost efficiency of the practice of dentistry in comparison to medicine, hospital care, and ED dentistry is attributable to a number of key factors that may be unique to the primary oral health care delivery model.

In medicine, the diversification of the workforce away from primary care and toward a proliferation of nurse practitioners and specialists has burdened the consumer with increased cost of care and has adversely affected patient health. While only 20% of physicians are generalists,
80% of dentists are primary care practitioners - general and pediatric dentists. Additionally, while the practice of nurse practitioners in clinics without the presence of a physician produce multiple visits and cost incidents for the patient, primary care dentistry presently utilizes a dental team model in which dental assistants, hygienists and expanded function auxiliaries operate under the direct or indirect supervision of a dentist, producing a single bundled cost incident.

Moreover, unlike in much of medicine, primary care dental practitioners have established an expectation of recall visits even for the asymptomatic patient, enabling a prevention mindset that diverts more expensive treatment and builds trust by establishing the general or pediatric practice as the patient’s dental home.

Additionally, dentists generally charge solely for dental procedures. Anesthesia and laboratory charges are often required to be bundled with the primary procedure by the Code on Dental Procedures and Nomenclature. General dentistry does not bill for incidental services, including for the sterilization and upkeep of dental instruments, or for numerous laboratory costs. On the other hand, a physician may charge for the physician’s time, the physician assistant’s time, the nurse practitioner’s time, incidental charges, laboratory costs, and diagnostic interpretation costs. In a hospital setting, these charges may be compounded with ambulance costs, inpatient room charges, operating room charges, pharmacy costs, nursing care, and meals.

These hospital charges are also apparent in visits to EDs that are related to dental caries. Medicaid data shows that the average cost of an enrollee’s “inpatient hospital treatment for dental problems is almost 10 times more expensive than preventative care delivered in a dentist’s office.”85 Further, “a routine teeth cleaning that could prevent future dental problems can cost up to $100, as compared to $1,000 for ER treatment for untreated cavities and infections.”86

However, whether the visit is related to prevention in contrast to treatment is not the sole determiner of the increased costs of ER visits. ER visits are far more expensive even when same or similar treatment services are compared. “Visits to the ER for dental pain are costly and can range from $400 to $1,500 compared to a $90 to $200 visit to a dentist.”87 Further, unlike the dental office, the ER visit will often not address the underlying condition or provide the definitive care.88

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86 Azmat Khan, More Americans Visiting ER for Dental Care, PBS (February 28, 2012) (http://www.pbs.org/wgbh/pages/frontline/health-science-technology/more-americans-visiting-er-for-dental-care/)
87 American Dental Association, The Issue: Reduce health care costs and improve patient care by treating dental disease in the dental practice instead of the ER (August 2013) (http://www.ada.org/~/media/ADA/Public%20Programs/Files/ER_Utilization_Issues_Flyer.ashx)
Primary care dentistry’s focus on prevention by establishment of the dental home, use of the dental team concept to produce single incidents of cost for the patient, minimized specialization to mitigate care fragmentation, and bundling of incidental and ancillary charges, begins to create an understanding of the comparative cost efficiency of the primary oral health care delivery system.

**Policy Statement**

*Whereas,* the primary oral health care delivery system encompasses the delivery of oral health care services via the general or pediatric dentist (primary oral health care practitioners);

*Whereas,* the primary oral health care delivery system uses prevention to divert unnecessary reduce treatment costs;

*Whereas,* the primary oral health care delivery system enables incorporation of bundles or waives administrative, ancillary, and incidental costs;

*Whereas,* primary oral health care practitioners are educated and authorized by state laws to provide all dental services, allowing minimal fragmentation through specialty care;

*Whereas,* the primary oral health care delivery system utilizes a dental team that functions within the direct or indirect supervision of the general or pediatric dentist to enable single unified cost incidents;

*Now therefore,* the Academy of General Dentistry resolves as follows:

“Resolved that the primary oral health care delivery system, provided under the direct or indirect supervision of a general or pediatric dentist, is a cost-efficient model of care in comparison to medicine, hospital care, and emergency department care.”
Resolution 308

“Resolved, that the Academy of General Dentistry (AGD) supports educating the dental profession and the public as to the value of dental screenings and HPV vaccination to help prevent Oral Cancer.”

AIRBV2017#18 – HPV Vaccination Policy Approval

| Prepared by: | W. Mark Donald, DMD, MAGD, Vice President AGDF |
| Date of Report: | September 1, 2017 |
| Staff Resources: | Minimal [Up to 20 hrs of staff time] |
| Total Financial Cost: | N/A [Up to $1,000 for 20 hrs of staff time] |
| Budget Ramifications: | None [No direct costs] |
| Action/Timeline: | Recorded vote at 16-17 Board Meeting V |

BOARD RECOMMENDS ADOPTION

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden

a – Edgar

A – Bishop, Gehrig, Shepley, Worm

N/A – Smith

How It Fits into the Strategic Plan:
Goal 2 - Advocacy: Strengthen and protect the general dentistry profession and the oral health of the public.

How it Fits into the Corporate Objectives:
- N/A

Introduction:
The Academy of General Dentistry Foundation (AGDF) is the philanthropic arm of the Academy of General Dentistry. This is the 45th year anniversary of the AGDF. Established in 1972, the AGD Foundation aims to improve the oral health of the public and support the efforts of the general dentist and AGD. Our primary focus is oral cancer awareness, risk factor prevention and diagnostic training for general dentists that uses the best technology. General dentists are the first line of defense against oral cancer.
Presently, the AGDF is in conversation and collaboration with the Washington AGD and the American Cancer Society help fulfill the AGDF mission. The American Cancer Society is
interested in partnering with the AGDF in educating dentist across the country about oral cancer, oral cancer screenings, and the role of the current vaccines have in preventing oral cancer caused by the Human Papilloma Virus (HPV). This partnership could bring substantial financial support to the AGDF. Before the AGDF moves forward in partnership it would be extremely helpful if the AGD had a policy statement or a position statement on the value of dental screening and HPV vaccinations. Presently, the AGD does not have any policy statements on either oral cancer screening or HPV vaccinations.

The AGDF Board is asking the AGD Board’s position and also requesting the AGD Dental Practice Council to consider crafting a White Paper on “The value of Dental Screenings and Promoting the HPV Vaccine to help preventing Oral Cancer in the Future – the Chance to SAVE a Person’s Life.”

The AGDF Board voted unanimously on the August 29, 2017 conference call to continue investigating the partnership with the American Cancer Society and the promotion of dental screenings, oral cancer education and the education of the dentists and public about the value of the HPV vaccine in preventing oral cancer.

Necessary Information:
- The AGD has three webinars on oral cancer and HPV that is free to our membership. They are archived in the on-demand directory on the AGD website. These webinars could be used in this effort and drive member dentists and non-member dentist to the AGD website.
  1) HPV: The Underestimated Cause of Oral Cancer – Gerald Botko
  2) Oral Cancer: The Told of the Dental Professional - G. E. Ghali, DDS
  3) Human Papillomavirus (HPV) and Head and Neck Cancer – AAOMS/AGD Collaborative – Eric Carlson, DMD, MD, FACS
- The AGD already has Dental Education coding for Fellowship and Mastership credits in oral cancer/oral medicine.
- The AGD has offered Dental Education seminars on oral cancer screening and detection during the AGD2016 and AGD2017 Scientific Meetings.
- The AGDF has offered oral cancer screenings during the AGD2016 and AGD2017 Scientific Meeting. The AGDF Board is planning on an oral cancer screening outreach for AGD2018 in New Orleans.
- The AGDF has asked that the DE Council consider using the webinars and the AGD2018 oral cancer screening outreach as a blending learning experience with participation credit.
- The AGDF board has begun strategically working with the Regional Directors and Constituents to be more proactive in encouraging their members to be educated on this important issue and to educate their patients of the importance of screenings and the HPV vaccine.

What We Don’t Know:

Pros and Cons:

Pros:
The AGDF has a chance to partner with the ACS and help educate patients and dentists across the country about the need for dental screenings and the value of getting the HPV vaccine to help prevent Oral Cancer.

This partnership will bring others in the medical community and other organizations on board and aware of the value of AGD’s part in educating the dental communities across the country.

The ACS Sponsorship money will allow dentists to have free materials to distribute in their office with the AGD/ACS logo on it and help constituents with programs.

The involvement in this partnership and education to dentists and the public will help build our AGD Public perception.

The AGD already has a code for oral cancer education and the DE council has been asked to collaborate and discuss the value of awarding DE participation credits for screenings at the Scientific Meeting or in Constituent meetings.

We already have webinars developed. (See above)

Cons:

Some dentist and parents may be opposed to another vaccine.

Executive Director/CEO Recommendations:

I approve this AIR being transmitted to the Board for further deliberations. However, I believe there will be substantial, not minimal, staff resources required to write the proposed White Paper.

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:

W. Mark Donald, DMD, MAGD

AGDF Vice President

662-773-8304 – p

mdonald@dixie-net.com

Suggested Council or Agencies to Complete Action:

AGDF

Dental Practice Council

Suggested Councils or Agencies to be Involved in Collaboration:

AGDF

Dental Practice Council

Chair Approval Email:
Division Coordinator Review Email:
  - N/A

Board Liaison Review Email:
  - N/A

CFO Review Email:
AIR Addendum – HOD Policy Change Request

Action:  Add ___X_____  Revise __________  Delete __________

Existing Policy to Revise/Delete:
N/A

Resolution Presented for Approval:
“Resolved, that the Academy of General Dentistry (AGD) supports educating the dental profession and the public as to the value of dental screenings and HPV vaccination to help prevent Oral Cancer.”

And be it further,
“Resolved, that the Dental Practice Council be asked to discuss and write a White Paper on the HPV Vaccine and Dental Screenings to help Prevent Oral Cancer by October 4 .”

Related Existing HOD Policies:
Current policy on oral cancer is encapsulated in the AGD White Paper on Increasing Access to and Utilization of Oral Health Care Services, which states, “the initial recognition of life-threatening conditions like HIV infection and oral cancer are often made in the dental office.”
The AGD does not have any current HOD policy statement addressing HPV.

Are existing AGD policies inadequate or no longer appropriate? Explain.
Inadequate. None exist on HPV, while policy reference to oral cancer is minimal.

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?
No

Other Comments?
Constitution, Bylaws and Judicial Affairs Council Annual Report

Constitution, Bylaws and Judicial Affairs Council

1. The Constitution, Bylaws and Judicial Affairs Council shall be composed of six (6) members including the chairperson.

2. It shall be the duty of this council:
   a. To study and make recommendations to both the Board and the HOD on any proposed change in the Constitution and Bylaws;
   b. To recommend amendments or interpretations of the Constitution and Bylaws of the AGD;
   c. To maintain a file in the AGD office of copies of constituent and component AGD’s constitutions and bylaws;
   d. To hear appeals on censure, suspension of membership, or expulsion from a constituent AGD;
   e. To act on the appeals from dentists who have been denied access to AGD membership by a constituent Board;
   f. To keep minutes of any disciplinary proceedings.
   g. Monitoring any necessary Bylaws changes in the regional governance structure of Regions 15 and 16.
   h. To annually review Article IX, Principles of Ethics, of the AGD Constitution and Bylaws, and an AIR be sent to the Board...."

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

4. 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.

5. Annually review Article IX, Principle of Ethics of the AGD Constitution and Bylaws, and an AIR be sent to the Board.”

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.

**Highlights of the year**

The council met electronically to discuss several items that were referred from the Board, constituents and/or staff. The council deliberated on and reported the following:

- The council, on referral from the Executive Committee, endorsed a recommendation to amend the Bylaws by providing for term limits for the offices of Speaker of the House and Editor.

- The council, at the request of the OR AGD, provided an advisory opinion to that constituent regarding the constituent’s compliance with model constituent bylaws.

- The council endorsed a recommendation for creating a derivative work amendment to Article IX of the AGD Constitution (Principles of Ethics).

**CONCLUSION**

The council is honored to offer its expertise and assistance in the administration, interpretation and implementation of the AGD’s Constitution & Bylaws.

Respectfully submitted,

Dr. Robert L. Ramus, Chairperson
Dr. Guy Acheson
Dr. Kenneth D. Garrett
Dr. Colleen J. Hofer
Dr. Dawn Rickert
Dr. Berry Stahl

**CONTACT INFORMATION**

Dr. Robert L. Ramus, DDS, MAGD
Chairperson
rramus@bright.net

From: Robert Ramus [mailto:rramus@bright.net]
Sent: Wednesday, July 26, 2017 6:10 AM
To: Daniel Buksa <daniel.buksa@agd.org>
Subject: RE: AGD - Bylaws council annual report - please reply

Good morning Dan,

Looks perfect! Thanks for your diligence and kind assistance.

Gratefully,

Bob
AGD Program Evaluation

Program Name: Constitution, Bylaws and Judicial Affairs Council

Charge:
To study and make recommendations to both the Board and the HOD on any proposed change in the Constitution and Bylaws;

b. To recommend amendments or interpretations of the Constitution and Bylaws of the AGD;

c. To maintain a file in the AGD office of copies of constituent and component AGD’s constitutions and bylaws;

d. To hear appeals on censure, suspension of membership, or expulsion from a constituent AGD;

e. To act on the appeals from dentists who have been denied access to AGD membership by a constituent Board;

f. To keep minutes of any disciplinary proceedings.

g. Monitoring any necessary Bylaws changes in the regional governance structure of Regions 15 and 16.


Description: The council does not meet in person, unless requested. There has only been one in-person meeting in the last 12 years. The council conducts all of its work electronically.

Goal(s): Undertake review of Bylaws matters from the Board, Councils & Committees and other workgroups, and constituents, and other tasks as assigned.

Financial Impact: Budgeted expenses Actual expenses
2010 $ 0 $0
2011 $ 0 $0
2012 $ 0 $0

Participation/Relevance: 2013 6 actions
2014 7 actions
2015 5 actions
Qualitative Review: The council has submitted AIRs and reviews to both the Board and HOD, with apparent approval. The council has also submitted opinions to various constituents.

Addl. Information: Staff with legal background as well as outside counsel assist the council.

Recommendation: Many not-for-profits organizations have an entity which is responsible for review and opining on organizational Bylaws. AGD’s agency is budget-neutral.

From: Robert Ramus [mailto:rramus@bright.net]
Sent: Wednesday, July 26, 2017 6:17 AM
To: Daniel Buksa <daniel.buksa@agd.org>
Subject: RE: AGD - Bylaws sunset review - please reply

Good morning again Dan,
This one looks good as well; good to go,
Thanks Dan. You are a gentleman and a scholar!
Gratefully,
Bob
Charge of the Dental Practice Council

1. The Dental Practice Council shall consist of ten (10) members, including the chairperson.
2. It shall be the duty of the council:
   a. To advocate for the general dentist as well as the public on all factors that affect
      the practice of general dentistry;
   b. To evaluate, study, and disseminate information on the planning, administration,
      and financing of various dental care programs which might place limitations on
      the general practitioner and make recommendations where appropriate;
   c. To investigate and study prepayment and post payment plans for dental care and
      make recommendations where appropriate;
   d. To evaluate, study, and disseminate information on all matters pertaining to the
      dental health of the public and make recommendations where appropriate;
   e. To evaluate, study, and disseminate information involving dental informatics,
      materials, and devices and make recommendations as appropriate.
   f. To evaluate, study and disseminate information on the planning, management,
      administration, economics and finances of the practice of dentistry.
3. The chairperson of the Legislative and Governmental Affairs Council may serve as a
   consultant to this council without the right to vote.
4. To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board
   Policy Statements.
5. 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.
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.

Highlights of the Council’s 2016-2017 Activities

- Making AGD Policies More Meaningful: The council and staff have addressed needs in
  the AGD HOD policy manual by developing policies or policy papers on flossing,
  moderate sedation, opioids, sugar / obesity / diabetes, off-label use / silver diamine
  fluoride, leased benefit networks, and more. Concurrently, the council and staff have
  ramped up development of articles for AGD Impact on these and other issues, including
  the future of general dentistry, user fee acts, nitrous oxide shortages, and more, thanks in
  significant part to growth of the Dental Practice & Policy department.
- Sedation: In Fall 2016, the Dental Practice Council provided significant input to the AGD
  Professional Relations Committee to assist in its advocacy before the 2016 ADA House
of Delegates, with regard to patient safety on the matter of proposed revisions to the ADA sedation guidelines. In 2017, the LGA and Dental Practice Councils worked together to advocate on the same matter before individual state boards; specifically, the councils approved dissemination of talking points, consistent with the AGD’s 2016 positions on the ADA sedation guidelines, for state constituents to use before state dental boards. Sedation continues to be a hot issue for numerous organizations across dentistry.

- **Diabetes:** With the AGD President’s support, the council reviewed and moved forward a resolution to establish a task force for cross-organizational (and cross-departmental) collaborative to help general dentists and family physicians identify and manage patients with diabetes. The collaborative, inclusive of the American Academy of Family Physicians (AAFP) and the American Association of Diabetes Educators (AADE) was approved by the AGD Board and is currently underway.

- **Advancing Oral Health Literacy (OHL):** The Dental Practice and Legislative & Governmental Affairs (LGA) Councils and their respective staff have continued to collaborate to advance oral health literacy, including by supporting draft legislation for which a sponsor is being sought, and hosting a panel presentation at the 2017 AGD Scientific Session, with another panel presentation, inclusive of governmental representatives, scheduled for the 2017 AGD House of Delegates (HOD) town hall session.

- **Advocating for General Dentistry in Coding Decisions:** The AGD exercised its vote on 84 CDT code change requests to the Code Maintenance Committee (CMC), with concurrence from CMC vote with council’s recommendations on 95% of these submissions. Additionally, the council has continued to advance the AGD’s relationship with Dr. Charles Blair and Associates to bring discounted coding and insurance guides to AGD members, with AGD members being provided free shipping on all products and AGD realizing a 34.5% share on sales to AGD members. Further, for the second year in a row, Education, Marketing, and Dental Practice are collaborating with Dr. Charles Blair and his colleagues to bring a 5-part coding webinar series to AGD members to prepare AGD members for coding and insurance challenges in the year ahead.

**Collaboration with the Legislative & Governmental Affairs (LGA) Council**

**Oral Health Literacy**
The councils approved moving forward with seeking a sponsor for oral health literacy and awareness legislation developed by AGD’s federal lobbyist; efforts were made to find a sponsor during AGD’s 2017 Hill Day, and are ongoing. The councils and staff also developed a continuing education (CE) panel presentation on oral health literacy at AGD’s 2017 Scientific Session. The presentation, coupled with governmental panelists, will be held again before the 2017 AGD House of Delegates (HOD).

**Opioid epidemic**
The councils directed development of a policy paper addressing the role of dentistry in addressing the opioid epidemic, which was executed by Dental Practice Council and staff. Notably, research revealed that much of the media claims, apportioning a large percentage of the
blame upon dentistry, relies solely upon number of prescriptions, although dosage and refill prescriptions, including use of leftover refills of abusers’ friends and family, play more significant roles in the opioid crisis; nonetheless, as practitioners that ideally see patients twice a year, general dentists have the opportunity to play a key role as part of the solution.

Sedation
In Fall 2016, the Dental Practice Council provided significant input to the AGD Professional Relations Committee to assist in its advocacy before the 2016 ADA House of Delegates, with regard to patient safety on the matter of proposed revisions to the ADA sedation guidelines. In 2017, the LGA and Dental Practice Councils worked together to advocate on the same matter before individual state boards; specifically, the councils approved dissemination of talking points, consistent with the AGD’s 2016 positions on the ADA sedation guidelines, for state constituents to use before state dental boards. Sedation continues to be a hot issue for numerous organizations across dentistry.

Sleep apnea
The councils reviewed and provided feedback to the ADA on its Proposed Policy Statement on the Role of Dentistry in the Treatment of Sleep-Related Breathing Disorders.

Leased benefit networks and, broadly, dental benefits issues
The LGA Council supported the policy proposal of the Dental Practice Council with regard to addressing leased dental benefit networks, and also supported publication about leased benefit networks in AGD Impact (scheduled for the Sep 2017 issue).

For a broader strategy to assist AGD members with dental benefits matters, the councils requested the Board to create a strategic task force to recommend programmatic strategies, such as establishment of a dental benefits ombudsman. The Board has requested the councils themselves to take on the role proposed of the task force, rather than creating a new task force.

Revisions to the ADA Principles of Ethics and Code of Professional Conduct & the Future of General Dentistry
The councils reviewed the implications of 2016 ADA HOD Resolution 65, which amended the ADA Principles of Ethics and Code of Professional Conduct with regard to specialty recognition, advertising, and scope.

The Dental Practice Council continued this discussion at its own meeting, and recommended a dedicated long-standing Future of General Dentistry Committee to continually address these and other issues affecting the future of the profession; this request, minus funding to meet in-person, was approved by the Board.

Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Project
The councils entertained a presentation by the Maternal and Child Health Bureau (MCHB) soliciting AGD’s involvement with the PIOHQI project. Notably, the councils remained concerned about the possible implication of appearing to support alternative workforce models.

National Commission on Correctional Health Care (NCCHC)
The Dental Practice Council supported the LGA Council’s recommendation of Dr. Michael Lew to fill an opening on the NCCHC Board of Directors.

**Other Matters**
Per direction of councils, Dental Practice & Policy staff continue to assist members and their practices with dealing with Section 1557 of the ACA which requires posting of notices and provision of language translation services, as well as with the Medicare Part D prescription opt in / opt out matter.

**Review, Revision, and Continual Development of AGD HOD Policy**
The Dental Practice Council and staff developed policy papers on the roles of dentistry in addressing opioid abuse and in addressing sugar consumption (including diabetes), as well as on off-label use of dental products (including silver diamine fluoride for the management of caries). Additionally, the council and staff developed policies on flossing and on leased dental benefits, and recommended revisions to AGD policies on foreign dentistry (in light of international membership) and cost-effectiveness of primary oral health care (for clarification, per the request of some delegates at the 2016 HOD).

Further, per the request of the AGD Moderate Sedation Task Force, Dental Practice & Policy staff developed a policy paper addressing monitoring and training requirements for moderate sedation.

All policies and policy papers will be presented to the 2017 AGD HOD for adoption.

**Collaborative Efforts to Advance the Identification and Management of Patients with Diabetes**
The council reviewed the recommendations of the council’s diabetes subcommittee, as well as a joint proposal submitted to the AAFP, seeking support for collaboration on development of a member toolkit, joint publications, and educational programming. The council moved a resolution, subsequently adopted by the AGD Board, creating a task force of the AGD, AAFP, and AADE to convene in a summit at the AGD building. Subsequently, through Corporate Relations staff, the AGD secured funding from Colgate for the summit, making use of AGD Board approved funds unnecessary. The date of the summit is to be determined, pending finalization of representatives by the AAFP and AADE. Dr. John Comisi and Dr. Jerry Brown will represent the AGD.

Additionally, the council was pleased to welcome Dr. Amy Martin, Associate Professor and Director, Division of Population Oral Health, James B. Edwards College of Dental Medicine, Medical University of South Carolina (MUSC), to answer inquiries of the council regarding an opportunity brought to the council through former AGD President Dr. W. Carter Brown, to work with MUSC on the development and dissemination of a white paper on the collaborative management of diabetes in the rural setting. The council voted to explore this collaboration, and is now awaiting MUSC to provide next steps, expected in early 2018.

**Code and Dental Informatics**
**Code on Dental Procedures & Nomenclature / Current Dental Terminology (CDT)**
The AGD exercised its vote on all 84 CDT code change requests to the Code Maintenance Committee (CMC) through its representative Dr. Ralph Cooley. Overall, the council is pleased that the decisions of the CMC at its Spring 2017 meeting aligned with the votes of the council on 95% of submissions.

Of note, the CMC adopted CDT 2018 codes for case management, including oral health literacy. Additionally, the CMC adopted teledentistry codes. These teledentistry codes, which will go into effect in CDT 2018, are intended to be submitted on the claim form in addition to the procedure codes to indicate how service was provided, and are not stand-alone dental procedure codes.

While the CMC representatives voted overwhelmingly to support adoption of these codes, the AGD abstained from vote on the teledentistry submissions.

Dental Informatics and Standards
The council is pleased with the continuing work of AGD’s representatives to the Standards Committee on Dental Products (SCDP), Standards Committee on Dental Informatics (SCDI), and Dental Quality Alliance (DQA), as well as, this year, on the ADA-AAPD Caries Risk Assessment Tool Workgroup, Systematized Nomenclature in Dentistry (SNODENT) Maintenance Committee, Periodicity of Radiographic Equipment Maintenance (PREM) workgroup, and the AIDPH-AAPHD Public Health Informatics Colloquium.

Online Practice Institute
Staff provided considerable input in collaboration with the Communications Department on development of content for dental practice and policy areas of the new AGD re-branded website, including the new user-friendly section on a few key AGD HOD policies.

In concert with launch of the new AGD website, the Dental Practice Council and staff are in process of developing a 3-year (2018-2020) business plan to enhance and maximize delivery of practice management resources and programming for AGD members through the AGD website, and, prospectively, smart phone application. The business plan is in development and will be presented to the November 2017 Board meeting.

Conclusion
The council is honored to have had the opportunity to deliberate and determine solutions for the many issues that are of great importance to the dental profession, organized dentistry, and the AGD. We look forward to continuing this significant and substantial work for the benefit of our patients and our profession. We will endeavor to meet all upcoming challenges in the spirit of wisdom and service.

Respectfully submitted,

Dr. Dr. Steven Ghareeb, Chair
Dr. Pedro Castro
Dr. Ralph Cooley
Dr. Joseph Hagenbruch
Dr. Daniel Hickey
Dr. Mark Jurkovich
Dr. Rocky Napier
Dr. Janice Pliszczak
Dr. Tyler Scott
Dr. David Williams

**Responsible Council/Committee Chair & Primary Staff Liaison**

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**Chair Approval Email:**

From: Steven Ghareeb [mailto:ss Stevenamos@aol.com]
Sent: Friday, August 11, 2017 8:15 AM
To: Srinivasan Varadarajan <Srinivasan.Varadarajan@AGD.org>
Cc: Jeanie Kennedy <Jeanie.Kennedy@AGD.org>
Subject: Re: ASAP Approval Requested (by end of Friday if possible) - Annual Report of the Council to the HOD

Excellent work
Approved
Steven Ghareeb
Legislative and Governmental Affairs Council Annual Report

1. The Legislative and Governmental Affairs Council shall be composed of nine (9) members, including the chairperson.

2. It shall be the duty of this council:

   a. To advocate for the general dentist as well as the public on all regulatory and legislative matters that affect the practice of general dentistry.

   b. To study legislation that affects the dental profession and the public which it serves;

   c. To convey its recommendations to the Board for implementation.

3. The chairperson of the Dental Practice Council may serve as a consultant to the Legislative and Governmental Affairs Council without the right to vote.

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

5. 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.

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.

Highlights of the Year


At the January 13 -14, 2017, Divisional Council Meeting, the Council determined that the following would its priority issues for 2017: oral health literacy and awareness, continued collaboration with Centers for Medicare and Medicaid Services (CMS) and Health Resources and Services Administration (HRSA), supporting the repeal of McCarran-Ferguson, monitoring and acting as needed on any possible repeal or replacement of the Affordable Care Act, and monitoring the midlevel provider issues and acting on related legislation as needed.
Throughout 2016 – 2017, the Legislative and Governmental Affairs Council has focused its efforts on increased communication between the AGD and federal agencies.

**Health Resources and Services Administration (HRSA)**
Beginning in the latter half of 2016 and continuing through 2017, the Legislative and Governmental Affairs Council was invited to participate in quarterly conference between leaders at HRSA and AGD leaders, including AGD President Dr. Maria Smith. Captain Renee Joskow, US Public Health Service Senior Dental Advisor, was present during these calls, to discuss areas where HRSA and the AGD could collaborate, including installing a Chief Dental Officer at HRSA and midlevel provider issues.

The LGA has continued to support the installation of a Chief Dental Officer at HRSA. At the October, 2016 JCM I, the Council moved to urge Congress to direct HRSA to restore the position of Chief Dental Officer in the Final Appropriations Language. As of July 19, 2017, the House Appropriations Committee approved the Fiscal Year 2018 Labor/HHS Appropriations bill, in which the Chief Dental Officer position was restored at HRSA.

**Centers for Medicare and Medicaid Services (CMS)**
Beginning in the latter half of 2016 and continuing through 2017, the Legislative and Governmental Affairs Council was invited to participate in quarterly conference between leaders at CMS and AGD leaders, including AGD President Dr. Maria Smith. Dr. Lynn Mouden, DDS, MPH, Chief Dental Officer, has helped lead these discussions.

A frequent topic of discussion during these calls has been the importance of dental homes, and possible areas of collaboration between the AGD and CMS.

**Advocacy Engagement Tools**
The AGD has contracted with a new advocacy engagement tool as of January 2017, VoterVoice. This move from CQ Engage to VoterVoice resulted in a savings of more than $3,000 and an expansion of tools to utilize in advocacy efforts. Alerts can now be sent that combine email and twitter campaigns into a simplified, streamlined process for participating members.

VoterVoice was purchased by FiscalNote, the AGD’s legislative and regulatory tracking service, in the summer of 2017. The combination of these two high-performing tools is an exciting prospect for the future of the AGD’s advocacy efforts.

**American Dental Education Association (ADEA)**
The AGD did not meet with the ADEA in 2017 as of the time of this report. Additionally, the LGA Council had no legislative or advocacy interaction with the ADEA.

**Highlights from the 2016 – 2017 Fall Joint Council Meeting include:**
- A resolution urging Congress to that Final Appropriations Language direct HRSA to restore the position of Chief Dental Officer.
- A resolution recommending that the AGD pursue the option of advocating for congressional appropriations funding for elements targeting oral health literacy of the
Centers for Disease Control and Prevention’s (CDC) Oral Healthcare Education
Prevention Campaign, as authorized in the Affordable Care Act.

- A resolution recommending that the AGD investigate the appropriateness and feasibility in creating a white paper on use, abuse, and remedy of opioids.

- A resolution recommending that the AGD develop a free online Continuing Education course on best practices in the prescription of opioids.

- A resolution recommending that the AGD develop a fact sheet and talking points on opioids.

Highlights from the 2017 January Divisional Council Meeting include:
- A resolution requesting that the AGD proceed to hold the scheduled panel discussion on the topic of Oral Health Literacy at the 2017 Scientific Session in Las Vegas, Nevada.

- A resolution recommending that the AGD’s comprehensive set of talking points against state adoption of the revisions to the American Dental Association’s (ADA) Guidelines for the Use of Sedation and General Anesthesia by Dentists and the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students be disseminated to state dental boards.

- A resolution recommending that the AGD supports federal and state legislative efforts to require that third party payer participation contracts include the requirement that providers shall be provided notice of 1) participation on leased networks, and 2) the identity of payers to which the networks are leased, and that the reimbursement mechanisms used by the lessor shall continue to apply with regard to participation with the lessee.

- The LGA Council requested that the Maternal Child Health Bureau (MCHB) provide a presentation to it and the Dental Practice Council at the May 2017 Divisional Council Meeting regarding its Perinatal and Infant Oral Health Quality Improvement (PIOHQI) program.

Highlights from the 2017 May Divisional Council Meeting include:
- A presentation was provided by Ms. Risa Nakajima, Project Manager, Children’s Dental Health Project, to solicit collaboration with the AGD on the MCHB’s PIOHQI program. The presentation was followed by a question and answer session.

- A resolution recommending that the Oral Health Literacy Panel at the 2017 Scientific Session be considered a “dry run” and that there be a follow-up panel at the 2017 AGD House of Delegates meeting.
A resolution requesting that a letter be crafted, addressed to US Dept. of Health and Human Services Secretary Tom Price and copying Centers for Medicare & Medicaid Services Administrator Seema Verna, regarding the issue of opting out of Medicare Part C. This was completed.

**Federal Advocacy Efforts**

AGD President Maria A. Smith, DMD, MAGD, traveled to Washington D.C. to advocate on behalf of the AGD’s advocacy agenda in November of 2016, February of 2017, and June of 2017. Dr. Smith and Dr. Joseph Battaglia met with Captain Renee Joskow, DDS, MPH, FAGD, Senior Service Dental Advisor at HRSA in March of 2017.

Throughout the latter half of 2016 and at present 2017, the AGD created federal advocacy campaigns on the following issues:

- A campaign requesting that members urge their members of Congress to support a Chief Dental Officer position at HRSA.
- An alert notifying members of the 2016 August Congressional Recess, and urging them to reach out to their legislators at their in-district offices during that time to establish themselves as key points of contact for future issues regarding general dentistry.
- An alert requesting that Section 1557 of the Affordable Care Act be delayed.
- An alert requesting that members urge Congress to fully fund legislation regarding opioid use and abuse, the Comprehensive Addiction and Recovery Act (CARA).
- An alert requesting that members contact their legislators and tell them to prioritize oral health literacy via programming and funding.
- An alert requesting that members urge their legislators to maintain funding for HRSA Title VII Oral Health Workforce programs.
- Three alerts aligning with the key issues of the AGD’s 2017 Hill Day event:
  - An alert requesting that members urge their senators to introduce legislation that had passed in the House, H.R. 372, the Competitive Health Insurance Reform Act of 2017, which repeals the McCarran-Ferguson Act antitrust exemption granted to the health insurance industry.
  - An alert urging members to contact their representatives and ask them to cosponsor H.R. 1614, the Student Loan Refinancing Act.
  - An alert requesting that members contact their legislators and tell them to prioritize oral health literacy via programming and funding, similar to the one noted above regarding this issue.

Each of these alerts included a message to members detailing the issue and a pre-written message for the members to send to their members of Congress.

As a member of the Organized Dentistry Coalition (ODC), the AGD participated in several efforts to communicate the profession’s positions on various issues and signed on to letters sent to:

- The Chairman and ranking members of the Senate Committee on Finance and Senate Committee on Health, Education, Labor, and Pensions, urging them to make pediatric oral health care a priority in an legislation to replace the Affordable Care Act.
- The Chairman and ranking member of the Senate Committee on Finance, urging them to reject reductions and restructuring of the Medicaid program in order to ensure that working families can benefit from oral health care and access to dental coverage.

- The Chairman and ranking members of the Senate and House Committees on Appropriations, urging that they oppose President Donald Trump’s FY 2018 budget request which recommended a 20% decrease to the National Institutes of Health.

- Chairwoman Virginia Fox of the House Committee on Education and the Workforce and Ranking Member Bobby Scott, of the same Committee, requesting that they favorably report H.R. 1614, the Student Loan Refinancing Act.

- Chairman Bob Goodlatte and Ranking Member John Conyers of the House Committee on the Judiciary, expressing the ODC’s support of H.R. 372, the Competitive Health Insurance Reform Act.

The AGD sent the following letters advocating on behalf of general dentists:


- Requesting that Chairman Bob Goodlatte of the House Judiciary Committee and Ranking Member John Conyers, of the same committee, swiftly approve H.R. 372, the Competitive Health Insurance Reform Act of 2017.

- An FY 2018 Appropriations Request to Rep. Mike Simpson, in which the AGD requested the implantation and funding of a Chief Dental Officer position at HRSA, and funding for oral health literacy programs.

- Urging Chairman Greg Walden of the House Energy and Commerce Committee to consider amending the Public Health Service Act to improve oral health care for individuals by promoting oral health literacy and awareness.

- Urging Chairman Lamar Alexander of the Committee on Health, Education, Labor, and Pensions to consider amending the Public Health Service Act to improve oral health care for individuals by promoting oral health literacy and awareness.

**State Advocacy Efforts**

**Connecticut**

In response to the introduction of midlevel provider legislation, the Connecticut AGD hired a lobbyist using the Advocacy Fund to assist in defeating the bill. During a February 22, 2017 public hearing held by the Senate Public Health Committee, AGD President Maria Smith, DMD, MAGD and Connecticut AGD President Eric Levine, DMD, FAGD submitted written testimony stating the AGD’s opposition to the bill.

In December, 2016, AGD staff identified a Minnesota general dentist who had participated in the state’s midlevel provider program by hiring a dental therapist. The dentist expressed disappointment with his experience working with a dental therapist, citing the burden associated with supervising the dental therapist as a result of their lack of experience and training. After
speaking with AGD staff, this dentist agreed to submit testimony about his experience to the Connecticut Senate Public Health Committee, and obtain membership in the AGD.

**Florida**
In Lake City, Florida, a City Council meeting was held February 6, 2017, to vote on approving funds to implement fluoridation in the City’s water system. AGD staff worked with Florida AGD leadership to send letters to the Lake City Council and Mayor, communicating the AGD’s policy on fluoridation, and urging them to approve the funds.

**Michigan**
After AGD Government Relations staff contacted the Michigan AGD in regards to the legislation, the constituent expressed interest in issuing an action alert, and notifying its members of the bill through an e-blast. AGD staff collaborated with Michigan AGD leadership to develop the letter-writing campaign and e-blast. Over the course of July and August, 2016, Michigan AGD members sent 51 letters to their senators.

The Committee on Health Policy scheduled a hearing on SB 1013 for Tuesday, September 20, 2016. In response, the Michigan AGD asked AGD staff to send a targeted message again promoting the letter-writing campaign to Michigan AGD members whose senator serves on the Committee. As of Monday, September 19 2016, nine letters were sent to Committee members.

**Ohio**
After being contacted by AGD Government Relations staff regarding SB 330, Ohio AGD leadership decided to move forward with an action alert and e-blast to its membership. Throughout June, July, and August, 2016, Ohio AGD members sent 46 letters to Ohio senators.

**Texas**
A public hearing took place in Buda, Texas February 7, 2017 to discuss fluoridation of the city’s water system. The City Council had previously voted to implement fluoridation, but the implementation was delayed after the City received feedback from anti-fluoride activists. The AGD and Texas AGD wrote letters to the City Council members, urging them to move forward with implementing fluoride.

Following the hearing, the City Council voted to allow Buda voters to decide the issue in the next election, taking place November, 2017.

**State Legislative Chair Survey**
Legislative Chair Surveys were sent to 50 constituent state legislative chairpersons and presidents in January of 2016, and January of 2017.

Created with input from the Legislative and Governmental Affairs (LGA) Council, the survey sought to gauge which legislative and regulatory issues constituents were most concerned about, each constituents approximate level of involvement in advocacy, and ways in which AGD Government Relations staff could assist in constituent’s advocacy activities. In addition to answering multiple choice questions, respondents were given the opportunity to provide comments.
The results for the survey helped the AGD strategize and prioritize its advocacy agenda. By knowing what issues are the most important, and with more information on each constituent’s advocacy involvement, the AGD can develop advocacy plans that are tailored for an issue or for an individual state. The AGD received 57 responses to the survey from legislative chairpersons and presidents from 30 states and Air Force, Army, and District of Columbia constituents in 2016, and 55 responses in 2017.

In responses to the survey in both 2016 and 2017, independent midlevel provider, State Children’s Health Insurance Program reimbursement levels, dental student debt, and non-covered services ranked the highest in terms of importance to respondents.

This information served as a guide for Government Relations staff in determining which bills to highlight in bi-weekly Capitol Connections newsletters, constituent outreach, and legislative research.

State Advocacy Training

In 2016, one of the AGD Board of Trustees’ corporate objectives sought to have AGD staff train 12 constituent leaders throughout the year at AGD headquarters in Chicago on best advocacy practices at the state level. The leaders were to come from states with pending legislative, regulatory, political, or administrative issues important to the AGD.

Staff scheduled constituent leaders for half-day sessions at the AGD headquarters, which took place on either Monday or Friday mornings throughout June, August, and September 2016.

AGD staff were successful in securing 12 constituent leaders to attend the training. However, two were unable to attend as a result of unanticipated obligations. The following constituents sent individuals for training:

- Colorado
- Maine
- Michigan
- Missouri
- New York
- Oklahoma
- Pennsylvania
- Virginia
- Washington
- Wisconsin
In 2017, AGD staff was directed to train 15 constituent leaders in best advocacy practices at the state level. As of August 10, 2017, AGD staff has 15 constituent leaders scheduled to attend, with nine scheduled for August 11, 2017, and six for September 15, 2017.

Similar to 2016, invitations were extended to states that had seen legislative or regulatory developments pertinent to AGD issues in the past year.

**American Legislative Exchange Council (ALEC) & National Conference of State Legislators (NCSL)**

As part of its state government relations efforts, AGD staff and leadership attend and exhibit at the American Legislative Exchange Council’s (ALEC) Annual Meeting and the National Conference of State Legislature’s (NCSL) Legislative Summit. Both organizations provide a forum for state legislators and their staff to share ideas and engage in dialogues with advocates for various causes.

In addition to the AGD presence at the ALEC Annual Meeting, the AGD maintains organizational membership in ALEC, and has a seat on the ALEC Health and Human Services (HHS) Task Force. This membership provides the AGD with the opportunity to attend HHS meetings and provide input on proposed model policies related to AGD issues.

At the 2016 ALEC Annual Meeting in Indianapolis, AGD staff and leadership made contact with over 100 legislators at the AGD booth. At the 2017 Annual Meeting in Denver, AGD staff made contact with over 70 legislators.

AGD staff and leadership made contact with over 200 legislators at both the 2016 NCSL Legislative Summit held in Chicago, and the 2017 Summit in Boston.

**Hill Day**

On June 12 – 13, 2017, 42 Academy of General Dentistry members and student members traveled to Washington, DC, to lobby for general dentistry.

On Monday, June 12, attendees heard from the following speakers and panelists:

- Rep. Drew Ferguson, DMD, (R – GA) gave the opening speech of the event.
- Alicia Molt, Legislative Director of the Office of Rep. Mark Pocan (D-WI) and Matt Schick, JD, Director of Government Relations and Regulatory Affairs of the Association of American Medical Colleges, discussed student debt issues.
- Captain Renee Joskow, DDS, MPH, FAGD, Senior Service Dental Advisor at HRSA, and Dr. Lynn Mouden, DDS, MPH, Chief Dental Officer at CMS, discussed the relationship between the federal government and oral health programs.
- David Balto, Principal, Law Offices of David Balto, discussed the impact of the possible repeal of McCarran-Ferguson.

On Tuesday, June 13, Rep. Paul Gosar, DDS, (R – AZ) gave the keynote address and was presented with the Legislator of Distinction Award for his work in sponsoring the *Competitive Health Insurance Reform Act*. 


Following the morning’s activities, attendees held a combined 73 congressional meetings with their legislators. This is an increase in the number of congressional visits of 43% from 2016.

Following Hill Day, as noted above, all AGD members were encouraged to participate in three Action Alert campaigns that further promulgated the three priority issues Hill Day focused on.

**Conclusion**

The LGA is committed to ensuring that the voice of the general dentist is heard in Congress, the halls of state legislatures and before state and federal regulating bodies. It is a fervent hope of the Council that enthusiasm in advocating and representing the general dentist will continue to build and will gain momentum at the constituent level, where it will be critical that members actively demonstrate their commitment to representing the interests of their patients and their profession.

Respectfully Submitted,

Dr. Joseph Battaglia, Chair
Dr. Brad Anderson
Dr. Jose Cazares
Dr. Garry Feldman
Dr. Darren Greenwell
Dr. Michael Kaner
Dr. Melvin L. Kessler
Dr. Gigi Meinecke
Dr. Eric Shelly, Board Liaison
Dr. Myron J. Bromberg, Division Coordinator
Dr. Steven Ghareeb, Consultant

From: battagja@prodigy.net [mailto:battagja@prodigy.net]
Sent: Monday, August 14, 2017 10:50 AM
To: Shea Felde <Shea.Felde@AGD.org>
Cc: Daniel Buksa <daniel.buksa@agd.org>; battagja@prodigy.net
Subject: RE: 2017 HOD LGA Report

Hi Shea,

Approved. Thank you for all your efforts on behalf of the LGA Council and the AGD.

JB
Reports to be reviewed by the

Reference Committee on
Continuing Education

Friday, November 3, 2017
3:30 p.m.
Room E351 – McCormick Place Lakeside Building
Dental Education Council Annual Report

Dental Education Council

1. The Dental Education Council shall consist of nine (9) members, including the chairperson.

2. It shall be the duty of the council:

   a. To guide, approve, initiate, research and develop programs of continuing education in accordance with policies established by the HOD;

   b. To evaluate and recommend candidates for Fellowship, Mastership, and the Lifelong Learning and Service Recognition programs, and the Thaddeus V. Weclew award and to inform each candidate of his or her acceptance in writing.

   c. To coordinate and recommend policy concerning the registration of members’ postdoctoral hours for the membership’s Fellowship and Mastership and Lifelong Learning & Service Recognition (LLSR) requirements;

   d. To initiate, review, coordinate, and recommend programs and policies that would enhance and/or measure the quality of continuing education available to AGD members;

   e. To initiate and respond to communications with the American Dental Education Association and the Commission on Dental Accreditation or any other agency as appropriate to ensure that the undergraduate and postgraduate training of dental professionals is responsive to the needs of practicing general dentists.

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

4. 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.

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.
**Highlights of the year**

- The council has worked on developing an overarching educational strategy to ensure that membership in the AGD is valued by the general dentists. This overarching strategy was approved by the Council and sent to the Board for appropriate implementation. It was tentatively approved at the Board’s June Meeting. As part of the plan the council conducted an environmental scan of the continuing dental education landscape to identify areas of growth for the AGD. The council is working on a plan to develop a CE Tracking Database for rating both the quality of CE taken and that of the speaker’s delivery.

- In 2016, 257 members were awarded the AGD Fellowship Award and 133 members were awarded the AGD Mastership Award. Additionally, 33 members earned the Lifelong Learning & Service Recognition.

- In 2017, 297 members were awarded the AGD Fellowship Award and 97 members were awarded the AGD Mastership Award. Additionally, 21 members earned the Lifelong Learning & Service Recognition.

- In 2016 the DE Council planned and offered four three-part webinar series, four collaborative webinars with other dental organizations and four “blended” opportunities where a webinar was a pre-requisite for a course offered at AGD 2016. In all there were 1,491 webinar participants in 2016.

- In 2017 the DE Council planned four three-part webinar series, and two “blended” opportunities where the webinar was a pre-requisite for a course offered at AGD 2017. As of July 31, eight of the 15 scheduled webinars have taken place with a total of 634 participants.

- The AGD’s on-demand webinar library, first launched in 2015, continues to serve members. In 2016 1,037 members chose from 57 titles and completed a total of 2,688 on-demand courses, an average of about 2.6 programs per participant. As of July 31, 2017 989 members have completed 2,435 on-demand courses for an average of about 2.5 programs per participant.

**Scientific Meeting Collaboration**
The DE Council continued to liaison with the Scientific Meeting Council in 2016 and 2017. Initiatives between the councils include the collaboration of blended learning webinars to tie into AGD 2017 in Las Vegas, NV. Collaborations are also in progress for the 2018 Annual Meeting in New Orleans.

**New and Ongoing Projects**
The DE Council continues to work on projects that include selection of the Weclew Award recipient; review of guidelines governing the AGD awards and LLSR; and review of fees related to education activities. The council looks forward to identifying and providing high-quality webinars and online course, developing educational partnerships with other like-minded organizations and enhance the CE recording system to provide information that will help members identify upcoming quality events and include a speaker rating system.

**Conclusion**
The council is honored to have had the opportunity to deliberate and determine solutions for the many issues that are of great importance to the dental profession, organized dentistry, and the AGD. We look forward to continuing this significant and substantial work for the benefit of our patients and our profession. We will endeavor to meet all upcoming challenges in the spirit of wisdom and service.

Respectfully submitted:

Dr. Richard D. Knowlton, Chair
Dr. Douglas J. Brown
Dr. Jeffrey Horowitz
Dr. Filippo Marchello
Dr. Robert Margolin
Dr. Marcus K. Randall
Dr. George J. Schmidt
Dr. James J. Seitz
Dr. Kimberly R. Wright

Responsible Council Chair & Staff Liaison:
Richard D. Knowlton, DMD, MAGD
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Dale Gibbons, CAE
Director, Education
Dale.Gibbons@agd.org
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Chair Approval Email:
From: Rick Knowlton
Sent: Wednesday, August 09, 2017 10:19 PM
To: Lynda Lipske <lynda.lipske@agd.org>
Cc: dgcharnesky@ameritech.net
I approve this Annual Report
Rick Knowlton DMD, MAGD
Chair of Dental Education

Division Coordinator Review Email:
From: Dennis Charnesky [mailto:dgcharnesky@ameritech.net]
Sent: Wednesday, August 09, 2017 12:06 PM
To: Lynda Lipske <lynda.lipske@agd.org>
Subject: Re: Dental Education Council Annual Report for HOD: RESPONSE NEEDED BY FRI Aug. 11
I have reviewed this document, made several additions and approve its publication
Dennis G Charnesky, DDS, MAGD
Division Coordinator – Education Division

Board Liaison Review Email:
From: Sanjay Uppal [mailto:sanjayuppal@yahoo.com]
Sent: Thursday, August 10, 2017 9:22 AM
To: Lynda Lipske <lynda.lipske@agd.org>
Subject: Re: Dental Education Council Annual Report for HOD: RESPONSE NEEDED BY FRI Aug.

I have received the report.

Sanjay
Examinations Council Annual Report

Examinations 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), chair of the Self Instruction Committee, and one (1) other members who have served at least one (1) term on the Exam or Self Instruction Committee 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, 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 Exam;
   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. 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.

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.

Highlights of the year
• 394 members took either the paper/pencil or computerized version of the Fellowship Exam between January and December 2016. Of those, 285 (72%) passed the exam.

• The AGD offered the Fall Fellowship Review Course on October 7-8, 2016, in St Louis, MO. A total of 76 members attended the course, which was well received by the attendees. The AGD will offer a similar course on October 13-14, 2017 in Pittsburgh.

• Examinations Council is currently working on creating an online review course. The overall concept of the course will be more than viewing a previous conducted course. The overall format of the course will be based on member feedback provided by either a survey or a focus group.

• The Examinations Council discussed moving the Self-Instruction program to a learning management system in order to automate the day-to-day processes.

The Examinations Council met during the 2016-2017 year on August 28, 2016 in a teleconference.

2016 Fellowship Examination

The 2016 Fellowship Examination was given to 88 dentists in Boston at the AGD Scientific Session. Of the 88, 63 (72%) candidates passed the examination. The number of annual registrants for the paper and pencil version of the Fellowship Examination at the annual meeting was higher to the previous two years’ totals (2015 = 64, 2014 = 60); however this overall number is still slightly lower than previous years (2013 = 112; 2012=112; 2011=110; 2010=99, 2009=114).

A paper and pencil version of the 2016 Fellowship Exam was offered at the conclusion of the Fellowship Review Course in October in St Louis, MO. A total of 57 members sat for the exam with 48 (84%) candidates passing the exam.

The Fellowship Exam was also offered at a constituent review course in Virginia where a total of 36 members took the exam with 22 (62%) candidates passing the exam.

The 2017 computerized version of the Fellowship Examination will become available to the candidates in October 2017 via Schroeder Measurement Technologies (SMT), Inc.

From January 1, 2016 to December 31, 2016, 212 candidates sat for the computerized version of the Fellowship Examination with 152 (72%) candidates passing the examination.

Online Fellowship Review Course

In response to member requests as well as inquiries from leadership, the Examinations Council began discussions for the development of an online Fellowship review course. Representatives from the council held a teleconference with representatives from Region 17 to discuss utilizing speakers from the region who had previously presented at the annual face-to-face course held at the AGD Scientific Session and fall review course. Ultimately, it was determined that online course would need to be something more than just viewing a previously recorded course. It was determined that member feedback should be used in the development of the course. As such, the council is considering conducting a survey or a focus group in order to obtain member feedback.
Self-Instruction Automation

The Examinations Council discussed the automation of the Self-Instruction program once the AGD has chosen a learning management system (LMS) for the education programs. Currently the Self-Instruction program day-to-day maintenance is strictly a hands-on process. With the acquisition of an LMS, the Self-Instruction program would become automated. Participants in the program would be provided new instructions on how to complete the exercises as well as the payments online.

Conclusion

The council is honored to have had the opportunity to deliberate and determine solutions for the many issues that are of great importance to the dental profession, organized dentistry, and the AGD. We look forward to continuing this significant and substantial work for the benefit of our patients and our profession. We will endeavor to meet all upcoming challenges in the spirit of wisdom and service.

Respectfully submitted,

Dwight D. Duckworth, DDS, MAGD - Chairperson
Dan Boston, DDS, MAGD
Anthony Carroccia, DDS, MAGD, ABGD
Jeffrey Casey, DDS, FAGD, ABGD
Leslie Hayes, DDS, FAGD
Robert K. Manga, DMD, MAGD, ABGD

Responsible Council/Committee Chair & Staff Liaison

Dwight D. Duckworth, DDS, MAGD, Chair, Examinations Council
479.750.0333 – p
479.751.7769 – f
drduckdds@gmail.com

Kristine Abed-Canchola, Manager, Examinations & Self-Instruction
312.440.4336 – p
312.335.3428 – f
kris.abed-canchola@agd.org

Dale Gibbons, Director, Education
312.440.4309 – p
312.335-3428 – f
dale.gibbons@agd.org

From: drduckdds@gmail.com [mailto:drduckdds@gmail.com] On Behalf Of Dwight Duckworth
Sent: Thursday, August 10, 2017 2:10 PM
To: Kris Abed-Canchola
Subject: Re: Exam Council Annual Report

I have reviewed the Examinations Council Annual Report and it is approved.

Nice work, Kris!

Respectfully,

Dwight D Duckworth, DDS, MAGD
Chair, Examinations Council

From: Dennis Charnesky [mailto:dgcharnesky@ameritech.net]
Sent: Thursday, August 10, 2017 8:50 PM
To: Kris Abed-Canchola
Subject: Re: Exam Council Annual Report

Hi Kris,
I have read and approve the Examinations Council Annual Report.
Dennis G Charnesky, DDS, MAGD
Division Coordinator- Education Division

From: Carol Wooden, DDS, MAGD
Sent: Sunday, August 13, 2017 6:37 AM
To: Kris Abed-Canchola
Subject: RE: Exam Council Annual Report

Thank you, Kris. It looks good to me for submission.
Carol Wooden
PACE Council Annual Report

1. The Program Approval for Continuing Education (PACE) Council shall consist of fifteen (15) members, including the chairperson, and up to three (3) consultants. No member of the council shall serve more than two (2) consecutive three (3) year terms. Consultants of the council shall serve no more than two (2) consecutive three (3) year terms. Consultants would not be budgeted to attend council meetings, nor would they participate in any decisions/recommendations made by the council.

2. It shall be the duty of this council:

   a. To administer the Program Approval for Continuing Education;
   b. To evaluate all applications for program provider approval, and grant or deny approval for each;
   c. To provide counsel to AGD continuing dental education program providers regarding the procedures and requirements necessary for obtaining program provider approval;
   d. To assist constituent academies in understanding and applying PACE Standards and Criteria.
   e. To develop and promote tools to assist constituent academies in promoting local PACE approval.
   f. To assist constituent academies in establishing rules and procedures for approval of local and state level continuing education program providers;
      a. To coordinate and recommend policies concerning approval of AGD continuing dental education program providers.

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

4. 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.

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.

**Highlights of the year**

- The number of nationally approved PACE providers continues to grow. The total number increased in 2016 8%. At the end of 2016, there were 741 nationally approved PACE providers as compared with 686 at the end of 2015. As of July 31, 2017 there are 780 nationally approved providers, a 5% increase since the start of the year.

- At the end of 2016, there were 867 locally approved PACE providers as compared with 885 at the end of 2015. As of July 31, 2017 there are 880 locally approved providers. The council plans to continue its efforts to help constituent offices promote local PACE approval in their areas.

- To help keep up with the increasing number of applications presented to the council for review each year, the Board approved a recommendation by the council to increase the number of PACE Council members from 12 to 15. Up to three consultants can also be appointed to help in the review of local applications from constituent areas who do not have the resources allocated to review of local applications.

- The Board approved a recommendation by the PACE Council to amend the eligibility requirements so that organizations located outside the U.S. and Canada are eligible for PACE approval, provided that they meet additional, specified requirements.

- The council reviewed and compared the standards by which other healthcare organizations approve continuing education organizations in their professions to ensure PACE Standards remain current and relevant. The council also compared AGD PACE Standards to ANSI/IACET 1-2013: Standard for Continuing Education and Training and found that PACE Standards continue to be in line with the accepted principles for the development of continuing education events.

- The council is working with the AGD’s Information Technology area to launch an interactive national PACE application by Dec. 31, 2017.

**Online CE Directory and CE Submission**
PACE continues to train and remind providers to post courses on the CE Directory and submit rosters of AGD members electronically.

- Nearly 1,800 courses were posted to the CE Directory by approved providers in 2016 an increase of more than 13% over 2015. As of July 31, 2017 960 events were added to the CE Directory. Staff continues to educate providers to ensure all know how to enter course information on the AGD website. As part of the new website design the access to
the CE directory is more prominent and the search screen for members has been revised so that it is easier to search for courses.

- Nearly 21,000 CE rosters were submitted electronically by providers to the AGD in 2016, an increase of more than 9% compared to the number of rosters submitted electronically by providers in 2015. As of July 31, 2017 more than 13,600 rosters were submitted by CE organizations to the AGD.

Review of the 2017 Budget
The council reviewed the proposed 2018 budget and noted that revenues will again increase due to a projected increase in number of providers and a scheduled application and maintenance fee price increase.

Communication with Providers and Members
The council continues to strive for improved communications to PACE Providers to better ensure an understanding and adherence to PACE Standards. Since July 2007, the council has published a bi-monthly e-newsletter that is e-mailed to all PACE providers.

Review of Providers
At the close of 2016, the AGD listed 741 nationally-approved and 867 locally-approved PACE providers. The PACE Council approved 291 applications for national approval in 2016. Of the applications, 103 were from new providers and 188 were re-applying.

Conclusion
The council is honored to have had the opportunity to deliberate and determine solutions for the many issues that are of great importance to the dental profession, organized dentistry, and the AGD. We look forward to continuing this significant and substantial work for the benefit of our patients and our profession. We will endeavor to meet all upcoming challenges in the spirit of wisdom and service.

Respectfully submitted:

Eric Wong, DDS, MAGD, Chairperson
Dr. Tomas J. Ballesteros
Dr. Navin Boggavarapu
Dr, Howard Chi
Dr. Russell Cyphers
Dr. Daniel Geare
Dr. Ronald Giordan
Dr. Jian Huang
Dr. Nahid Kashani
Dr. Ashley Lamay
Dr. Jane Martone
Dr. Grant Quayle
Dr. Ronald Sawyer
Dr. Steven Skurow
**Responsible Council/Council Chair & Staff Liaison**

Dr. Eric Wong, Chairperson  
916-428-2764  
ericterriwong@comcast.net

Ms. Lynda Lipske-Truback, Manager, PACE  
888.243.3368, ext.4335  
Lynda.lipske@agd.org

**Chair Approval Email:**

From: Wong, Eric@CDCR [mailto:Eric.Wong@cdcr.ca.gov]  
Sent: Wednesday, August 09, 2017 4:29 PM  
To: Lynda Lipske <lynda.lipske@agd.org>  
Subject: RE: PACE Annual Report

All good thanks  
Eric Wong D.D.S.  
Correctional Health Care Services  
California State Prison-Solano  
2100 Peabody Road  
Vacaville, CA 95696  
707-451-0182 x 4511 or 5400  
Hours:Mon-Thurs 6-4pm

**Division Coordinator Review Email:**

From: Dennis Charnesky [mailto:dgcharnesky@ameritech.net]  
Sent: Wednesday, August 09, 2017 8:10 PM  
To: Lynda Lipske <lynda.lipske@agd.org>  
Subject: Re: PACE Annual Report  
Importance: High

Lynda,  
I have read and approve this report.

Denis G Charnesky, DDS, MAGD  
Division Coordinator- Education Division

**Board Liaison Review Email:**

From: Hans P. Guter, DDS  
Sent: Saturday, August 12, 2017 6:04 AM  
To: Lynda Lipske <lynda.lipske@agd.org>  
Subject: Re: Please Confirm you have received PACE Annual Report
Lynda, sorry yes I have reviewed it and it looks good to go.

Sent from my iPhone
AGD Program Evaluation

Program Name: Professional Relations Committee

1. The Professional Relations Committee (PRC) shall consist of nine (9) members plus the President, President-Elect, Vice President and Immediate Past Presidents as consultants.

2. Criteria for appointment to this committee shall be demonstrated adherence and commitment to the policies adopted by the AGD.

3. Further criteria include the willingness and ability to advocate AGD’s positions in public, inclusive of the American Dental Association (HOD) floor, ADA caucuses, and throughout organized dentistry.

4. It shall be the duty of the Professional Relations Committee to set up a network of AGD members who can be called upon to:
   a) Meet electronically throughout the year to consider matters important to AGD advocacy specifically those coming before the ADA HOD.
   b) Seek ways to share concerns with the ADA leadership throughout the year specifically prior to the ADA meeting.
   c) Seek to align with other dental organizations or associations throughout the year specifically prior to the ADA meeting and recommend strategies and alliances for action on issues and concerns that are of common interest among any of these as long as the policies of the AGD are not compromised by doing so.
   d) Establish a network of AGD members and friends for any particular task.
   e) Represent the concerns of the AGD to the ADA caucuses. This might be a delegate or alternate within the ADA district or a close contact with a delegate or alternate in the district.
   f) Speak to the AGD position in reference committees, caucuses, and especially on the ADA HOD floor using talking points and material provided by the PRC.
   g) Deliver support materials to selected key representatives throughout the year and specifically at the ADA HOD.

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 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.

Years Conducted: 2013-2015

Description: The PRC is the voice of AGD and general dentists within organized dentistry. The PRC works to effectuate AGD and GP positive outcomes at the ADA HOD. It does this by lobbying ADA Delegates and communicating its positions during an annual Breakfast meeting.

Goal(s):
The AGD will maintain and strengthen its inter-organizational advocacy efforts by continuing to engage its members who serve in leadership capacities in other organizations in order to have a national voice and message that is transferable to the ADA and those other organizations.

The PRC promotes AGD positions in meetings and communications with allied organizations. This skill is used most at the ADA Annual Session, where the AGD hosts a breakfast to advocate on behalf of the general dentist by issuing and promoting various stances on the ADA HOD’s resolutions. The PRC is also used to facilitate relations with major dental organizations such as the ADA. These relationships are cultivated annually at the AGD breakfast

Financial Impact:

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<tr>
<th></th>
<th>Budgeted expenses</th>
<th>Actual expenses</th>
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<td>$38,372</td>
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<tr>
<td>2014</td>
<td>$ 51,185</td>
<td>$54,706</td>
</tr>
<tr>
<td>2015</td>
<td>$ 51,185</td>
<td>$57,894</td>
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Participation/Relevance:

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<tr>
<th></th>
<th>Breakfast attendees</th>
<th>Resolutions outcome</th>
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<td>2013</td>
<td>132</td>
<td>100%</td>
</tr>
<tr>
<td>2014</td>
<td>127</td>
<td>90%</td>
</tr>
<tr>
<td>2015</td>
<td>135</td>
<td>100%</td>
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Qualitative Review:

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<tr>
<th></th>
<th>Presentation content</th>
<th>Breakfast favorability %</th>
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<tr>
<td>2013</td>
<td>3.59 avg. (of 5)</td>
<td>87%</td>
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<tr>
<td>2014</td>
<td>49% (4 out of 5)</td>
<td>95%</td>
</tr>
<tr>
<td>2015</td>
<td>19% (3 out of 5)</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>23% (3 out of 5)</td>
<td>88%</td>
</tr>
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</table>

Addl. Information: In order to minimize budget impact, the PRC is composed of both AGD members who are Delegates or Alternates to the ADA HOD (these individuals are reimbursed by the ADA or state dental society) and non-ADA HOD members. The cost of food and beverage varies depending
upon the city where the ADA is holding its meeting: for instance, Las Vegas and San Francisco were more expensive than New Orleans and Denver.

Recommendation: It is critical that AGD continue its advocacy efforts within organized dentistry. While AGD’s officers do yeoman’s work in meeting with allied organizations, a broader effort is needed with the ADA, and the Professional Relations Committee has demonstrated continued success in influencing the outcome of policy development at the ADA. The PRC should continue.
Scientific Meeting Council Annual Report

Scientific Meeting Council (SMC) Charge:

1. The Scientific Meeting Council shall consist of seven (7) members, including the Chairperson, the LAC Chairpersons for the next three (3) scientific sessions and three (3) at-large members.

2. It shall be the duty of the council to:
   a. Plan all programs and events for the scientific session for the AGD, with consultation of the President of that year’s meeting on all social events.
   b. Develop an educational curriculum that will draw local, national and international attendance to the scientific session. Work in consultation with the Dental Education Council and the Board.
   c. Establish the goals and objectives of the annual meeting scientific session and conduct an annual review of the goals and objectives.
   d. Review the scientific session meeting budget and recommend changes for future relevant budgets (i.e. honorariums, registration fees, social activities, keynote speakers, food and beverage, exhibit fees, etc.)
   e. Approve future site selection criteria. Upon review of the staff recommendation—which weigh the results received from various cities against these criteria—make recommendations to the Board concerning future meeting dates and sites.
   f. Recommend to the Board alternate ways to supplement the budget if necessary to support the scientific session expenses and increase profitability.

3. The president, president-elect, and vice president shall be consultants to the council with the responsibility for attending all council meetings.

4. The council shall be assisted in its endeavor to plan and implement future scientific sessions with the following:
   a. A Local Advisory Committee (LAC) which shall consist of four (4) members from the region in which the scientific session is to be held, except as otherwise designated herein. The chairperson of this committee shall be a member designated by the vice president within thirty (30) days of the time he or she is elected to office. The chairperson may be from another region if he or she has experience in administering, managing or otherwise supervising a state or national meeting that exceeds the scope of AGD’s scientific session. The LAC chairperson shall serve as one of the seven (7) voting members on the Scientific
Meeting Council. The remaining members of the committee are to be selected in consultation with the president-elect. The purpose of this committee will be to recommend to SMC local area speakers that will draw local attendance, provide input regarding specific state or provincial continuing education needs/requirements, suggest local tours and social event ideas, and recruit local course manager volunteers.

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.

**Highlights of the Year**

The Council held regular monthly calls to perpetuate the planning of AGD2017 starting in August of 2016 and subsequently carried that same schedule forward to facilitate the planning of AGD2018. Per the direction of the SMC, members of the LAC continue to have weekly calls as well. Included in their meetings were in-person meetings in October of 2016 in Chicago, January 2017 in Las Vegas and May 2017 in Chicago to facilitate the planning of the conference. The council wishes to report to the leadership on the following activities for informational purposes.

- The council continues to develop relationships with outside organizations to co-sponsor continuing education courses at the annual meeting.

- There will continue to be no meeting registration fee for students and residents to encourage their participation in the annual meeting and contribute to the future growth of the AGD.

- AGD students continued to receive complimentary access to full and half-day lectures, provided that they register for the meeting, beginning with AGD 2016 in Boston.

- The Scientific Meeting Planning Task Force, in order to fulfill the AIR that was approved in 2016, to create a task force that would create a business plan for a new profitable scientific session by using mechanisms such as in-house surveys and/or focus groups.
engaged the services of GES MarketWorks in the fall of 2016 after reviewing other potential proposals generated by an RFP. Upon engagement the team developed a survey that was sent prior to the end of 2016 to a sample of 1,056 members based on criteria the group deemed crucial to obtain the appropriate feedback. From the results obtained by the survey, the Task Force reviewed the key points that needed to be investigated further and developed a script for 4 focus groups, three of which were hosted in the Chicago area and one hosted onsite at AGD2017 in Las Vegas. The Task Force is currently waiting on the final report from GES MarketWorks regarding the conclusions and the actionable ideas that can be put into a business plan that can be implemented to move the profitability and satisfaction of the Scientific Sessions forward.

- Council provided significant input on our annual meeting (AGD 2017) marketing efforts. Beginning with AGD 2016 in Boston, council members are now collaborating with AGD’s marketing team and act as social media leaders to help start comments threads and to encourage sharing on our social media channels. A collaboration which continued for the planning of AGD2017 and as well for AGD2018. A marketing representative is on each SMC call and present at each in-person meeting.

- Increased our marketing efforts for the AGD 2017 included:
  - AGD 2017 blog
  - Launched the AGD 2017 capsule at AGD 2016
  - Promoted launch of registration for AGD 2017 at AGD 2016

- Mohegan Sun in Uncasville, CT was selected as the location for AGD2019.

### AGD 2016 Wrap Up
- AGD2016 was held July 14-16, 2016 in Boston, MA. The total attendance for AGD 2016 was 3,120 with 1,503 dentists compared to 3,178 with 1,501 dentists in 2015.

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<tbody>
<tr>
<td>Total overall attendees with guest, youth and exhibitors</td>
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<td>3,120</td>
<td>3,178</td>
<td>2,344</td>
<td>3,313</td>
<td>4,935</td>
<td>3,928</td>
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<tr>
<td>(exhibitors 425 over 200 fewer than 2016)</td>
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<td>Total number of dentists</td>
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<td>1,503</td>
<td>1501</td>
<td>1,002</td>
<td>1,318</td>
<td>1,294</td>
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<td>307</td>
<td>327</td>
<td>160</td>
<td>329</td>
<td>409</td>
<td>196</td>
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<tr>
<td>Total number of students registered</td>
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<td>201</td>
<td>119</td>
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<td>n/a</td>
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**Participation Course Numbers:**

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<td>423</td>
<td>208</td>
<td>366</td>
<td>437</td>
<td>491</td>
<td>404</td>
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*Currently not available

**Exhibitor Numbers:**

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<tbody>
<tr>
<td>Total Booths Sold</td>
<td>155</td>
<td>162</td>
<td>150</td>
<td>174</td>
<td>186</td>
<td>210</td>
<td>228</td>
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<td>Companies</td>
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<td>142</td>
<td>145</td>
<td>150</td>
<td>166</td>
<td>181</td>
<td>215</td>
</tr>
</tbody>
</table>

*Preliminary numbers – not final

**2017 Housing Analysis**

- Total # of contracted room nights: 3,100
- Total # of room nights picked up: 3,599
- Percentage of rooms picked up: 116%

There were no attrition fees for the AGD 2017.

**AGD2016 Financial Report**

- The revenue generated from registration was $300,628, which was 8.41% below the budgeted $327,635.
- The revenue generated from the educational sessions was $523,622, which was 14.43% below the budgeted $611,960.
The exhibit hall generated $452,900 in revenue, which was 29.75% below the budgeted $644,700.

Total Annual Meeting revenues were $1,462,574 and total expenses were $1,376,419. Net revenues before overhead and staff costs were $86,155.

Overhead costs include the cost of operating the AGD headquarter office and support areas: Marketing, Sales and Sponsorship, Human Resources, Office Services, Finance, Information Technology, Production and Design, and Meeting Services. Overhead is allocated to programs based on a specific cost driver that was the most practical and cost efficient. Please note that overhead costs are not under the control of the Scientific Meeting Council.

AGD2017 Financial Report

- Final numbers have not yet been tallied for AGD2017 as we are currently in the reconciliation cycle.

Update on AGD 2018 Annual Meeting & Exhibits

The Hyatt Regency New Orleans, New Orleans, LA, is the site for the AGD 2018, scheduled for June 7-9, 2018.

- AGD2018 includes several events for networking and learning. Wine Downs will be expanded from 2 in 2017 to 4 and 5 on Thursday and Friday nights respectively.

- Keynote speaker will be Dennis Tarnow on Thursday June 7. Dr. Tarnow will also be doing additional breakouts as well a Wine Down that evening.

- AGD2018 member dentist registration format and fees will remain as budgeted for Fiscal Year 2017 at $199 for advance registration; $279 for regular; $450 for on-site registration and $45 for Constituent Executives.

- Course fees will remain $60 for a half-day session and $120 for a full-day session.

- The one hour course format will be brought back after it’s successful debut at AGD2017.

- The Welcome Reception on Thursday, June 7 in the evening encourages attendees to visit the exhibit hall and take advantage of the opportunity to network with peers and vendors.

- With input from the DE Council Saturday’s Celebration of Fellows and Masters will continue to be refined following the change from the dinner of previous years to the reception presented in 2017.

2018 Exhibit Hall

Highlights/changes include:

- Networking events each day the exhibit floor is open, including:
The President’s Welcome Reception on Thursday, June 7 in the evening encourages attendees to visit the exhibit hall and take advantage of the opportunity to network with peers.

- Two beverage breaks, one each on Friday and Saturday.

- Entertainment in the exhibit hall promoting AGD2019 at Mohegan Sun.

- The traffic builder whereby if attendees spend at least $2,500 on the exhibit hall floor, they will receive complimentary registration to AGD2019 at Mohegan Sun will be retained.

- Continue to offer educational opportunities in the exhibit hall include Learning Labs, e-poster sessions and presentations in the New Dentist Lounge.

- AGD Resource Pavilion to help members get the most from their membership experience, network with other attendees and learn of applicable news and updates regarding AGD initiatives.

**2018 Education Program Report**

The following contains highlights of the education program:

- 1-hour symposium-style lectures with leaders in the industry on special patient care and implants coupled with emerging speakers to showcase the industry’s best and brightest up and coming presenters

- Top courses to date are:
  - Live Patient presentations at Louisiana State University (LSU)
  - Botox with Cadaver Review Meinecke
  - Special Needs Patients with Dent
  - Periodontics track with Grisdale
  - Pediatric track with Townsend
  - Restorative track Esquivel
  - Ethics presentation in collaboration with ACD
  - Dentsply 360 Experience

- Select courses available as recordings after the meeting

**Summary of Future Annual Meetings**

2019: Mohegan Sun Casino and Resort, located in Uncasville, CT will serve as the location of the AGD2019. The meeting will be held on July 17 – 20.

2020: AGD is contracted to return to Las Vegas (Caesars Palace) as the location of the AGD2020 on July 16-19.

**Conclusion**
The council hopes you enjoy the new programs and initiatives that will take place in New Orleans for AGD2018 and is looking forward to involving more dental team members and students at future meetings, as well as the membership of the AGD. Our goal of providing high-quality continuing education and increasing the success of the exhibit hall is a continued priority to make the AGD Scientific Sessions the premier dental meeting for general dentists. The SMC is committed to working with the Dental Education Council and the Membership Council to make our annual meeting a valuable aspect of membership and educational opportunities.

The council welcomes your input and encourages you to contact us directly with any concerns or feedback.

Respectfully submitted:

Dr. Joseph A. Picone, Chair
Dr. Michael Blicher
Dr. James Feldman
Dr. William S. Nantz
Dr. Kay Jordan
Dr. George Shepley

Responsible Council/Committee Chair & Staff Liaisons
Dr. Joseph Picone
Chair, Scientific Meeting Council
(860) 628-4761 - p
japdmd@cox.net; japdmd@gmail.com

Dale Gibbons
Director, Education
312.440.3368, ext. 4309 - p
dale.gibbons@agd.org

Chair Approval Email:
From: Dr. Joseph Picone <japdmd@gmail.com>
Sent: Friday, August 25, 2017 1:24 PM
To: Dale Gibbons
Subject: Re: Annual Report - 2016 - 2017 Scientific Meeting Council 8-25-17
I approve as written.
Joseph A Picone, DMD,MAGD
AGD SMC chair

Division Coordinator Review Email:
From: Dennis Charnesky <dgcharnesky@ameritech.net>
Sent: Saturday, August 26, 2017 7:34 AM
To: Dale Gibbons
Cc: George R. Shepley, DDS
Subject: Re: Annual Report - 2016 - 2017 Scientific Meeting Council 8-25-17
Dale, I approve this report of the SMC

Board Liaison Review Email
From: George R. Shepley, DDS
Sent: Sunday, August 27, 2017 10:18 PM
To: Dale Gibbons
Subject: Re: Annual Report - 2016 - 2017 Scientific Meeting Council 8-25-17

I approve
Self-Instruction Committee

1. This committee shall consist of seven (7) members, plus the AGD’s editor who shall serve as a consultant.

   No member of the committee shall serve more than two (2) consecutive three (3) year terms.

2. It shall be the duty of:

   a. This committee to construct exercises and learning objectives for articles assigned by the chairperson that may be published in the AGD’s General Dentistry journal and returned by readers for credit;

   b. The chairperson of the committee to assign articles in concert with the AGD editor and in accordance with the identified educational needs of AGD members and objectives established for the General Dentistry Self Instruction program;

3. The Examinations Council shall evaluate the quality and effectiveness of General Dentistry’s Self Instruction program once each year based on:

   a. Program objectives;

   b. Number of registrants;

   c. Analysis of evaluations returned by registrants at the end of each subscription year;

   d. An annual report from the Self Instruction Committee.

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

5. 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.

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.

Revenue and Enrollment Update

2016
In 2016, the Self-Instruction program generated $68,720 in revenue, approximately $30,000 less
than the previous year ($99,930). Budgeted revenue for 2016 was projected to be $103,380. New
efforts have been put in place to help further promote the program to members and non-
members.

2017
As of July 31, 2017, 448 enrollments and renewals have been processed, generating $42,110 in
revenue. Budgeted revenue through the first six months of the year is $48,878.

Bonus Exercise
A special Self-Instruction exercise was developed for the 2017 AGD Scientific Session to help
promote the program to members and to introduce the program to nonmembers. The exercise
was offered free of charge and was offered online to all meeting registrants. The focus of the
article/exercise was associated with temporomandibular pain caused by sleep disorders, listed
under subject code 200.

Marketing of the S-I Program
Each issue of General Dentistry features a tip-on cover to help promote Self-Instruction. These
covers offer members two complimentary exercises if they purchase six exercises for $100. This
promotion remains the program’s largest revenue generator.

Several ads promoting the program will run in General Dentistry, AGD in Action and Briefings
in 2017.

The Marketing department has developed a campaign to raise enrollments and revenue in 2017
by using social media interaction, and the continued retooling of current promotional vehicles.

Conclusion
The committee looks forward to continuing this significant and substantial work for the benefit
of our members. We will endeavor to meet all upcoming challenges in the spirit of wisdom and
service.

Respectfully submitted:

Anthony Carroccia, DDS, MAGD, ABGD – Chair
Thomas Boyle, DMD, MAGD, ABGD
Robert A. Busto, DMD, FAGD
Jean J. Carlson, DDS, MAGD
Kim L. Capehart, DDS
Riki Gottlieb, DMD, FAGD
From: Anthony Carroccia [drtonycarroccia@yahoo.com]
Sent: Thursday, August 10, 2017 5:24 PM
To: Kris Abed-Canchola
Subject: Annual report

I have reviewed the prepared document and it is accurate and acceptable.

Anthony Carroccia, DDS, MAGD, ABDG
Chair

From: Roger Winland [mailto:rwinland@compuserve.com]
Sent: Sunday, August 13, 2017 7:50 AM
To: Kris Abed-Canchola
Subject: Re: Self-Instruction Annual Report

I approve. Thanks Roger Winland

Sent from my iPad

From: Dennis Charnesky [mailto:dgcharnesky@ameritech.net]
Sent: Thursday, August 10, 2017 8:43 PM
To: Kris Abed-Canchola
Subject: Re: Self-Instruction Annual Report

I have read the report and approve

Dennis G Charnesky, DDS, MAGD
Division Coordinator - Education Division
Reports to be reviewed by the

Reference Committee on
Administration, Image & Membership

Friday, November 3, 2017
2:30 p.m.
Room E352 – McCormick Place Lakeside Building
Resolution 101

“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 November [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. The deadline for responding to this communication will be February 28 [June 30] of each year.

2.  The incoming President will make the appointments in consultation with the Vice President, giving consideration to merit and experience.

3.  The incoming President will see that contact is made with each newly appointed member to see that there is a willingness to serve.

4.  The Trustees will be given the reconstituted geographical distribution list with the spring Board Meeting IV book (in the 2016-2017 governance year this will be Board Meeting V).

5.  Individual Trustees will give input at the time the Board approves the appointments, and the appointments will not be publicly announced until such time as the Board has taken action on the list of appointments.

6.  When the Board has approved the appointments, the councils and committees will be advised of them.

AIRBI2016#06 - Revise HOD Policy 2002:8-H-7

Prepared by: Morgan Bishop, Governance Administrator

Date of Report: June 15, 2016

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 2016-2017 BM I. Forward to the 2017 HOD.

**BOARD RECOMMENDS ADOPTION**

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Edgar

A – Dear, Dubowsky, Malterud

N/A – Smith

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

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.

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

- N/A

**Introduction:**

During review of HOD policies, it was recognized that since the change in governance year from beginning in June/July to beginning in November, the structure of appointments should be updated to accommodate the new format.

**Necessary Information:**

- The AGD no longer utilizes the Publications Review Council.
- This revision does not change the intent of the policy, only updates it to current verbiage.

**What We Don’t Know:**

- N/A

**Pros and Cons:**

**Pros:**

- The revision keeps the policy up-to-date and relevant.

**Cons:**

- None.

**Executive Director/CEO Recommendations:**

**From:** Daniel Buksa

**Sent:** Wednesday, June 15, 2016 6:52 PM

**To:** Morgan Bishop <Morgan.Bishop@AGD.org>; Steven Wiseman
Subject: RE: AIR - Revise HOD Policy 2002-8-H-7 mb 6-15-16

I approve transmitting this housekeeping matter to the Board for further deliberations.

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:
- Yes, as it revises the current HOD Policy

Responsible Staff Liaison & AGD member:
Morgan Bishop, MMVP
Governance Administrator
312.440.4109 - p
morgan.bishop@agd.org

Suggested Council or Agencies to Complete Action
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Suggested Councils or Agencies to be Involved in Collaboration
HOD for adoption of revisions, rescissions, and additions to HOD policy, and, at the staff level, the OED department for updating the HOD Policy Manual.

Chair Approval Email:
- N/A

Division Coordinator Review Email:
- N/A

Board Liaison Review Email:
- N/A

CFO Review Email:

From: Steven Wiseman
Sent: Thursday, June 16, 2016 9:04 AM
To: Morgan Bishop <Morgan.Bishop@AGD.org>; Daniel Buksa <daniel.buksa@agd.org>
Subject: RE: AIR - Revise HOD Policy 2002-8-H-7 mb 6-15-16

I approve this AIR for submission for BM I.

Steven Wiseman
Controller
312.440.4960
AIR Addendum – HOD Policy Change Request

Action: Add ________ Revise ____X______ Delete ________

Existing Policy to Revise/Delete:
2002:8-H-7

Resolution Presented for Approval:
“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 November [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. The deadline for responding to this communication will be February 28 [June 30] of each year.

2. The incoming President will make the appointments in consultation with the Vice President, giving consideration to merit and experience.

3. The incoming President will see that contact is made with each newly appointed member to see that there is a willingness to serve.

4. The Trustees will be given the reconstituted geographical distribution list with the spring Board Meeting IV book (in the 2016-2017 governance year this will be Board Meeting V).

5. Individual Trustees will give input at the time the Board approves the appointments, and the appointments will not be publicly announced until such time as the Board has taken action on the list of appointments.

6. When the Board has approved the appointments, the councils and committees will be advised of them.

Related Existing HOD Policies:
Just the policy being revised.

Are existing AGD policies inadequate or no longer appropriate? Explain.
The current 2002:8-H-7 is adequate and appropriate for its original intent, however it contains outdated headquarter operations that need to be updated.

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

Any documentation or literature considered in developing this submission?
No

Other Comments?
“Resolved, that the Bylaws be amended at Chapter IX, Section 1 (D) 2, so that they read:

2. The president, president-elect, and vice president shall serve for the term of one (1) year. The editor shall serve for a three-year term, and the secretary, treasurer, and speaker of the House of Delegates shall each serve for two-year terms, with the treasurer elected during the even-numbered years, and the secretary and the speaker of the House of Delegates elected during the odd-numbered years, starting with the 1975 annual meeting of the House. No officer shall hold more than one (1) AGD office at the same time. No officer may serve as secretary or treasurer for more than two (2) terms of two (2) years each. No officer may serve as Speaker of the House of Delegates for more than three (3) terms of two (2) years each. No officer may serve as editor for more than two (2) terms of three (3) years each.”

AIRBIV2017#12 - Amend Bylaws to Reflect Term-limits for Editor and Speaker

Prepared by: Daniel Buksa, JD, CAE, Interim Executive Director

Date of Report: June 7, 2017

Staff Resources: minimal

Total Financial Cost: none

Budget Ramifications: none

Action/Timeline: Vote by the Board at meeting IV; transmittal to the 2017 HOD; implementation immediately

BOARD RECOMMENDS ADOPTION

Y –Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Guter, Hanson, Harunani, Shamooy, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm

N - Bishop, Gorman

a - Lew, Winland

A – Cheney, Cordero, Malterud, Stillwell

N/A – Smith

How It Fits into the 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 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.

How it Fits into the Corporate Objectives:

- N/A

Introduction:

At a meeting of the Executive Committee, the committee determined that there was no reason not to subject the offices of Editor and Speaker of the House to term limits, as they are the only offices for which no term limits apply.

There is concern about the disparities between how long past Editors and Speakers have served in relation to the recommended changes. For example, our past two editors have served for about 20 years each and there have been past Speakers who have served up to 6 years. Because the Editor term is 3 years and the Speaker is only 2 years, having a 2x 3yr terms for Editor along with the Speaker term as 3 x 2 years for a total term limit of 6 years make them more consistent with each other.

Necessary Information:

- Dr. Winland has provided input to this report.
- Dr. Edgar has provided input to this report.
- Drs. Smith, Cordero and Gajjar have provided input to this report.
- The office of editor is up for election at the 2017 HOD. As of this writing, Dr. Winland is the sole candidate. If this proposed amendment is approved by the 2017 HOD, the term limit provision would take place immediately and subject Dr. Winland to two further terms.
- The office of speaker of the house is up for election at the 2017 HOD. As of this writing, Dr. Edgar is the sole candidate. If this proposed amendment is approved by the 2017 HOD, the term limit provision would take place immediately and subject Dr. Edgar to three further terms.
- The Constitution, Bylaws, and Judicial Affairs Council is concurrently reviewing this proposed amendment. Their input will be incorporated into a presentation at Board meeting IV, unless communicated earlier.

What We Don’t Know:

- We don’t know why the Bylaws were drafted to provide term limits for all officers except for speaker and editor.
- We don’t know if the replacements for editor and speaker will have the same skills as do the incumbents.

Pros and Cons:

Pros:

- Term limits will provide additional opportunities for AGD leaders to move up the ladder of leadership in the organization.
• More frequent turn-over in leadership is generally regarded as healthy for not-for-profit organizations as it facilitates a development pipeline for leadership opportunities.

Cons:
• 36 years of combined experience will be lost with the limitations placed on Dr. Winland (in 2022) and Dr. Edgar (in 2020) assuming that they are re-elected for two additional terms and that they do not run for any other office.

Executive Director/CEO Recommendations:
I recommend that this AIR be transmitted to the Board for further deliberations.

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:
• This is a proposed amendment to the Bylaws.

Responsible Staff Liaison & AGD member:
Daniel Buksa, JD, CAE, Interim Executive Director
Daniel.buksa@agd.org
888.243.7392, x.4328

Dr. Roger Winland, DDS, MS, MAGD, Editor
105156.3607@compuserve.com
740.592.3018

Dr. Bryan Edgar, Speaker of the House
drbryan@edgardentistry.com
253.838.9333

Suggested Council or Agencies to Complete Action:
Board
HOD

Suggested Councils or Agencies to be Involved in Collaboration:
Office of the Executive Director
Credentials & Elections Committee

Leader Approval Email:
From: Roger Winland [mailto:rwinland@compuserve.com]
Sent: Wednesday, June 07, 2017 10:45 AM
To: Neil Gajjar <personal@drgajjar.com>
Cc: Daniel Buksa <daniel.buksa@agd.org>; Bryan Edgar <drbryan@edgardds.com>; Maria Smith <masmithdmd@prodigy.net>; Manuel Cordero <dentalmac@gmail.com>
Subject: Re: AGD - AIR to amend Bylaws to reflect term limits for Editor and Speaker - please reply

Looks good Dan. Thanks. Roger

Sent from my iPhone

Division Coordinator Review Email:
  • N/A

Board Liaison Review Email:
  • N/A

CFO Review Email:
From: Christa Ojeda
Sent: Wednesday, June 07, 2017 10:51 AM
To: Daniel Buksa <daniel.buksa@agd.org>; Jennifer Goler <jennifer.goler@agd.org>
Subject: RE: AIR to amend bylaws to establish term limits for Editor and Speaker

Reviewed. Given no budgetary implications, recommended to be presented to the Board for further deliberation.
Resolution 103

“Resolved, that HOD Policy 2015:102B-H-6, AGD 2016-2018 Strategic Plan, Goal 1, Strategy 1, be amended as follows: ‘Create a Scientific Session that will annually attract at least 25% of AGD members by the end of 2018;’ and be it further, Resolved that Goal 3 be replaced in its entirety as follows: ‘Achieve a 25% increase in full-dues-equivalent members and student members by the end of 2018 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, and be it further, Resolved that Goal 3, Strategy 3, be replaced in its entirety as follows: ‘Achieve at least a 10% increase in members’ assessments of AGD value by the end of 2018 Retain at least 50% of 2015 new graduate members through 2018.’”

AIRBV2017#02 - Amend the AGD 2016-2018 Strategic Plan (2015:102B-H-6)

Prepared by: Srinivasan Varadarajan, Director, Dental Practice & Policy
Date of Report: August 7, 2017
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 2016-2017 Board Meeting V. Forward to the 2017 HOD.

BOARD RECOMMENDS ADOPTION

Y – Cheney, Cordero, Dubowsky, Dyzenhaus, Edgar, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Worm

N - Dear, Donald, Stillwell,
a – Gajjar, Winland, Wooden
A – Bishop, Gehrig, Gorman
N/A – Smith

How It Fits into the Strategic Plan (2016-18):
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 4: Promote an organizational culture that best supports attainment of strategic goals and a healthy operating environment.

How It Fits into the Corporate Objectives:
- N/A

Introduction:
At its 2016-2017 Board Meeting III, the AGD Board designated Trustees, Dr. David Tillman (Chair), Dr. Guy Hanson, and Dr. George Shepley, to the Strategic Plan Discrepancies Workgroup, with the charge of 1) Identifying discrepancies in the 2016-2018 Strategic Plan, and 2) Making recommendations for potential changes.

The AGD Strategic Plan Discrepancies Workgroup had the opportunity to meet during breakfasts and lunch at the AGD 2016-17 Board Meeting IV, and, completed analysis and discussion of the AGD’s 2016-18 Strategic Plan as well as background data and documentation. The report of the workgroup developed during Board Meeting IV is attached below.

The recommendations of the workgroup are presented here for discussion, amendment as needed, and approval, through this AIR.

Necessary Information:
- Dr. David Tillman, Chair, Strategic Plan Discrepancies Workgroup, has reviewed and approved this report.
- A full report of the workgroup is provided at the end of this AIR.
- NOTE: There was significant discussion with regard to the continued use of the term “full-dues equivalent members” in Goal 3:
  - The current strategic plan requires a 25% increase in “full dues equivalent members,” not “full dues members.”
  - “Full-dues equivalent” members are members weighted by the percentage of the full dues that they pay. For example, a member that pays 80% of full-dues would be counted as four-fifths of a full-dues equivalent member.
  - However, this is not how membership numbers have been calculated or retained in practice. Rather, what has been reported is membership by categories (full-dues, 80% dues, 60% dues, etc.).
  - Mr. Killam made the good point that calculation by “full-dues equivalent” rather than “full-dues” is really a measure of dues revenue (adjusted for dues increases over the years), and not a true measure of growth in full-dues membership. This point may be something the Board wishes to consider in its deliberations.

What We Don’t Know:
- We do not know if the amended strategies will be achieved. However, they are far more realistic than the current strategies in these areas.
Pros and Cons:

Pros:
- Having challenging but realistic goals provides greater incentive to strive for achieving these goals than unrealistic and unachievable goals that cannot be met regardless of effort.

Cons:
- The strategic plan is a public-facing document, and reduction of strategic aspirations within the strategic plan before its final year of implementation may send a message/perception to the public that the AGD had erred in its strategic thinking.

Executive Director/CEO Recommendations:

I approve this AIR being transmitted to the Board for further deliberations.

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:
- Yes, in that it revises the current 2016-2018 Strategic Plan

Responsible Staff Liaison & AGD member:
Srinivasan Varadarajan, JD
Director, Dental Practice & Policy
312.440.4973 - p
srini.varadarajan@agd.org

David M. Tillman, DDS, MAGD
Chair, Strategic Plan Discrepancies Workgroup
817.332.9303 – p
mdavidtillman@hotmail.com

Suggested Council or Agencies to Complete Action
HOD for adoption of amended Strategic Plan, and all council and staff areas for implementation, upon adoption.

Suggested Councils or Agencies to be Involved in Collaboration
HOD for adoption of amended Strategic Plan, and all council and staff areas for implementation, upon adoption.

Chair Approval Email:
From: david tillman [mailto:mdavidtillman@hotmail.com]
Sent: Wednesday, August 09, 2017 3:25 PM
To: Srinivasan Varadaraj <Srinivasan.Varadaraj@AGD.org>
Subject: Re: Please review by Wed 8/9 at the latest - AIR and Report for your approval

I approve. Thanks Srini and everybody. DTillman

Division Coordinator Review Email:
- N/A

Board Liaison Review Email:
- N/A

CFO Review Email:

From: Christa Ojeda
Sent: Wednesday, August 16, 2017 4:07 PM
To: Srinivasan Varadaraj <Srinivasan.Varadaraj@AGD.org>
Subject: RE: Possible CFO comment?

There is a discrepancy regarding the number used to represent full-dues equivalent members as of December 31, 2015. In order to preserve the intent of the workgroup and this AIR, the Board may wish to consider amending the “27,000” number to “the number of full-dues equivalent members as of December 31, 2015 audited revenues” in order to provide consistent year-over-year measurements as timing and inclusion of Canadian members, can create a variance between the database and earned revenue for any given time period.
AIR Addendum – HOD Policy Change Request

Action: Add ________ Revise _____ X____ Delete ________

Existing Policy to Revise/Delete:

2015:102B-H-6 (2016-2018 AGD Strategic Plan)

Resolution Presented for Approval:

“Resolved that AGD 2016-2018 Strategic Plan, Goal 1, Strategy 1, be amended as follows: ‘Create a Scientific Session that will annually attract at least 25% 5% of AGD members by the end of 2018;’ and be it further,

Resolved that Goal 3 be replaced in its entirety as follows: ‘Achieve a 25% increase in full-dues-equivalent members and student members by the end of 2018 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, and be it further,

Resolved that Goal 3, Strategy 3, be replaced in its entirety as follows: ‘Achieve at least a 10% increase in members’ assessments of AGD value by the end of 2018 Retain at least 50% of 2015 new graduate members through 2018.’”

Related Existing HOD Policies:

2015:102B-H-6 (2016-2018 AGD Strategic Plan)

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

Existing policy provides certain strategies and objectives that may be unachievable.

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

To be reviewed in 2018 for the next strategic plan.

Any documentation or literature considered in developing this submission?

No

Other Comments?
Recommendations of the AGD Strategic Plan Discrepancies Workgroup

2016-2017 AGD Board Meeting
July 1, 2017

The AGD Strategic Plan Discrepancies Workgroup had the opportunity meet during breakfasts and lunch at this AGD 2016-17 Board Meeting IV, and, having completed analysis and discussion of the AGD’s 2016-18 Strategic Plan as well as background data and documentation (outlined below), the workgroup is pleased to recommend the following revisions to the 2016-18 Strategic Plan for its final year of implementation:

RECOMMENDATIONS

I. Revise Goal 1 (Education), Strategy 1, to amend “25%” to “5%.”

Rationale:

a. Goal 1, Strategy 1, presently reads, “Create a Scientific Session that will annually attract at least 25% of AGD members by the end of 2018.”
b. In each of the last 10 years, the Scientific Session (formerly, the annual meeting) has attracted between 3.08% and 4.98% of AGD membership.
c. The 2016 and 2017 annual corporate objectives, approved by the Board, each called for attracting 5% of AGD membership to the Scientific Session.
d. In order to provide a stretch but reasonable measure that is consistent with 2016 and 2017 annual corporate objectives, the workgroup recommends that the strategy be revised to read, “Create a Scientific Session that will annually attract at least 5% of AGD members by the end of 2018.”

II. Replace Goal 3 (Membership), with “Increase the number of full-dues-equivalent members to 27,000 and retain the existing marketshare of United States members.”

Rationale:

a. Goal 3 presently reads “Achieve a 25% increase in full-dues-equivalent members and student members by the end of 2018.”
   i. Note that “full-dues-equivalent” is not the same as just “full dues”
   ii. Full-dues-equivalent members appear to be calculated as 100% of the number of full-dues members, plus 80% of the number of members that pay 80% of dues, plus 60% of the number of members that pay 60% of dues, and so forth.
   iii. Despite recruitment of 457 new full-dues members (1,976 total new members) between May 2015 and May 2016 (approx. 2% gain), year-end comparisons between Dec. 31, 2016 and Dec. 31, 2015 reveal a net loss of 392 full-dues members (1.63% loss) and a net loss of 355 full-dues-equivalent members (1.31% loss).
iv. Meanwhile, the AGD has experienced a net increase of approximately 4.4% in student membership between 12/31/15 and 12/31/16. Projected over a 3-yr period, this would still only yield a 3-yr growth of 13.8% in student membership.

v. Clearly, a 25% increase in full-dues-equivalent members and student membership are well-beyond achievability over the next year.

b. Each of the two elements of the proposed revision is addressed separately below:

i. “Increase the number of full-dues-equivalent members to 27,000”
   1. The intent of this element of the proposed goal is to maintain the number of full-dues-equivalent members at the Dec. 31, 2015, level, i.e., at the level immediately prior to implementation of the strategic plan.
   2. As of Dec. 31, 2015, the AGD had 27,010 “full-dues-equivalent” members (24,103 full dues members).
   3. As of Dec. 31, 2016, the AGD had 26,665 “full-dues-equivalent” members (23,711 full dues members).
   4. The intent of the proposed revision is to recover from the loss in 2016 and return the number of “full-dues-equivalent” members to Dec. 31, 2015, levels.

ii. “Retain the existing marketshare of United States members.”
    1. The workgroup acknowledges that wide variations exist in how the ‘market’ could be defined and how marketshare could be calculated. Sources may include various ADA databases, or the Dept. of Labor, among other sources. Accordingly, any calculation of marketshare will likely be inaccurate, given the wide variation.
    2. However, for the purpose of this final year of the Strategic Plan, the objective is to use the same source and calculation of marketshare, however invalid, for both the 12/31/15 benchmark and the 12/31/18 measure, for the purpose of determining whether this goal has been met.
    3. A reason for using marketshare, specifically limited to U.S. members, is the correlation to advocacy. AGD advocacy is limited to the U.S., and marketshare of general dentists is a marker for supporting the assertion that the AGD is the voice of general dentistry. Moreover, limitation to U.S. marketshare avoids the daunting burden of identifying and contacting international agencies in an effort to identify the global general dentist ‘market.’
    4. Per ADA Health Practice Institute data, the number of dentists (overall) in the United States is projected to grow by 6.5% between 2015 and 2020.

III. Replace Goal 3 (Membership), Strategy 3, with “Retain at least 50% of 2015 new graduate members through 2018.”

Rationale:
a. Goal 3, Strategy 3, presently reads, “Achieve at least a 10% increase in members’ assessments of AGD value by the end of 2018.”

b. While results of Member Value Prioritization (MVP) surveys indicate levels of value, satisfaction, and awareness of various programs, there does not appear to be a singular validated quantified measure of members’ assessment of AGD value from which to calculate 10%. This is an indication that this metric fails to meet the S.M.A.R.T. acronym and should be reconsidered.

c. The workgroup looked to the intent of the metric, which was to add value to AGD programs and services, the cornerstone of recruiting and retaining members.

d. However, in analyzing recruitment and retention data, it is abundantly clear that the AGD has been very successful in recruitment, but faces a challenge in being able to retain members:

   i. Between January and May of each of 2015, 2016, and 2017, the AGD successfully recruited 1,757 new members, 1,976 new members, and 2,232 new members, for a total recruitment of nearly 6,000 new members in just the first 5 months of the last 3 years. Yet, the AGD saw a slight drop in total membership, indicating that we are not retaining members.

   ii. The retention challenge is further illustrated by 5-yr retention rates of 2012 new graduates, which illustrates that out of 781 new graduate members in 2012, only 25% were still AGD members in 2017.

e. If members value AGD programs and services (the intent of the present strategy), this will likely be reflected by increased retention.

f. Given that the Strategic Plan has a 3-yr term, the workgroup felt that a 5-yr retention goal would be inconsistent with the term of the Strategic Plan. The 5-yr retention data of 2012 new graduates also indicated that approximately 40% of these new graduates were still members 3 years later.

g. Accordingly, the workgroup proposes a stretch but reasonable and measurable goal of a 3-yr retention rate of 50%.

DATA/DOCUMENTATION REVIEWED BY THE WORKGROUP

1. Tactics & Milestones 2016-18

2. Corporate Objectives 2017

   a. Membership Objectives (to achieve by 12/31/17, in comparison to 12/31/16):

      i. Increase active members by 5%
      ii. Increase full dues paying members by 5%
      iii. Increase student members by 5%

   b. Scientific Session Objective: 5% of members attend 2017 meeting


   a. Membership Objectives:

      i. U.S. Full-Dues Paying Members by 4%:
         * Did not achieve. Decreased by 7% from 12/31/15 to 8/31/16.
      ii. Increase student members by 4%:
         * Achieved. Increase of 7.6% from 8/31/15 to 8/31/16.

   b. Scientific Session Objective: 5% of AGD members attend 2016 meeting
4. Membership Data – Additional calculations
   a. Membership revenue as % of total revenue – Approx 60% each year
   b. Areas of membership growth/loss (1-yr, 3-yr and 10-yr % changes) – 185%
      growth in student membership, 9.12% loss in full-dues members (5.84% loss in
      ‘full-dues equivalents’)
   c. “Full-dues-equivalent” calculation – 100% of full dues + 80% of rate level 2
      +…etc.
   d. Market share calculations for each of AGD active vs. U.S. working, and student
      enrollment data from the ADA HPI.
5. Graduate retention rates (Life-cycle of 2012 grads, through 2017) (Thank you, Tom
   Killam)
6. Recruitment data, reflecting recruitment growth
7. Scientific Session attendance data, condensed by Dr. Hanson with % of members
   attending
8. (Old) 2010-15 Strategic Plan (Attached as 7) (Note: Did not have numbers for the goals)
9. Market Definition and Growth (See ADA HPI Report June 2016 and HPI Member Data
   2001-2016 Excel File (Not printed, but emailed)):
   a. ADA appears to rely upon its own “masterfile” of survey data to define the
      market
   b. Per the ADA HPI Excel file, there were 196,441 working dentists, including
      155,102 working general dentists, in the U.S. in 2016
   c. Per the HPI report, projected net increase of 6.5% in “professionally active
dentists” between 2015 (195,722 professional active dentists) and 2020 (208,423
   professionally active dentists)
10. Revenues and Expenses of AGD Scientific Sessions: Data will require additional time to
    compile due to variations in how revenues and expenses have been calculated from year
    to year, and variations in governance costs.
11. Trends in Scientific Session attendance at other orgs:
    a. American Dental Association (ADA):

    |        | 2014  | 2015  | 2016  |
    |--------|-------|-------|-------|
    |        | San Antonio | D.C.  | Denver |
    | Total  | 20,652 | 21,491 | 21,667 |
    | Dentists| 6,215   | 7,148  | 6,734  |
    | Dental Team | 4,928  | 4,744  | 6,409  |
    | Students | 717    | 773    | 884    |
    | Exhibitors| 5,602  | 5,038  | 4,694  |
    | Other   | 3,190  | 3,788  | 2,946  |

    b. American Academy of Cosmetic Dentistry (Aacd) (Membership of ~ 6,000)
2015 San Francisco, CA – 2,285 dental professionals
2014 Orlando, FL – 2,156 dental professionals
2013 Seattle, WA – 2,150 dental professionals

c. Chicago Dental Society (CDS) Mid-Winter Meeting (2017 only – prior years not found) (Note: CDS’ tripartite membership (members also belong to IL State Dental Society and ADA) only totals 4,200. Most attendees are not members).

2017 Midwinter Meeting Attendance

<table>
<thead>
<tr>
<th>Category</th>
<th>Attendance</th>
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</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>6,886</td>
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<tr>
<td>Grad Students / Residents</td>
<td>95</td>
</tr>
<tr>
<td>Dental Students</td>
<td>1,124</td>
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<tr>
<td>Hygienists</td>
<td>4,049</td>
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<td>Assistants</td>
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<tr>
<td>Hygiene Students / Assistant Students</td>
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<tr>
<td>Guests</td>
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<td>Press</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>28,946</strong></td>
</tr>
</tbody>
</table>

The following is the breakdown of our attendance in 2017:

- **Dentists**: 19,471
  - Dental Students: 1,741
  - Dental Hygienists: 4,214
  - Dental Assistants: 4,938
  - Dental Technicians: 496
  - International Attendees: 8,919

- **Total Registration**: 54,890
- **Total Countries**: 151

D. Greater New York Dental Meeting (2017 only - prior years not found)
Resolution 104


Publishing/Production Design Guidelines

Advertising Policies of the Academy of General Dentistry

Advertising accepted for the publications of the Academy of General Dentistry or its Website or sent to members through membership list rental should serve to inform dentists and others of products, services and courses that are available. In keeping with responsible journalistic philosophy, all advertisements must be accurate. No advertising shall encourage dentists or other readers to engage in practices that would conflict with standards of conduct generally adhered to by members of the dental profession. All advertisements are subject to acceptance or rejection by the Academy, based on the content of the advertisement and the nature of the product, services or courses offered.

Inclusion of advertising in AGD publications does not constitute approval or endorsement by the Academy of General Dentistry of products, services, or claims made in advertisements. Each issue of General Dentistry and AGD Impact will carry the following statement: “The publication of an advertisement in (General Dentistry or AGD Impact) does not indicate endorsement for products or services. AGD credit approval for continuing education courses or course program providers will be clearly stated.”

A. General Eligibility

1. All advertisements must involve goods or services related to the dental profession, or to the mission, activities and/or functions of the Academy of General Dentistry.

2. The Academy will make advertising space available in its publications free of charge, as appropriate, in exchange for equal value under the following circumstances:

a. Advertising exchange program with a recognized dental or dentistry-related association.

b. Membership benefits program in which companies providing benefits to members under contract or agreement with the Academy are provided one full page of advertising space at no charge during the introduction of the new program or service.

Note: The Academy reserves the right to assign advertising space, as available, for the promotion of Academy and AGD Foundation products, services and events.

3. All advertisements must be accurate. Exaggerated or unsupported claims are not acceptable. The burden of proof to substantiate any statement within an advertisement rests with the company or individual proposing the advertisement.
4. All products and/or services must be available at the time the advertisement is published or mailed.

5. No advertising material will be acceptable if it is deemed to be in conflict with the laws or regulations of any federal, state, or local government or agency.

6. Advertisements that include language or devices that reflect pride and/or confidence in a product or service are acceptable. However, such promotional materials shall not include exaggerations or superlative terms or phrases that either deceive or mislead or tend to deceive or mislead or may be interpreted in any way to be in poor taste.

7. Advertisements that in any manner may be construed as being disparaging of useful competitive products or services are not acceptable.

8. No advertisement or other promotion may use the name or logo of the Academy of General Dentistry, either in publications of the Academy or elsewhere, without prior and specific approval from the Academy. Such approval shall not be unreasonably withheld.

9. A company or individual may be denied AGD publication advertising space and/or mailing labels for a period of six months to a year or longer on the basis of documented non-compliance with AGD advertising policy.

10. Classified advertising in AGD Impact may include practice sales, practice opportunities for dentists and auxiliaries, the sale of used and new dental equipment, and other dental products.

11. The Academy does not offer complimentary advertising of dental publications or literature through distribution at Academy meetings, but may provide such a service at reasonable cost to companies that have purchased exhibit space at the meeting.

B. Drugs, Materials and Devices

1. Acceptability of advertising of any drug, material or device may be based upon determinations or evaluations made by the American Dental Association Council on Dental Materials and Devices or the ADA Council on Dental Therapeutics, or upon research and practice currently taught in dental schools and other recognized institutions, whether published or unpublished.

2. Performances of all drugs, materials, and devices being advertised remain the sole responsibility of the manufacturer, company, or person placing or mailing the advertisement.

3. Advertisements may cite, through proper footnotes, appropriate references to dental or other scientific literature, provided the reference properly supports a claim.

C. Continuing Dental Education Materials and Courses
1. Advertising copy for continuing education courses must be submitted to the AGD national office for editorial review before it will be accepted for publication or for mailing to AGD members through the sale of labels.

2. The accuracy of any statements related to continuing dental education credit availability will be determined by the AGD Department of Continuing Education.

3. Advertising space in AGD publications and AGD membership mailing labels are available to the providers of continuing education courses only if the course being promoted is approved to offer FAGD/MAGD credit.

D. Editor's Responsibility

1. It is the responsibility of the editor of the Academy to determine acceptability of advertising materials and content under policies stated herein.

2. The editor of the Academy is authorized to determine eligibility for advertising space or mailing labels and the period during which eligibility will be denied.

E. Acceptance of Advertising Copy, Materials

1. The advertisement should clearly identify the advertiser and the product or service being offered.

2. Layout, artwork, and format submitted for publication must avoid confusion with the editorial content of the publication. The word "advertisement" may be required by the Editor.

3. It is the responsibility of the manufacturer to comply with the laws and regulations applicable to marketing and sale of products.

4. Advertisements will not be accepted if they appear to violate the Principles of Ethics of the American Dental Association, are indecent or offensive in either text or artwork, or contain attacks of a personal, racial, or religious character.

5. Advertising materials submitted for publication must in all ways conform to the specifications set forth in the advertising rate card in effect at the date of submission. Production work necessitated in order to produce new materials that conform to the specifications reflected on the advertising rate card shall be billed to the advertiser.

F. Rates

1. Rates for advertising in the official publications of the Academy, including display and course listing entries, and for rental of the AGD membership list shall be established by the
Executive Director in cooperation with the Director of Communications and the AGD advertising representative, and adjusted as appropriate.

2. Rates for rental of the Annual Meeting registration list to exhibitors at the Academy’s Annual Meeting shall be established by the Executive Director and Director of Communications in cooperation with the Director of Meeting Planning.

Note: Rates for the rental of the AGD membership list to AGD constituents shall be established by the Executive Director in cooperation with the Director of Membership.

3. Rates for classified advertising in AGD Impact shall be established by the Executive Director in cooperation with the Director of Communications.

4. Rates for banner link advertising on the AGD Web Site shall be established by the Executive Director in cooperation with the Director of Communications, AGD Advertising Representative, Editor, and Publications Review Council, and adjusted as appropriate.

G. Reader/Member’s Rights

As a legal requirement, AGD shall notify its members, at least twice each year, of their opportunity to delete their names from list rental.

H. Advertisers’ Right of Appeal

A company or individual that has been denied AGD advertising space or list rental may appeal the decision to the Executive Committee of the Academy.

J. Publishers’ Disclaimer

Advertisers and their agencies assume any liability for the content of their advertisements in Academy publications, including any claims arising therefrom. The Academy reserves the right to reject any advertisement considered unsuitable according to AGD policy.

The Academy accepts camera-ready artwork for all advertisements, but will offer to make minor changes and adjustments to existing artwork for a nominal charge as a courtesy to its advertisers. All liability for the accuracy of these changes rests entirely with the advertiser, with the Academy's liability limited to the cost of the advertisement.

K. Criteria for Establishing Commercial Hyperlinks from the AGD Home Page

1. Careful consideration should be given as to whether the link conflicts with the AGD mission, vision, or policies, or with the standards of conduct generally adhered to by members of the dental profession.

2. The hyperlink should offer content enhancement.
3. The Academy’s approval for a hyperlink request should include a request from the Academy for a reciprocal link to the AGD site.

4. The Academy’s approval for a hyperlink to a site that is not primarily dentistry-related should include a requirement that the link be a direct connection to the specific dentistry-related page on the site.”

And be it further,

“Resolved that AGD HOD policy 2014:116C-H-6, Section F be rescinded to:

2014:116C-H-6 “Resolved, that 98:17-H-7 be amended following approval of the separation of governance and the scientific session.”

“Resolved, that the process for scientific session registration list rental to exhibitors at the AGD’s scientific session each year be standardized to follow existing AGD list rental approval and rate-setting procedures by amending Section F of the document Advertising policies of the Academy of General Dentistry so that it reads:

F. Rates

1. Rates for advertising in the official publications of the AGD, including display and course listing entries, and for the rental of AGD membership labels shall be established by the executive director in cooperation with the director of communications and the AGD advertising representative, and adjusted as appropriate.

2. Rates for rental of the scientific session registration list to exhibitors at the AGD’s scientific session shall be established by the executive director and director of communications in cooperation with the director of meeting planning.

Note: Rates for the rental of membership labels to AGD constituents shall be established by the executive director in cooperation with the director of membership.”

3. Rates for classified advertising in AGD Impact shall be established by the executive director in cooperation with the director of communications.”
**Budget Ramifications:** $0

**Action/Timeline:** Approval at the 2016-2017 Board Meeting III

---

**BOARD RECOMMENDS ADOPTION**

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Bishop, Gehrig, Gorman

N/A – Smith

---

**How It Fits into the 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 2: Improve the effectiveness and efficiency of AGD Headquarters operations.
- Strategy 3: Streamline the AGD governance structure and operations.

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

- N/A

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**Introduction:**

The communications team was called upon to review the HOD and Board advertising policies and bring them into alignment. Currently, the Board policy addresses advertisement across AGD products and is up-to-date. The Advertising policy within the House of Delegates Policy Manual is out-of-date. Due to the frequency of Board meetings, keeping the policy in the Board Policy Manual enables it to be updated and maintained with more ease, frequency, and expediency, and thus we are requesting that the House policy be rescinded.

---

**Necessary Information:**

- Dr. Roger Winland and the communications team have provided input into this report.
- The policies were reviewed in tandem and it was determined the Board policy was the most current.

---

**What We Don’t Know:**

- N/A

---

**Pros and Cons:**

**Pros:**

- Advertising Board policy presently addresses advertisement across AGD products.
• The policy located in only one manual keeps the policy manual in concurrence with each other and are less likely to be conflicting and out of date.

Cons:
• HOD may want to keep a pulse on this policy

Executive Director/CEO Recommendations:
From: Thomas Killam
Sent: Tuesday, November 08, 2016 7:00 PM
To: Derria Murphy <Derria.Murphy@AGD.org>
Subject: RE: Response Requested: AIR 2016 (3rd AIR) 2014_116c-h_6 Sections A through K_2 House Policy_Rescind

I approve this AIR for deliberation by the Board.

Thomas D. Killam, CAE
Interim Executive Director
Associate Executive Director, Member Services
Academy of General Dentistry
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600
312.440.4966 Direct
312.335.3443 Fax
thomas.killam@agd.org
www.agd.org

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:
• Yes, it removes the current HOD Policy.

Responsible Staff Liaison & AGD member:
Derria Murphy
Coordinator, Circulation
derria.murphy@agd.org
312.440.4097

Suggested Council or Agencies to Complete Action:
Board
OED
HOD

Suggested Councils or Agencies to be Involved in Collaboration:
OED

Chair Approval Email:
• N/A
Division Coordinator Review Email:
- N/A

Board Liaison Review Email:
- N/A

CFO Review Email:

From: Caroline Vullmahn
Sent: Thursday, November 10, 2016 9:15 AM
To: Derria Murphy <Derria.Murphy@AGD.org>
Subject: Response Requested: AIR 2016 (3rd AIR) -2014_116c-h_6 Sections A through K_2 House Policy_Rescind

Hi Derria,

I respectfully recommend transmittal to the Executive Committee and Board for further deliberation.

Best,
Caroline

Caroline E. Vullmahn, CPA
Interim Chief Financial Officer
Academy of General Dentistry
560 W. Lake Street, Sixth Floor
Chicago, IL 60661-6600
D: 888.243.3368, ext 4315
D: 312.440.4315
F: 312.335.3452
E: caroline.vullmahn@agd.org
W: www.agd.org
AIR Addendum – HOD Policy Change Request

Action:  Add ________  Revise _________  Delete ___X_____

Existing Policy to Revise/Delete:

2014:116C-H-6, Sections A through K

Publishing/Production Design Guidelines

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   b. Membership benefits program in which companies providing benefits to members under contract or agreement with the Academy are provided one full page of advertising space at no charge during the introduction of the new program or service.

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8. No advertisement or other promotion may use the name or logo of the Academy of General Dentistry, either in publications of the Academy or elsewhere, without prior and specific approval from the Academy. Such approval shall not be unreasonably withheld.

9. A company or individual may be denied AGD publication advertising space and/or mailing labels for a period of six months to a year or longer on the basis of documented non-compliance with AGD advertising policy.

10. Classified advertising in AGD Impact may include practice sales, practice opportunities for dentists and auxiliaries, the sale of used and new dental equipment, and other dental products.

11. The Academy does not offer complimentary advertising of dental publications or literature through distribution at Academy meetings, but may provide such a service at reasonable cost to companies that have purchased exhibit space at the meeting.

B. Drugs, Materials and Devices

1. Acceptability of advertising of any drug, material or device may be based upon determinations or evaluations made by the American Dental Association Council on Dental Materials and Devices or the ADA Council on Dental Therapeutics, or upon research and practice currently taught in dental schools and other recognized institutions, whether published or unpublished.

2. Performances of all drugs, materials, and devices being advertised remain the sole responsibility of the manufacturer, company, or person placing or mailing the advertisement.

3. Advertisements may cite, through proper footnotes, appropriate references to dental or other scientific literature, provided the reference properly supports a claim.

C. Continuing Dental Education Materials and Courses

1. Advertising copy for continuing education courses must be submitted to the AGD national office for editorial review before it will be accepted for publication or for mailing to AGD members through the sale of labels.
2. The accuracy of any statements related to continuing dental education credit availability will be determined by the AGD Department of Continuing Education.

3. Advertising space in AGD publications and AGD membership mailing labels are available to the providers of continuing education courses only if the course being promoted is approved to offer FAGD/MAGD credit.

D. Editor's Responsibility

1. It is the responsibility of the editor of the Academy to determine acceptability of advertising materials and content under policies stated herein.

2. The editor of the Academy is authorized to determine eligibility for advertising space or mailing labels and the period during which eligibility will be denied.

E. Acceptance of Advertising Copy, Materials

1. The advertisement should clearly identify the advertiser and the product or service being offered.

2. Layout, artwork, and format submitted for publication must avoid confusion with the editorial content of the publication. The word "advertisement" may be required by the Editor.

3. It is the responsibility of the manufacturer to comply with the laws and regulations applicable to marketing and sale of products.

4. Advertisements will not be accepted if they appear to violate the Principles of Ethics of the American Dental Association, are indecent or offensive in either text or artwork, or contain attacks of a personal, racial, or religious character.

5. Advertising materials submitted for publication must in all ways conform to the specifications set forth in the advertising rate card in effect at the date of submission. Production work necessitated in order to produce new materials that conform to the specifications reflected on the advertising rate card shall be billed to the advertiser.

F. Rates

1. Rates for advertising in the official publications of the Academy, including display and course listing entries, and for rental of the AGD membership list shall be established by the Executive Director in cooperation with the Director of Communications and the AGD advertising representative, and adjusted as appropriate.

2. Rates for rental of the Annual Meeting registration list to exhibitors at the Academy's Annual Meeting shall be established by the Executive Director and Director of Communications in cooperation with the Director of Meeting Planning.

Note: Rates for the rental of the AGD membership list to AGD constituents shall be established by the Executive Director in cooperation with the Director of Membership.
3. Rates for classified advertising in *AGD Impact* shall be established by the Executive Director in cooperation with the Director of Communications.

4. Rates for banner link advertising on the AGD Web Site shall be established by the Executive Director in cooperation with the Director of Communications, AGD Advertising Representative, Editor, and Publications Review Council, and adjusted as appropriate.

G. **Reader/Members’ Rights**

As a legal requirement, AGD shall notify its members, at least twice each year, of their opportunity to delete their names from list rental.

H. **Advertisers’ Right of Appeal**

A company or individual that has been denied AGD advertising space or list rental may appeal the decision to the Executive Committee of the Academy.

J. **Publishers’ Disclaimer**

Advertisers and their agencies assume any liability for the content of their advertisements in Academy publications, including any claims arising therefrom. The Academy reserves the right to reject any advertisement considered unsuitable according to AGD policy.

The Academy accepts camera-ready artwork for all advertisements, but will offer to make minor changes and adjustments to existing artwork for a nominal charge as a courtesy to its advertisers. All liability for the accuracy of these changes rests entirely with the advertiser, with the Academy’s liability limited to the cost of the advertisement.

K. **Criteria for Establishing Commercial Hyperlinks from the AGD Home Page**

1. Careful consideration should be given as to whether the link conflicts with the AGD mission, vision, or policies, or with the standards of conduct generally adhered to by members of the dental profession.

2. The hyperlink should offer content enhancement.

3. The Academy’s approval for a hyperlink request should include a request from the Academy for a reciprocal link to the AGD site.

4. The Academy’s approval for a hyperlink to a site that is not primarily dentistry-related should include a requirement that the link be a direct connection to the specific dentistry-related page on the site.

Resolution Presented for Approval:

“Resolved that AGD HOD policy 2014:116C-H-6, Sections A through K under Publishing/Production Design Guidelines, Advertising Policies be rescinded:

**Publishing/Production Design Guidelines**
Advertising Policies of the Academy of General Dentistry

Advertising accepted for the publications of the Academy of General Dentistry or its Website or sent to members through membership list rental should serve to inform dentists and others of products, services and courses that are available. In keeping with responsible journalistic philosophy, all advertisements must be accurate. No advertising shall encourage dentists or other readers to engage in practices that would conflict with standards of conduct generally adhered to by members of the dental profession. All advertisements are subject to acceptance or rejection by the Academy, based on the content of the advertisement and the nature of the product, services or courses offered.

Inclusion of advertising in AGD publications does not constitute approval or endorsement by the Academy of General Dentistry of products, services, or claims made in advertisements. Each issue of General Dentistry and AGD Impact will carry the following statement: "The publication of an advertisement in (General Dentistry or AGD Impact) does not indicate endorsement for products or services. AGD credit approval for continuing education courses or course program providers will be clearly stated."

A. General Eligibility

1. All advertisements must involve goods or services related to the dental profession, or to the mission, activities and/or functions of the Academy of General Dentistry.

2. The Academy will make advertising space available in its publications free of charge, as appropriate, in exchange for equal value under the following circumstances:

   a. Advertising exchange program with a recognized dental or dentistry-related association.

   b. Membership benefits program in which companies providing benefits to members under contract or agreement with the Academy are provided one full page of advertising space at no charge during the introduction of the new program or service.

Note: The Academy reserves the right to assign advertising space, as available, for the promotion of Academy and AGD Foundation products, services and events.

3. All advertisements must be accurate. Exaggerated or unsupported claims are not acceptable. The burden of proof to substantiate any statement within an advertisement rests with the company or individual proposing the advertisement.

4. All products and/or services must be available at the time the advertisement is published or mailed.

5. No advertising material will be acceptable if it is deemed to be in conflict with the laws or regulations of any federal, state, or local government or agency.
6. Advertisements that include language or devices that reflect pride and/or confidence in a product or service are acceptable. However, such promotional materials shall not include exaggerations or superlative terms or phrases that either deceive or mislead or tend to deceive or mislead or may be interpreted in any way to be in poor taste.

7. Advertisements that in any manner may be construed as being disparaging of useful competitive products or services are not acceptable.

8. No advertisement or other promotion may use the name or logo of the Academy of General Dentistry, either in publications of the Academy or elsewhere, without prior and specific approval from the Academy. Such approval shall not be unreasonably withheld.

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4. The Academy’s approval for a hyperlink to a site that is not primarily dentistry-related should include a requirement that the link be a direct connection to the specific dentistry-related page on the site.
Related Existing HOD Policies:

- N/A

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

- Yes, Advertising Board policy presently addresses advertisement across AGD products.

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

N/A

Any documentation or literature considered in developing this submission?

- N/A

Other Comments?

- N/A
### Resolution 105

“Resolved, that HOD Policy AGD Emergency Handbook be rescinded.”

### AIRBV2017#19 - Rescind HOD Policy AGD Emergency Handbook

<table>
<thead>
<tr>
<th>Prepared by:</th>
<th>Dan Buksa, interim executive director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Report:</td>
<td>August 30, 2017</td>
</tr>
<tr>
<td>Staff Resources:</td>
<td>Minimal</td>
</tr>
<tr>
<td>Total Financial Cost:</td>
<td>NA</td>
</tr>
<tr>
<td>Budget Ramifications:</td>
<td>$0</td>
</tr>
<tr>
<td>Action/Timeline:</td>
<td>Approval at the 2016-2017 Board Meeting V; transmittal to 2017 HOD</td>
</tr>
</tbody>
</table>

### BOARD RECOMMENDS ADOPTION

Y – Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Stillwell, Tillman, Uppal, White, Wooden

a – Edgar, Winland

A – Bishop, Gehrig, Shepley, Worm

N/A – Smith

### How It Fits into the 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 2: Improve the effectiveness and efficiency of AGD Headquarters operations.
- Strategy 3: Streamline the AGD governance structure and operations.

### How it Fits into the Corporate Objectives:

- N/A

### Introduction:

The AGD Emergency Handbook had not been updated since AGD moved from its previous headquarters office to the new building. Staff have finally completed the updating, which mostly provided updating of locations, and staff names. There was no substantive changes to the policy. However, the Board is requested to determine whether this policy should best be under the purview of the Board, as it is essentially operational, rather than policy oriented and currently under the purview of the HOD.
Necessary Information:

- A track change version is presented to the Board and HOD to indicate where housekeeping changes were made.
- An AIR will be presented to the Board to amend the Board Policy Manual which will result in the Board accepting responsibility for this project.

What We Don’t Know:

- This policy has never had to have been implemented, so we cannot judge its efficacy.

Pros and Cons:

Pros:

- Having a disaster recovery plan which is operational in nature, is the appropriate function of the Board, and meets the Strategic Plan goal of having AGD be more efficient in its operations.

Cons:

- The AGD hopes that it need not ever activate this plan.

Executive Director/CEO Recommendations:

I recommend that this report be transmitted to the Board for further deliberations.

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:

- Yes, it removes the current HOD Policy.

Responsible Staff Liaison & AGD member:

Daniel Buksa, Interim Executive Director
Danl.buksa@agd.org
888.243.7392, x.4328

Suggested Council or Agencies to Complete Action:

Board
OED
HOD

Suggested Councils or Agencies to be Involved in Collaboration:

OED
IT

Chair Approval Email:

- N/A
From: Christa Ojeda
Sent: Wednesday, August 30, 2017 11:50 AM
To: Jennifer Goler <jennifer.goler@agd.org>; Daniel Buksa <daniel.buksa@agd.org>
Subject: RE: Board agenda V AIR to rescind Disaster Recovery Plan

Given no budgetary impact, I approve this AIR be transmitted to the appropriate parties for further deliberation.
**AIR Addendum – HOD Policy Change Request**

**Action:** Add ________  Revise __________  Delete ____X_____

**Existing Policy to Revise/Delete:** See existing policy, attached

**Related Existing HOD Policies:**
- N/A

**Are existing AGD policies inadequate or no longer appropriate? Explain.**
- Operational matter to be overseen by Board.

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

**Any documentation or literature considered in developing this submission?**
- N/A

**Other Comments?**
- N/A
INTRODUCTION

The aftermath of September 11, 2001, finds this new millennium in anticipation of not only further acts of terrorism, but also the imminence of an epidemic or pandemic, and the pangs of climate change. Such concerns lie amidst the more ‘ordinary’ concerns of fires, accidents, and individual medical emergencies.

As the second largest dental organization in the world, and the voice of general dentistry, the Academy of General Dentistry (AGD) owes its staff, its members, and their patients, the ability to sustain in the face of exigent circumstances.

Therefore, the AGD hereby presents this Emergency Handbook. Designed as a ‘grab-and-go’ document, the Handbook provides quick and easy directions and references to available resources for use by AGD staff or leadership in an emergency situation. The Handbook has been divided by type of emergency for ease of implementation.
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REVISED MAY 2007

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I. GENERAL PROTOCOLS

The following are general protocols in any emergency to attain the specified results. Please note that some emergencies may render these protocols impracticable, in which case, please consult protocols for the specific emergencies listed beginning in section II.

A. NOTIFICATION OF STAFF

1. DURING OFFICE HOURS

To notify all staff, contact the Executive Director (ED) or her/his designee by the most expeditious means available. The Executive Director or her/his designee shall contact all staff via AGD’s e-mail system. If the nature of the emergency renders e-mail impracticable, the Executive Director or her/his designee shall contact their reports by the most expeditious and practical means, and the reports shall contact their reports, and so forth, along the chain of command.

2. BEFORE / AFTER OFFICE HOURS

For notification of staff before or after office hours, please use the Staff Contact List (Appendix A).

To notify all staff, contact the Executive Director or her/his designee by the most expeditious means available. The Executive Director or her/his designee shall activate the staff call tree (chain of command tree - in development). Each department director is responsible for:

a. Maintaining an updated staff call tree for her/his department;

b. Contacting her/his staff immediately upon receiving notice of the emergency, and if leaving a voicemail, request that the staff return her/his call immediately and provide the staff with the emergency hotline as an alternate number;

c. Checking the emergency hotline for calls received from department staff; and

d. Contacting her/his superior within 15 minutes of receiving notice of the emergency to inform her/his superior of the status of her/his department’s staff that have or have not been contacted.
B. NECESSARY DOCUMENTATION AND SOFTWARE

Operations Manuals
Each Departmental/Functional area is responsible for maintaining an operations manual. These operations manuals describe and document pertinent information for policies, procedures, workflow, contact information, or anything else deemed necessary knowledge in order to be able to successfully manage said department. Operations manuals are updated on a continual basis and reviewed annually by the responsible department. A copy of each operations manual is located on the AGD network. In addition, copies in electronic form on a DVD of these manuals along with this plan shall be made and stored off site in locked secured places according to the following schedule:

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Located at</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Home/Office</td>
</tr>
<tr>
<td>Secretary</td>
<td>Home/Office</td>
</tr>
<tr>
<td>Executive Director</td>
<td>Home</td>
</tr>
<tr>
<td>Associate Executive Directors (including CFO)</td>
<td>Home</td>
</tr>
</tbody>
</table>
| Director, Information Technology | Bank Safety Deposit Box  
| {See Appendix J}       |
| Manager, Office Services | Onsite Fireproof Safe |

Due to the confidential nature of the information in operations manual each DVD will be serialized and tracked. The above list of individuals will be required to sign for and return upon request issued DVD’s. Each DVD will be issued in a securely sealed envelope that is only to be unsealed in the event of an emergency.

Data back-ups
The AGD performs back-ups of its data network to tape in order to prevent the loss of electronic data. These magnetic tapes are stored per policy in the information technology (IT) department operations manual. In addition to storage and rotation information described in the IT operations manual tape back-ups from the previous night will be stored at the receptionist desk each day during business hours when the receptionist desk is staffed. In the event of a building evacuation the receptionist is charged with bringing the data tape with him/her.
C. EMERGENCY EQUIPMENT

As of March 26, 2007, the following emergency equipment is available at the AGD:

**Fire Extinguisher** – Available by the stairwell exit at each floor

**First Aid Kit** – Available at the reception desk

A defibrillator shall be available in 2008. All AGD staff must be familiar with the use of a fire extinguisher and first aid kit. Training of selected staff on each floor on the use of a defibrillator is recommended for 2008.

As a reminder, remember that a telephone might be the best equipment in an emergency.

D. EVACUATION

First and foremost, follow instructions provided by the Fire Department, Police Department, or other governmental authorities, or the floor’s Fire Captain (See Appendix K).

In most instances when evacuation of an area is required, only the floor and three floors immediately above and four floors immediately below are evacuated. The floor that is four floors below the affected floor is generally used as the Fire Department’s Command Post.

However, in the event of physical destruction of the building, or impending physical destruction of the building, the entire building may be evacuated.

In order to ensure clear uninhibited entry for the Fire Department, or other authority, into the building, it is extremely important that all tenants evacuate in the
precise manner and to the exact area designated by the floor Captain, or Fire Department.

The following Disaster Drill (bomb threat) Evacuation Procedure provides a guideline for evacuation.

- The 8th & 9th floors should be split into 2 groups
- Evacuate on the right side of the stair well (in an emergency, the fire dept will likely use the left side)
- Evacuate to 6th floor stairwell, then wait for security talk/timing. Evacuate to the 2nd or 1st floor if instructed to do so by an AGD Fire Captain or governmental authority, or if the circumstances clearly call for complete evacuation of the building.
- Do not use the elevators
- Exit the building (if instructed) and cross Chicago Avenue to the park

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E. EMERGENCY CONTACTS

-----------------------------------------------

For emergencies, please call 911. Additional emergency contact numbers are provided in Appendix H.
II. MEDICAL EMERGENCIES

A. INDIVIDUAL MEDICAL EMERGENCIES

In the event of an accident or illness to an employee or visitor, try to ascertain as much information about the situation as possible.

1. Do not move the injured or ill person. Keep the person warm and comfortable
2. Call “911” to request an ambulance. Give the following information:
   a. Building address: 211 East Chicago Avenue
   b. Floor of the building and location of emergency on the floor
   c. Any details available about the accident or illness
   d. Injured person’s name, if known
3. Notify the Building Security by calling (312) 440-2911

Additionally, the supervisor(s) of the injured or ill person(s) must notify Human Resources of the incident.

For particular medical emergencies such as stroke, heart attack, choking, or seizures, please refer to Appendix E.

B. MEDICAL EMERGENCIES AFFECTING MULTIPLE PERSONS

1. BRIEF INCAPACITATION / NON-EPIDEMIC ILLNESS OR INJURY

In the event of a situation where a large portion of staff are incapacitated for a short time, operations could continue with remaining staff. In the alternative, AGD, upon determination by the Executive Director, or an Associate Executive Director if the ED is incapacitated, and with ratification by the President or one of the three Presidents, could shut AGD down for a short period of time such as 1-2 days. Beyond that, temporary staffing could be brought in until the incapacitated staff recover. For illness or injury that has affected all staff of a particular department, please refer to the respective department’s operations manual.

2. EPIDEMIC OR PANDEMIC ILLNESS / SERIOUS INCAPACITATION
a. **LEVEL 1 – NOTICE OF EPIDEMIC OR PANDEMIC**

Should the AGD have notice that a virus, for example, the bird flu, has mutated to become airborne and contagious between humans, this would constitute notice of an impending epidemic or pandemic. At this stage, the staff emergency preparedness task force shall closely monitor the progress of the epidemic and update staff and AGD leadership on its progress, and contact emergency and hospital personnel in the City of Chicago to inquire about recommended procedures for AGD staff and to implement these procedures among all staff.

i. **Essential Services Operative**

All operations shall continue as usual.

ii. **Essential Services Limited**

If essential services, such as postal services, are limited by, for example, addresses that mail may be delivered to, or times that the mail is delivered, the AGD shall continue operations within these limitations. Where restricted from postal communications, the AGD shall communicate the same information, as much as possible, by facsimile, e-mail, telephone, and the Internet. For other services that may be specific to particular departments, such as meeting services, please consult the respective operations manual (Appendix B).

iii. **Essential Services Inoperative**

This scenario would be unlikely where there is only notice of an impending epidemic or pandemic, and no incidence of the same in the locale. Nonetheless, should essential services such as postal services, cease to operate, institute communications by facsimile, e-mail, telephone, and the Internet. For other services, consult with the applicable department’s operations manual (Appendix B).

b. **LEVEL 2 – INCIDENCE OF DISEASE IN LOCALE**

Mere incidence of disease in the locale (the greater Chicago metropolitan area) is sufficient to institute work from home list (Appendix D) on a voluntary basis. That is, those who need to, or out of fear, want to work from home, shall be permitted to do so in accordance with the work from home list without risk of penalty. The staff emergency preparedness task force shall closely monitor the progress of the epidemic or pandemic, and shall (remotely if needed) keep staff and AGD leadership informed of this progress.
i. **Essential Services Operative**
Postal services shall be continued, if not from the AGD’s Chicago office, then from either an AGD constituent’s offices or from the home of the Office Services Specialist. Other services shall be continued, remotely if needed, to the extent possible and per the respective departments’ operations manuals (Appendix B). All staff shall have been cross-trained to accomplish services that require attendance at the AGD building, and upon notice of incidence of an epidemic in the locale, staff members that choose to come to the AGD building to accomplish necessary services shall subsequently be rewarded with benefits to be determined.

ii. **Essential Services Limited**
Postal services shall be continued from either an AGD constituent’s offices or from the home of Office Services Specialist. All staff shall have been cross-trained to accomplish services that require attendance at the AGD building, and upon notice of incidence of an epidemic in the locale, staff members that choose to come to the AGD building to accomplish necessary services shall subsequently be rewarded with benefits to be determined. Where postal services are limited, alternate means of communication such as facsimile, e-mail, telephone, and the Internet shall be utilized. For limitations to other services, such as meeting services, please refer to the respective department’s operation manual (Appendix B).

iii. **Essential Services Inoperative**
Should essential services such as postal services, cease to operate, institute communications by facsimile, e-mail, telephone, and the Internet. For other services, consult with the applicable department’s operations manual (Appendix B). With essential services non-operative, the only duty that would require attendance at the AGD would be reception, and this duty may be waived by the Executive Director depending upon the extent of the epidemic within the locale.

c. **LEVEL 3 – INCIDENCE OF DISEASE IN THE BUILDING**
Institution of the work from home list is mandatory! Unless absolutely necessary, no staff shall be permitted to enter the Jones Lang LaSalle building. The staff emergency preparedness task force shall contact the Management Office / Building Security at (312) 440-2911, and update all staff via remote communications, once the infected individual(s) have been removed, and the building has been determined to be safe.

i. **Essential Services Operative**
Postal services shall be continued from either AGD constituents’ offices or from
the home of Office Services Specialist. Other services shall be continued remotely
to the extent possible and per the respective departments’ operations manuals
(Appendix B).

ii. **Essential Services Limited**
Remotely implement alternative communication methods, such as facsimile, e-
mail, telephone, and the Internet, to supplement communications where postal
services are unavailable. Other services shall be continued remotely to the extent
possible and per the respective departments’ operations manuals (Appendix B).

iii. **Essential Services Inoperative**
Remotely implement alternative communication methods, such as facsimile, e-
mail, telephone, and the Internet. Other services shall be continued remotely to the
extent possible and per the respective departments’ operations manuals (Appendix
B).

d. **LEVEL 4 – INCIDENCE OF DISEASE IN AGD STAFF**

Institution of the work from home list is **mandatory**! Unless absolutely necessary
as determined by the Executive Director or her/his designee, no staff shall be
permitted to enter the Jones Lang LaSalle building. Infected staff shall be required
to refrain from entering the building. Leave taken due to illness as a result of
epidemic or pandemic shall not be charged against sick leave benefits. All
operations shall continue remotely to the extent possible. The tasks of staff who
are unable to perform their job duties due to illness shall be assumed by the
colleagues or supervisors of such staff, and this assumption of duties shall be
dictated by the respective departments’ operations manuals.

i. **Essential Services Operative**
Postal services shall be continued from either AGD constituents’ offices or from
the home of Office Services Specialist. If, due to illness, Office Services Specialist
is unable to implement general services, such as mailings, the Manager of Office
Services shall either implement these services or delegate the implementation of
these services to constituent offices or to appropriate agencies (to be determined).
Other services shall be continued remotely to the extent possible and per the
respective departments’ operations manuals (Appendix B).

ii. **Essential Services Limited**
Remote implement alternative communication methods, such as facsimile, email, telephone, and the Internet, to supplement communications where postal services are unavailable. If, due to illness, Office Services Specialist is unable to implement general services, such as mailings, the Manager of Office Services shall either implement these services or delegate the implementation of these services to constituent offices or to appropriate agencies (to be determined). The duties of staff to communicate electronically or telephonically in the absence of postal services, shall be assumed by colleagues or supervisors within the staff’s department, should the staff be unable to implement such communications due to illness. Should an entire department be unable to perform its duties to communicate electronically or telephonically with members or other parties, the Manager of Information Technology shall assume these duties to the best of his or her ability, or shall delegate these duties through constituent offices or through other agencies. Other services shall be continued remotely to the extent possible and per the respective departments’ operations manuals (Appendix B).

iii. **Essential Services Inoperative**
Remote implement alternative communication methods, such as facsimile, email, telephone, and the Internet. The duties of staff to communicate electronically or telephonically in the absence of postal services, shall be assumed by colleagues or supervisors within the staff’s department, should the staff be unable to implement such communications due to illness. Should an entire department be unable to perform its duties to communicate electronically or telephonically with members or other parties, the Manager of Information Technology shall assume these duties to the best of his or her ability, or shall delegate these duties through constituent offices or through other agencies. Other services shall be continued remotely to the extent possible and per the respective departments’ operations manuals (Appendix B).

e. **LEVEL 5 – SUBSTANTIAL PROLIFERATION OF DISEASE**

Substantial proliferation of disease refers to nearly complete or complete transmission of disease to all AGD staff, essentially incapacitating staff. The Executive Director, if able, or an Associate Executive Director or CFO, or other designee, if the Executive Director is unable, shall 1) contact the AGD’s volunteer leaders, 2) determine if the AGD offices should be closed, and 3) determine if AGD’s operations should cease. If all of AGD staff has been indisposed, follow Section VI of this Handbook.
III. NUCLEAR, BIOLOGICAL, OR CHEMICAL (NBC) EVENT

In the event of a Nuclear, Biological or Chemical (NBC) event, or suspicion of an NBC event, staff should contact the Executive Director or her/his designee. The Executive Director or her/his designee should call 911 upon suspicion of an NBC event.

Additionally, the Executive Director or her/his designee may contact the appropriate authorities, such as the City of Chicago, Illinois National Guard, or the U.S. Department of Homeland Security, to notify them of the event and request appropriate decontamination measures.

For the purpose of containment, transportation of staff is not recommended unless approved by aforementioned authorities, or the police or fire department, or necessary to remove staff from new and imminent harm.
IV. STRUCTURAL OR SPATIAL INCIDENTS

A. PHYSICAL DESTRUCTION OF AGD OFFICE SPACE (OR THREAT THEREOF)

1. STAFF SECURITY AND RECONNAISSANCE

   a. STAFF COUNT

   Please apply the procedures of section I.A. of this Handbook for notification of staff during office hours and after / before office hours.

   If destruction of the AGD office space occurs during office hours, relocate or evacuate to a safe place before attempting to contact other staff.

   Should access to e-mail be restricted due to the effects of destruction, then use a telephone and the staff contact list.

   b. STAFF EVACUATION PLAN

   First and foremost, follow instructions provided by the Fire Department, Police Department, or other governmental authorities, or the floor’s Fire Captain (See Appendix K).

   In most instances when evacuation of an area is required, only the floor and three floors immediately above and four floors immediately below are evacuated. The floor that is four floors below the affected floor is generally used as the Fire Department’s Command Post.

   However, in the event of physical destruction of the building, or impending physical destruction of the building, the entire building may be evacuated.

   In order to ensure clear uninhibited entry for the Fire Department, or other authority, into the building, it is extremely important that all tenants evacuate in the precise manner and to the exact area designated by the floor Captain, or Fire Department
The following Disaster Drill (bomb threat) Evacuation Procedure provides a guideline for evacuation.

- The 8th & 9th floors should be split into 2 groups
- Evacuate on the right side of the stair well (in an emergency, the fire dept will likely use the left side)
- Evacuate to 6th floor stairwell, then wait for security talk/timing. Evacuate to the 2nd or 1st floor if instructed to do so by an AGD Fire Captain or governmental authority, or if the circumstances clearly call for complete evacuation of the building.
- Do not use the elevators
- Exit the building (if instructed) and cross Chicago Avenue to the park

**c. STAFF FIRST AID AND RECONNAISANCE**

All staff members must follow the instructions of the fire department, or other governmental authority. If a staff member is injured or immobile, and in imminent danger of new harm, and you are able to relocate the staff member without exposing yourself to the same imminent harm, then do so. Otherwise, do not attempt to move any injured persons. **Inform officials from the fire department, or other governmental authority, who are in or around the building, of the location, and if known, name, of injured persons.**

Additionally, if permitted by the fire department, or present governmental authority, a staff Emergency Reconnaissance Team comprised of AGD staff, may enter the AGD offices to search for staff as follows.

- Search an office/room, and once a search is complete, close the office/room door and use a sticker to mark work area searched as, “CLEAR.”
- Different searchers should be trained to search at different levels of a room
- Team members should never use the elevators
- Team members should use the exit nearest to them during a disaster

2. **OPERATIONS SECURITY AND RESTORATION**

The Executive Director or her/his designee shall determine if operations may continue from the AGD offices, or if alternative sites or mechanisms need to be activated. Should the Executive Director or her/his designee determine that alternative sites or mechanisms need to be activated for the continued operations of
the AGD, then he or she shall consult the Roster of Emergency Operations
Resources (Appendix F) to contact organizations such as consulting companies or
staffing companies for assistance. Additionally, consult each department’s
Operations Manuals (Appendix B) and institute work from home policies per
Appendix D.

B. TERRORIST ATTACK (OR THREAT THEREOF) UPON THE CITY
OF CHICAGO, ITS VICINITY, OR OTHER CITIES GIVING RISE TO AN
EXPECTATION OF THE SAME IN THE CITY OF CHICAGO (BUT
WITHOUT ACTUAL EVENT AT THE AGD BUILDING)

1. DETERMINATION OF OFFICE CLOSURE AND STAFF SAFETY

The Executive Director or her/his designee shall consult with Jones Lang LaSalle,
and building protocols. Additionally, the Executive Director or her/his designee is
encouraged to consult with the Manager of Human Resources. Based upon these
consultations and judgment, the Executive Director or her/his designee shall
determine whether to close the AGD offices and institute work from home
measures in accordance with the work from home list (Appendix D).

2. DETERMINATION OF OPERATIONS

The Executive Director or her/his designee shall make the determination as to
whether operations may continue from the AGD offices. While it would be
unlikely that operations would be moved if the AGD offices have not had any
actual event, it is the responsibility of the Executive Director or her/his designee,
the Associate Executive Directors, the Chief Financial Officers, and the
Department Directors to consult the operations manuals in preparation for off-site
continuity of operations.

C. TEMPORARY UNAVAILABILITY OF AGD OFFICES

1. IN-OFFICE HAZARDOUS CONDITIONS (CHEMICAL SPILL, ETC.)
Contact the security office of the Jones Lang LaSalle building at (312) 440-2911.

Staff shall be notified in accordance with the procedures for notification of staff provided herein. *See* section I.A.

Should staff evacuation be deemed necessary by the fire department, or the Executive Director or her/his designee, then follow the procedures provided herein. *See* section I.D.

The Executive Director or her/his designee shall determine if the work from home list should be activated and if operations should be transferred.

2. **FIRE**

In the event of a fire, call 911. In the event of a threat of fire, notify the Executive Director or her/his designee immediately.

In the event of a fire, the fire department along with the Fire team members shall coordinate the evacuation of staff members. *See* evacuation procedures at section I.D. herein.

The Executive Director or her/his designee shall determine if the work from home list should be activated and if operations should be transferred.

3. **WEATHER**

Notify staff of inclement or exigent weather (such as an unlikely tornado in the City of Chicago) in accordance with the procedures provided in section I.A. herein.

Listen to the building’s PA system for announcements of weather conditions requiring relocation, retreat, or evacuation. Should evacuation be deemed necessary, follow the procedures provided in section I.D. herein.

The Executive Director or her/his designee shall determine if the work from home list should be activated and if operations should be transferred.
V. OTHER EMERGENCIES

A. SHOOTING, HOSTAGE SITUATION, OR OTHER ONGOING CRIMINAL ACTIVITY

Follow the following procedures:

1. Call 911 if possible
2. Call the building and request a PA system announcement for floors 8 & 9
3. Barricade yourself in your office
4. Do not leave your office until a follow up PA announcement provides that the danger has been alleviated.

B. EMERGENCY CAUSED BY UTILITY FAILURE (ELECTRICAL EVENT, GAS LEAK, ETC.)

Contact the Manager of Office Services. The Manager of Office Services shall contact the building or other necessary services.

If the building directs staff to evacuate, follow the building’s PA instructions, or if none, follow the instructions provided herein at section I.D.

C. ELECTRONIC OR NETWORK EMERGENCY (COMPUTER VIRUS, ETC.)

Inform the Director of Information Technology or his/her designee. The Director of IT or his/her designee shall contact staff as necessary.

D. FINANCIAL EMERGENCY (BREACH OF ACCESS, ETC.)
The discovery of a financial emergency should be immediately reported to the Executive Director and/or the Chief Financial Officer. In the event that the Executive Director and/or Chief Financial Officer are parties to the emergency, an immediate report should be made to the chairperson of the AGD Audit Committee. In all cases, refer to the Charge of the Audit Committee. See Appendix G.
VI. DISASTERS RESULTING IN THE COMPLETE DECIMATION OR UNAVAILABILITY OF AGD STAFF

If neither the Office Services Manager nor the Executive Director nor her/his designee, can be reached, then the building management shall contact the President of the AGD or his/her designee in the event of an incident resulting in the complete decimation or unavailability of AGD office staff. In the absence of the President and his/her express designation of a designee, the designee shall be the AGD Officer who is next in the line of succession to the presidency in accordance with AGD Bylaws.

Upon receiving notice of the incident, the President or his/her designee shall activate the call tree (Figure A.) using available communications to contact the other officers, trustees, regional directors, and constituents’ presidents. The President or his/ her designee shall continue to update these volunteer leaders of the status of the incident if on-going. Note that it shall be impracticable to redirect all incoming calls from the AGD to the President because the AGD main office presently receives an average of well over 200 calls per day. However, this Handbook includes resources such as contact information for association management firms (Appendix F) which the President or his/her designee should contact for assistance with management of AGD communications.

FIGURE A. VOLUNTEER LEADER CALL TREE

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<th>RD’s Regions 1-3</th>
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<th>RD’s Regions 7-9</th>
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VII. DISASTERS AFFECTING AGD’S LEADERSHIP

Board meetings could place the Academy’s leadership structure at risk, since the Executive Committee, the Trustees, the Executive Director, and key staff directors would all be in one physical location. Annual Meetings present an even greater risk to the larger governance structure of the Academy.

In the event that a disaster at a Board meeting or an Annual Meeting destroys all or a significant number of the Academy’s top leaders, the Academy should replace its leadership structure as follows:

- If the entire Board were eliminated in a disaster, protocols are in place for the election of Trustees (and Regional Directors, if they were also affected). Regions would need to appoint temporary representatives and hold elections as quickly as possible to fill the vacant slots.
- In the event that the Executive Committee is suddenly eliminated, the Trustees should form a Nominating Committee to identify qualified individuals and elect another set of officers until elections can be held at the next Annual Meeting. Candidates’ campaign materials could be posted to the AGD web site in the Members Only section, and grassroots members could be asked to contact their Trustees with their input regarding the election.
- Once the officers have been selected, the Process for Hiring an Executive Director would govern the process for hiring the new chief executive, if needed.
- If the Executive Committee, Trustees, and Executive Director are all eliminated in a disaster, then the organization should begin by replacing its volunteer leadership structure so that the new officers can fill their designated roles in hiring the new Executive Director. Based on the protocol in the Constitution and Bylaws, the Regional Directors would step in immediately to fill the vacant Trustee offices until elections could be held by the regions. As soon as possible, this new group of Trustees should form a Nominating Committee to identify qualified individuals and elect a new set of officers, with input from grassroots members via the web site as previously discussed. Once the Executive Committee is in place, then the officers should follow the Process for Hiring an Executive Director to select the next chief executive.

As a safeguard, the Executive Director will determine a lengthy order of succession for staff members to run the Chicago office in the event of a disaster,
which will be maintained by the Human Resources department and provided to both the Executive Committee and the Executive Staff on an annual basis.”
CONCLUSION

Disaster is inevitable. It is those organizations that prepare for disaster that survive in the aftermath. As the second largest organization of dentists in the world, we owe it, not only to our staff, but also to our members and to their patients, to survive, and if possible, thrive. Successful implementation of this Handbook shall require staff dedication to periodic testing and revision, and communication with volunteer leaders to ensure their awareness of the provisions of the Handbook. Regardless of whether the inevitable emergency affects one or all, this Handbook ensures that we work together as one team, and one voice, the voice of general dentistry, to ensure the survival of our staff and the AGD.
# TABLE OF APPENDICES

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Resolution 150

“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 House Policy 2016:150-H-7 be rescinded.

2014:150-H-6 “Resolved, that the 2017 budget with Net Income Operations of $0 pre-spending and $0 post-spending and a capital budget of $89,500 be approved.”

AIRBV2017#15 – Approve 2018 Budget

Prepared by: Christa Ojeda, Chief Financial Officer

Date of Report: September 1, 2017

Staff Resources: NA

Total Financial Cost: Develops budget for calendar year 2018

Budget Ramifications: Develops budget for calendar year 2018

Action/Timeline: Record vote at 2016-2017 Board Meeting V; implementation starting January 1, 2018.

BOARD RECOMMENDS ADOPTION

Y – Cheney, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gorman, Guter, Hanson, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm

N – Cordero, Harunani, Lew

a – Gajjar, Winland

A – Bishop, Gehrig

N/A – Smith

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 2017 budget.

A summary of financial results which details 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.

Details of the capital budget for 2017 and additional capital improvements.

**Necessary Information:**

- All members of Budget and Finance Committee have provided input into this report.
- The budget meets the mandates of the Investment policy.
- The budget includes CPI dues increase, student dues increase from $17 to $27 and a CPI increase to the officers’ annual honorariums and the RDs’ and Trustees’ allotments.
- Board Contingency fund of $25409.500.

**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 2018 budget prior to the start of the budget year, alterations to the budget may be necessary.

**Executive Director/CEO Recommendations:**

From: Daniel Buksa

Sent: Friday, September 01, 2017 1:38 PM

To: Christa Ojeda <Christa.Ojeda@AGD.org>; Dr. Worm <dontheworm@yahoo.com>; Worm, Donald A CAPT USN NAVHLTHCLIN AN MD (US) <donald.a.worm.mil@mail.mil>

Subject: RE: approve FY18 Budget AIR

I approve this AIR being transmitted to the Board for further deliberations.

**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. Donald A. Worm, Jr., DDS, MAGD, ABGD
Chair, Budget and Finance Committee
301.295.0650-p
dontheworm@yahoo.com

Dr. Mohamed Nazir F. Harunani, DDS, MAGD
Treasurer
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: Donald Worm [mailto:dontheworm@yahoo.com]
Sent: Friday, September 01, 2017 1:54 PM
To: Daniel Buksa <daniel.buksa@agd.org>; Jennifer Goler <jennifer.goler@agd.org>
Cc: Christa Ojeda <Christa.Ojeda@AGD.org>
Subject: Re: approve FY18 Budget AIR

I approve this AIR to be transmitted to the Board for further deliberations.

Best regards,

Dr. Donald Worm

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:

2016:150-H-7 “Resolved, that the 2017 budget with Net Income of Operations of $0 and a pre-spending and $0 post-spending and capital budget of $89,500 be approved.”

Resolution Presented for Approval:

“Resolved, that the 2017 budget with Net Income of Operations of $0, pre-spending and $0 post-spending and a capital budget of $89,500 be approved.

And be it further resolved, that House Policy 2013:150-H-7 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
The mission of the Academy of General Dentistry (AGD) Foundation, the philanthropic arm of AGD, is to passionately support the efforts of the general dentist toward improving the oral health of the public. The AGD Foundation is committed to focus its community outreach on oral cancer awareness, risk factor prevention, and the importance of early diagnosis by trained general dentists.

Oral cancer is the sixth most common form of cancer worldwide, with nearly 50,000 Americans expected to be diagnosed this year alone. **Even more alarming, did you know:**

- Only about 57 percent are expected to be alive in five years;
- One person dies every hour of every day from oral cancer;
- Patients have an 80 to 90 percent survival rate when oral cancers are detected early, according to the Oral Cancer Foundation.

The disease is particularly dangerous because it can go unnoticed in its preliminary stages. Early detection is key, and in many cases, a dentist is the first health care provider to identify early signs and symptoms. **Late-stage diagnosis often occurs because of the lack of public awareness or a national program that promotes routine screenings.** This is unacceptable. A standard for prevention in dentistry is essential to curb this emerging epidemic.

**How Is the AGD’s Foundation Making a Difference?**

Our mission to raise awareness of oral cancer, risk factors and prevention, involves a wide spectrum of activities—ranging from providing oral health education, information and resources, to fundraising and providing AGD members with volunteer opportunities to screen the general public, to financial grants offered to AGD constituents and not-for-profit organizations—in support of community outreach programs.

For example, on July 13 during the AGD2017 Scientific Session in Las Vegas, Gerald J. Botko, DMD, MS, MAGD, FACD, presented a lecture titled ‘**Oral Cancer Prevention and Detection Techniques.**’ The attendees of the half day participation course learned oral cancer examination techniques culminating in the opportunity to examine patients at the AGD Foundation oral cancer screening booth. The course was held in the morning and repeated in the afternoon. The afternoon session sold out and there was a waiting list.

We screened 83 people that day. Unfortunately, we had to turn people away for a part of the day due to a lack of volunteers; Nevada didn’t allow out-of-state volunteers. However, we don’t anticipate this to be an issue during AGD2018 in New Orleans because Louisiana provides provisional licenses to out-of-state dentists and hygienists.
Below is a photo of volunteers at the recent oral cancer screenings: Douglas W. Bogan, DDS, FAGD (former president AGD Foundation; Steve Lazar, DMD (non-AGD member volunteer—he closed his practice on July 13, to volunteer); Yvonne Bethea, RDH (navy), dental hygienist in Dr. Lazar’s office; Marvely Navarro, RDH (pink).

Reaching More People, Saving Lives With Committed Corporate Donors

Protecting the oral health of the general public is no small task. Through collaborative efforts, financial support and in-kind contributions from our corporate donors, we’re able to expand our reach and increase the impact of our programs. We greatly appreciate our generous corporate supporters who have passion for, and have shown commitment to the AGD Foundation’s oral cancer awareness initiatives. This year’s major corporate donor is 3M. Supporting corporate donors are Dentist's Advantage and Heartland Dental. The contributing corporate donor is Crest Oral-B. The AGD Foundation also thanks in-kind contributors Crest Oral-B, DentalEZ, Henry Schein Cares Foundation and the Oral Cancer Foundation.
What Does Your Donation Help Support?

The AGD Foundation Grant Program offers financial support to AGD constituents and not-for-profit community-based and community-driven outreach programs that provide quality oral health care, as well as oral cancer screenings and education for underserved populations, school-age children, and young adults.

Since 2012, the AGD Foundation has awarded $165,000 in grants to 41 organizations in 25 states, to help provide quality oral health care, as well as oral cancer screenings and education for more than 23,000 people. Many of these programs involve AGD members as volunteers or administrators.

In addition, this year the AGD Foundation awarded $5,000 to each of the following not-for-profit organizations, totaling $15,000:

Florida Dental Association Foundation (Tallahassee, FL)
The Florida Mission of Mercy (FLA-MOM) served low-income, under-served, at-risk populations from pediatric to geriatric through a 2-day dental health event by offering oral health literacy education and a comprehensive array of dental services, as well as medical history review, blood pressure and oral cancer screenings at no cost to the participants. Over 1,700 volunteers treated an estimated 2,000 patients on a first come, first served basis with 10,000+ procedures worth an estimated $2 million.

Public Health Partnership of Licking County (Newark, OH)
Partners In Wellness (PIW) program is a school based health education program offered through the collaboration of the Public Health Partnership of Licking County and the Licking County Health Dept. During the 2017-2018 school year, the PIW program will be offered to approximately 2,200 third graders in 12 public and private school districts in Licking County. Educators will use a puppet with real dentures to demonstrate proper brushing and flossing techniques, teach the importance of regular check-ups with a dentist for preventive care. The students will learn about addiction and how different types of tobacco affect their bodies.

Team Maureen (North Falmouth, MA)
The Team Maureen Dental HPV Education Program’s purpose is to educate dental professionals about the connection between HPV and oral, cervical, and other cancers. Dental professionals are provided with resources to encourage, and prepare, them for conversations with patients about HPV-related cancer and the HPV vaccine as a cancer prevention tool. This tool kit for dental offices includes materials and resources that can be reproduced and distributed at no cost. The kits include: Talking Tips an informational sheet with advice for starting the conversation, with patients about HPV, and answers to common questions; Understanding HPV and Cancer at the Dentist brochures for patients on HPV and Cancer; Cancer Prevention Office Poster to display in the office; Referral Tear Off Note Pads can be distributed after a conversation about the HPV vaccine to remind parents to contact their pediatrician.
Following is a photo taken at the Florida Dental Association Foundation’s Mission of Mercy event earlier this year. Grant applications for the 2018 grant award cycle are available online now at www.agd.org. Applications are due December 1, 2017. **Encourage your constituent to apply for a grant today!**

---

**How Can You Help Raise Awareness of Oral Cancer?**

Drive the conversation. Watch this inspiring two minute oral cancer video [https://youtu.be/gthLwHV_DHc](https://youtu.be/gthLwHV_DHc) created by the Washington AGD, then share the video on Facebook, Twitter, or Instagram. Include your personal message to your colleagues, family and friends, and tag three friends to share it with others.

Our plan is to share the video with the entire AGD membership and post on social media. The video was easy to produce and upload to YouTube—that’s how most people, especially students are digesting content. In addition to awareness, it can lead to AGD membership and other engagement/volunteer opportunities.

If you haven’t donated to your AGD Foundation, the Heart of the AGD, a new round of special events are just around the corner, offering new ways you can show your support—stay tuned!
To those of you who have donated, we can’t thank you enough for all you do to help drive our mission forward.

I would also like to extend a very special ‘thank you’ to our Board of Directors, whose commitment and support is unwavering in the fight to eradicate oral cancer.

In good oral health,

[Linda Edgar DDS MAGD]

AGD Foundation Board of Directors
Linda J. Edgar, DDS, MEd, MAGD, President
W. Mark Donald, DMD, MAGD, Vice President
A. Roddy Scarbrough, DMD, FAGD, Secretary/Treasurer
Ms. Valerie Bartoli, Executive Director, Washington AGD
Susan Bordenave-Bishop, DMD, MAGD
Douglas W. Bogan, DDS, FAGD,
Ms. Ann Bruck, US Industry Relations and Professional Services Manager, 3M Oral Care
Abe Dyzenhaus, DDS, FAGD
James R. Keenan, DDS, MS, MAGD
John A. Kokai, DDS, MAGD
Mr. Daniel Miller, Vice President Healthcare, Aon Affinity Insurance Services
Carol A. Wooden, DDS, MAGD

Financials
The 2016 audit follows this informational report.

From: Linda Edgar DDS [mailto:drlinda@edgardds.com]
Sent: Monday, July 31, 2017 12:58 PM
To: Marilyn Z. Mays <marilyn.mays@agd.org>
Subject: Re: Draft HOD Report

Looks good Marilyn

Linda Edgar DDS MEd MAGD
ACADEMY OF GENERAL DENTISTRY FOUNDATION

FINANCIAL STATEMENTS

DECEMBER 31, 2016
<table>
<thead>
<tr>
<th>CONTENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
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<td>Report of Independent Auditors</td>
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<td>Statements of Financial Position</td>
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<td>Statements of Activities</td>
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<td>Supplementary Information</td>
<td></td>
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<tr>
<td>Five Year Summary of Operations</td>
<td>12</td>
</tr>
</tbody>
</table>
REPORT OF INDEPENDENT AUDITORS

To the Board of Directors of
Academy of General Dentistry Foundation

Report on the Financial Statements
We have audited the accompanying financial statements of Academy of General Dentistry Foundation (the Foundation), which comprise the statements of financial position as of December 31, 2016 and 2015 and the related statements of activities and of cash flows for the years then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Opinion
In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of the Foundation as of December 31, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter
Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information on page 12 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

We also have previously audited the financial statements of the Foundation as of and for the years ended December 31, 2014, 2013 and 2012, (none of which is presented herein), and we expressed unmodified opinions on those financial statements. Those audits were conducted for purposes of forming an opinion on the financial statements as a whole. The information on page 12 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the December 31, 2014, 2013 and 2012 financial statements. The information has been subjected to the auditing procedures applied in the audit of those financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information on page 12 is fairly stated in all material respects in relation to the financial statements from which it has been derived.

Legacy Professionals LLP

Chicago, Illinois

July 26, 2017
### Academy of General Dentistry Foundation

**Statements of Financial Position**

**December 31, 2016 and 2015**

<table>
<thead>
<tr>
<th>Assets</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$277,470</td>
<td>$152,236</td>
</tr>
<tr>
<td>Pledges receivable</td>
<td>875</td>
<td>5,000</td>
</tr>
<tr>
<td>Investments</td>
<td>419,784</td>
<td>445,794</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>4,108</td>
<td>121</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$702,237</strong></td>
<td><strong>$603,151</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due to the Academy of General Dentistry</td>
<td>$128,915</td>
<td>$40,311</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>-</td>
<td>3,231</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>128,915</strong></td>
<td><strong>43,542</strong></td>
</tr>
<tr>
<td>Net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>510,028</td>
<td>524,989</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>63,294</td>
<td>34,620</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>573,322</strong></td>
<td><strong>559,609</strong></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$702,237</strong></td>
<td><strong>$603,151</strong></td>
</tr>
</tbody>
</table>

See accompanying notes to the financial statements.
### Academy of General Dentistry Foundation
#### Statements of Activities
##### Years Ended December 31, 2016 and 2015

<table>
<thead>
<tr>
<th>SUPPORT AND REVENUE</th>
<th>2016</th>
<th>2015</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
<td>Total</td>
<td>Unrestricted</td>
</tr>
<tr>
<td>Corporate</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Individuals</td>
<td>22,719</td>
<td>10,579</td>
<td>33,308</td>
<td>33,330</td>
</tr>
<tr>
<td>Memorials</td>
<td>1,300</td>
<td>1,300</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>Oral cancer screening</td>
<td>-</td>
<td>60,000</td>
<td>60,000</td>
<td>-</td>
</tr>
<tr>
<td>In-kind contributions</td>
<td>70,314</td>
<td>70,314</td>
<td>63,300</td>
<td>63,300</td>
</tr>
<tr>
<td>Special events</td>
<td>-</td>
<td>-</td>
<td>12,465</td>
<td>-</td>
</tr>
<tr>
<td>Fun run and walk</td>
<td>49,136</td>
<td>49,136</td>
<td>36,445</td>
<td>36,445</td>
</tr>
<tr>
<td>Silent auction</td>
<td>-</td>
<td>-</td>
<td>34</td>
<td>-</td>
</tr>
<tr>
<td>Administration</td>
<td>51</td>
<td>51</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Bank income</td>
<td>6,634</td>
<td>6,634</td>
<td>233</td>
<td>233</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Expiration of time restrictions</td>
<td>41,905</td>
<td>(1,955)</td>
<td>40,360</td>
<td>(22,691)</td>
</tr>
<tr>
<td>Total support and revenue</td>
<td>218,075</td>
<td>28,674</td>
<td>246,749</td>
<td>212,539</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>2016</th>
<th>2015</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
<td>Total</td>
<td>Unrestricted</td>
</tr>
<tr>
<td>Program</td>
<td>7,242</td>
<td>7,242</td>
<td>7,242</td>
<td>7,242</td>
</tr>
<tr>
<td>Oral cancer screening</td>
<td>24,512</td>
<td>24,512</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Educational scholarships</td>
<td>9,015</td>
<td>9,015</td>
<td>9,015</td>
<td>9,015</td>
</tr>
<tr>
<td>Total program expenses</td>
<td>40,569</td>
<td>40,569</td>
<td>36,280</td>
<td>36,280</td>
</tr>
<tr>
<td>Administrative</td>
<td>54,678</td>
<td>54,678</td>
<td>53,998</td>
<td>53,998</td>
</tr>
<tr>
<td>Foundation salaries and benefits reimbursed to</td>
<td>12,422</td>
<td>12,422</td>
<td>12,332</td>
<td>12,332</td>
</tr>
<tr>
<td>AGD</td>
<td>34,018</td>
<td>34,018</td>
<td>34,018</td>
<td>34,018</td>
</tr>
<tr>
<td>Audit fees</td>
<td>6,090</td>
<td>6,090</td>
<td>6,000</td>
<td>6,000</td>
</tr>
<tr>
<td>Other expenses</td>
<td>2,982</td>
<td>2,982</td>
<td>5,737</td>
<td>5,737</td>
</tr>
<tr>
<td>Employees travel</td>
<td>1,367</td>
<td>1,367</td>
<td>1,367</td>
<td>1,367</td>
</tr>
<tr>
<td>Accounting services</td>
<td>1,287</td>
<td>1,287</td>
<td>26,300</td>
<td>26,300</td>
</tr>
<tr>
<td>Total administrative expenses</td>
<td>193,387</td>
<td>193,387</td>
<td>177,670</td>
<td>177,670</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FUNDING</th>
<th>2016</th>
<th>2015</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
<td>Total</td>
<td>Unrestricted</td>
</tr>
<tr>
<td>Fair run and walk</td>
<td>-</td>
<td>16,731</td>
<td>-</td>
<td>16,731</td>
</tr>
<tr>
<td>Silent auction</td>
<td>-</td>
<td>11,656</td>
<td>-</td>
<td>11,656</td>
</tr>
<tr>
<td>Annual campaign</td>
<td>-</td>
<td>1,985</td>
<td>-</td>
<td>1,985</td>
</tr>
<tr>
<td>Foundation salaries and benefits reimbursed to</td>
<td>10,154</td>
<td>10,154</td>
<td>9,930</td>
<td>9,930</td>
</tr>
<tr>
<td>AGD</td>
<td>39,891</td>
<td>39,891</td>
<td>30,542</td>
<td>30,542</td>
</tr>
<tr>
<td>Total funding expenses</td>
<td>244,242</td>
<td>244,242</td>
<td>244,242</td>
<td>244,242</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME (LOSS) FROM OPERATIONS</th>
<th>2016</th>
<th>2015</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
<td>Total</td>
<td>Unrestricted</td>
</tr>
<tr>
<td>Income (loss)</td>
<td>36,788</td>
<td>36,788</td>
<td>41,674</td>
<td>41,674</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INVESTMENT INCOME (LOSS)</th>
<th>2016</th>
<th>2015</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
<td>Total</td>
<td>Unrestricted</td>
</tr>
<tr>
<td>Interest and dividends on investments</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Realized and unrealized gain (loss) on investments</td>
<td>11,333</td>
<td>11,333</td>
<td>33,581</td>
<td>33,581</td>
</tr>
<tr>
<td>Investment fees</td>
<td>(4,080)</td>
<td>(4,080)</td>
<td>(5,911)</td>
<td>(5,911)</td>
</tr>
<tr>
<td>Total investment income (loss)</td>
<td>21,027</td>
<td>21,027</td>
<td>12,671</td>
<td>12,671</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHANGE IN NET ASSETS</th>
<th>2016</th>
<th>2015</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
<td>Total</td>
<td>Unrestricted</td>
</tr>
<tr>
<td>Net Assets</td>
<td>214,017</td>
<td>34,689</td>
<td>248,706</td>
<td>589,534</td>
</tr>
<tr>
<td>Beginning of year</td>
<td>$900,029</td>
<td>$34,689</td>
<td>$934,718</td>
<td>$589,534</td>
</tr>
<tr>
<td>End of year</td>
<td>$1,110,028</td>
<td>$34,689</td>
<td>$1,144,718</td>
<td>$589,534</td>
</tr>
</tbody>
</table>

See accompanying notes to the financial statements.
### Academy of General Dentistry Foundation

**Statements of Cash Flows**

*Years Ended December 31, 2016 and 2015*

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Flows from Operating Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in net assets</td>
<td>$13,713</td>
<td>$(40,151)</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net unrealized (gain) loss on investments</td>
<td>(15,554)</td>
<td>41,361</td>
</tr>
<tr>
<td>Effects of changes in operating assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pledges receivable, net</td>
<td>4,125</td>
<td>(5,000)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>(3,987)</td>
<td>1,755</td>
</tr>
<tr>
<td>Due to the Academy of General Dentistry</td>
<td>88,604</td>
<td>15,522</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>(3,231)</td>
<td>1,199</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>83,670</td>
<td>14,686</td>
</tr>
<tr>
<td><strong>Cash Flows from Investing Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(145,648)</td>
<td>(64,824)</td>
</tr>
<tr>
<td>Sale of investments</td>
<td>187,212</td>
<td>37,588</td>
</tr>
<tr>
<td>Net cash provided by (used in) investing activities</td>
<td>41,564</td>
<td>(27,236)</td>
</tr>
<tr>
<td><strong>Net Increase (Decrease) in Cash and Cash Equivalents</strong></td>
<td>125,234</td>
<td>(12,550)</td>
</tr>
<tr>
<td><strong>Cash and Cash Equivalents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of year</td>
<td>152,236</td>
<td>164,786</td>
</tr>
<tr>
<td>End of year</td>
<td>$277,470</td>
<td>$152,236</td>
</tr>
</tbody>
</table>

See accompanying notes to the financial statements.
NOTE 1. GENERAL PURPOSE DESCRIPTION

Academy of General Dentistry Foundation (the Foundation) was established to improve the oral health of the public and support the efforts of general dentists through financial support of scientific, educational and charitable initiatives, which are delineated by The Academy of General Dentistry (AGD). The Foundation conducts its activities from offices in Chicago, Illinois.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Financial Statement Presentation - In order to conform to provisions of generally accepted accounting principles, the Foundation is required to report information regarding its financial position and activities in three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. Net assets are generally reported as unrestricted unless assets are received from donors with explicit stipulations that limit the use of the asset.

Unrestricted - Unrestricted net assets are available to finance the general operations of the Foundation. The only limits on the use of unrestricted net assets are the broad limits resulting from the nature of the Foundation, the environment in which it operates and the purposes specified in its articles of incorporation.

Board designated net assets are unrestricted net assets designated by the Board for various activities. These designations are based on Board actions, which can be altered or revoked at a future time by the Board. At December 31, 2016 and 2015, the Foundation had $10,000 of Board designated net assets for use towards the Outreach program.

Temporarily Restricted - Temporarily restricted net assets result (a) from contributions and other inflows of assets, the use of which by the Foundation is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by action of the Foundation pursuant to those stipulations, (b) from other asset enhancements and diminishments subject to the same kinds of stipulations, and (c) from reclassifications to (or from) other classes of net assets as a consequence of donor-imposed stipulations, their expiration by passage of time or their fulfillment and removal by actions of the Foundation pursuant to those stipulations.
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Financial Statement Presentation (continued)

Permanently Restricted - Permanently restricted net assets (generally referred to as endowment funds) are assets that have donor-imposed restrictions that stipulate that the contributed resources be maintained permanently, but permit the organization to expend part or all of the income or other economic benefits derived from the donated assets. The Foundation has no permanently restricted net assets.

Cash and Cash Equivalents - The Foundation considers cash and cash equivalents to be amounts in a checking account and in a money market account, which are subject to immediate withdrawal.

Pledge Receivable - Unconditional promises to give are recognized as revenue in the period that the promises are received. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Pledges receivable will be collected over a period no longer than one year. The Organizations consider pledges receivable to be fully collectible; accordingly no allowance for doubtful accounts is considered necessary. If amounts become uncollectible, they will be charged to operations when that determination is made.

Investments - The investments of the Foundation are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Support and Revenue - Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions. Temporarily restricted contributions, for which the purpose is accomplished in the same year, are classified as unrestricted contributions in the financial statements.
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions In-kind and Contributed Services - Material contributions in-kind received by the Foundation (e.g., printing, services, etc.) are recorded as income and expense at the time the items are placed into service or distributed.

Contributed services are reported as contributions at their fair value if such services create or enhance nonfinancial assets, would have been purchased if not provided by the contribution, require specialized skill, and are provided by individuals possessing such specialized skills.

Income Taxes - The Foundation is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Foundation qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as a Foundation that is not a private foundation under Section 509(a)(2). The Foundation has no obligation for unrelated business income tax at December 31, 2016 and 2015.

The Foundation files Form 990, Return of Organization Exempt from Income Tax. The Foundation’s returns are subject to examination by the Internal Revenue Service and state authority until the applicable statute of limitations expires.

Functional Expenses - The cost of providing various program and supporting services have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Reclassifications - Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

Subsequent Events - Subsequent events have been evaluated through July 26, 2017, which is the date the financial statements were available to be issued.

NOTE 3. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for purposes or periods as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs - time restrictions</td>
<td>$10,579</td>
<td>$27,105</td>
</tr>
<tr>
<td>Programs - purpose restrictions</td>
<td>$52,715</td>
<td>$7,515</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$63,294</strong></td>
<td><strong>$34,620</strong></td>
</tr>
</tbody>
</table>
NOTE 3. Temporarily Restricted Net Assets (continued)

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of other events specified by the donor as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs - time/purpose restrictions</td>
<td>$41,905</td>
<td>$22,691</td>
</tr>
</tbody>
</table>

NOTE 4. Concentration of Cash

Cash consists of monies held in a checking account and a money market account without significant withdrawal restrictions. The Foundation places its cash with financial institutions deemed to be creditworthy. Balances are insured by FDIC up to $250,000 per financial institution. Balances may at times exceed insured limits.

NOTE 5. Investments

The composition of investments held by the Foundation at December 31, 2016 and 2015 are summarized below:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutual funds</td>
<td>$342,566</td>
<td>$378,363</td>
</tr>
<tr>
<td>Exchange-traded funds</td>
<td>77,218</td>
<td>67,431</td>
</tr>
<tr>
<td>Total</td>
<td>$419,784</td>
<td>$445,794</td>
</tr>
</tbody>
</table>

NOTE 6. Fair Value Measurements

The Fair Value Measurements and Disclosures Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described following.
NOTE 6.  FAIR VALUE MEASUREMENTS (CONTINUED)

Basis of Fair Value Measurement

Level 1  Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities

Level 2  Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observables, either directly or indirectly

Level 3  Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth by level within the fair value hierarchy, the Foundation's investment assets at fair value as of December 31, 2016 and 2015. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Foundation had no investment assets at fair value classified within Level 2 or 3 at December 31, 2016 and 2015.

<table>
<thead>
<tr>
<th>Quoted Prices in Active Markets for Identical Assets (Level 1)</th>
<th>Significant Other Observable Inputs (Level 2)</th>
<th>Significant Unobservable Inputs (Level 3)</th>
</tr>
</thead>
</table>
| Mutual funds
| Equity $342,566 | $342,566 | $- | $- |
| Exchange-traded funds
| Equity 77,218 | 77,218 | - | - |
| Total $419,784 | $419,784 | $- | $- |
NOTE 6.  FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements at 12/31/15 Using

<table>
<thead>
<tr>
<th>Quoted Prices in Active Markets for Identical Assets</th>
<th>Significant Other Observable Inputs</th>
<th>Significant Unobservable Inputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (Level 1)</td>
<td>(Level 2)</td>
<td>(Level 3)</td>
</tr>
<tr>
<td>Mutual funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td>$378,363</td>
<td>$378,363</td>
</tr>
<tr>
<td>Exchange-traded funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td>67,431</td>
<td>67,431</td>
</tr>
<tr>
<td>Total</td>
<td>$445,794</td>
<td>$445,794</td>
</tr>
</tbody>
</table>

Level 1 Measurements

The fair values of the mutual funds and exchange-traded funds are determined by reference to the funds’ underlying assets, which are principally marketable equity. Shares held in the mutual and exchange-traded funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

NOTE 7.  RELATED PARTY TRANSACTIONS

The Foundation is affiliated with AGD. The Foundation received in-kind support from AGD of $76,314 and $62,300 for the years ended December 31, 2016 and 2015, respectively.

AGD advances funds on behalf of the Foundation for various Foundation expenses and holds revenue from various agreements. The Foundation owed AGD $128,915 and $40,311 at December 31, 2016 and 2015, respectively.

NOTE 8.  CONCENTRATIONS

Approximately 31% and 29% of the Foundation’s support and revenue for the years ended December 31, 2016 and 2015, respectively, were from AGD.
## Academy of General Dentistry Foundation

### Five Year Summary of Operations

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support and Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate</td>
<td>$ -</td>
<td>$ 35,000</td>
<td>$ 16,000</td>
<td>$ 15,600</td>
<td>$ 43,000</td>
</tr>
<tr>
<td>Individuals</td>
<td>33,209</td>
<td>40,355</td>
<td>35,371</td>
<td>37,677</td>
<td>52,543</td>
</tr>
<tr>
<td>Material</td>
<td>1,300</td>
<td>200</td>
<td>300</td>
<td>500</td>
<td>1,000</td>
</tr>
<tr>
<td>Oral cancer screening</td>
<td>40,000</td>
<td>50,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Outreach</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>In-kind contributions</td>
<td>76,314</td>
<td>62,300</td>
<td>88,800</td>
<td>80,600</td>
<td>118,000</td>
</tr>
<tr>
<td>Special events</td>
<td>-</td>
<td>12,805</td>
<td>3,000</td>
<td>38,805</td>
<td>26,965</td>
</tr>
<tr>
<td>Fun run and walk</td>
<td>69,136</td>
<td>64,464</td>
<td>59,294</td>
<td>78,724</td>
<td>84,538</td>
</tr>
<tr>
<td>Silent auction</td>
<td>51</td>
<td>34</td>
<td>155</td>
<td>600</td>
<td>720</td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank income</td>
<td>6,654</td>
<td>255</td>
<td>2,866</td>
<td>200</td>
<td>-</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>348,783</td>
<td>236,082</td>
<td>226,082</td>
<td>200,080</td>
<td>340,664</td>
</tr>
<tr>
<td><strong>Total support and revenue</strong></td>
<td>$ 348,783</td>
<td>$ 236,082</td>
<td>$ 226,082</td>
<td>$ 200,080</td>
<td>$ 340,664</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>7,342</td>
<td>7,269</td>
<td>18,565</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Outreach</td>
<td>24,312</td>
<td>20,000</td>
<td>18,900</td>
<td>21,000</td>
<td>22,000</td>
</tr>
<tr>
<td>Educational scholarships</td>
<td>9,015</td>
<td>9,001</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Foundation salaries and benefits reimbursed to AGD</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>Special Olympics</td>
<td>-</td>
<td>150</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total program expenses</strong></td>
<td>$ 40,669</td>
<td>$ 36,269</td>
<td>$ 36,965</td>
<td>$ 32,114</td>
<td>$ 36,997</td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foundation salaries and benefits reimbursed to AGD</td>
<td>54,678</td>
<td>55,905</td>
<td>71,137</td>
<td>58,905</td>
<td>112,283</td>
</tr>
<tr>
<td>Board of Directors meetings</td>
<td>13,400</td>
<td>12,352</td>
<td>18,537</td>
<td>20,000</td>
<td>18,070</td>
</tr>
<tr>
<td>AGD staff time reimbursed to AGD</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Temporary staff</td>
<td>-</td>
<td>-</td>
<td>450</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>AGD accounting service fees</td>
<td>34,858</td>
<td>34,083</td>
<td>32,784</td>
<td>27,882</td>
<td>31,426</td>
</tr>
<tr>
<td>Audit fees</td>
<td>6,000</td>
<td>6,000</td>
<td>5,750</td>
<td>5,600</td>
<td>5,200</td>
</tr>
<tr>
<td>Other expenses</td>
<td>2,982</td>
<td>5,737</td>
<td>5,388</td>
<td>7,027</td>
<td>19,441</td>
</tr>
<tr>
<td>Employment travel</td>
<td>1,607</td>
<td>1,751</td>
<td>816</td>
<td>3,373</td>
<td>3,229</td>
</tr>
<tr>
<td>Miscellaneous meetings</td>
<td>1,239</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>340</td>
</tr>
<tr>
<td>Bank service fees</td>
<td>1,357</td>
<td>1,468</td>
<td>5,712</td>
<td>2,860</td>
<td>5,121</td>
</tr>
<tr>
<td>In-kind support from AGD</td>
<td>76,134</td>
<td>42,750</td>
<td>38,820</td>
<td>40,610</td>
<td>116,000</td>
</tr>
<tr>
<td><strong>Total administrative expenses</strong></td>
<td>$ 192,377</td>
<td>$ 177,670</td>
<td>$ 195,371</td>
<td>$ 218,447</td>
<td>$ 308,750</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fun run and walk</td>
<td>-</td>
<td>16,731</td>
<td>20</td>
<td>18,248</td>
<td>14,634</td>
</tr>
<tr>
<td>Silent auction</td>
<td>11,656</td>
<td>1,576</td>
<td>7,600</td>
<td>3,829</td>
<td>5,274</td>
</tr>
<tr>
<td>Annual campaign</td>
<td>41</td>
<td>1,985</td>
<td>121</td>
<td>5,753</td>
<td>76</td>
</tr>
<tr>
<td>Foundation salaries and benefits reimbursed to AGD</td>
<td>10,154</td>
<td>9,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total fund raising expenses</strong></td>
<td>21,891</td>
<td>30,242</td>
<td>7,801</td>
<td>32,952</td>
<td>20,424</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$ 254,268</td>
<td>$ 244,212</td>
<td>$ 263,172</td>
<td>$ 251,403</td>
<td>$ 330,573</td>
</tr>
<tr>
<td>Income (Loss) from Operations</td>
<td>($6,114)</td>
<td>($27,268)</td>
<td>($12,155)</td>
<td>($5,197)</td>
<td>($64,997)</td>
</tr>
<tr>
<td>Investment Income (Loss)</td>
<td>11,353</td>
<td>35,581</td>
<td>24,815</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Interest and dividends on investments</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Realized and unrealized gain (Loss) on investments</td>
<td>13,554</td>
<td>41,361</td>
<td>12,070</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Investment fees</td>
<td>($889)</td>
<td>($591)</td>
<td>($3,396)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total investment income (Loss)</strong></td>
<td>$ 23,822</td>
<td>$ 90,595</td>
<td>$ 9,474</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Change in net assets</strong></td>
<td>$ 13,715</td>
<td>($40,154)</td>
<td>($2,808)</td>
<td>($59,187)</td>
<td>($64,997)</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of year</td>
<td>$ 559,609</td>
<td>$ 599,760</td>
<td>$ 603,558</td>
<td>461,715</td>
<td>236,662</td>
</tr>
<tr>
<td>End of year</td>
<td>$ 573,222</td>
<td>$ 559,609</td>
<td>$ 599,760</td>
<td>$ 602,558</td>
<td>$ 661,735</td>
</tr>
</tbody>
</table>
Audit Committee Annual Report

The Audit Committee is appointed by the President under direction of the Board and has sole responsibility for:

1. Monitoring the integrity of the financial statements and internal controls of the AGD.
2. Oversight of the AGD’s external auditors.
3. Mediation of disagreements between management and the auditors regarding financial reporting.
4. The determination of the independence of the external auditors.

The Audit Committee should be fully independent. “Independent” means that none of the members of the Audit Committee are part of the management team, and the Committee is free to act in its oversight functions throughout the organization without undue outside influence or coercion.

The Audit Committee shall be composed of three members:
- One member serves as chair as appointed by the President.
- One member must have expertise to serve as the financial and accounting expert on the committee.
- One member must be knowledgeable about AGD structure and functions and in the areas of internal controls, compliance, ethics and management.

The Treasurer; Executive Director; Chief Financial Officer; and AGDF Secretary/Treasurer shall serve as consultants to this Committee and be present at each meeting as directed by the chair.

The Audit Committee shall have the authority to retain special legal, accounting or other consultants to advise the Committee. The Audit Committee may request any officer or employee of the AGD or the AGD’s outside counsel or external auditor to attend a meeting of the council or to meet with any member of, or consultant to, the committee. However, any needs of the committee that would result in financial obligation to the AGD outside of that which is already budgeted to this committee would have to be reviewed and accepted by the Board or Executive Committee prior to the obligation. The Audit Committee may seek any information it requires from employees of the AGD – all of whom are directed to cooperate with the committee’s requests.

The Audit Committee shall report to the Board at least twice annually. If deemed necessary, the Audit Committee may also report directly to the House of Delegates.

Responsibilities of the Audit Committee include:

1. Review and reassess the adequacy of this Charter annually and recommend any proposed changes to the Board for approval.
2. Review the annual audited financial statements with management, including major issues regarding accounting and auditing principles and practices as well as
the adequacy of internal controls that could significantly affect the AGD’s financial statements.

3. Review major changes to the AGD’s auditing and accounting principles and practices as suggested by the external auditor or management.

4. Direct the appointment of the external auditor, which is ultimately accountable to the Audit Committee.

5. Approve the fees to be paid to the external auditor subject to Board approval.

6. Approve the annual Audit Scope.

7. Review with the external auditor, any problems or difficulties the auditor may have encountered and any management letter provided by the auditor and the AGD’s response to that letter. Such review should include:
   - A. Any difficulties encountered in the course of the audit work, including any restrictions on the scope of activities or access to required information
   - B. Any disagreements between management and the external auditors that need to be mediated by the Audit Committee.

8. Pre-approve all audit and non-audit services to be performed by the AGD’s external auditors. The responsibilities of pre-approval may be designated to one member of the Audit Committee who, after giving such pre-approval, must report to the full committee.

9. Review any and all reports issued by the external auditors, with respect to the AGD’s financial statement and critical accounting policies.

10. Review with staff liaison and management the process for communicating the Code of Conduct to AGD personnel, and monitoring compliance therewith.

11. Receive updates from management and AGD legal counsel regarding compliance matters and/or any significant risks or exposures facing the organization.

12. Establish a process for receiving, processing, tracking, communicating, and investigating reports of concerns regarding questionable accounting, internal control or audit matters or fraud.

13. Assess the effectiveness of the AGD’s internal control system including information technology security and control.

14. Discuss with management the AGD’s policies with respect to risk assessment and risk management.

15. Review with each public accounting firm that performs an audit:
   - A. All critical accounting policies and practices used by the organization
   - B. All alternative treatments of financial information within generally accepted accounting principles that have been discussed with management of the organization, the ramifications of each alternative, and the treatment preferred by the organization.

16. Inquire of the Executive Director and Chief Financial Officer regarding the sources of support and revenue of the organization from a subjective as well as an objective standpoint.

17. Review with management the policies and procedures with respect to officers, key employees (Executive Director, and Chief Financial Officer), disqualified persons as defined by the IRS, expense accounts, and perks, including excess benefit transactions.
18. Conduct executive sessions with the outside auditors on an annual basis and with the Executive Director, Chief Financial Officer or legal counsel as desired by the committee.

While the Audit Committee has the responsibilities and powers set forth in this Charter, it is not the duty of the Audit Committee to plan or conduct audits or to determine that AGD’s financial statements are complete and accurate and are in accordance with generally accepted accounting principles. This is the responsibility of management and the independent auditor.

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

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.

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.

**Highlights of the Year**

- Review of the audit for 2016

**Report of the Audit Committee**

The Audit Committee met twice during the year with a conference call on November 28, 2016 to discuss the 2016 audit process and an in-person meeting on June 23, 2017 to review the 2016 audit results. The auditors from Legacy Professionals were present at both meetings to lead the committee through the 2016 audit process and results. As a result of the audit, Legacy Professionals has issued the following two reports which are also being presented to the Board:

1. SAS 114 Letter (Conduct of Audit)
2. December 31, 2016 and 2015 Financial Statements

The committee was satisfied with the audit process and the results of the audit. There were no audit adjustments and no management letter as the auditors had no comments to disclose.

The committee also met privately with the auditors in an executive session.
The committee recommended retention of Legacy Professionals for one more year. Due to the timing of the CFO hire, the committee is not recommending changing auditors for 2017 at this time. A further evaluation will be completed after the 2017 audit process.

In addition to the audit process, the committee also reviewed its charge, the code of conduct policy and the whistleblower policy. The committee also reviewed the conflict of interest disclosures.

**Audited Financial Statement Report**

**Independent Auditors Report (Page 1)**

Legacy Professionals has issued an unqualified opinion stating the financial statements as of December 31, 2016 and 2015 are presented fairly and in conformity with generally accepted accounting principles.

**Statements of Financial Position (Page 3)**

The Statements of Financial Position as of December 31, 2016 show total assets of $26,960,734, a decrease of $1,028,217 from total assets at December 31, 2015. Significant changes are detailed below:

- Cash and cash equivalents decreased by $2,756,555 primarily as a result of capital projects related to the building and rebranding paid out of the operating account, as well as later collections on 2017 dues.
- Prepaid expenses and other current assets increased by $503,983 as payments made for the elevator capital project were included. The project was completed in early 2017.
- Investments increased by $959,058 from an investment gain of 8.21% for the twelve months ended December 31, 2016.
- Property and equipment – increased by $357,728 as a result of the masonry project net of depreciation on the building, furniture and equipment.

Total liabilities were $7,561,003, a decrease of $2,527,621 compared to December 31, 2015. Significant changes were:

- Deferred revenue decreased by $1,699,131 from less prepayment of membership dues for the coming year.
- Loans payable decreased by $755,000 from annual principal payments made on the original mortgage from the purchase and the additional loan for renovations and furniture of the 560 W Lake St building.
- Amounts held for others decreased by $389,012 as a result of the timing of receipt of dues.

The reserve ratio as of December 31, 2016 was 89.9%.

**Statements of Activities (Page 4)**
The Statements of Activities report revenue and expense information for all programs of the AGD. The statements reflect not only the operating activities of the AGD reported throughout the year, but also the financial results of the investment activities. Additional financial information is disclosed in the Notes to Financial Statements.

Revenue - For the year ended December 31, 2016, total revenues were $13,778,434, $247,011 less than 2015 and 6% unfavorable compared to budget. Significant changes were:

- Membership dues revenue increased by $255,956. Total membership increased over the prior year 39,075 versus 39,028 in 2015.
- Communications revenue decreased by $235,268 primarily due to advertising income being down for the year. A new vendor partner was contracted in 2017 to drive additional advertising, exhibitors and sponsorship revenue.
- Partnership administration income decreased by $216,985. Partnership amounts are allocated amongst other programs based on what partners decide to support. In addition, contracts extending into 2017 recognize revenues throughout the full contract term not necessarily calendar year.

Expenses - Total expenses for the year ended were $13,433,729, $196,537 less than 2015 and 10% favorable compared to budget. Significant changes were:

- Membership increased by $389,832 due to increased expenses in printing, promotions, advertising and postage.
- Partnership administration decreased by $111,267 due to timing of contracts, as well as partners paying for expenses directly.
- Constituent Services increased $100,721 since the biannual Leadership Conference occurred in 2016, and not in 2015.
- Annual meeting decreased by $174,086 as a result of decreased spending in printing, postage and other miscellaneous fees, as well as honorariums and food and beverage costs. This was offset by a slight increase in professional services.
- Councils and Committees decreased by $89,426. Savings in both staff and non-staff air, hotel, food and non-staff honorariums accounted for the majority of the variance.
- Governance decreased by $180,311 due to an emphasis on control costs.
- Administrative Overhead decreased $102,164 due to savings in Office of the Executive Director and Human Resources partially offset by increased spending in Information Technology as well as increased building related costs.

Income from operations – With total revenue of $13,778,434, and total expenses of $13,433,729, income from operations for the year ended December 31, 2016 was $344,705, $50,474 less than 2015.

Investment income (loss) - For the year ended December 31, 2016, there was a net gain on investments of $1,123,963 or 8.21% compared to a loss on investments of $345,755 or 2.46% in 2015.
Advocacy fund contributions - For the year ended December 31, 2016, advocacy fund contributions totaled $32,173, and the advocacy fund expenditures were $1,437, for a net increase of $30,736 in the advocacy fund.

Change in net assets – With income from operations of $344,705, the investment gain of $1,123,963, and the advocacy fund net increase of $30,736, the change in net assets was an increase of $1,499,404.

Statement of Cash Flows (Page 5)
The Statements of Cash Flows details the cash inflows and outflows of the AGD. Cash used in operating activities for the year ended December 31, 2016 was $1,082,339. Investing activities used cash of $919,216. Cash used by financing activities was $755,000. The combination of operating activities, investing activities and financing activities resulted in a cash decrease of $2,756,555.

Schedules of Revenue and Expenses (Pages 15-18)
These schedules provide more details about revenue and expenses.

The audit also provides us the opportunity to get feedback from the auditors on their interactions with the staff and their impressions of the operations of the AGD. They found the staff to be very responsive and professional. The fact that there were no adjustments or comments to disclose is notable.

Respectfully Submitted,

Dr. Carl Vorhies, Chair (cbvorhies@msn.com)
Dr. Lou Boryc (louis.boryc@marquette.edu)
Dr. Fares Elias (fares_elias@hotmail.com)
Dr. Roddy Scarbrough (Consultant) (roddydmd@bellsouth.net)
Dr. Mohamed Harunani, AGD Treasurer (Consultant) (mharunani@gmail.com)
Christa Ojeda, Chief Financial Officer (Consultant) (christa.ojeda@agd.org)

Responsible Committee Chair and Staff Liaison
Carl B. Vorhies, DDS, MAGD
Chair, Audit Committee
503.292.0442
cbvorhies@msn.com

Christa Ojeda, CPA
Chief Financial Officer
312.440.4315
Christa.Ojeda@agd.org
To the Board of Trustees of
The Academy of General Dentistry

We have audited the financial statements of The Academy of General Dentistry (AGD) for the year ended December 31, 2016, and have issued our report thereon dated July 26, 2017. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under Auditing Standards Generally Accepted in the United States of America

As stated in our engagement letter dated November 16, 2016, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

As part of our audit, we considered the internal controls of AGD. Such considerations were solely for the purpose of determining our audit procedures and not to provide any assurance concerning such internal controls.

Our responsibility for the supplementary information accompanying the financial statements, as described by professional standards, is to evaluate the presentation of the supplementary information in relation to the financial statements as a whole and to report on whether the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our engagement letter and in any meetings concerning planning matters.
Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management has the responsibility for selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. The significant accounting policies used by AGD are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year ended December 31, 2016. We noted no transactions entered into by the AGD during the year that were both significant and unusual, or transitions for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting Estimates

Accounting estimates are an integral part of the financial statements and are based on management’s knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was management’s estimate of the functional allocation of expenses. Management calculated the allocation of functional expenses based on costs associated with the programs and supporting services benefited. We evaluated the key factors and assumptions used to develop the accounting estimates used in the financial statements and determined that they are reasonable in relation to the financial statements taken as a whole.

Disclosures

The disclosures in the financial statements are neutral, consistent, and clear. There are no financial statement disclosures that are particularly sensitive because of their significance to financial statement users.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.
Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting or auditing matter that could be significant to the financial statements or the auditor’s report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated July 26, 2017.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a “second opinion” on certain situations. If a consultation involves application of an accounting principle to the AGD’s financial statements or a determination of the type of auditor’s opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the AGD’s auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.
Other Matter

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Intended Use of this Letter

This information is intended solely for the information and use of the Board of Trustees and management of AGD and is not intended to be and should not be used by anyone other than these specified parties.

Legacy Professionals LLP

Chicago, Illinois

July 26, 2017
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<td>Statements of Financial Position</td>
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<td>Statements of Activities</td>
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<td>Schedules of Revenue</td>
<td>15</td>
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<td>Schedules of Expenses</td>
<td>16</td>
</tr>
<tr>
<td>Five Year Summary of Operations</td>
<td>18</td>
</tr>
</tbody>
</table>
REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of
The Academy of General Dentistry

Report on the Financial Statements
We have audited the accompanying financial statements of The Academy of General Dentistry (AGD), which comprise the statements of financial position as of December 31, 2016 and 2015 and the related statements of activities and of cash flows for the years then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors’ Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Opinion
In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of The Academy of General Dentistry as of December 31, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information on pages 15 through 18 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

We also have previously audited the financial statements of AGD as of and for the years ended December 31, 2014, 2013, and 2012 (none of which is presented herein), and we expressed unmodified opinions on those financial statements. Those audits were conducted for purposes of forming an opinion on the financial statements as a whole. The information on page 18 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the December 31, 2014, 2013, and 2012 financial statements. The information has been subjected to the auditing procedures applied in the audits of those financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information on page 18 is fairly stated in all material respects in relation to the financial statements from which it has been derived.

Legacy Professionals LLP

Chicago, Illinois
July 26, 2017
### The Academy of General Dentistry

#### Statements of Financial Position

**December 31, 2016 and 2015**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 5,101,938</td>
<td>$ 7,858,493</td>
</tr>
<tr>
<td>Accounts receivable - net of allowance for doubtful accounts of $1,843 in 2016 and $3,970 in 2015</td>
<td>$290,274</td>
<td>$374,974</td>
</tr>
<tr>
<td>Prepaid expenses and other current assets</td>
<td>$866,744</td>
<td>$362,761</td>
</tr>
<tr>
<td>Total current assets</td>
<td>$6,258,956</td>
<td>$8,596,228</td>
</tr>
<tr>
<td>Other assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>$12,188,606</td>
<td>$11,229,548</td>
</tr>
<tr>
<td>Deferred compensation obligation - investments</td>
<td>$223,625</td>
<td>$231,356</td>
</tr>
<tr>
<td>Property and equipment - net</td>
<td>$8,289,547</td>
<td>$7,931,819</td>
</tr>
<tr>
<td>Total other assets</td>
<td>$20,701,778</td>
<td>$19,392,723</td>
</tr>
<tr>
<td>Total assets</td>
<td>$26,960,734</td>
<td>$27,988,951</td>
</tr>
</tbody>
</table>

| **Liabilities and Net Assets** |         |         |
| Current liabilities      |         |         |
| Accounts payable         | $395,100 | $239,902 |
| Amounts held for others  | 266,345  | 655,357  |
| Accrued expenses         |         |         |
| Salaries                | 129,641  | 63,501   |
| Other                   | 656,126  | 554,211  |
| Deferred revenue         | 3,235,166 | 4,934,297 |
| Total current liabilities| 4,682,378 | 6,447,268 |
| Long-term liabilities    |         |         |
| Deferred compensation obligation | 223,625 | 231,356 |
| Loans payable            | 2,655,000 | 3,410,000 |
| Total long-term liabilities | 2,878,625 | 3,641,356 |
| Total liabilities        | 7,561,003 | 10,088,624 |

| **Net Assets**          |         |         |
| Unrestricted            | 19,186,395 | 17,717,727 |
| Temporarily restricted   | 213,336   | 182,690   |
| Net assets              | 19,399,731 | 17,900,327 |
| Total liabilities and net assets | $26,960,734 | $27,988,951 |

See accompanying notes to financial statements.
### The Academy of General Dentistry

#### Statements of Activities

**Years Ended December 31, 2016 and 2015**

#### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td>$8,998,426</td>
<td>$8,742,470</td>
</tr>
<tr>
<td>AGD Benefits Plus royalty income</td>
<td>529,824</td>
<td>545,071</td>
</tr>
<tr>
<td>Partnerships administration</td>
<td>269,131</td>
<td>486,116</td>
</tr>
<tr>
<td>Communications</td>
<td>1,220,160</td>
<td>1,455,428</td>
</tr>
<tr>
<td>Dental education</td>
<td>1,128,575</td>
<td>1,130,856</td>
</tr>
<tr>
<td>Annual meeting</td>
<td>1,462,574</td>
<td>1,507,528</td>
</tr>
<tr>
<td>Other revenues</td>
<td>169,744</td>
<td>157,976</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>13,778,434</strong></td>
<td><strong>14,025,445</strong></td>
</tr>
</tbody>
</table>

#### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td>1,529,887</td>
<td>1,140,055</td>
</tr>
<tr>
<td>AGD Benefits Plus</td>
<td>32,947</td>
<td>26,967</td>
</tr>
<tr>
<td>Partnerships administration</td>
<td>114,024</td>
<td>225,294</td>
</tr>
<tr>
<td>Constituent services</td>
<td>395,166</td>
<td>294,445</td>
</tr>
<tr>
<td>Communications</td>
<td>1,681,775</td>
<td>1,686,816</td>
</tr>
<tr>
<td>Dental education</td>
<td>1,110,016</td>
<td>1,125,575</td>
</tr>
<tr>
<td>Annual meeting</td>
<td>1,376,530</td>
<td>1,550,616</td>
</tr>
<tr>
<td>Public affairs</td>
<td>869,748</td>
<td>884,961</td>
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<tr>
<td>Councils and committees</td>
<td>393,154</td>
<td>482,580</td>
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<tr>
<td>Governance</td>
<td>1,004,888</td>
<td>1,185,199</td>
</tr>
<tr>
<td>Administrative overhead (see page 17)</td>
<td>4,925,594</td>
<td>5,027,758</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>13,433,729</strong></td>
<td><strong>15,630,266</strong></td>
</tr>
</tbody>
</table>

#### Increase in Unrestricted Net Assets from Operations

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase in unrestricted net assets from operations</strong></td>
<td>344,705</td>
<td>395,179</td>
</tr>
</tbody>
</table>

#### Investment Income (Loss)

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividends on investments</td>
<td>233,097</td>
<td>356,079</td>
</tr>
<tr>
<td>Realized gains/loss on sales of investments</td>
<td>(289,718)</td>
<td>193,300</td>
</tr>
<tr>
<td>Unrealized gains/loss on investments</td>
<td>1,197,854</td>
<td>(880,953)</td>
</tr>
<tr>
<td>Investment fees</td>
<td>(17,250)</td>
<td>(15,081)</td>
</tr>
<tr>
<td><strong>Total investment income (loss)</strong></td>
<td><strong>1,123,963</strong></td>
<td><strong>(245,755)</strong></td>
</tr>
</tbody>
</table>

#### Increase in Unrestricted Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase in unrestricted net assets</strong></td>
<td><strong>1,468,668</strong></td>
<td><strong>49,424</strong></td>
</tr>
</tbody>
</table>

#### Temporarily Restricted Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy fund contributions</td>
<td>32,173</td>
<td>33,821</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>(1,437)</td>
<td>(64,966)</td>
</tr>
</tbody>
</table>

#### Increase (Decrease) in Temporarily Restricted Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase (decrease) in temporarily restricted net assets</strong></td>
<td><strong>30,736</strong></td>
<td><strong>(31,145)</strong></td>
</tr>
</tbody>
</table>

#### Increase in Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase in net assets</strong></td>
<td><strong>1,499,404</strong></td>
<td><strong>18,279</strong></td>
</tr>
</tbody>
</table>

#### Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of year</td>
<td>17,900,327</td>
<td>17,882,048</td>
</tr>
<tr>
<td>End of year</td>
<td>$19,399,731</td>
<td>$17,900,327</td>
</tr>
</tbody>
</table>

See accompanying notes to financial statements.
THE ACADEMY OF GENERAL DENTISTRY

STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2016 AND 2015

CASH FLOWS FROM OPERATING ACTIVITIES

Change in net assets $ 1,499,404 $ 18,279

Adjustments to reconcile change in net assets to net
cash provided by (used in) operating activities
Depreciation and amortization 510,546 521,123
Net realized (gain) loss on sale of investments 289,718 (193,300)
Net unrealized (gain) loss on investments (1,197,834) 880,053

Effects of changes in operating assets and liabilities
Accounts receivable - net 84,700 (35,046)
Prepaid expenses and other current assets (503,983) 173,291
Accounts payable 155,198 (128,629)
Amounts held for others (389,012) (219,138)
Accrued expenses 168,055 (485,510)
Deferred revenue (1,699,131) (876,974)

Net cash (used in) operating activities (1,082,339) (345,851)

CASH FLOWS FROM INVESTING ACTIVITIES
Purchase of property and equipment (868,274) (419,617)
Proceeds from sale of investments 2,902,288 2,179,635
Purchases of investments (2,953,230) (1,931,560)

Net cash (used in) investing activities (919,216) (171,542)

CASH FLOWS FROM FINANCING ACTIVITIES
Payments on loans (755,000) (755,000)

Net cash (used in) financing activities (755,000) (755,000)

NET (DECREASE) IN CASH AND CASH EQUIVALENTS (2,756,555) (1,272,393)

CASH AND CASH EQUIVALENTS
Beginning of year 7,858,493 9,130,886
End of year $ 5,101,938 $ 7,858,493

SUPPLEMENTAL DISCLOSURES
Cash paid for interest $ 82,177 $ 103,488

See accompanying notes to financial statements.
NOTE 1. NATURE OF THE ORGANIZATION

The Academy of General Dentistry (AGD) is an association whose members are general practitioners of dentistry, primarily in the United States and Canada. AGD was incorporated on August 2, 1952, in the State of Illinois as a not-for-profit corporation. AGD’s core purpose is to advance the value and excellence of general dentistry. AGD conducts its activities from offices in Chicago, Illinois.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Financial Statement Presentation - In order to conform to provisions of generally accepted accounting principles, AGD is required to report information regarding its financial position and activities in three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. Net assets are generally reported as unrestricted unless assets are received from donors with explicit stipulations that limit the use of the asset. There were no permanently restricted net assets at December 31, 2016 and 2015.

Unrestricted Net Assets - Unrestricted net assets are available to finance the general operations of the AGD. The only limits on the use of unrestricted net assets are the broad limits resulting from the nature of AGD, the environment in which it operates and the purposes specified in its articles of incorporation.

Temporarily Restricted Net Assets - Temporarily restricted net assets are assets received from donors with explicit stipulations that limit the use of the asset. At December 31, 2016 and 2015, AGD had $213,336 and $182,600 respectively, of temporarily restricted net assets, consisting entirely of donor contributions made to the Advocacy Fund.

Advocacy Fund - AGD administers a program to promote and represent the dentistry profession and the interests of general dentist members. Donations not only help to further define AGD as the voice of general dentistry by allowing for increased advocacy efforts, but they also boost recognition among the public and other dental professions of general dentists as the primary oral health caregiver. Contributions to this Fund are restricted for this use.
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents - AGD considers all liquid investments, including amounts invested in money market instruments, with a maturity of three months or less when purchased to be cash equivalents. AGD maintains its cash and cash equivalents on deposit with various financial institutions and investment companies, which at times may exceed federally insured limits.

Investments - The investments of AGD are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Accounts Receivable - Accounts receivable are uncollateralized customer obligations which generally require payment within 30 days from the invoice date. Accounts receivable are stated at the invoice amount. Payments of accounts receivable are applied to the specific invoices identified on the customer’s remittance advice.

The carrying amount of accounts receivable is reduced by a valuation allowance that reflects management’s best estimate of amounts that will not be collected. Management reviews individual accounts receivable balances based on an assessment of current collectibility, and estimates the portion, if any, of the balance that will not be collected. All accounts or portions thereof deemed to be uncollectible or to require an excessive collection cost are written off to the allowance for doubtful accounts.

Property and Equipment - Property and equipment are carried at cost. Property and equipment are depreciated on the straight-line method over its estimated useful life, which ranges from three to five years for furniture and equipment to thirty-nine years for the building. Amortization of leasehold improvements is provided over the lesser of the term of the respective lease or the estimated useful life of the improvements, which range from ten to fifteen years.

Revenue Recognition - AGD records dues payments received as deferred revenue and recognizes membership dues revenue ratably throughout the membership year, which is the calendar year. AGD recognizes subscription revenue over the subscription period and advertising revenue when publications are issued. At year-end, deferred revenue represents that portion of membership dues which applies to future years and subscription and advertising revenue applicable to future issues.

Advertising - AGD expenses advertising costs as incurred and were approximately $182,000 and $125,000 for the years ended December 31, 2016 and 2015, respectively.
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes - AGD is a tax-exempt organization as defined by Section 501(c)(6) of the Internal Revenue Code. However, AGD is liable for taxes on any unrelated business net income. For the years ended December 31, 2016 and 2015, no taxes are due.

AGD files Form 990, Return of Organization Exempt from Income Tax; and Form 990-T, Exempt Organization Business Income Tax Return. AGD’s returns are subject to examination by the Internal Revenue Service until the applicable statute of limitations expires.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Subsequent Events - Subsequent events have been evaluated through July 26, 2017, which is the date the financial statements were available to be issued.

NOTE 3. FOREIGN CURRENCY RISK

Foreign currency risk is the risk of loss arising from changes in currency exchange rates. All foreign currency-denominated investments held by AGD are in foreign cash and included with cash and cash equivalents. AGD’s exposure to foreign currency risk at December 31, 2016 and 2015 are as follows:

<table>
<thead>
<tr>
<th>Canadian Currency Activity</th>
<th>Fair Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian account - beginning of year</td>
<td>$278,170</td>
</tr>
<tr>
<td>Revenue</td>
<td>735,172</td>
</tr>
<tr>
<td>Expenses</td>
<td>(240,642)</td>
</tr>
<tr>
<td>(Loss) in exchange rate</td>
<td>(110,607)</td>
</tr>
<tr>
<td>Canadian account - end of year</td>
<td>$662,093</td>
</tr>
</tbody>
</table>
NOTE 4. INVESTMENTS

The composition of investments held by AGD at December 31, 2016 and 2015 are classified as investments and deferred compensation obligation - investments and are summarized below:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common stocks</td>
<td>$3,308,718</td>
<td>$3,280,445</td>
</tr>
<tr>
<td>Mutual funds</td>
<td>$9,103,513</td>
<td>$8,180,459</td>
</tr>
<tr>
<td>Total</td>
<td>$12,412,231</td>
<td>$11,460,904</td>
</tr>
</tbody>
</table>

NOTE 5. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

- **Level 1**: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
- **Level 2**: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
- **Level 3**: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth by level within the fair value hierarchy, AGD’s investment assets at fair value as of December 31, 2016 and 2015. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. AGD had no investment assets at fair value classified within Level 2 or 3 at December 31, 2016 and 2015.
**NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)**

<table>
<thead>
<tr>
<th>Fair Value Measurements at 12/31/16 Using</th>
<th>Quoted Prices in Active Markets for Identical Assets (Level 1)</th>
<th>Significant Other Observable Inputs (Level 2)</th>
<th>Significant Unobservable Inputs (Level 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common stocks</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conglomerates</td>
<td>$976,483</td>
<td>$976,483</td>
<td>$-</td>
</tr>
<tr>
<td>Banks/financial services</td>
<td>334,800</td>
<td>334,800</td>
<td>-</td>
</tr>
<tr>
<td>Transportation/auto</td>
<td>466,735</td>
<td>466,735</td>
<td>-</td>
</tr>
<tr>
<td>Healthcare</td>
<td>366,932</td>
<td>366,932</td>
<td>-</td>
</tr>
<tr>
<td>Telecommunication</td>
<td>759,860</td>
<td>759,860</td>
<td>-</td>
</tr>
<tr>
<td>Services</td>
<td>403,908</td>
<td>403,908</td>
<td>-</td>
</tr>
<tr>
<td><strong>Mutual funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td>9,103,513</td>
<td>9,103,513</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$12,412,231</strong></td>
<td><strong>$12,412,231</strong></td>
<td>$-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fair Value Measurements at 12/31/15 Using</th>
<th>Quoted Prices in Active Markets for Identical Assets (Level 1)</th>
<th>Significant Other Observable Inputs (Level 2)</th>
<th>Significant Unobservable Inputs (Level 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common stocks</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conglomerates</td>
<td>$989,000</td>
<td>$989,000</td>
<td>$-</td>
</tr>
<tr>
<td>Banks/financial services</td>
<td>405,433</td>
<td>405,433</td>
<td>-</td>
</tr>
<tr>
<td>Industrial goods</td>
<td>128,937</td>
<td>128,937</td>
<td>-</td>
</tr>
<tr>
<td>Transportation/auto</td>
<td>93,288</td>
<td>93,288</td>
<td>-</td>
</tr>
<tr>
<td>Energy</td>
<td>273,105</td>
<td>273,105</td>
<td>-</td>
</tr>
<tr>
<td>Healthcare</td>
<td>454,630</td>
<td>454,630</td>
<td>-</td>
</tr>
<tr>
<td>Telecommunication</td>
<td>499,334</td>
<td>499,334</td>
<td>-</td>
</tr>
<tr>
<td>Services</td>
<td>436,718</td>
<td>436,718</td>
<td>-</td>
</tr>
<tr>
<td><strong>Mutual funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td>8,180,459</td>
<td>8,180,459</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$11,460,904</strong></td>
<td><strong>$11,460,904</strong></td>
<td>$-</td>
</tr>
</tbody>
</table>
NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Measurements

Most common stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity. Shares held in the mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

NOTE 6. PROPERTY AND EQUIPMENT

Property and equipment assets at December 31, 2016 and 2015 consisted of the following:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction-in-progress</td>
<td>$704,916</td>
<td>$241,028</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>718,512</td>
<td>718,512</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>2,790,211</td>
<td>2,525,211</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>1,438,014</td>
<td>1,298,628</td>
</tr>
<tr>
<td>Association management system</td>
<td>834,792</td>
<td>834,792</td>
</tr>
<tr>
<td>Building</td>
<td>5,172,270</td>
<td>5,172,270</td>
</tr>
<tr>
<td>Land</td>
<td>127,730</td>
<td>127,730</td>
</tr>
<tr>
<td>Total</td>
<td>11,786,445</td>
<td>10,918,171</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(3,496,898)</td>
<td>(2,986,352)</td>
</tr>
<tr>
<td>Net property and equipment</td>
<td>$8,289,547</td>
<td>$7,931,819</td>
</tr>
</tbody>
</table>

Depreciation expense for the years ended December 31, 2016 and 2015 totaled $510,546 and $521,123 respectively. Construction-in-progress represents payments made for major building improvements that are in the construction phase and are yet to be placed in service.

NOTE 7. RELATED PARTY TRANSACTIONS

AGD is affiliated with the Academy of General Dentistry Foundation (the Foundation). The Foundation is dedicated to improving the oral health of the public and supporting the efforts of the general dentist through financial support of scientific, educational, and charitable initiatives, which are delineated by AGD. AGD provided in-kind and contributed services support to the Foundation of $76,314 and $62,300 during the years ended December 31, 2016 and 2015, respectively.
NOTE 7. RELATED PARTY TRANSACTIONS (CONTINUED)

AGD advances funds on behalf of the Foundation for various Foundation expenses and holds revenue from various agreements until the agreement ends. The Foundation owed AGD $128,915 and $40,311 at December 31, 2016 and 2015, respectively.

NOTE 8. RETIREMENT PLAN

AGD maintains a 401(k) plan covering substantially all full-time employees. Employees are eligible to join the plan after completing one month of service. After one year of service, AGD matches 50% of the participant’s contribution up to 4% of the participant’s salary and is not subject to a vesting schedule. AGD also contributes to the plan on behalf of each participant amounts equivalent to 4% of the participant’s salary and is subject to a five year vesting schedule. AGD’s contribution to the plan was $223,332 and $258,876 for the years ended December 31, 2016 and 2015, respectively.

NOTE 9. DEFERRED COMPENSATION ARRANGEMENT

AGD has deferred compensation arrangements with two former employees. These arrangements began to provide benefits when these former employees retired from full-time service during the fiscal year ended September 30, 2004. AGD contributed amounts until their retirement to segregated employee-directed investment accounts. Contributed amounts plus investment earnings are payable in installments to the respective former employee or beneficiary until the funds are depleted. The financial statements reflect asset and liability balances of $223,625 and $231,356 at December 31, 2016 and 2015, respectively.

NOTE 10. OPERATING LEASES

AGD leases office equipment under noncancellable operating leases, which expire at various times through 2019. Rental and related maintenance expense for these operating leases was approximately $70,522 and $69,434 for the years ended December 31, 2016 and 2015, respectively.

Future minimum lease payments under noncancellable operating leases are as follows:

<table>
<thead>
<tr>
<th>Year ending December 31</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>122,457</td>
</tr>
<tr>
<td>2018</td>
<td>106,605</td>
</tr>
<tr>
<td>2019</td>
<td>17,920</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>246,982</strong></td>
</tr>
</tbody>
</table>
NOTE 11. SIGNIFICANT COMMITMENTS

Annual Meeting

AGD has entered into various contracts and agreements as of December 31, 2016 related to future annual meetings, including various service contracts, rental agreements for meeting sites, and arrangements with hotels for attendees.

Service Agreement - Facilities Management

AGD entered into an agreement with Innovative Service Technology Management Services, Inc. (IST) effective November 1, 2010, whereby IST operated the Office Services Department for AGD, through October 31, 2013. AGD renegotiated the agreement effective September 1, 2013 which expired on October 31, 2016. The agreement was once again renewed beginning November 1, 2016 which expires on October 31, 2018. The agreement includes monthly base fees of $10,911 and will increase 3% on November 1, 2017 and an additional 4.5% on July 1, 2018. AGD paid IST $127,753 and $124,032 for services and expenses provided under the agreement for the years ended December 31, 2016 and 2015, respectively.

NOTE 12. LOANS PAYABLE

During 2012, AGD obtained a $3,800,000 mortgage loan to finance the purchase of a building at 560 West Lake Street in Chicago. The mortgage has a fixed rate for five years and is amortized over ten years. It is payable in annual installments of $380,000 with the remaining balance due as a balloon payment in 2017. Interest is payable monthly at a 2.60% rate.

During 2013, AGD obtained a $1,500,000 term loan to finance renovation costs for the building at 560 West Lake Street in Chicago. The loan has a fixed rate for fifty months and is amortized over fifty months. It is payable in annual installments of $375,000. Interest is payable monthly at a 2.98% rate.

Principal payment is as follows:

<table>
<thead>
<tr>
<th>Year ending December 31,</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$ 2,655,000</td>
</tr>
</tbody>
</table>

Interest expense for the years ended December 31, 2016 and 2015 was $82,177 and $103,488 respectively.
NOTE 13. OPERATING LEASE - AS LESSOR

AGD as a lessor has a long-term lease agreement with The Big Brothers Big Sisters of Metro Chicago. The lease term is through December 2023.

The following is a schedule of future minimum rent income to be received as of December 31, 2016:

<table>
<thead>
<tr>
<th>Year ending December 31,</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$ 263,270</td>
</tr>
<tr>
<td>2018</td>
<td>270,792</td>
</tr>
<tr>
<td>2019</td>
<td>278,314</td>
</tr>
<tr>
<td>2020</td>
<td>285,836</td>
</tr>
<tr>
<td>2021</td>
<td>293,358</td>
</tr>
<tr>
<td>Thereafter</td>
<td>609,282</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2,000,852</strong></td>
</tr>
</tbody>
</table>
SUPPLEMENTARY INFORMATION
## The Academy of General Dentistry
### Schedules of Revenue
#### Years Ended December 31, 2016 and 2015

<table>
<thead>
<tr>
<th>Membership</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>$8,996,601</td>
<td>$8,740,475</td>
</tr>
<tr>
<td>Member recruitment</td>
<td>1,825</td>
<td>1,995</td>
</tr>
<tr>
<td>AGD Benefits Plus royalty income</td>
<td>529,824</td>
<td>545,071</td>
</tr>
<tr>
<td>Partnerships administration</td>
<td>269,131</td>
<td>486,116</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communications</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>List rental</td>
<td>37,140</td>
<td>27,103</td>
</tr>
<tr>
<td>General Dentistry</td>
<td>584,212</td>
<td>653,097</td>
</tr>
<tr>
<td>Impact</td>
<td>588,498</td>
<td>726,648</td>
</tr>
<tr>
<td>Website</td>
<td>10,310</td>
<td>48,580</td>
</tr>
<tr>
<td>Total</td>
<td>1,220,160</td>
<td>1,455,428</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Education</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACE</td>
<td>301,365</td>
<td>271,475</td>
</tr>
<tr>
<td>Lifelong learning and service recognition</td>
<td>168,334</td>
<td>22,225</td>
</tr>
<tr>
<td>Continuing education program</td>
<td>29,060</td>
<td>145,537</td>
</tr>
<tr>
<td>Exam study materials</td>
<td>64,815</td>
<td>66,202</td>
</tr>
<tr>
<td>Fellowship exam fees</td>
<td>292,386</td>
<td>229,146</td>
</tr>
<tr>
<td>Fellowship and mastership</td>
<td>203,895</td>
<td>296,341</td>
</tr>
<tr>
<td>Self instruction</td>
<td>68,720</td>
<td>99,930</td>
</tr>
<tr>
<td>Total</td>
<td>1,128,575</td>
<td>1,130,856</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Meeting</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual meeting general</td>
<td>185,424</td>
<td>190,202</td>
</tr>
<tr>
<td>Registration</td>
<td>300,628</td>
<td>253,141</td>
</tr>
<tr>
<td>Education</td>
<td>523,622</td>
<td>578,988</td>
</tr>
<tr>
<td>Exposition</td>
<td>452,900</td>
<td>485,197</td>
</tr>
<tr>
<td>Total</td>
<td>1,462,574</td>
<td>1,507,528</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenues</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental income</td>
<td>233,852</td>
<td>227,698</td>
</tr>
<tr>
<td>Miscellaneous revenues, (losses)</td>
<td>(64,108)</td>
<td>(69,722)</td>
</tr>
<tr>
<td>Total revenue</td>
<td>$13,778,434</td>
<td>$14,025,445</td>
</tr>
</tbody>
</table>
**The Academy of General Dentistry**

**Schedules of Expenses**

*Years Ended December 31, 2016 and 2015*

<table>
<thead>
<tr>
<th>Category</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Membership</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment and retention</td>
<td>$567,873</td>
<td>$338,503</td>
</tr>
<tr>
<td>Departmental administration</td>
<td>$962,014</td>
<td>$801,552</td>
</tr>
<tr>
<td></td>
<td>$1,529,887</td>
<td>$1,140,055</td>
</tr>
<tr>
<td><strong>AGD Benefits Plus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$32,947</td>
<td>$26,967</td>
</tr>
<tr>
<td><strong>Partnerships Administration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$114,024</td>
<td>$225,294</td>
</tr>
<tr>
<td><strong>Constituent Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$395,166</td>
<td>$294,445</td>
</tr>
<tr>
<td><strong>Communications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publications general</td>
<td>$43,940</td>
<td>$28,448</td>
</tr>
<tr>
<td>General Dentistry</td>
<td>$214,537</td>
<td>$258,416</td>
</tr>
<tr>
<td>Impact</td>
<td>$339,129</td>
<td>$382,065</td>
</tr>
<tr>
<td>Media relations</td>
<td>$50,546</td>
<td>$44,088</td>
</tr>
<tr>
<td>Public education</td>
<td>$101,754</td>
<td>$91,050</td>
</tr>
<tr>
<td>Website</td>
<td>$1,408</td>
<td>$5,315</td>
</tr>
<tr>
<td>Departmental administration</td>
<td>$930,461</td>
<td>$877,434</td>
</tr>
<tr>
<td></td>
<td>$1,681,775</td>
<td>$1,686,816</td>
</tr>
<tr>
<td><strong>Dental Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PACE</td>
<td>$5,120</td>
<td>$71,494</td>
</tr>
<tr>
<td>Lifelong learning and service recognition</td>
<td>$10,903</td>
<td>$10,077</td>
</tr>
<tr>
<td>Continuing education program</td>
<td>$79,575</td>
<td>$69,747</td>
</tr>
<tr>
<td>Practice management</td>
<td>$1,704</td>
<td>$4,000</td>
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<tr>
<td>Exam study materials</td>
<td>$5,290</td>
<td>$8,986</td>
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<td>Fellowship exam fees</td>
<td>$56,260</td>
<td>$54,656</td>
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<td>Fellowship and mastership</td>
<td>$255,040</td>
<td>$276,067</td>
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<td>Self instruction</td>
<td>$5,286</td>
<td>$11,543</td>
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<td>Departmental administration</td>
<td>$690,838</td>
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<tr>
<td></td>
<td>$1,110,016</td>
<td>$1,125,575</td>
</tr>
<tr>
<td><strong>Annual Meeting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual meeting general</td>
<td>$283,001</td>
<td>$373,108</td>
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<tr>
<td>Registration</td>
<td>$154,274</td>
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<td>Education</td>
<td>$431,673</td>
<td>$492,327</td>
</tr>
<tr>
<td>Exposition</td>
<td>$204,958</td>
<td>$223,004</td>
</tr>
<tr>
<td>Departmental administration</td>
<td>$302,624</td>
<td>$330,140</td>
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<tr>
<td></td>
<td>$1,376,530</td>
<td>$1,550,616</td>
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</table>
The Academy of General Dentistry

Schedules of Expenses

Years Ended December 31, 2016 and 2015

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Affairs</strong></td>
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</tr>
<tr>
<td>Advocacy and representation</td>
<td>$302,625</td>
<td>$334,347</td>
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<tr>
<td>Departmental administration</td>
<td>567,123</td>
<td>550,614</td>
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<tr>
<td><strong>Total</strong></td>
<td>869,748</td>
<td>884,961</td>
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<tr>
<td><strong>Councils and Committees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>393,154</td>
<td>482,580</td>
</tr>
<tr>
<td><strong>Governance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,004,888</td>
<td>1,185,199</td>
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<tr>
<td><strong>Administrative Overhead</strong></td>
<td></td>
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</tr>
<tr>
<td>Office of executive director</td>
<td>451,809</td>
<td>730,891</td>
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<td>Finance</td>
<td>1,281,460</td>
<td>1,319,549</td>
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<td>Office services</td>
<td>280,956</td>
<td>271,139</td>
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<td>Information technology</td>
<td>1,063,089</td>
<td>895,549</td>
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<td>Human resources</td>
<td>309,218</td>
<td>483,712</td>
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<td>Marketing</td>
<td>418,022</td>
<td>366,639</td>
</tr>
<tr>
<td>Sales and sponsorship</td>
<td>312,793</td>
<td>292,542</td>
</tr>
<tr>
<td>560 West Lake Street</td>
<td>808,247</td>
<td>667,737</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,925,594</td>
<td>5,027,758</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td>$13,433,729</td>
<td>$13,630,266</td>
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## The Academy of General Dentistry
### Five Year Summary of Operations

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Unrestricted Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership</td>
<td>$8,984,426</td>
<td>$8,742,470</td>
<td>$8,713,036</td>
<td>$8,254,427</td>
<td>$8,246,542</td>
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<tr>
<td>AGD Benefits Plus royalty income</td>
<td>529,824</td>
<td>545,071</td>
<td>626,583</td>
<td>518,020</td>
<td>438,872</td>
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<td>Partnerships administration</td>
<td>269,131</td>
<td>486,116</td>
<td>332,165</td>
<td>398,590</td>
<td>289,200</td>
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<td>Communications</td>
<td>1,220,160</td>
<td>1,455,428</td>
<td>1,505,291</td>
<td>1,462,609</td>
<td>1,563,106</td>
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<td>Dental education</td>
<td>1,128,675</td>
<td>1,130,856</td>
<td>982,792</td>
<td>860,985</td>
<td>760,812</td>
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<tr>
<td>Annual meeting</td>
<td>1,462,574</td>
<td>1,507,528</td>
<td>1,161,630</td>
<td>1,427,081</td>
<td>1,493,868</td>
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<tr>
<td>Other revenues</td>
<td>1,198,766</td>
<td>1,197,976</td>
<td>1,195,885</td>
<td>1,148,529</td>
<td>1,489,243</td>
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<tr>
<td><strong>Total revenue</strong></td>
<td>$13,778,434</td>
<td>$14,325,445</td>
<td>$12,517,392</td>
<td>$13,370,603</td>
<td>$13,241,643</td>
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<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership</td>
<td>1,528,887</td>
<td>1,140,055</td>
<td>1,139,608</td>
<td>1,141,899</td>
<td>1,350,284</td>
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<tr>
<td>AGD Benefits Plus</td>
<td>32,947</td>
<td>26,967</td>
<td>48,842</td>
<td>23,835</td>
<td>16,919</td>
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<td>Partnerships administration</td>
<td>114,024</td>
<td>225,294</td>
<td>218,476</td>
<td>167,502</td>
<td>154,009</td>
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<td>Consultant services</td>
<td>395,166</td>
<td>294,445</td>
<td>437,630</td>
<td>350,125</td>
<td>430,156</td>
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<td>Communications</td>
<td>1,681,775</td>
<td>1,668,816</td>
<td>1,812,586</td>
<td>1,950,204</td>
<td>1,613,399</td>
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<tr>
<td>Dental education</td>
<td>1,110,016</td>
<td>1,125,575</td>
<td>969,873</td>
<td>863,634</td>
<td>957,029</td>
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<tr>
<td>Annual meeting</td>
<td>1,276,590</td>
<td>1,559,616</td>
<td>1,080,355</td>
<td>1,278,279</td>
<td>1,466,688</td>
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<td>Public affairs</td>
<td>850,978</td>
<td>864,961</td>
<td>860,279</td>
<td>917,114</td>
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<td>Councils and committees</td>
<td>393,154</td>
<td>489,580</td>
<td>491,407</td>
<td>527,103</td>
<td>432,102</td>
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<tr>
<td>Governance</td>
<td>1,004,888</td>
<td>1,185,199</td>
<td>1,103,141</td>
<td>1,057,310</td>
<td>1,035,481</td>
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<tr>
<td>Administrative overhead</td>
<td>4,925,504</td>
<td>5,027,758</td>
<td>5,143,950</td>
<td>5,335,029</td>
<td>4,471,026</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td>$13,433,729</td>
<td>$13,630,266</td>
<td>$13,308,149</td>
<td>$13,631,864</td>
<td>$12,854,644</td>
</tr>
<tr>
<td><strong>Change in unrestricted net assets from operations</strong></td>
<td>341,705</td>
<td>395,179</td>
<td>211,243</td>
<td>(261,263)</td>
<td>386,982</td>
</tr>
<tr>
<td><strong>Investment income (loss)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and dividends on investments</td>
<td>233,097</td>
<td>356,079</td>
<td>404,114</td>
<td>243,266</td>
<td>209,645</td>
</tr>
<tr>
<td>Realized gain (loss) on sales of investments</td>
<td>(289,718)</td>
<td>193,260</td>
<td>997,235</td>
<td>1,019,790</td>
<td>204,214</td>
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<tr>
<td>Unrealized gain (loss) on investments</td>
<td>1,197,834</td>
<td>(888,053)</td>
<td>(278,023)</td>
<td>1,253,623</td>
<td>1,623,389</td>
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<tr>
<td>Investment fees</td>
<td>(17,250)</td>
<td>(15,081)</td>
<td>(12,840)</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Total investment income (loss)</strong></td>
<td>1,123,963</td>
<td>(345,755)</td>
<td>1,110,466</td>
<td>5,316,659</td>
<td>1,627,420</td>
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<tr>
<td><strong>Change in unrestricted net assets</strong></td>
<td>1,468,668</td>
<td>49,424</td>
<td>1,231,729</td>
<td>2,255,396</td>
<td>2,014,002</td>
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<td><strong>Temporarily restricted net assets</strong></td>
<td></td>
<td></td>
<td></td>
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<td>Advocacy fund contributions</td>
<td>32,173</td>
<td>33,821</td>
<td>26,327</td>
<td>24,600</td>
<td>56,796</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>(1,437)</td>
<td>(64,969)</td>
<td>(10,953)</td>
<td>(18,563)</td>
<td>(6,397)</td>
</tr>
<tr>
<td><strong>Change in temporarily restricted net assets</strong></td>
<td>30,736</td>
<td>(31,145)</td>
<td>15,364</td>
<td>6,037</td>
<td>50,399</td>
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<tr>
<td><strong>Change in net assets</strong></td>
<td>1,499,404</td>
<td>18,279</td>
<td>1,337,363</td>
<td>2,261,433</td>
<td>2,064,801</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of year</td>
<td>$17,900,027</td>
<td>$17,882,048</td>
<td>$16,544,683</td>
<td>$14,283,252</td>
<td>$12,218,451</td>
</tr>
<tr>
<td>End of year</td>
<td>$19,399,731</td>
<td>$17,900,027</td>
<td>$17,882,048</td>
<td>$16,544,683</td>
<td>$14,283,252</td>
</tr>
</tbody>
</table>
Awards Committee Annual Report

Committee Charge
1. The Awards Committee shall consist of five (5) members, including the chairperson. The council shall be composed of an AGD past president serving as chairperson, three (3) AGD past presidents, the regional director chair, and a trustee (non-voting member).

2. It shall be the duty of the committee:

   a. To be responsible for all aspects of the AGD Achievement Awards, specifically the Albert Borish, Distinguished Service and Humanitarian Awards.
      1. Review, add or delete award categories.
      2. Develop award criteria.
      3. Implement new procedures accordingly.

   b. Approve marketing plan and other items as determined.

   c. Create recognition plan for award recipients to include a formal presentation at the Annual Meeting and Exhibits.

3. Evaluate nominations and recommend the top two or three candidates for each award to the Board. The Board will review the information and confirm the award recipients.

4. Evaluate the pricing of all programs and services annually during the fall (at the Fall Joint Council Meetings if meeting) to be included as part of the budget process and provide a complete pricing analysis to the Board at their winter meeting at least every three years.

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.

   *The Dental Education Council will continue to select the Weclaw Award winner.

The AGD Achievement Awards were created to honor extraordinary contributions of individuals to the dental profession. Announcements for the 2017 awards were included in issues of AGD Impact, the electronic newsletters -- AGD Briefings, AGD in Action and AGD News. Information was also posted on the AGD Constituent Activity Calendar. The committee held a
conference call on April 24 to discuss 2017 award nominees and obtaining more participation from members in submitting quality nominations.

Albert Borish Award
Established in 1973, this award acknowledges the remarkable efforts of Dr. Albert Borish and his commitment to continuing education. Recipients must exhibit courage in the face of adversity, express a deep interest in all facets of dentistry, selflessness, exceptional dedication to the advancement of the dental profession, tenacity of purpose in carrying out goals and ideals to benefit both the profession and the public. The committee determined that the one nomination did not fully meet the required criteria and no award would be presented.

Distinguished Service Award
Created in 1986, this award was created to recognize the outstanding service and leadership of an AGD council, committee or task force member, whose contributions result in significant and fundamental advances toward fulfilling the organization’s mission. After reviewing two possible nominees, the committee unanimously agreed to forego selecting an awardee.

Humanitarian Award
Since its inception in 1982, the Humanitarian Award honors a dentist who demonstrates humanitarianism through voluntary service, civic leadership, the delivery of quality dental care, dedication to excellence, exhibits a sense of responsibility for the well-being of mankind, and brings recognition to the profession through his or her accomplishments. No nominations were submitted for 2017.

Supplemental Information
The committee expressed disappointment with the shortage of quality nominations and lack of participation. An AIR was submitted to the Board that would allow the committee to generate nominations. Other options were discussed to garner more participation which include:

- Featuring the awards in a more prevalent section of the new website.
- Make nominations a major feature in the publications.
- Work with the regional directors.
- Showcase awards at regional/constituent events.
- Recognize nominators in some capacity.

In Conclusion
Members are encouraged to continue acknowledging the contributions of their fellow colleagues. The vows to continue to preserve the spirit and integrity of these esteemed awards.

Respectfully submitted,

W. Carter Brown, DMD, FAGD – Chair
Thomas A. Howley, Jr., DDS, MAGD
Paula S. Jones, DDS, FAGD
John A. Olsen, DDS, MAGD
Scott M. Dubowsky, DMD, FAGD, Board Liaison
Dear Paula,

Thank you,

This looks very good.

Appreciate all if your help.

Carter Brown
Budget and Finance Committee Annual Report

Budget and Finance Committee

1. This committee shall assist in preparation of the budget and determine how to best conserve and utilize AGD funds.

2. The Budget and Finance Committee including the chair and vice chair shall be appointed by the President-Elect with the approval of the Board at the meeting immediately following the adjournment of the House of Delegates. This committee shall be composed of the Treasurer plus four (4) other members, of which at least two (2) members must be trustees.

3. Appointments to this committee should be made with consideration given to the following:
   a. At least some members should have prior Budget and Finance Committee experience;
   b. An appointee should have a good understanding of the AGD, including its current programs and structure;
   c. If a non-trustee is appointed, he or she should have prior budget and finance experience or appropriate expertise, and should be provided with appropriate information/reports during the course of the year, which would keep this committee member informed.

4. The Executive Director shall serve as a consultant to this committee.

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.
BUDGET PROCESS. Budget and Finance Committee December Conference Call. Due to a
vacancy in the Chief Financial Officer position, the Budget and Finance Committee was did not
have their December Conference Call. The new Chief Financial Officer (CFO) Ms. Christa
Ojeda started in mid-January of 2017. In February, Dr. Worm, Chair of Budget and Finance, had
a business call with the new CFO to discuss plans for budget development.

BUDGET DEVELOPMENT

1. Given the current trend in membership and decrease in non-dues revenue, Chair of Budget
and Finance realized that cuts would need to be made in order to create a zero-net operating
budget. In prior years, due to decreasing resources, staff was asked to present their budgets with
a certain percent decrease (last year was 3%). Per the recommendation of the CFO, this year a
new approach was taken. Instead of requesting cuts by a certain percent across the board, each
council, committee and operating department was asked to take a hard look at their budgets and
offer cuts based on what could be taken out of their current budgets while maintaining a sound
infrastructure, working toward growth potential, maintaining the priorities set by the council,
committee, or department and the goals and strategies of the AGD. This would be a challenge
knowing there would be increases in costs, for example, vendor contracts, infrastructure needs
and personnel costs.

2. Business Plans were required for new programs with expenses greater than $5,000. Councils
were informed that these requirements had not changed from the previous year and that
justification for any additional funding for any new programs needed to be developed and
presented via a Business Plan. An Action Item Report (AIR) for any new program also needed
to be developed for consideration at the Budget and Finance Committee meeting which
explained how funding these strategies would advance the AGD Strategic Plan and the Board
priorities. No Business Plans were submitted to the Budget & Finance Committee but two AIRs
were included. One for Board Meeting costs and another for additional IT network support.

3. Once initial departmental budgets were completed, departmental meetings were scheduled
with the Finance department staff. Based on these meetings, changes were made to the
preliminary budget to keep it as realistic, free of error, and in compliance with the established
2018 targets and Board financial policies. Initial budget documents were sent to Dr. Worm and
the Treasurer, Dr. Harunani for review.

BUDGET AND FINANCE COMMITTEE PRE-MEETING. Dr. Worm and Dr. Harunani
met with the CFO and Interim EDs, Mr. Killam and Dan Buksa at AGD headquarters for the pre-
meeting of the Budget and Finance Committee on July 6, 2017. Also in attendance was
Investment Committee Chair, Dr. John Portwood. The CFO and AGD staff presented budgets for
the departments, explaining any variances along with connected business plans and anticipated
contingency requests. Drs. Worm and Harunani provided feedback and guidance to the staff to
make adjustments in preparation for the full meeting of the Budget & Finance Committee.

BUDGET AND FINANCE COMMITTEE MEETING. The Budget and Finance Committee
met July 28-29, 2017 at AGD headquarters. The committee consists of Drs. Worm (chair),
Harunani (Treasurer), George Shepley, Michael Lew, and Elizabeth Clemente. In addition to the
committee, President-Elect Dr. Manuel Cordero Vice President Dr. Neil Gajjar, Interim EDs Mr. Killam and Mr. Dan Buksa, and the CFO were present. The CFO and staff presented the updated business plans, budgets, and contingency requests. After the discussion, the committee and ad hoc non-voting members deliberated the budget and contingency requests, and developed the final recommendation for the 2018 Budget.

RECOMMENDATIONS. Many policies guide the development of the budget. The Budget and Finance Committee must review and make use of these policies when preparing the annual budget. These policies are outlined in each section below where pertinent.

1. Dues.
   a. Policy. In 2008, the Board approved the following dues stabilization policy which allows for dues increase up to CPI:

   Dues Stabilization: The Board shall develop annual budgets and manage the AGD’s finances and reserves in accordance with the long-term financial strategy of dues stabilization. The dues stabilization strategy seeks to achieve long-term dues stability by keeping annual dues increases at or below the level of inflation. Stable dues are viewed to be supportive of the organizational objective to increase membership market share. A key element of the dues stabilization strategy is a strong reserve position. Growth in non-dues revenue is required to make the AGD less dependent upon dues revenue. The focus in generating non-dues revenues must be on the net margins generated from the revenues, rather than a focus on gross revenues. Flexibility is needed to develop annual budgets which provide member programs and services in support of the strategic plan while keeping required dues increases at or below an inflationary level.

   b. Budget and Finance Committee Recommendation.

      i. The average CPI increase for the twelve months ended April 2017 was 1.6%. The Budget and Finance Committee is recommending a CPI increase in the dues rate matching the CPI. The 2017 full-dues paying member rate will increase by $6 from $386 to $392.

      ii. The committee also debated the current student dues rates. Review of data shows that at 5 years (2012 to 2017) student member retention is around 21.5%. In consideration of the cost of publications ($27.50/member) and numerous other costs incurred on behalf of student members, the committee recommends increasing the student dues by $10 from $17 to $27. This added approximately $48K.

2. Officer Stipends and Trustee and Regional Director Allotments

   a. Policies. At the 2008 House of Delegates meeting, the following amendments were made to the stipends.

   “Resolved, that policy 2004:5A-H-7 be amended to read:
“That effective July 21, 2008 (start of 2008/2009 governance year), the annual stipends of the President, President-Elect, Vice President, Treasurer, Secretary, Speaker and Editor respectively be increased to $55,000, $40,000, $27,500, $10,000, $10,000, $5,000 and $21,000, and adjusted annually thereafter up to CPI as determined by the budgetary process.”

‘Resolved, that policy 2007:108-H-6 be amended by addition, so that it reads:

Each of the 20 trustees be allotted $2,000 and adjusted annually thereafter up to CPI as determined by the budgetary process effective July 21, 2008 (start of 2008/2009 governance year), of AGD funds for the following activities relating to his or her duties as an AGD trustee:

1. Actual expenses in visiting the constituent Academies within his or her region. If an automobile is used in traveling to the constituents, the trustee is to be reimbursed at the designated IRS rate.

2. The cost of communicating with officers and various members of the constituent Academies.

3. The cost of attending meetings of the officers of the constituent Academies within the region or a caucus of delegates held prior to the annual meeting or governance meetings.

4. AGD activities relating to his or her function as a trustee.”

“Resolved, that policy 99:7-H-7 be amended by addition, so that it reads:

That the Regional Directors of the Academy of General Dentistry receive a maximum allotment based on the following:

Region 1 - $1,700  Region 11 - $1,600
Region 2 - $1,200  Region 12 - $1,600
Region 3 - $1,200  Region 13 - $1,200
Region 4 - $1,200  Region 14 - $1,800
Region 5 - $1,500  Region 15 - $1,400
Region 6 - $1,500  Region 16 - $1,300
Region 7 - $1,300  Region 17 - $1,600
Region 8 - $1,200  Region 18 - $1,200
Region 9 - $1,300  Region 19 - $1,500
Region 10 - $1,600  Region 20 - $1,300

and adjusted annually thereafter up to CPI as determined by the budgetary process effective July 21, 2008 (start of 2008/2009 governance year).”

b. Budget and Finance Committee Recommendation: The committee recommends the CPI increase of 1.6% in the officer’s annual stipends and the Trustee and RD allotments.

3. Investments
a. Requirements of the Investment Policy Statement (IPS)

Operations Account. This fund will maintain an amount deemed to be essential to meet the ongoing operational needs of the AGD. Excess income from operations at the close of the year will be placed evenly in the Reserve Account and Project Account.

Investment Fund: The primary function of this fund is to achieve long-term objectives, which require its funds to be dedicated for the stipulated investment time horizon and to maintain reserves as prescribed by the Board. The Investment Fund shall consist of two accounts, each of which shall retain its own characteristics, principal, and returns: Reserve Account and Project Account.

Reserve Account. This account is designed to maintain an operational reserve of a minimum of 50% and a maximum of 100% of budgeted expenditures.

i. All proceeds above the 100% reserve level will be moved into the Project Account.

ii. If the AGD’s budgeted expenditures increase above the income growth, then 50% of any budgetary increase in expenses above the previous year’s budget adjusted for income growth shall be added to the Reserve Account to maintain its appropriate level. If the reserve level falls below 50% of budgeted expenditures, then 50% of any budgetary increase in expenses above the previous year’s budget adjusted for income growth shall be added to the Reserve Account to maintain its appropriate level.

iii. A 2.5% annual distribution (as of fiscal year-end balance) shall be allocated from the Reserve Account to the Operating Account. This allocation shall be contingent upon the balance remaining after the allocation being 55% or above the upcoming budget cycle expenditures. The Board shall vote with input from the Investment Committee on whether this allocation of Reserves can be suspended or reinstated. Provided that excess funds are available, a special allocation may exceed the 2.5% level such that it does not exceed 50% of the prior year annual Reserve Account return. The funds will be transferred as needed during the budgetary year as described above.

iv. The budgeted expenditures pertaining to the above clauses will exclude depreciation on the building and build-out at 560 West Lake Street.

Project Account. The purpose of this account was to pay the building loan each month for 5 years and then make the final balloon payment of $2,280,000 in July 2017.

Emergency Account. This was established with $100K as a backup in the event that serious unexpected cost overruns occurred. As of 7/30/17 this account has $112K.

b. Discussion.

i. As of 7/30/17 the balance of the Reserve Account was $13,058,745, which is 86% of the budgeted expenditures.
ii. There were significant unexpected expenditures over the past year that were funded from the operating budget. These costs include $878K in capital improvements to the building, $250K given to BBBS for leasehold improvements upon resigning their lease as well as a $197K commission paid for the execution of the lease agreement. $291K and $202K was used for the rebranding and marketing efforts respectively as voted by the Board. In addition, $760K was used to pay the mortgage for two years which was to have been paid for out of the Investments. To replenish the Operating Account the Board requested to dissolve the Project Account at Board Meeting III and refinance the mortgage. This was accomplished with a new mortgage of $2,280,000 refinanced at 3.075%. The balance of the Project Account as of 7/31/17 was $2,520,906. Also, $114K will be needed for paying off the new loan for the rest of 2017 and $228K will be needed for the loan during 2018.

c. **Budget and Finance Committee Recommendations:** The committee recommends the following:

i. Transfer of 2.5% ($288,000) from the reserve account into the operating budget per the IPS.

ii. Allocation of the Project Account funds. $2M to return to the Operating Budget to offset the unplanned costs and mortgage payment in 2017; $350K to pay for the 2017 and 2018 mortgage payments and the remainder to create the Building Maintenance Fund which will be used to pay for both future planned and unexpected building repairs and maintenance.

iii. Starting with the 2019 Budget, to incorporate an annual amount to be determined in conjunction with the Building Committee to transfer into the Building Maintenance Fund to grow that account for future planned and unexpected repairs and maintenance.

4. Additional New Funding/AIR Requests/Other Considerations

a. **IT Network AIR.** Due to increasing external attacks on networks and vulnerabilities in our infrastructure $45,000 for external IT network support is recommended to be funded in the 2018 budget. Budget and Finance Committee recommends supporting this request and it is presented to the Board as an AIR. *During the 16-17 Board Meeting V the Board approved this AIR and this has been included in the budget.*

b. Constituent Services requested to double STAR Visits from two to four at an additional cost of $4,400. Budget and Finance Committee recommended that these additional visits be completed via Zoom and does not recommend additional in-person visits at this time.

c. Constituent Services requested in person train the trainer for STAR Visits at an additional cost of approximately $13,000. Budget and Finance Committee recommended the use of Zoom to perform this training which allows for the ability to schedule more than one session and does not recommend in-person training at this time.
d. Constituent Services requested to increase constituent mini grants from $500 to $1,000 at an additional cost of $10,000. Budget and Finance Committee recommends raising them but only to $750, which will add $5,000 to the budget.

e. Review of the AMC contracts and discussion held to create more efficiencies and smarter budgeting, and it was felt this could be done. Since the Budget and Finance meeting the decision to bring these functions back in house was voted by the Board. Budget and Finance Committee reduced the AMC contract amounts by $50K each which was incorporated into the budget.

f. Discussion was held regarding the ADA meeting to be held in Hawaii in 2018. Since many of the PRC members are also ADA delegates and therefore are covered by the ADA, the Budget and Finance Committee reduced the number of reimbursed members by 3 for a savings of approximately $8,000.

 g. Marshalls and Flag bearers were not included in the budget in 2017. These individuals were chosen from those already in attendance. Budget and Finance Committee recommended to continue this process, therefore not adding an additional $12,000 to the Budget.

h. Discussion was held on the number of students being funded to Hill Day. Currently 12 are funded. The discussion was that while it’s a nice benefit for the students to attend, the actual input that they have is primarily towards student debt reduction. They have limited knowledge of the actual needs of dentistry. Budget and Finance Committee recommends reducing the number of students funded from 12 to 4. This saves $5,360 in the budget.

i. Review of the Sponsor Program Revenues shows continued decrease in this revenue stream. Budget and Finance feels that this area needs to greatly improve and not be shrinking and added two new sponsor revenue programs at values of $20K and $13K net. This revenue was added to the budget.

j. The Committee discussed the spousal travel costs for the AGD. This adds up to significant dollars across all meetings. Budget and Finance Committee recommends cutting the spousal travel for Division Council Meetings as these are not the type of meetings where spouses are hosting or attending outside functions. This was removed from the budget at a value of $7,650.

k. The Committee reviewed food and beverage costs. The Committee was surprised to learn that in some cases catering for committee and council meetings ran as high as $100 per person for lunch. The Committee recommends changing how food and beverage is provided for the meetings held at AGD HQ. In many cases, the hotel that is being utilized provides complementary breakfasts; and where they don’t, it was discussed that the staff needs to negotiate access to the “executive floor” which serve breakfasts. The Committee recommends that where possible staff need to seek out these hotels where breakfast is included. This will also reduce the overtime/additional pay needed for staff members who have to come in early to provide access to the caterers to set up breakfasts. Additionally the Committee recommends that lunches be coordinated on an “order out” basis from local restaurants that deliver. This will greatly save in food and beverage costs.
1. The Committee reviewed the costs for the 2018 HOD meeting and felt that with the change in venue that this was the time to creatively come up with cost savings. The committee reviewed the estimated costs and recommended reducing the HOD budget by $75K by utilizing a smaller piano (i.e. upright) vs a baby grand piano, remove the florist costs, and reduce the unrealistic high estimate of AV and internet access. The Committee recommends to staff that for future meetings, that instead of having three separate rooms for the reference committees with overlapping times that the main conference room be used with rolling reference committees, one after the other. Additionally the budget included seating for roughly 220 alternates. While this is the number provided in the bylaws to allow to attend, this is not the actual number in attendance. Thus it is recommended that the room size and set up be based on actual number of attendees vs the total number of possible attendees.

m. Dr. Picone requested that Speaker honorariums to be increased to $180K but due to budgetary constraints and previous two year actuals (FY2016 = ~$155,000, FY2017 - $165,750) the budget was kept at $170K.

n. Based on data provided by Human Resources citing World at Work Report, The Conference Board, ERI Economic Research Institute, and Aon Hewitt, the committee recommends up to a 3% salary increase for staff based on performance. Additionally, the committee recommends that 3% in potential merit bonus dollars also be included.

5. Board Contingency Fund

a. Policy. Per Policy Type: IV. Executive Limitations, C. Budgeting, the annual budget must provide at least $100,000 per annum for the Board Contingency Fund. For 2017 the Board Contingency Fund was $186,054 of which the remaining balance at the time the committee met was $75,932.

b. Recommendations. Upon deliberations of all budget items, the Board Contingency Fund is $254,500 and if the IT Network $45K AIR is passed the Board Contingency will stand at $209,500 for 2018.

6. Capital Budget.

a. The capital budget for the 2017 budget year totals $89,500 covering Information Systems purchases. Major purchases for Information Systems include maintaining a 33% annual replacement rate on computers and laptops, new servers, SAN storage expansion, updated Windows licensing, and a new backup appliance to increase storage capacity due to increased volume.

b. The 2018 Capital Budget does not accommodate any potential major repair needed for the building at 560 W. Lake Street. Building repairs are monitored by the Building Committee which requires three estimates for any such project. Such expenditures would require final approval by the Board.
2018 Budget Summary

A summary of the 2018 budget covering the period from January 1 – December 31, 2018 as recommended by the Budget and Finance Committee is as follows:

<table>
<thead>
<tr>
<th>2018 Budget Summary</th>
<th>2018 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td>$15,125,800</td>
</tr>
<tr>
<td>Total Expense</td>
<td>$15,125,800</td>
</tr>
<tr>
<td>Net Income (Loss) from Operations</td>
<td>0</td>
</tr>
<tr>
<td>Board Contingency Fund</td>
<td>$209,500</td>
</tr>
</tbody>
</table>

**NEXT STEPS**

The 2018 budget was the result of the process outlined above and is the best recommendation that the Budget & Finance Committee could reach for the Board to discuss, modify and approve before being distributed to the HOD. At the end of this report, a Statement of Activities along with a variance analysis has been included to assist you in review of the 2018 budget. In addition the committee recommends that with the guidance of the Interim EDs and the CFO that all programs develop “Measures of Success” that are monitored quarterly by the B&F committee. Some have developed them but not all at this time. The committee will need to develop the plan to implement this monitoring. This will help ensure that the activities of the AGD are kept on track and identify areas where additional support and guidance are needed when the MOS’s are not achieved.

**CONCLUSION**

This report, which is presented for the Board, is a conservative but reasonable and realistic budget reflecting much hard work, compromise and consensus by all who were involved in its creation. It also reflects the high level global discussions of all present at the Budget and Finance meeting based on our current strategic plan for the organization. The need to bring our budget funding in line to reflect current and future direction of the AGD is not only key in its growth but a must. It is hoped that this budget will provide the guidelines under which we will operate while at the same time, not be so restrictive that it leaves no room for progressiveness in working toward those strategic goals. It is important to keep up with the ever-demanding changes in our current climate but not at the expense of our overall established goals, mission and considered costs. Detailed financial disclosure is not just an obligation, it is a right earned by the trust which its members place in the good faith of the organization. We, the members of the committee, believe we have delivered a proposed budget for 2018 to serve our constituents and members which fulfills the mission and the current strategic plan of the AGD.

Respectfully Submitted,

Donald Worm, DDS, MAGD, ABGD, Chair (dontheworm@yahoo.com)
Mohamed Harunani, DDS, MAGD, Treasurer, Vice Chair (mharunani@gmail.com)
Michael Lew, DMD, MAGD (mlewmagd83@gmail.com)
George Shepley, DDS, MAGD (gshepley@comcast.net)
Elizabeth Clemente, DDS, MAGD (elizabeth.clemente@atlantichealth.org)
1 Christa Ojeda, CPA, Chief Financial Officer (christa.ojeda@agd.org)
### ACADEMY OF GENERAL DENTISTRY

#### Statement of Activities

For the Twelve Months Ending 12/31

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>2015</th>
<th>2016</th>
<th>2017 Budget</th>
<th>2018 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Membership</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues</td>
<td>$8,740,475</td>
<td>$8,996,601</td>
<td>$9,146,501</td>
<td>$9,433,999</td>
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<tr>
<td>Member Recruitment and Retention</td>
<td>1,995</td>
<td>1,825</td>
<td>1,250</td>
<td>1,250</td>
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<tr>
<td><strong>Total Membership Revenue</strong></td>
<td>$8,742,470</td>
<td>$8,998,426</td>
<td>$9,147,751</td>
<td>$9,435,249</td>
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<tr>
<td><strong>AGD Benefits Plus Royalties</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGD Benefits Plus Royalties</td>
<td>545,071</td>
<td>529,823</td>
<td>645,000</td>
<td>645,000</td>
</tr>
<tr>
<td><strong>Total AGD Benefits Plus Royalties</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Partnerships Administration</strong></td>
<td></td>
<td></td>
<td>800,000</td>
<td>840,000</td>
</tr>
<tr>
<td>Allocated Revenue</td>
<td></td>
<td></td>
<td>(195,280)</td>
<td>(334,485)</td>
</tr>
<tr>
<td><strong>Total Allocated Revenue</strong></td>
<td></td>
<td></td>
<td>255,281</td>
<td>505,515</td>
</tr>
<tr>
<td><strong>Communications</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List Rentals</td>
<td>27,103</td>
<td>37,140</td>
<td>27,960</td>
<td>30,000</td>
</tr>
<tr>
<td><strong>Total List Rentals</strong></td>
<td></td>
<td></td>
<td>691,611</td>
<td>642,500</td>
</tr>
<tr>
<td>General Dentistry</td>
<td>653,097</td>
<td>584,212</td>
<td>772,463</td>
<td>680,793</td>
</tr>
<tr>
<td>Impact</td>
<td>726,647</td>
<td>588,498</td>
<td>680,000</td>
<td>642,500</td>
</tr>
<tr>
<td>Website</td>
<td>48,580</td>
<td>10,310</td>
<td>64,212</td>
<td>47,360</td>
</tr>
<tr>
<td><strong>Total Communications</strong></td>
<td></td>
<td></td>
<td>1,556,246</td>
<td>1,400,653</td>
</tr>
<tr>
<td><strong>Dental Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Instruction</td>
<td>99,930</td>
<td>68,720</td>
<td>103,380</td>
<td>106,488</td>
</tr>
<tr>
<td>PACE</td>
<td>271,475</td>
<td>301,365</td>
<td>304,835</td>
<td>340,935</td>
</tr>
<tr>
<td>Lifelong Learning &amp; Service Recognition</td>
<td>21,725</td>
<td>10,090</td>
<td>15,000</td>
<td>21,000</td>
</tr>
<tr>
<td>Continuing Education Programs</td>
<td>167,037</td>
<td>204,304</td>
<td>195,980</td>
<td>214,608</td>
</tr>
<tr>
<td>Exam Study Materials</td>
<td>66,202</td>
<td>64,815</td>
<td>48,000</td>
<td>53,760</td>
</tr>
<tr>
<td>Fellowship Exam Fees</td>
<td>229,146</td>
<td>286,975</td>
<td>268,500</td>
<td>285,000</td>
</tr>
<tr>
<td>Fellowship and Mastership</td>
<td>296,341</td>
<td>209,306</td>
<td>234,740</td>
<td>247,890</td>
</tr>
<tr>
<td><strong>Total Dental Education</strong></td>
<td></td>
<td></td>
<td>1,151,856</td>
<td>1,269,681</td>
</tr>
<tr>
<td><strong>Scientific Session</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scientific Session- General</td>
<td>190,202</td>
<td>185,424</td>
<td>205,861</td>
<td>133,250</td>
</tr>
<tr>
<td>Registration</td>
<td>253,141</td>
<td>300,622</td>
<td>260,642</td>
<td>329,647</td>
</tr>
<tr>
<td>Education</td>
<td>578,988</td>
<td>523,622</td>
<td>600,716</td>
<td>565,716</td>
</tr>
<tr>
<td>Exposition</td>
<td>485,197</td>
<td>452,900</td>
<td>524,989</td>
<td>505,825</td>
</tr>
<tr>
<td><strong>Total Scientific Session</strong></td>
<td></td>
<td></td>
<td>1,507,528</td>
<td>1,534,438</td>
</tr>
<tr>
<td><strong>Other Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain/Loss on $CAD Exchange Rate</td>
<td>(126,310)</td>
<td>(110,607)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>560 W. Lake Street</td>
<td>227,698</td>
<td>233,852</td>
<td>263,268</td>
<td>270,792</td>
</tr>
<tr>
<td>Other</td>
<td>29,413</td>
<td>20,440</td>
<td>27,500</td>
<td>64,472</td>
</tr>
<tr>
<td><strong>Total Other Revenue</strong></td>
<td></td>
<td></td>
<td>130,801</td>
<td>335,264</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$13,990,495</td>
<td>$13,755,524</td>
<td>$15,006,637</td>
<td>$15,125,800</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$13,606,927</td>
<td>$13,411,099</td>
<td>$14,890,052</td>
<td>$15,125,800</td>
</tr>
<tr>
<td><strong>INCOME FROM OPERATIONS</strong></td>
<td>$383,568</td>
<td>$344,425</td>
<td>$116,585</td>
<td>$0</td>
</tr>
</tbody>
</table>
## EXPENSES

### Membership
- Recruitment and Retention  
  **2015**: $338,504  
  **2016**: $567,873  
  **2017 Budget**: $545,750  
  **2018 Budget**: $518,758
- Departmental Administration  
  **2015**: 801,553  
  **2016**: 962,015  
  **2017 Budget**: 895,739  
  **2018 Budget**: 982,052

### AGD Benefits Plus
- **2015**: 26,966  
- **2016**: 32,947  
- **2017 Budget**: 62,982  
- **2018 Budget**: 35,629

### Partnership Administration
- **2015**: 225,642  
- **2016**: 117,062  
- **2017 Budget**: 195,550  
- **2018 Budget**: 247,900

### Constituent Services
- Constituent Services  
  **2015**: 48,264  
  **2016**: 44,427  
  **2017 Budget**: 65,259  
  **2018 Budget**: 79,594
- Regional Directors Activities  
  **2015**: 85,630  
  **2016**: 68,137  
  **2017 Budget**: 106,342  
  **2018 Budget**: 106,462
- Leadership Conference  
  **2015**: (1,249)  
  **2016**: 141,125  
  **2017 Budget**: -  
  **2018 Budget**: 15,000
- Departmental Administration  
  **2015**: 161,788  
  **2016**: 139,822  
  **2017 Budget**: 132,925  
  **2018 Budget**: 136,762

### Communications
- Publications Marketing  
  **2015**: 28,448  
  **2016**: 43,941  
  **2017 Budget**: 58,651  
  **2018 Budget**: 18,435
- General Dentistry  
  **2015**: 258,417  
  **2016**: 214,192  
  **2017 Budget**: 267,645  
  **2018 Budget**: 275,715
- Impact  
  **2015**: 382,065  
  **2016**: 339,129  
  **2017 Budget**: 405,489  
  **2018 Budget**: 440,575
- Website  
  **2015**: 5,315  
  **2016**: 1,406  
  **2017 Budget**: 9,268  
  **2018 Budget**: 25,300
- Media Relations  
  **2015**: 49,708  
  **2016**: 52,093  
  **2017 Budget**: 73,575  
  **2018 Budget**: 56,689
- Public Education  
  **2015**: 85,421  
  **2016**: 100,206  
  **2017 Budget**: 39,152  
  **2018 Budget**: 95,152
- Departmental Administration  
  **2015**: 877,433  
  **2016**: 930,807  
  **2017 Budget**: 987,306  
  **2018 Budget**: 1,084,669

### Dental Education
- Self Instruction  
  **2015**: 11,542  
  **2016**: 5,286  
  **2017 Budget**: 19,460  
  **2018 Budget**: 10,154
- PACE  
  **2015**: 71,495  
  **2016**: 5,120  
  **2017 Budget**: 9,000  
  **2018 Budget**: 12,810
- Lifelong Learning and Service Recognitio  
  **2015**: 10,077  
  **2016**: 10,903  
  **2017 Budget**: 6,534  
  **2018 Budget**: 8,088
- Continuing Education Programs  
  **2015**: 74,195  
  **2016**: 79,576  
  **2017 Budget**: 58,495  
  **2018 Budget**: 41,600
- Exam Study Materials  
  **2015**: 8,986  
  **2016**: 5,290  
  **2017 Budget**: 12,350  
  **2018 Budget**: 13,869
- Fellowship Exam Fees  
  **2015**: 54,656  
  **2016**: 56,261  
  **2017 Budget**: 74,041  
  **2018 Budget**: 71,805
- Fellowship and Mastership  
  **2015**: 276,067  
  **2016**: 255,040  
  **2017 Budget**: 247,322  
  **2018 Budget**: 230,398
- Departmental Administration  
  **2015**: 619,006  
  **2016**: 790,838  
  **2017 Budget**: 718,999  
  **2018 Budget**: 812,406

### Scientific Session
- Scientific Session- General  
  **2015**: 373,110  
  **2016**: 283,002  
  **2017 Budget**: 202,977  
  **2018 Budget**: 233,523
- Registration  
  **2015**: 132,036  
  **2016**: 154,274  
  **2017 Budget**: 189,337  
  **2018 Budget**: 166,159
- Education  
  **2015**: 492,329  
  **2016**: 431,674  
  **2017 Budget**: 509,007  
  **2018 Budget**: 452,524
- Exposition  
  **2015**: 223,005  
  **2016**: 204,958  
  **2017 Budget**: 245,229  
  **2018 Budget**: 289,275
- Departmental Administration  
  **2015**: 330,140  
  **2016**: 302,511  
  **2017 Budget**: 437,168  
  **2018 Budget**: 214,145

### Public Affairs
- Government Relations  
  **2015**: 313,568  
  **2016**: 283,573  
  **2017 Budget**: 366,784  
  **2018 Budget**: 341,584
- Dental Practice Advocacy  
  **2015**: 21,091  
  **2016**: 19,060  
  **2017 Budget**: 20,569  
  **2018 Budget**: 17,385
- Departmental Administration  
  **2015**: 550,166  
  **2016**: 567,131  
  **2017 Budget**: 636,125  
  **2018 Budget**: 566,847

### Total Expenses
- **2015**: 1,140,057  
- **2016**: 1,529,888  
- **2017 Budget**: 1,441,489  
- **2018 Budget**: 1,500,810

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**Academy of General Dentistry**  
**Statement of Activities - Expense**  
**For the Twelve Months Ending 12/31**
Dues – Dues were held to 2016 membership levels and increased by CPI as well as increasing student dues from $17 to $27.

AGD Benefits Plus Royalties – Non dues revenue will be an area of focus in 2018, the budget reflects these efforts.

Partnership Administration – It is difficult to compare year-over-year revenues as revenues were recorded in the areas that were supported. For example, if a Sponsor gave money for a lanyards the revenue portion was recorded in Scientific Session, making it appear that revenues were behind budget. A new methodology has been implemented in 2017 where the revenues will be recorded in Partnership Administration and then allocated out to the various programs. As non-dues revenue continues to be an area of focus, the 2018 budget reflects those efforts.

Communications – Revenues are targeted at 2015 levels as we focus on advertising and the rebrand of the website to develop income streams.

Dental Education – Increase in fees account for the majority of the increases from prior year and FY2017 Budget.

Scientific Session – Due to the location of the Scientific Session in 2018, revenues were decreased from FY2017 Budget.

Other Revenue – 560 W Lake Street Revenues are based on the BBBS lease, other revenues are reimbursements for a prorated portion of common building expenses.
EXPENSES

1 Salaries – Salaries are included in each area’s administrative expenses. Taking out Meeting Services Department salaries included in the 2017 Budget (but outsourced in 2017) in order to provide more of an apples-to-apples comparison total salaries in the 2017 Budget was $4,731,706 versus $4,871,198 in 2018 Budget which equates to a 3% increase year-over-year. 2016 had numerous open positions at Manager-level or above including the Executive Director and CFO, therefore comparisons are difficult to make. According to Human Resources, salary increases were an average of 2% and merit bonuses were just under $50K total in 2016 (not including the bonuses for the Interim Executive Directors).

10 Partnership Administration – These expenses represent direct costs associated with executing sponsorship programs not already included in other areas of the budget. For those contracts yet to be determined a 40% margin was assumed.

13 Constituent Services – The Leadership Development program given at the Scientific Session in 2017 will be repeated in 2018 and data from those two programs will be used to develop continued leadership programming. In addition, leveraging Zoom conferencing will allow for greater focus on Regional Director training and activities without the addition of incremental costs. The current budget (if you exclude the 2016 Leadership Conference) invests more in Constituent services than in 2016 or in the 2017 Budget.

19 Communications – Increase in vendor costs for printing and the elimination of in-house advertising allocation accounts for the variance from 2016 and 2017 Budget. Regarding Public Education the variance between 2018 Budget and 2017 Budget is the increase in PR firm expenses.

23 Dental Education – The increase from 2016 and 2017 Budget is predominantly due to departmental administration as an additional position was approved in 2017 after the budget was completed and the Director was hired to oversee both Education and Meetings and their salary was increased from that budgeted.

27 Scientific Session – Expenses were reviewed by Dr. Picone, the majority of the variance in the Departmental Administration which included salaries for 2017 Budget but was outsourced in 2017. 2018 Budget assumes a savings from the current contracts.

30 Public Affairs – Consultant for policy now under Manager, Policy and Dental Practice and Policy, also reduction of number of students funded for Hill Day account for the difference between 2017 and 2018 Budget. Actual are contingent on travel costs as well as participation.

33 Councils and Committees – Changing the Joint Council Meeting structure to Division Council Meetings which allowed the meetings to be held at Headquarters had a positive impact on the cost structure. That, along with new in-house meal guidelines contribute to the savings from the 2017 Budget. Actuals are contingent on travel costs as well as participation.
Governance – New in-house meal guidelines as well as cost reductions discussed previously in this report for the HOD meeting account for the changes from 2017 Budget. Actual costs are contingent on hotel and airlines costs as well as participation.

Administrative Overhead

Office of the Executive Director – 2018 Budget includes $50K for strategic planning.

Office Services – Increase in vendor related costs for ISTE and for insurance related costs account for the differences between 2018 Budget and both 2016 and 2017 Budget.

Human Resources – In prior years, employee benefits were accumulated in this cost center and then allocated out to departments. The way this was accomplished does not appear consistent between actuals and 2017 Budget. 2017 Actuals and 2018 Budget have benefits other than dental reimbursement and life insurance in each department’s administrative cost center and is based on actuals. Health insurance costs have increased year-over-year. The remainder of the expenses are consistent with 2017 Budget.

Finance – Finance includes the Board contingency fund which is approximately $68K higher than 2017 Budget. Also, the Finance Coordinator position approved for 2017 Budget did not make it into the 2017 budget number which accounts for the rest of the variance. 2016 actuals do not include the contingency. The remainder of the difference between 2016 and 2018 Budget relates to depreciation which reported in this overhead department.

Information Technology – Increase in maintenance and vendor costs account for the increase from 2016 and 2017 Budget.

560 W Lake Street – 2016 included a penalty for late payment of property taxes as well as the difference between what was accrued for the prior year and actual amounts paid. The difference between 2017 Budget and 2018 Budget is predominantly due to interest expense related to the mortgage which was budgeted for 6 months versus a full year in 2018 due to the refinancing of the loan.

Corporate Relations – The majority of the decrease from 2016 as well as 2017 Budget relates to personnel expenses.
Communications Council Annual Report

The Communications Council shall consist of 10 members, including the chairperson. Initially, this council shall consist of 10 (10) members, 3 members serving three (3) years; 3 members serving two (2) years; and 4 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.
- To adhere to the Sunset Review Process and Schedule outlined in Policy Type V.: Board Policy Statements.
- To 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.
- 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.

Highlights:
- Approval of AIR for rebranding in November of 2016 allowing the council to move forward with rebrand proposal and implement strategies in 2017
- Launch of new agd.org website, which includes new advertising opportunities online, as well as a full array of rebranded materials and resources
- Production of monthly new publication AGD Impact and bi-monthly scientific journal General Dentistry
- Special recognition of General Dentistry by the Association for Media and Publishing
• Redesign of new constituent website template
• Research on public relations strategies to enable council to understand the conversations and dialogues happening around oral health and general dentistry
• Reviewed our past public relations strategies and counsel. The Council voted to realign and secure a new PR firm, Finn Partners
• Enhancement in social media strategies with expansion of Instagram and Facebook engagement

2017 AGD Rebrand

AGD launched its rebrand on June 27. The new logo and visual identity now consists of bright and open layouts, bold colors, modern typography and dynamic imagery. Through this new brand, we are reframing how we communicate what AGD does and why it’s valuable to modern dentistry. The organization’s pursuit of continuous improvement remains intact, and this new framework offers us the opportunity to share stories about dental professionals who want to impact their patients by providing exceptional care while creating successful practices.

At that time of the launch, AGD unveiled its new website at agd.org. The site includes new tools and resources members have come to rely on, as well as new features and a fresh, modern look. The mobile-friendly website includes improved organization and search capabilities, a Find-an-AGD-Dentist tool for patients and content segmented for general dentists based on their career stage.

We also used the new branding in all the decorations and designs at AGD2017, allowing members and guests to get a chance to see the changes in person.

The rollout of the new branding will continue over the course of many months with various announcements and resources distributed throughout 2017 and into 2018.

Constituent leaders have received new logos, application forms, email template mastheads, brand standards guide, etc. the last week of May so that they can update their materials and begin plans for integration. AGD is requesting that all constituents begin using the new logo and brand colors by the end of 2017, and we will be working with all groups to support them in making these changes.

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In 2017, the AGD is collaborating with the American Academy of Family Physicians to produce a special section on the systemic link between oral and overall health. The special issue is tentatively scheduled for the November/December 2017 issue of General Dentistry.

The Council agree to initiate a collaboration opportunity with the American Academy of Pediatric Dentistry for 2018.

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**Non-dues Revenue Sources**

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The Communications department is responsible for generating revenue through advertising in its publications and digital channels. The following outlines our progress for 2017:

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For *AGD Impact* (paid subscriptions only):
- As of July 31, 2017, total paid subscriptions were valued at $9,184
- The FY2017 budget for outside subscriptions is $6,000
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For *General Dentistry* (paid subscriptions only):
- As of July 31, 2017, total paid subscriptions were -$43,986
- The FY2017 budget for outside subscriptions is $46,000
- The FY2016 actual was $51,460

**Digital Communications**
As of Aug. 9, 2017, AGD has 86,024 total followers across five popular social networks:
Facebook (44,906), Twitter (15,696), LinkedIn (23,237), YouTube (794), and Instagram (1,391).

AGD Podcast Series
To date in 2017, AGD produced seven podcasts, available to stream or download from the AGD website, AGD social media channels, iTunes and Soundcloud. These podcasts feature AGD member Wes Blakeslee, DMD, FAGD, conducting interviews with notable general dentists and specialists. Additional podcasts are planned for the remainder of 2017.

AGD Blog
AGD sponsors a dental blog entitled “The Daily Grind,” which is written by various AGD members. The blog is updated up to three times per week and typically discusses issues that affect the everyday personal and professional lives of general dentists. AGD currently has nine active bloggers.

With the launch of the new AGD website, “The Daily Grind” was moved from its external blogspot domain internally to agd.org. This move will help increase the amount of new content generated on the website and enables all AGD publications to be housed in the same area. Since the launch of the new agd.org on June 27, 2017, “The Daily Grind” has secured 1,162 unique page views and continues to attract international traffic.

AGD Website
On June 27, 2017, AGD launched a new mobile-friendly website which features a fresh, modern look. The website includes improved organization and search capabilities, a Find-an-AGD Dentist tool for patients and content segmented for general dentists based on their career stage. This project was a collaborative effort with AGD’s Information Technology department and consultants from Americaneagle.com.

AGD staff is using Google Analytics and a heat-mapping tool to track behavior and trends on the new website. Key takeaways from the period of June 27 to Aug. 8, 2017 include:
• A 54% increase in website session, 55% increase in the amount of site users and 45% increase in page views to the agd.org homepage over the same time period in 2016
• A 45% increase in direct traffic to agd.org
• A 70% increase in traffic from mobile devices and 44% increase from tablets
• Members are the homepage to engage with content throughout

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.

Respectively submitted:
Scott R. Cayouette, DMD, FAGD, Chair
Gerald J. Botko, DMD, MAGD
Kallie L. Brock, DMD
Frank L. Conaway Jr, DMD, MAGD
Colleen B. DeLacy, DDS, FAGD
Otice Z. Helmer, DDS, MAGD
William Lee, DDS
Elizabeth K. Minard, DDS
Bipin J. Sheth, DDS, MAGD
Timothy B. Tinker, DMD
Bruce L. Cassis, DDS, MAGD, Consultant
Roger D. Winland, DDS, MS, MAGD, Consultant
Timothy F. Kosinski, DDS, MAGD, Consultant
J.C. Chenney, DMD, Board Liaison
Anita Rathee, DDS, Division Coordinator

Responsible Council/Committee Chair & Staff Liaisons
Scott R. Cayouette, DMD, FAGD, Chair, Communications Council
843.556.8030 – p
cayouettes@comcast.net

Roger D. Winland, DDS, MS, MAGD, Interim Director, Communications
740.592.3018 – p
rwinland@compuserve.com

From: cayouettes@comcast.net [mailto:cayouettes@comcast.net]
Sent: Tuesday, August 15, 2017 9:27 AM
To: Kristin Gover <Kristin.Gover@AGD.org>
Subject: Re: REVISED: 2017 Communications Council Report

Kristin,

2017 Communications Council Report is approved.
Sincerely,

Scott R. Cayouette, DMD, FAGD
AGD National Spokesperson
AGD Communications Council Chair
AGD Region 19 Vice-Chair

From: Roger Winland [mailto:rwinland@compuserve.com]
Sent: Monday, August 14, 2017 10:14 AM
To: Kristin Gover <Kristin.Gover@AGD.org>
Subject: Re: Please Review: Revised Communications Council Report
Looks ok. Thanks. Roger

Sent from my iPhone
AGD Program Evaluation

Program Name: Communications Council

Charge:

- 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 ensure information is shared and efficiently communicated with AGD constituent leaders;
- 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.

Years Conducted: 2015, 2016, 2017 – Two council meetings each year in person with additional via remote connections.

Description: The AGD Communications Council meets twice per year at the Joint Council Meetings and then Division Council meetings and by remote connections as needed. The Communications Council is responsible for handling the duties laid out by the Board in the Council Charge, with its main responsibility being the oversight of AGD communications categories, publications, website, advertising, public relations and content strategy activities. The Communications Council has been extremely active over the past few years in developing creative communications resources as part of the organization’s comprehensive rebrand strategy.

Goal(s): Communications is integral to everyone’s success at AGD, and it binds diverse initiatives and programs with one another into a commonly held strategic purpose. The Communications Council is working with the AGD Communications staff to develop an effective program that provides communications service and leadership to every level of the organization, emphasizing partnerships and establishing communication plans as a shared activity.
The use of electronic technology as a communication tool lies at the heart of our integrated communications planning and we look to build on the existing and recently revised electronic channels as the information marketplace demands. We are working to develop strategic messages, target audiences, tiered information and select appropriate distribution channels, ensuring a greater perceived value, the right message for each audience and the maximum public-forum impact.

Collaboration and input from AGD constituent leaders is vital to the overall communications strategy and the council seeks to maintain that support and integration.

AGD’s rebrand in 2017 is now a foundation for our work to broaden and integrate these strategies and springboard our work to engage and support more general dentists.

Financial Impact:

<table>
<thead>
<tr>
<th>Year</th>
<th>Budgeted expenses</th>
<th>Actual expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$1,841,086/$919,649 (YTD June)</td>
<td>$871,408 (YTD June)</td>
</tr>
<tr>
<td>2016</td>
<td>$1,907,041</td>
<td>$1,681,774</td>
</tr>
<tr>
<td>2015</td>
<td>$2,020,401</td>
<td>$1,686,801</td>
</tr>
</tbody>
</table>

Participation/Relevance:

With its charge including responsibility for AGD award-winning publications, website, enterprise-wide branding and communications (digital and print), advertising, reputations management and public relations, the Communications Council is extremely relevant to the organization. The communications activities implemented on a daily, weekly and monthly basis enable members to have regular engagement with AGD and determine their level of activity with us. As such, a strong, creative, and efficient Communications Council is essential to AGD operations. The council’s functions are especially critical right now as we identify and pursue a broader and integrated content strategy that raises our profile within the dental, medical and oral health communities.

Qualitative Review: Research in 2016 showed that AGD publications and websites were rated the highest among valued information sources. Similarly, research
conducted by AGD’s public relations firm Finn Partners showed that AGD continues to be an active player in conversations and digital interactions online. The Communications Council is especially focused on identifying metrics to understand the impact communication strategies have in meeting our strategic objectives.

The Communications Council also reviewed the organization’s public relations strategies and current counsel. In 2017, the council decided to realign and secure a new public relations firm, Finn Partners, Inc.

Addl. Information:

Recommendation: The Communications Council has been steadily meeting and working to enhance the information provided to AGD members in order to improve their clinical skills and enhance their careers. The council seeks to continue to be involved in these efforts in terms of editorial calendar development, budget planning and integration of our strategic objectives. While we cannot satisfy the needs of every council and member with our communication plans, we believe that the department and council is moving forward with an integrated approach that is balanced in terms of meeting all of the council needs.

The recommendation is to move forward with the Communications Council.

From: cayouettes@comcast.net [mailto:cayouettes@comcast.net]
Sent: Tuesday, August 15, 2017 9:24 AM
To: Kristin Gover <Kristin.Gover@AGD.org>
Subject: Re: REVISED SUNSET REPORT: AGD - Sunset Report for Communications Council

Kristin,

You have my approval for the Sunset Report for the AGD Communications Council.

Sincerely,
Scott R. Cayouette, DMD, FAGD
AGD National Spokesperson
AGD Communications Council Chair
AGD Region 19 Vice-Chair
AGD Program Evaluation

Program Name: Compensation Committee

Charge:
1. The Compensation Committee shall consist of five (5) members of the Board, including the chairperson. The AGD Secretary, Treasurer, Executive Director, and the Chief Financial Officer shall serve as consultants.
   
a. The Compensation Committee shall be appointed by the President with the approval of the Board at the meeting immediately following the adjournment of the House of Delegates.
   
b. Appointments to this committee should be made with consideration given to the following:
      
      1. At least some members should have current or prior Budget and Finance Committee experience;
      
      2. An appointee should have a good understanding of the AGD, including its current programs and structure.

2. Committee Charge:
   
a. Review salary comparisons and averages for the Chicago area for all key AGD employees, (director level and above);
   
b. Review benefits comparisons and averages for the Chicago area for all key AGD employees, (director level and above);
   
c. Review staff size comparisons for non-profit associations within our budgetary parameters;
   
d. Evaluate and make a recommendation for the ED discretionary bonus and salary after all results of evaluation are collated;
   
e. Evaluation and updating of ED contract;
   
f. Evaluate the stipends of the EC.

3. This committee will meet by either conference call and/or e-mail and each meeting shall be considered highly confidential.

4. Timeline: The committee shall present salary and benefit comparisons as outlined in numbers 1, 2 and 3 above at least once yearly at the Board Meeting IV for the use of the ED in determination of employee salary and benefit packages.
a. Recommendations for any ED discretionary bonus and salary will be reported in the December report after collation of all evaluation tools by the AGD Secretary. Though this is under the purview of the Secretary, this process should be completed no later than November 30th, for final evaluation of the Compensation Committee. This recommendation will be offered to the Board - as determined by the Board Policy Type III C 4 - who then will use this recommendation to determine the yearly discretionary bonus of the ED.

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.

Years Conducted:
The Chair can only evaluate the 2016-2017 governance year.

Description:
The Compensation Committee is an advisory panel that reports to the Executive Director, Human Resources, and the Board of Trustees concerning compensation of AGD employees or on other compensation matters as requested.

Goal(s): The committee shall
a. Present salary and benefit comparisons at least once yearly at the Board Meeting IV for the use of the ED in determination of employee salary and benefit packages;
b. Make recommendations for any ED discretionary bonus and salary will be reported in the December report after collation of all evaluation tools by the AGD Secretary. Though this is under the purview of the Secretary, this process should be completed no later than November 30th, for final evaluation of the Compensation Committee. This recommendation will be offered to the Board - as determined by the Board Policy Type III C 4 - who then will use this recommendation to determine the yearly discretionary bonus of the ED.
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Participation/Relevance:
Periodic review of the salaries, benefits and compensation of the entire staff, and the adequate manpower size to perform the necessary functions of the AGD is an important task. The Compensation Committee performs these functions as an advisory panel to the Executive Director, Human Resources and the Board of Trustees as needed. The Committee meets only by videoconference or at special meetings at AGD Board of Trustee Meetings.

Qualitative Review:
It is difficult to apply metrics to this Committee. The ED, Board and HR should monitor the activity. The Committee has certain obligations and deadlines that need to be fulfilled. If these are not met the AGD Board would have to take corrective action. For 2016-2017 the Committee has fulfilled its obligations and requests.

Addl. Information:
None

Recommendation:
I recommend continuation of this committee.

Robert D. Gehrig, DMD, FAGD
Compensation Committee Chair
Dental Practice Council Liaison
Region 20 Trustee

346
As of July 31, the Editor and the Academy of General Dentistry (AGD) Communications department had the following updates to report:

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**Publications**

**Manuscript Submissions**

A total of 232 manuscripts were submitted to General Dentistry in 2016. As of August 11 we have received 143 manuscripts for 2017. The current rejection rate for manuscript submissions is 53.5 percent. Our total rejection rate since 2014 is 46.9 percent.

**Manuscript Acquisitions**

In March 2017, the AGD’s Acquisitions Editor Rebecca Palmer attended the International Association for Dental Research (IADR) Annual Meeting in San Francisco, for the purpose of soliciting new manuscripts for General Dentistry. A total of 107 manuscripts were solicited, and as of August 11, three manuscript have been received.
The Acquisitions Editor continues to seek articles on topics of interest that would appeal to the general dentist, as well as those that might appeal to the mainstream media and public. She continues to work with the General Dentistry Advisory Board to discuss the acquisitions of new research within the board members’ respective specialties.

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Facebook (44,906), Twitter (15,696), LinkedIn (23,237), YouTube (794), and Instagram (1,391).

**AGD Website**
The launched AGD’s new mobile-friendly website was a collaborative effort with AGD’s Information Technology department and consultants from Americaneagle.com.

AGD staff is using Google Analytics and a heat-mapping tool to track behavior and trends on the new website. Key takeaways from the period of June 27 to Aug. 8, 2017 include:
- A 54% increase in website session, 55% increase in the amount of site users and 45% increase in page views to the agd.org homepage over the same time period in 2016
- A 45% increase in direct traffic to agd.org
- A 70% increase in traffic from mobile devices and 44% increase from tablets
- Members are scrolling the full length of the homepage and engaging with content throughout

**AGD Connect**
AGD Connect is a communications tool powered by an outside vendor named Higher Logic. This community platform provides AGD staff, leaders and members with a dynamic, mobile friendly platform to collaborate, engage and obtain information. The tool is currently being used for collaboration with AGD leaders and will expand to the entire AGD membership later in 2017.

**Public Relations Strategies**

**Background:** AGD’s 2016-2018 Strategic Plan outlines many objectives that relate to strategies and tactics specific to public relations and Goal 4 is on communications. This includes the development of a comprehensive plan, measurement, and implementation. Those strategies relate
to elevating the overall reputation of the organization, the need to highlight FAGD/MAGD status as important designations when selecting an oral health professional, and the importance of AGD policies related to general dentistry and AGD being the voice for issues on overall oral health.

In February the Communications Council hired Finn Partners, a public relations firm with experience in dentistry, oral health and associations. Finn Partners began its work in March, starting with a client ignition meeting, reviewing AGD materials, beginning the Digital Demand Mapping research and developing foundational strategy documents.

**Key Takeaways**

**Understanding General Dentistry:** In June a consumer survey on perceptions of general dentistry was conducted. The survey results include input from over 1100 adults, with more than 900 indicating they have a dentist.

AGD does not wish to duplicate well-documented statistics, but rather identify some data that creates news and conversations about the benefits of seeing a general dentist and topics related to dental and overall health and general dentistry. The survey reveals that some Americans don’t realize their dental checkups cover much more than hygiene. Most (58%) respondents said they view their general dentists as being experts on teeth cleaning, but only a quarter (25%) of respondents said they associate going to their general dentists with getting screened for oral cancer, and even fewer (14%) reported viewing their general dentists as being experts in making broader connections to systemic health.

AGD is using this data to build on consumer media messaging and relationship developing to promote AGD and general dentistry.

**Competition for public relations/news coverage:** ADA is the dominant voice, leading in search visibility, social channel performance, and conversation share of voice. But there are areas of opportunity for AGD, especially around CE and activating dental influencers (e.g., promoting members, resources and content; focusing on 2-3 key issues).

During the 16-17 DCM III Communications Council meeting, Finn presented its findings from its Digital Demand Mapping project to the Council. They broke the Council into groups and selected three topics to consider exploring further in a more integrated communications plan with strategies that would be implemented throughout the year.

Those topic areas are:
- Pediatric dentistry
- Oral cancer
- Oral health and hygiene

A full report of Finn Partners findings can be requested by contacting AGD Director of Communications Kristin Gover at Kristin.gover@agd.org.

The Communications team is working with Finn to put together more information, including key messaging and talking points for these topic areas.
Spokesperson Training

AGD will be conducting its bi-annual spokesperson training in November just ahead of the AGD Annual Meeting. Nomination forms have been distributed.

The Editor is honored to partner with the Communications department. The efforts of the entire department reflect the common goal of moving the AGD forward in all areas of communication.

Respectfully submitted,

Roger D. Winland, DDS, MS, MAGD

Editor

From: Roger Winland [mailto:rwinland@compuserve.com]
Sent: Friday, August 11, 2017 4:36 PM
To: Kristin Gover <Kristin.Gover@AGD.org>
Subject: RE: Please Review: Editor's Report

Report look OK  Thanks  Roger
Group Benefits Council Annual Report

1. The Group Benefits Council shall consist of six (6) members, including the chairperson.

2. It shall be the duty of the council:
   a. To monitor on a continual basis those group membership benefits offered by the AGD to determine their appropriateness for inclusion in the group benefit programs;
   b. To identify, evaluate, and recommend group benefit programs to the Board which will provide added value to AGD membership;
   c. To choose the vendors for the AGD’s group benefit programs subject to the approval of the AGD’s Board.
   d. Group Benefits may be in the form of a member discount, special availability, or revenue to the AGD.
   e. To collaborate with input from other Councils when considering AGD member benefits to be a part of the affinity program.

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

4. 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.

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.

Highlights of the Year
The Group Benefits Council continued to evaluate the Academy of General Dentistry’s (AGD) portfolio of group benefit programs while assessing the success of the program and searching for new potential providers.

Under the leadership of the Group Benefits Council, the Affinity program generated a revenue of $584,000.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Results</th>
</tr>
</thead>
</table>

352
1. Increase Affinity program non-dues revenue by 5% over final 2015 numbers ($582,000). Goal is $611,100.
   The final revenue for 2016 totaled $584,200. This did not meet the projected goal, however there was a large turnover in provider contracts over the past 16 months.

2. Implement student loan refinancing program and hold event with chosen provider to launch program to students.
   Earnest was secured as our student loan refinancing provider. Earnest was both a sponsor at our new student event (2016), which coincided with the launch of their program to our membership as well as a speaker and exhibitor. They also sponsored and participated in the New Dentist Lounge (2017).

3. Adjust marketing approach to focus on career path benefits for members. Increase resumes from students/new grads in Career Center.
   With the launch of the new website and branding, a ‘career stage’ segmented marketing approach has been implemented.

4. Develop tool-kit for constituents to utilize at regional meetings to promote Affinity providers. Have presence of affinity provider at five (5) regional events.
   A toolkit of promotional resources is available on the CST website.

5. Develop criteria to assess and vet Affinity Program providers to be utilized by Group Benefits Council.
   Criteria to vet and assess affinity providers was developed by the Group Benefits Council and approved by the Board.

### AGD Affinity Program Updates

#### Contract Calendar

The Group Benefits Council continues to monitor all contracts for the AGD Affinity program. Below are the current contract statuses by contract renewal date:
AGD Exclusive Benefits Contract Calendar – August 2017

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>LETTER TO TERMINATE</th>
<th>RENEWAL DATES</th>
<th>CONTRACT START DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Paws</td>
<td>180 days prior</td>
<td>December 31, 2017</td>
<td>March 9, 2016</td>
</tr>
<tr>
<td>Virgin Hotels Chicago</td>
<td>N/A</td>
<td>December 31, 2017</td>
<td>December 2014</td>
</tr>
<tr>
<td>CareCredit</td>
<td>60 days prior</td>
<td>January 1, 2018</td>
<td>January 1, 2014</td>
</tr>
<tr>
<td>Solutionreach</td>
<td>60 days prior</td>
<td>February 4, 2018</td>
<td>February 4, 2016</td>
</tr>
<tr>
<td>HotelStorm</td>
<td>60 days prior</td>
<td>February 6, 2018</td>
<td>February 6, 2016</td>
</tr>
<tr>
<td>Dental Card Services</td>
<td>60 days prior</td>
<td>May 28, 2018</td>
<td>May 29, 2017</td>
</tr>
<tr>
<td>HBI</td>
<td>180 days prior</td>
<td>January 1, 2019</td>
<td>January 1, 2016</td>
</tr>
<tr>
<td>All-Star Dental Academy</td>
<td>60 days prior</td>
<td>May 17, 2019</td>
<td>May 12, 2016</td>
</tr>
<tr>
<td>Dentist’s Advantage</td>
<td>180 days prior</td>
<td>May 18, 2019</td>
<td>May 18, 2015</td>
</tr>
<tr>
<td>The Online Practice/Officite</td>
<td>60 days prior</td>
<td>March 25, 2019</td>
<td>March 25, 2014</td>
</tr>
<tr>
<td>Liberty Mutual</td>
<td>90 days prior</td>
<td>June 2, 2019</td>
<td>June 2, 2012</td>
</tr>
<tr>
<td>Earnest</td>
<td>60 days prior</td>
<td>June 3, 2019</td>
<td>June 3, 2016</td>
</tr>
</tbody>
</table>

New Opportunities

2016/2017 Marketing Efforts

The Marketing Department continues to utilize new and exciting channels to market the Affinity program, including but not limited to Google ad words, Facebook ads, traditional publication advertisements and various social media posts. With the launch of the new website and re-brand in July 2017, a new program name was adopted to better reflect the offerings. ‘Exclusive Benefits’ are now highlighted on the homepage of the agd.org website. The member benefits on the program will be segmented by demographic to target benefits specific to a member audience.

The Marketing Department will continue to innovate to increase awareness of the program.

New Program Launches

In 2016/2017 the Affinity Program added three new providers:

- All-Star Dental Academy – providing dental office training
- Earnest – providing student loan refinancing
- HotelStorm – providing worldwide hotel discounts

The program also renewed two contracts: The Online Practice/Officite and Virgin Hotels Chicago

Prospects
Under the direction of the Group Benefits Council, staff will pursue providers in the following areas: lights/loupes manufacturers, financial planning/wealth management firm, and digital intraoral scanners or clear orthodontic aligner provider.

2017 Goals

The following goals were created for the affinity program in 2017:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Affinity program non-dues revenue by 5% over final 2016 numbers ($584,000). Goal is $613,200.</td>
<td></td>
</tr>
<tr>
<td>Increase awareness of affinity program providers by membership based on survey results.</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion

The Group Benefits Council continually evaluates program participation, royalty generation and overall member satisfaction with programs provided. The council will continue to look at better ways to provide benefits to members that they desire. The council will continue to evaluate marketing campaign and new business opportunities to maintain and exceed revenue expectations for the program.

Respectfully submitted:
Dr. Joseph Belsito, Chair
Dr. Puneet Aulakh
Dr. Anca Bordeianu
Dr. Kimberly Denton
Dr. Eric Morse
Dr. Amit Patel

Responsible Council/Committee Chair & Staff Liaison

Dr. Joseph Belsito, DDS, FAGD, Group Benefits Council Chair
519.258.1240 – p
jbelsito@cogeco.net

Pam Carey, Group Benefits Council Staff Liaison, Manager, Corporate Relations
pamela.carey@agd.org

Chair Approval

From: J Belsito [mailto:jbelsito@cogeco.net]
Sent: Wednesday, August 02, 2017 3:06 PM

Hi Pam,
nice job, I approve this report,

joe
Division Coordinator Approval
From: Elizabeth A. Clemente, DDS
Sent: Wednesday, August 02, 2017 3:51 PM

Group benefits council report looks good to me

Sent from my iPhone

Board Liaison Approval
From: Samer G. Shamoon, DDS, MAGD
Sent: Wednesday, August 02, 2017 2:33 PM

Dear Colleagues,

I have read and approve the Group Benefits Council Report for the HOD.

Dr. Shamoon
The Investment Committee Annual Report

The Investment Committee shall consist of three (3) voting members who will serve three-year (3) terms by appointment of the incoming President, with Investment Committee guidance, and Board approval. Individuals do not have to be members of the Budget and Finance Committee, nor on the Board, but must have a financial background to be qualified for appointment. The Treasurer shall serve as a consultant to the Investment Committee. The Investment Committee shall have a fourth non-voting member whose purpose is to learn the functions and methods utilized by the Investment Committee until there is an opening on the Investment Committee. This member shall be appointed by the incoming President, with Investment Committee guidance and Board approval. At that time, the member may become a voting member subject to approval process and have the regular member term limits and responsibilities.

The fourth non-voting member may become a voting member, after successfully serving for two years, with approval of the voting members. Once the member is approved:

a. A ¾ majority vote will be required on all decisions
b. A response time limit of 72 hours will be implemented. After the time has expired and if there are three votes registered, the remaining member that did not respond is registered as “absent” and the proposal moves forward according to the three votes. The committee will document who participated in the vote. If any member needs more time to evaluate the proposal, a time extension may be requested. Habitual failure to participate may be grounds for removal from the committee.
c. Should a member leave for any reason, or be unavailable for any period of time, the committee shall revert to the original format of three members with a unanimous vote required on all decisions.

The Investment Committee is expected to provide advice on the Investment Fund in a manner consistent with this Investment Policy Statement (IPS) and in accordance with state and federal law.

The Investment Committee shall be responsible for:

- Designing, recommending, and implementing an appropriate plan consistent with the investment objectives, time horizon, risk profile, guidelines, and constraints outlined in this statement;
- Recommending an appropriate custodian to safeguard the AGD’s assets;
- Identifying specific assets and investment managers within each asset category;
- Ensuring that the custodian provides the Investment Committee with a current prospectus, where applicable, for each investment proposed for the Investment Fund;
- Monitoring the performance of all selected assets;
- Recommending changes to any of the above;
- Voting proxies accordingly to the guidelines and restrictions outlined herein when applicable and otherwise according to its best judgment;
- Periodically reviewing the suitability of the investments for the AGD, being available to meet with the Board at least annually and at such other times within reason at the AGD’s request;
- Preparing and presenting appropriate reports.

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

4. 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.

The Investment Committee has met twice during this 2017 fiscal year. At AGD Headquarters in April 2017, at the Scientific Session in Las Vegas on July 12, 2017 and has another face-to-face meeting scheduled for November 17 and 18, 2017. At the meetings, the committee reviewed the Investment Policy Statement and composition of the portfolios.

For the first six months of 2017, the overall AGD investment portfolio has shown a gain of 6.86% which was lower than the Dow (up 8.03%), the S&P 500 (up 9.34%), and NASDAQ (up 14.07%) indices. When broken into its components, the Reserves had a gain of 7.00% and the Project Account had a gain of 6.17%. The Reserve account represents the investment committee’s primary value-based philosophy while maintaining a diversified portfolio for protection. The Project account is required to distribute $380,000 annually in payments on the building note, which requires the committee to maintain a large amount of cash on hand at various times. This reduces the return that the account realizes due to the low return experienced on cash accounts. During 2017, more and more of the account was converted to cash to preserve capital payoff on the building loan.

In early 2017, it was noted that due to additional expenditures related to building repairs and leasehold improvements as well as AIRs investing dollars into the FY2016 Budget directly from the operating account, the operating account’s balance fell below the recommended three to six month cushion. In addition, during the last two years, transfers from the reserve account to cover the building loan were not completed further reducing the cash balances for day to day operations. As a result, and also to support the long-term commitment to the building, the Board voted to extend the loan to the building and roll the Project account into the Operating funds.

While the AGD’s money manager (Great Lakes) has been performing well in the Large Cap arena, posting YTD gains of 7.06% through June, they have been underperforming in the Small Cap sector. The committee still feels that it merits staying with the firm at this time. They follow the same value philosophy as the Investment Committee follows.

Maintaining a diversified portfolio to reduce risk and volatility to the portfolio has been a primary focus of the committee. In comparison to its benchmark diversified portfolio, the Investment Committee has exceeded expectations consistently over its long-term timeframe. The committee
is able to produce these results due to a value-driven model investment philosophy with its core benchmarking and satellite approach that produces superior results over extended periods.

The Investment Committee is continually in the process of analyzing current and potential investment holdings to enhance the performance of the portfolio. A holding is only added to the portfolio with a unanimous approval of the Investment Committee, unless there is a fourth voting member whereas a ¾ majority approval of the members of the Investment Committee is required. At the present moment there are only three members on the committee.

Please note that it is the policy of the Investment Committee to keep the investment holdings of the AGD portfolio private and confidential. Full disclosure could adversely impact AGD’s portfolio as well as the individual investor as they do not know when we move into and out of a position. Full disclosure is made to the Board, who are instructed of the private and confidential nature of the information.

Respectfully submitted:
Dr. John Portwood, Chair
Dr. Bryan Edgar
Dr. Richard Knowlton
Dr. Mohamednazir Harunani, Treasurer (Consultant)
Ms. Christa Ojeda, Chief Financial Officer (Consultant)

**Responsible Committee Chair and Staff Liaison**
John Portwood, DDS, MS, MSF, CFP®, ChFC, CLU, MAGD
Chair, Investment Committee
1. Membership Council

1. The Membership Council shall consist of eight (8) members, including the chairperson.

2. It shall be the duty of this council:
   a. To provide guidelines for accepting and retaining members in the AGD and to assist
      the various constituent and component AGDs in implementing these guidelines when
      necessary;
   b. To determine whether an exception should be granted to an active member for failure
      to comply with the requirement that seventy-five (75) hours of continuing education
      be taken within the last three-year period, as embodied in Chapter 1, Section
      1.A.4.a.of the Bylaws, and for associate members in accordance with Chapter 1,
      Section 1.D.3.of the Bylaws. This council has the authority to grant exceptions to this
      continuing education requirement in accordance with policy established by the Board;
   c. To periodically review qualifications for membership and recommend appropriate
      changes to the Board and HOD;
   d. To plan, develop, and coordinate membership recruitment programs and assist in
      implementing them on a national, constituent, and component level;
   e. To study and make recommendations upon all matters pertaining to international
      activities, with the exception of those delegated to the Annual Meetings Council in
      these Bylaws;
   f. To act upon an application for associate membership from those areas where there is
      no constituent AGD;
   g. To determine the form to be used for membership applications.

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

4. Evaluate the pricing of all programs and services annually during the fall (at the Fall Joint
   Council Meetings if meeting) to be included as part of the budget process and provide a
   complete pricing analysis to the Board at their winter meeting at least every three years.

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.

The AGD Membership Council has had a very productive year. Given the lofty goal of 25% growth in full-dues paying student members as set forth in the 2016-18 AGD Strategic Plan, the
main focus of the Membership Council was geared toward adding value and ROI for AGD members, improving the overall member experience, and discussions of additional resources needed to meet our goals. With two in-person meetings convened in conjunction with the Division Council Meetings (DCM), the Council’s key accomplishments to date have been:

- Conceptualized and presented an AIR to revamp the Referral Rewards Program. The updated program, which launched in August 2017, will give a $50 AGD coupon to both the referred member and the member who referred the new member.

- Conceptualized and presented an AIR for additional membership recruitment resources for 2017.

- Developed guidelines for International Membership Opportunities between the AGD and another entity (including but not limited to official or unofficial groups or persons who desire to establish membership in the AGD are currently classified as international) for the purpose of facilitating, encouraging, or recruiting international members.

- Conceptualized a new Membership Points Program to engage and retain current members. The Council will present an AIR for this program in 2018.

- Prepared and discussed the proposed budget program changes for membership recruitment and retention for the 2018 fiscal year.

- Strategized for international membership recruitment, including attending and exhibiting at the FDI meeting in Madrid in August 2017.

- Created a program to incentivize the use of promo codes to track the ROI of marketing initiatives for new members, in particular non-digital initiatives.

- Reviewed Emeritus, Retired, and membership Waivers to determine relevance of the AGD policies for each. With an increasing number of members qualifying for Emeritus, the Council will continue to analyze the data to determine if changes to Emeritus status criteria or benefits are necessary.

- Analyzed cutting-edge membership recruitment and retention initiatives and results.

- Reviewed enhanced membership data. Data integrity and accuracy of reports continue to be a priority, as well as the ability to make data-driven decisions.

**2016 AGD Membership Highlights**

**Total Membership**

2016 total AGD membership was the second highest of any year in the past five years. At 39,072 members on December 31, we were just slightly behind that of 2014, slightly ahead of 2015, but significantly ahead of where we were just five years earlier in 2011 (37,442). Among these
numbers is International membership (non U.S. or Canada), which has increased nearly 21% as compared to two years ago, with 123 members.

Although total membership numbers are looking favorable, full-dues paying members are down by approximately 4% as compared to five years ago. Full-dues paying members are those who pay the full-active member rate ($386 in 2016). We are, however, noting a positive trend in recruitment of new full-dues paying members over the past year, and anticipate this trend in full-dues paying members to continue in the coming years.
New Member Recruitment

New member recruitment is also on an upward trend. Although there is an overall steady trend over the past three years, it is important to note that more full dues paying members were recruited in 2016 than in the past five years. Additionally, total membership recruitment increased by 11% over 2015. We are confident that this favorable trend will continue into 2017.

New member recruitment continues to be a focus of AGD. With an ambitious goal to increase full-dues paying members by 25% by year-end 2018, our membership recruitment initiatives reaching out to nonmembers are multi-faceted as follows:

- Direct mail with an emphasis on constituent programming – with the AIR that was approved for 2016, we mailed to approximately 100,000 potential members throughout the US and Canada. The direct mail campaigns focus not only on the AGD offerings, but also incorporates programming by those constituents within a 150 mile radius of our mailing that have provided program information to us for inclusion. We tested this approach with five constituents in 2015, with overall favorable recruitment results for those constituents.

- Former member promotions – our database contains email contact information for many of our former members and nonmembers who have registered for various AGD programs.

- Trade Show presence – although limited by budget, AGD staff displays the AGD booth at trade shows throughout the year, including ASDA (Annual Session and Leadership Conference), ADA Annual Meeting, Chicago Mid-Winter, Greater New York Dental Meeting, Hinman Dental Meeting, and Yankee Dental Congress. Follow-up mailings
and/or emails are made to the visitors to the booth and to the pre- and/or post-show mailing lists that are acquired as part of our exhibitor package.

- Refer a Colleague/Classmate Program – as previously stated, the Refer a Colleague program was revamped in 2016 and launched in 2017. Both of these programs continue to be viable programs for current members to refer their colleagues.

- Social media and Google Ad Words – there has been an increase in the AGD postings on all aspects of social media. This significantly assists in validating AGD in the minds of prospective (and current) members.

### Student Membership

AGD continues to trend favorably relative to total student membership. 2016 ended with 4,936 student members, which is the second highest number in the past five years.
Recruitment and retention of students post-graduation continues to be a focus of the AGD through its Dental School Program Task Force. Important initiatives are underway, including:

- Development of metrics to track our progress in student-to-full member retention five years out of school
- Creating and enhancing dental school faculty relations with the AGD and the local constituent leadership
- Increasing the number of AGD Student Chapters
- Creating an effective mentorship program
- Providing useful resources and tools to student chapter leaders and local constituents to assist with running successful chapter programs

**Dentist’s Advantage** continues to be a popular retention tool and program for students as they graduate. In addition, **Ernest** was added in 2016 as a resource to members of the AGD to assist in facilitating the handling of their student debt.

Through the AGD’s annual ASDA sponsorship, we continue to receive valuable opportunities to create awareness of the AGD to students. These opportunities include:

- Banner advertisements on ASDA website
- Membership booth at three ASDA national programs
- Print advertisements
- Placement of breakout session speakers at ASDA programs
- Special visibility on the ASDA mobile application at their meetings
- Podium time at national meetings

**International Membership**
AGD International Membership ended the year with 123 members. This is a 3% decrease over the number of International members for 2015, however still a significant increase from 2014. Through the International Committee, the AGD has significantly increased the awareness and promotions of AGD to prospective members outside the United States and Canada. Also, the International Committee and Membership Council have worked together to coordinate efforts this year. As such, the International Committee will be sunsetted in 2017 and a member from the International Committee will serve as a consultant on the Membership Council going forward.

Activities included:
- Promotional messages to current members letting them know that they can now attain their FAGD status
- Promotion of AGD to nonmembers in our database
- Promotion to international authors of AGD publications
- Creation of new AGD landing page for International audiences
- Creation of AGD “ambassadors’ around the globe who are interested in expanding the AGD international membership
- Increase in AGD Social media presence

Membership Retention Rates
AGD’s overall retention rates for the 2016 renewal season remained quite favorable, with 93% of 2015 full-dues paying members renewing for 2016, and 87% of all members renewing. These are impressive numbers when compared to similar professional dental/medical associations. At the time of this report, we are in the midst of the 2017 renewal/recovery cycle.

<table>
<thead>
<tr>
<th>2015-2016 RETENTION RATES</th>
<th>2015 renewal year</th>
<th>2016 renewal year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Dues-Paying Members</td>
<td>95%</td>
<td>93%</td>
</tr>
<tr>
<td>Total Membership</td>
<td>88%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Among our annual retention efforts includes:
- Pop-up reminder on AGD website when non-renewed members login
- Auto-Renewal Program – processed renewals for members enrolled (Oct.)
- *AGD in Action* and *AGD Briefings* – renewal messages
- Emailed invoices (Oct., Dec., Feb., and Apr.)
- Customized printed invoices (Nov., Jan., Mar., and Apr.)
- Customized membership benefit guides and ID cards mailed to all members upon joining or renewing
- Phone-a-thons: outsourced, internal, and constituent activity (Mar. and Apr.)
- Incentives for timely renewals; celebration of winners in *AGD in Action*
- Lapsed member survey mailing (June)
- Customized “last issue” wrapper to lapsed members for *AGD Impact* (June)
• More targeted and segmented communications and data-specific ROI-related renewal invoices.

Additionally, when a member does not renew, his/her membership is terminated on March 31 of each year (we give members a grace period to renew after the official expiration date of December 31). We immediately begin our “recovery” efforts to get those members to renew for the year. Our recovery efforts have proven to be very effective, with 26% of those initially terminated ultimately rejoining in 2016.

Respectfully submitted:

Bruce L. Cassis, DDS, MAGD – Chair
Chethan Chetty, DDS, FAGD
Rebekkah Merrell, DMD
Alexandra Barton Otto, DDS
Seung-Hee Rhee, DDS, FAGD
Aparna Sadineni, DDS, MAGD
Erik Solberg, DDS
Stephanie Urillo, DDS, FAGD

Responsible Council/Committee Chair, Division Coordinator & Staff Liaison
Bruce L. Cassis, DDS, MAGD
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Thomas Killam, CAE
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Sarah Murphy, CAE
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Chair approval email:
From: Bruce Cassis [mailto:blcassis@earthlink.net]

Sent: Wednesday, August 09, 2017 6:55 PM

To: Sarah Murphy <Sarah.Murphy@AGD.org>

Cc: Thomas Killam <Thomas.Killam@AGD.org>

Subject: Re: Membership Council Annual Report

Well done Sarah. The report is approved to go to the board as presented.

Bruce
New Dentist Committee Annual Report

1. The New Dentist Committee shall consist of five (5) members; one (1) member serves at the chair as appointed by the President and there is no restriction on his/her years of practice, two (2) member dentists with one to five (1-5) years of practice at time of appointment, one (1) member dentist with three to eight (3-8) years of practice at time of appointment, one (1) AGD student member of ASDA as recommended by the ASDA executive board.

For the first members of the committee, the chair and the two (2) member dentists with one to five (1-5) years of practice will serve a two (2) year term and the one (1) member dentist with three to eight (3-8) years and the student member will serve a one (1) year term.

Following the first year of the committee, all appointees will serve a two (2) year term except the student which will still be limited to a one (1) year term. Committee members shall be allowed to serve two (2) terms on this committee whether consecutive or not, but no more than two (2) terms in a lifetime. The student member of the committee may also serve his/her second term as one (1) of the member dentists at large upon appointment.

2. It shall be the duty of this committee:
   a) Serve as a data source, strategic planning resource, marketing and membership resource.
   b) The committee shall be consulted by all AGD agencies on matters involving new dentists.
   c) The committee shall transmit a report to each Board meeting

Desired Outcomes

Upon its inception in 2013, the group discussed its overarching mission and purpose and established the following:

The desired committee outcome is to: Foster new practitioners.

The committee’s ultimate customer is new dentist practitioners who value: Ethics, quality and lifelong learning (CE).

The New Dentist Committee has had a very productive year. With two conference calls convened throughout the year, the Committee’s key accomplishments to date have been:

- Student and New Dentist Lounge at AGD2017: The Committee worked in conjunction with staff to offer a new benefit for students and new dentists at this year’s scientific session. The Lounge offered many opportunities for networking, CE geared toward this demographic, and a mentor luncheon. This concept was a huge success and the New Dentist Committee looks forward to offering this again at AGD2018.

- New Graduate Kit: Also new this year, the New Dentist Committee worked with the sponsorship team to offer all 2017 dental school graduate members a kit which included a lab coat with the new AGD logo as well as give-aways from various sponsors. Again, this new project was very successful and the New Dentist Committee hopes to expand this program in 2018.
**Next Steps**

The New Dentist Committee will continue to review and provide input to staff and other councils/committees relative to programming for new dentists. Additionally, the Committee plans to develop the:

- **New Dentist Fellowship Program:** The Committee will develop a proposal for this program. Options will include (but are not limited to) payment plans for Fellowship exam and/or review course, track for recommended/possible educational sessions to achieve FAGD requirements, and/or a document to lay out the steps to obtaining the FAGD (for example a checklist).

- Expand upon the success of the programs listed above in 2018.

Respectfully submitted,

Mai-Ly Duong, DMD, FAGD - Chair
Jennifer Bell, DDS, FAGD
Emily Hobart, DMD
James Kolstad, DDS
Sara Perrone

**Responsible Council/Committee Chair & Staff Liaison**
Mai-Ly Duong, DMD, FAGD - Chair
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**Chair approval email:**

From: Mai-Ly Duong [mailto:mailyduongdmd@gmail.com]
Sent: Wednesday, August 09, 2017 8:48 PM
To: Sarah Murphy <Sarah.Murphy@AGD.org>
Subject: Re: New Dentist Committee Annual Report

Hi Sarah!

The report looks AWESOME! :)

Thank you!

Mai-Ly
Regional Director’s Annual Report  
(2016-2017)

**Highlights**
The Regional Director (RD) is responsible for guiding his or her region by addressing challenges and highlighting successes at the constituent level. Each RD represents the headquarters organization to local members, encourages local constituent input to the AGD, and works to make the local organization as effective and active as possible. In essence, they are an additional resource for constituent leaders to utilize. Activities of the RDs over the last year are outlined below;

**Regional Directors’ Priorities & Strategies**
At the July 13, 2016 RD meeting, RDs discussed performance and direction for the latter half of 2016 and all of 2017. During this meeting, discussions centered on narrowing the RDs’ focus to help prioritize what’s most important in helping their regions excel. By concentrating on doing the highest-priority items well, there was a feeling that they would be able to help the constituents more than by trying to spread their talents over the full range of RD responsibilities.

The RD’s reviewed the RD Strategic Planning subcommittee report including AGD staff updates based on the AGD Strategic Plan and identified priority areas they felt could excel with RD assistance. The RDs determined their primary goals for the next 18 months would include assistance with but not limited to:

- More support for constituents
- Better communication
- Governance and role of staff
- Public Awareness
- Innovative CE vehicles, models and packages

The RDs discussed methods that would help with developing unique metrics and tactics applicable to each of their constituents to accomplish the goals outlined in the plan once approved. RDs will review their progress at the AGD Annual Meeting.

**RD Strategic Plan**
RD established a Strategic Plan subcommittee to help implement the approved AGD Strategic plan within the constituents.

**Leadership Development Symposium**
The Regional Directors hosted its biennial Leadership Development Symposium (LDS) on November 18-19, 2016 at the Renaissance Hotel in downtown Chicago. Throughout the symposium, attendees were able to participate in engaging discussions and network with fellow AGD members, leaders and staff. To measure the success of LDS, an exit survey was offered to all attendees. The summary of the survey is attached for your review. In total, 81 attendees completed the survey. Overall, 83% of the respondents thought their experience at the 2016 Leadership Development Symposium was great or excellent.
Below is a quote from an attendee of the LDS from the survey.

“I am fairly new to the academy because I recently graduated from dental school. Even though I was heavily involved in my local AGD student chapter during school this conference really showed me just how valuable this organization is to general dentists. I am strongly considering serving some role in my state AGD chapter. I am so happy I was given the opportunity to attend this leadership conference.”

The quote above is the sentiment of many who left comments. Several agreed that the sessions were conveniently located and the speakers were prepared, enthusiastic, and well-qualified. Furthermore, the attendees were able to receive and share numerous best practices to improve their respective constituent activities such as membership retention, recruitment and leader development. Several respondents were able to retain knowledge and skills in communications, teamwork and the understanding leadership. Most importantly, 97% of the respondents believed the symposium was extremely beneficial in enhancing their ability to become an AGD leader. Many stated that the symposium equipped them to become better leaders in their workplace and within AGD.

Small Constituent Development Program (SCDP)
The SCDP Subcommittee, which is now chaired by Dr. Kulwant Turna (with assistance from Dr. Sanjay Uppal), has been working with his subcommittee to award two (2) constituent grants up to $4500 ($9,000 in total) for the program purpose of membership initiatives and growth. Qualifications of the program were discussed and RD assistance was requested to encourage constituent(s) with 800 or less members to apply. The recipients of the 2016 SCDP grant were Missouri and Oklahoma AGD. Each recipient is required to submit a final grant activity summary report to CST by December 15, 2017. The committee decided to change the program metrics to acknowledge all new members (full dues, associate, students, new dentists, etc.) instead of only full-dues paying members.

Mini Grant Summaries

Louisiana AGD
On Thursday, February 18, 2016, the Louisiana Academy of General Dentistry hosted its first annual LAGD Senior Reception for the fourth year dental students at Gordon Biersch Brewery Restaurant in downtown New Orleans. The goal of the event was membership recruitment, student recruitment and improving the image or visibility of the AGD to dentists and/or the public. LAGD leaders created presentations and lead discussions about the importance of continuing education and organized dentistry, FAGD and MAGD requirements, and more. In terms of content, LAGD believes the outcome of the event was favorable. The senior students had a lot of questions that the LAGD were able to answer. Time will tell if this was a success. LAGD feels confident that they have made a difference, and looks forward to hosting this event again next year. There were 43 dental students in attendance.

New Jersey AGD
The grant was used to offset the cost of NJAGD’s second annual “Meet and Greet”, which was held to wish 50 student graduates of Rutgers a farewell. The evening was successful, however NJAGD will not be able to assess retention goals until next year. The project goals were membership recruitment, student recruitment, and membership retention.
British Columbia AGD
The grant was used to offset honorarium and travel expenses for two BC AGD sponsored CE programs (oral surgery/implants and laser dentistry). The Oral Surgery/Implant program was considered highly successful and gained much interest. On the other hand, the Laser Dentistry program was considered moderately successful and gained low interest. There were 10 Dental Students, 15 Dentist Members, 9 Dentists Non-Members, and 1 Dental Team in attendance. The project goals were membership recruitment, student recruitment, membership retention, and improving the image or visibility of the AGD to dentists and/or public.

California AGD
In 2015, the CAGD matched seed money from the SSAGD and the AGD to initiate new study clubs in Fresno, California and Redding, California. Several MAGD members were contacted to assist with putting on study club meetings. There were 5 new attendees in Redding and 20 attendees in Fresno. All were appreciative that the AGD reached out to them and hoped CAGD can repeat the study club in the future. The project goals were membership recruitment and membership retention.

Florida AGD
The grant was used to support student outreach programs. The University of Florida Fellow Track program holds monthly one-hour lectures presented by leading dentists throughout the state on a variety of topics. The LECOM Fellow Track program has undergone a reorganization that has now brought new leadership and one program to date in the timeframe of this min-grant and monthly lectures moving forward. Monthly programs at UF are planned to present topics of interest to dental students, but more importantly to present topics that they may encounter in their dental practice. In the time frame of this grant, the UF program presented three programs, two of which had 48 in attendance. LECOM presented one program in the time period of this grant that had 46 in attendance. The project goals were membership recruitment, student recruitment, membership retention, improving the image or visibility of the AGD to dentists and/or public.

Illinois AGD
IL AGD used the grant to host a low cost clinical continuing education program for their members. The goal of the program was to provide a low cost member benefit CE course to IL AGD members to improve the member value of belonging to AGD. This program was primarily a membership recruitment program, but IL AGD did have 10 non-members attend as well. The grant money was used to defray the costs of the food, venue as well as the speaker’s honorarium. The program was very successful. IL AGD had the maximum number of dentists it could have for the venue and the course evaluations were very good. 1 Dental Students, 44 Dentists Members, and 10 Dentist Non-Members were in attendance.

Iowa AGD
Iowa AGD used the grant to send a postcard mailing to 1,664 licensed dentist promoting their Annual Meeting. Postcards were also handed out at the Iowa state dental meeting. One non-member joined the AGD and 2 doctors joined their MasterTrack program. Iowa AGD also had 2 non-members attend their weekend course and 3 non-members attend the lecture featuring Dr. Massad. Members (and non-members) have been seeking out Iowa AGD to find out about their upcoming CE. 75-100 Dental Students, 300 Dentists Members, and 1700 Dentist Non-Members
were reached. The projects goals were membership recruitment, student recruitment, membership retention, and improving the image or visibility of the AGD to dentists and/or public.

**Maine AGD**
Maine AGD used the grant to host a dental student reception for the University Of New England School Of Dental Medicine. The goals was to connect the students with the AGD and ultimately gain membership into the organization. Each year, Maine AGD has seen the student membership grow due to organizing the reception and starting a student chapter on campus. 60 Dental Students and 12 Dentists Members were in attendance.

**Nebraska AGD**
Nebraska AGD did a postcard mailing to 1,304 licensed dentists promoting their Annual Meeting. Postcards were also handed out at the Nebraska state dental meeting. Three non-members joined the AGD and 2 doctors joined their MasterTrack program. 200 Dentist Members and 1000 Dentist Non-Members were reached. The projects goals were membership recruitment, student recruitment, membership retention, and improving the image or visibility of the AGD to dentists and/or public.

**Ohio AGD**
Ohio AGD used the grant to support four presentations on the “Introduction to AGD” for 260 dental students attending the following universities: Ohio State University and Case Western Reserve. Ohio AGD had a great turn out at each presentation and was able to share the benefits of AGD student membership. The project goal was student recruitment.

**Wisconsin AGD**
Wisconsin AGD used the grant to send out brochures to promote CE courses. The additional promotion increased advertisement for Spring CE events and increased the attendance by 10 people from the previous year. 1,000 Dentists Members, Dentist Non-Members, and Dental Teams were reached during this project. The goals were membership retention, improving the image or visibility of the AGD to dentists and/or public, advertise CE.

**Tennessee AGD**
Tennessee AGD had a very successful lunch and learn at Meharry Dental School on Friday, November 18th. The panel discussion included Dr Cheri Farmer-Dixion, Dean of Meharry Dental School, Dr Julie Grey, professor at Meharry Dental School, and Dr. Katherine Hall, TN AGD Student Membership Chair. The panel answered questions about residency programs, having children and raising children while working, work/life balance, starting a practice vs. association. 20 Dental Students and 2 Dentist Non-Members were in attendance. The project goals were membership recruitment and community outreach.

**STAR Visit Program**
Two STAR Visits have been budgeted for 2017. On May 26, 2017, New York AGD hosted a Strategic and Tactical Assessment and Response (STAR) Visit, and it was a resounding success! NYAGD leaders came together to discuss and address various issues to improve their region. Immediate Past President, W. Mark Donald, DMD, MAGD and Past Region 10 Trustee, Patricia
Meredith, DDS, MAGD, facilitated brainstorming discussions that touched on strategic planning, leadership development, and retention and recruitment strategies efforts in the region.

Immediate Past President, W. Mark Donald, DMD, MAGD, AGD Foundation Past President, Julie Barna, DMD, MAGD and CST staff will be leading another STAR Visit on August 19, 2017 for Virginia AGD. Their focus areas are strategic planning, leadership development, and retention and recruitment strategies efforts.

Universal Award Application (UAA)
The Universal Award Application (UAA) was due on August 1, 2017. A total of 15 constituents submitted an application for various awards with the UAA. The award departmental committees and councils are currently reviewing each of their respective awards to identify category winners and honorable mentions which are due by August 31, 2017. The RD subcommittee will then review the recommended COY category winners/honorable mentions from CST staff. All winners and honorable mentions will be recognized during the 2017 AGD Annual meeting in November.

Regional Directors Meeting
On July 13, 2016, November 20, 2016, and April 20, 2017 a Regional Director meeting was held to discuss constituent updates and future strategic goals. Also, in order to be a more cohesive branch of governance, the RDs have had and will continue to have a "Zoom" conference call meeting on a monthly basis.

Conclusion
The RDs will continue to support the goals set forth by the Board, and ensure programs are in line with these goals.

Respectfully submitted by:

Regional Directors
Dr. Bettina Laidley, Region 01
Dr. Ira Levine, Region 02
Dr. Kurt Laemmer, Region 03
Dr. Shari Hyder, Region 04
Dr. John W. Drumm, Region 05
Dr. Michael King, Region 06
Dr. Michael Gordon, Region 07
Dr. Robert Kozelka, Region 08
Dr. John A. Olsen, Region 09, RD Chair
Dr. Kevin Low, Region 10
Dr. Ravi Sinha, Region 11, RD Chair Elect
Dr. Susan Davis, Region 12
Dr. Stephen Lockwood, Region 13
Dr. Walter Rapacz, Region 14
Dr. Matthew Illes, Region 15
Dr. Kulwant Turna, Region 16
Dr. Jennifer Fong, Region 17
I approve the report
Please add that in order to be a more cohesive branch of governance we have had and will have a "Zoom" conference meeting every month.
Report of the Secretary to the House of Delegates

2017

As I write this report, we are nearing our time to gather for another House of Delegates. Unlike other years, we are in the fall of the year, and it has been 16 months since last we were together. As my year of being Secretary draws to a close, I am reflecting back on an extremely busy and productive year filled with challenges and new opportunities. It has been an excellent year, and I am honored to have served as your Secretary. The following is a brief overview of our year. I remain dedicated to answering any questions you might have, and discussing further, the resolutions that brought us to these decisions.

This past year for the first time, in lieu of our traditional Joint Council Meetings, the Board passed a resolution to hold separate divisional meetings during January and May of 2017. This was decided upon, based on the positives of a more focused effort on the issues within the divisions, and the hope that this new structure would serve as a cost savings measure to the AGD. These new Division Council Meetings allowed the use of our corporate office, instead of a more expensive hotel space for the larger groups. Our initial thoughts have been, that this change has appeared very positive for the AGD. We have witnessed new energy within the divisions, and much work has been achieved. Our corporate office has worked nicely for these meetings, at a financial savings to the organization. A re-evaluation into the effectiveness of this new initiative will continue to take place as we move into the future.

This year we had a very successful AGD Lobby Day in Washington D.C. There were a number of important issues discussed with our legislators. The first issue was the Student Loan Refinancing Act, which would allow new dentists to refinance their federal Direct Loans at any time during the life of the loan. We were certainly well prepared to support this initiative, with many of our students and new graduates joining us for the visit to Capitol Hill. The second area of discussion and focus was on our support of the repeal of the McCarran-Ferguson Act. Our third and equally important issue was supporting the Competitive Health Reform Act, which would serve to end unfair insurance practices in our nation. We also urged our leaders to sponsor legislation that would amend the Public Health Education Campaign focused on Oral Healthcare, Prevention, and Education, and award grants to support evidence-based oral health literacy activities. We certainly had great Hill visits, and all were encouraged by the positive responses that we received. Our Advocacy efforts to support General Dentists never waiver. It remains as a top priority for the AGD.

We have spent much of the year in search of our new Executive Director. Despite much hard work and many hours of interviewing, we were not successful in securing an Executive Director in the first Search. We have begun again in screening some excellent candidates that will hopefully insure this future selection and hiring. The Executive Committee will continue to work diligently to find a great person to lead our Academy, and updates will be available as we progress in the search. In the Interim, Mr. Dan Buksa and Mr. Tom Killam, our co-executive Directors, have done an excellent job of maintaining the day to day operations and overall management of the Academy. KUDOS to them and our fantastic staff during this challenging time.
During the past year, the AGD has rolled out its new rebranding initiative, to include a new logo and complete rebrand of our digital and print assets. What an exciting new look and feel! As our new brand is unveiled, we are all reminded that this is more than just a logo change. It is a new beginning and a chance to redefine who we are. It is a total package of how we think about ourselves and how we are represented to our many and varied constituents. It has been and continues to be an exciting time!

In the communication arena, the AGD has begun to use “AGD Connect” as a platform whereby councils and committees can work effectively between our face to face meetings. This replaced our use of the LCC which had been used for many years. “Zoom conferencing” was also initiated to replace the traditional audio conferencing. Both systems have been well received to date with significant cost reductions to the Academy.

I hope that many of you were able to attend our successful Scientific Session in Las Vegas this summer. The meeting was one of the best I have attended in many years. We had over 500 dental students in attendance and the energy and enthusiasm was palpable. There seemed to be a shift in the demographics of our attendees that was quite remarkable. Young dentists were everywhere! The Scientific Meeting Council led by Dr. Joe Picone and our capable staff went to great lengths to provide valuable learning opportunities, including shorter mini lectures that gave important information in a more concise format. These 95 different presentations, which were more labor intensive to organize and orchestrate, was an innovative approach to dissemination of information in a more targeted approach. A special Thanks is in order to especially our SMC Council and staff who worked so hard to provide a great meeting for all.

Our President, Dr. Maria Smith has had an excellent year of leadership! She has worked tirelessly on behalf of the AGD, and we are forever in her debt. Together with Dr. Smith, our incoming President Dr. Manuel Cordero, and our Vice President Dr. Neil Gajjar have been visionary in their approach to our future! Together, the three of them have had a tremendous year of accomplishments in building an AGD that continues to represent the General Dentist in an ever challenging and changing environment. I have been so blessed to have served this year with them. I have learned so much, gained life-long friendships, and acquired a new respect for those who serve this organization so passionately. I honor you for YOUR service and thank you for letting me be a small part of your journey.

My Thanks to each of you for your dedication to our beloved AGD. It would not be what it is without your service and loyalty to our organization. I remain ready to answer your questions or listen to your thoughts, whenever or wherever. Feel free to email me at whiteco@umkc.edu.

An honor to serve with you,

Dr. Connie L. White, AGD Secretary
Secretary’s Report to the 2017 House of Delegates

The report includes actions of the Board from the 2016-2017 Board Meetings I, II, III, and IV; and August, September, October, December, January, February, march Board Call, September Board Call, 2015-2016 Board Meeting II, October Board Calls,

2016-2017 Board Meeting I

I. Agenda Approval

Dr. Worm moved, Dr. Bishop seconded:

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

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N/A – Smith

II. Spear Education Proposal Discussion

Dr. Shepley moved, Dr. Cordero seconded:

“Resolved, that the Board go into executive session to discuss the Spear Education Proposal at 2:34 p.m. EDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N/A – Smith

Dr. Cheney moved, Dr. Lew seconded:

“Resolved, that the Board come out of executive session at 3:00 p.m. EDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N/A – Smith
Dr. Gehrig moved, Dr. Bishop seconded:

“Resolved, that a task force be created to cultivate potential educational partners.

Members: three members

Charge: create a template and/or criteria for cultivating and formalizing relationships with potential educational partners,

Timeline: report to the October Board conference call or 2016-2017 Board Meeting II.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoons, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Shepley

N/A – Smith

III. AIRBI2016#02 - Regional Director Additional Funding to Attend the 2016 Leadership Development Symposium

Dr. Dubowsky moved, Dr. Bishop seconded:

“Resolved, that AIRBI2016#02 - Regional Director Additional Funding to Attend the 2016 Leadership Development Symposium be approved.

“Resolved, that $5,652 be funded from the appropriate funding mechanism to fund sixteen (16) Regional Directors to attend the 2016 Leadership Development Symposium.”

PASSED

Y – Bishop, Cheney, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoons, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Cordero

A - Dear

N/A – Smith

IV. AIRBI2016#03 - Transfer of Funds to Conduct a Scientific Meetings Council Meeting at Site of Scientific Sessions

Dr. Hanson moved, Dr. Bishop seconded:
“Resolved, that AIRBI2016#03 - Transfer of Funds to Conduct a Scientific Meetings Council Meeting at Site of Scientific Sessions be approved.

“Resolved, that $5,452 be allocated from the 2017 Contingency Fund for additional funding to hold a face-to-face meeting/site visit of the Scientific Meeting Council in Las Vegas, NV in lieu of attending the Joint Council Meeting II.”

PASSED

Y – Bishop, Cheney, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shepley, Stillwell, Uppal, White, Wooden

N - Donald, Worm

a – Cordero, Edgar, Harunani, Shelly, Tillman, Winland

A – Dear

N/A – Smith

V.  AIRBI2016#04 – Approve 2016-2017 Task Forces

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that AIRBI2016#04 – Approve 2016-2017 Task Forces be approved.

“Resolved, that the 2016-2017 task forces be approved.”

1.  AGD/ASDA Task Force

   Approval Status:

   Members:

   Consultants:

   Charge:
   • Development of the programming for the ASDA Leadership Conference and Annual Session.
   • Setting the direction for the AGD/ASDA relationship for the remainder of 2015-2016
   • To identify solutions to student issues and support/ collaborate with ASDA on legislation.
   • Work with staff and other agencies to insure adequate budget, support and oversight on all ASDA / AGD Student activities during the AGD Washington DC Hills Visits and other advocacy efforts.
   • Make recommendations for continuing a future relationship between ASDA and AGD.

   Timeline: Report to the 2016-2017 BM III and BM IV.

   Status:
2. AGD Dental Student Program Task Force

Approval Status:

Members:

Charge:

- Increase the number of schools where the AGD has a program for students with the goal of having such programs in all dental schools.
- Collaborate with the Dental Education Council to develop and identify programs to be used for student programs and organize a library of power point presentations or other forms of communications from various sources from appropriate AGD agencies on suitable topics that can be used as a resource when developing or enhancing a new student program in a dental school.
- Connect current leaders in constituents who do not have student programs with ASDA or student leaders who are interested in starting a new AGD Dental Student Program in their school.
- Engage current dental schools as well as residency programs with AGD Leaders.
- Consult with successful AGD Student Programs to garner best practices ideas.
- Study the possibility of student chapters, including Bylaws changes, and governance structure, etc.

Timeline: Report to each Board meeting.

Status:

3. IT Oversight Task Force

Approval Status: Approved at 2015-2016 Board Meeting I

Members:

Charge:

- Oversight of the efforts to remediate any IT problems
- Development of a plan to ensure no future problems
- Oversight of the integration of IT with AGD's new building
- Oversight of the Web site and correction of problems members are having with navigating the website

Timeline: Report to each Board meeting

Status:

4. Transitions Program Task Force

Approval Status:

Members:
Charge:
- To develop the framework and preliminary focus and structure for a long standing branded program which utilizes focused CE offerings and other services that will benefit the members with the many transitional phases of their professional career.
- The task force will have one representative from the New Dentist Committee, the Dental Education Council, the Dental Practice Council, the Annual Meeting Council, the Communications Council, and two industry consultants plus a dedicated staff liaison.

Timeline: Report to the 2016-2017 Board Meeting III and Board Meeting V.

Status:

5. Acid Erosion Guidelines Task Force
Approval Status:

Members:

Consultants:

Charge: To develop clinical practice guidelines on the diagnoses and treatment of acid wear and acid erosion.

Timeline: Report to the 2016-2017 Board Meeting III and Board Meeting V.

Status:

6. Scientific Session Planning Task Force
Approval:

Members:

Consultants:

Charge: Create a business plan for a new profitable scientific session.

Items to consider include but are not limited to:
1. Create a competitive analysis.
2. Conduct a survey and/or focus group of members and non-members.

Timeline: Report to the 2016-2017 Board Meeting II.

Status:

7. 2017 Annual Meeting Planning Task Force
Approval:
Members:

Charge: To look at the approved HOD schedule and evaluate any cost savings that can be alleviated, or alignment of specified meetings look within the approved template, logistics, potential cost savings within template, evaluation of approved format.

Timeline: Report to the 2016-2017 Board Meeting III.

Status:

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoim, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith

VI. AIRBI2016#06 - Revise HOD Policy 2002:8-H-7

Dr. Worm moved, Dr. Lew seconded:

“Resolved, that AIRBI2016#06 - Revise HOD Policy 2002:8-H-7 be approved.

“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 November/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. The deadline for responding to this communication will be February 28/June 30 of each year.

2. The incoming President will make the appointments in consultation with the Vice President, giving consideration to merit and experience.
3. The incoming President will see that contact is made with each newly appointed
    member to see that there is a willingness to serve.

4. The Trustees will be given the reconstituted geographical distribution list with the
    spring Board Meeting IV book (in the 2016-2017 governance year this will be Board
    Meeting V).

5. Individual Trustees will give input at the time the Board approves the
    appointments, and the appointments will not be publicly announced until such time as the
    Board has taken action on the list of appointments.

6. When the Board has approved the appointments, the councils and committees will
    be advised of them.

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson,
    Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland,
    Wooden, Worm

a – Edgar

A – Dear, Dubowsky, Malterud

N/A – Smith

VII. AIRBI2016#07 - Examinations Item Bank Committee (Team C) Expansion

Dr. Worm moved, Dr. Bishop seconded:

“Resolved, that AIRBI2016#07 - Examinations Item Bank Committee (Team C) Expansion
be approved as amended.

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance
Process, K., Section 3., Examinations Committees to read:

G. Examinations Items Bank Committee (Team C)

1. The Examination Item Bank Committee (Team C) shall be composed of four (4) six (6)
    members, each of whom have achieved Fellowship or Mastership status within the
    organization, and each of whom has served a minimum of two (2) years on either Team A
    or Team B of the Fellowship Examination 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 committee:
To ensure that each item in the item bank is appropriately and consistently categorized in accordance with the examination content outline;

To ensure that the references accompanying each item in the item bank are current;

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

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. 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.

And be it further,

Resolved, that $2,870 be approved from the 2017 Contingency Fund in order to fund the two additional committee members to attend the 2017 Examinations Item Bank Committee meeting in May in order to properly distribute the workload needed to complete the committee duties.” And be it further,

Resolved, that funding for the additional committee members be added to the annual committee budget process in order to maintain the amended size of the Examinations Item Bank Committee.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith

VIII. Executive Session

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that the Board go into executive session to discuss the council and committee appointments at 3:59 p.m. EDT.”

PASSED
Dr. Guter moved, Dr. Dyzenhaus seconded:

“Resolved, that the Board come out of executive session at 4:11 p.m. EDT.”

PASSED

Dr. Donald Worm, Region 17, (7/18/2016-11/5/2017), fourth term, Chair
Dr. Mohamednazir Harunani, Region 08, (7/18/2016-11/5/2017), third term, Treasurer,
Vice Chair
Dr. George Shepley, Region 05, (7/18/2016-11/5/2017), first term
Dr. Michael Lew, Region 13, (7/18/2016-11/5/2017), first term
Dr. Elizabeth Clemente, Region 04, (7/18/2016-11/5/2017), second term
AGD Executive Director, (7/18/2016-11/5/2017), Consultant
AGD Chief Finance Officer, (7/18/2016-11/5/2017), Consultant

During executive session the following actions were taken:

“Resolved, that AIRBI2016#09 – Approve Budget and Finance Committee Appointments be approved.

“Resolved, that the 2016-2017 Budget and Finance Committee appointments be approved.”

Audit Committee
Dr. Carl B. Vorhies, Region 11, (7/18/2016-11/5/2017), Chair, 4th term
Dr. Fares M. Elias, Region 09, (7/18/2016-11/5/2017), 1st term
Dr. Louis C. Boryc, Region 01, (7/18/2016-11/5/2017), 3rd term
Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/5/2017), Consultant, 2nd term
Dr. Ralph A. Cooley, AGDF Treasurer, (7/18/2016-11/5/2017), Consultant, 1st term
Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017), Consultant, 1st term

Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/5/2017), Consultant, 2nd term
Dr. Ralph A. Cooley, AGDF Treasurer, (7/18/2016-11/5/2017), Consultant, 1st term
Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017), Consultant, 1st term

Building Committee
Dr. John W. Portwood, Region 12, (7/18/2016-11/TBD/2019), Chair, 1st term
Dr. Donald A. Worm, Region 17, (7/18/2016-11/TBD/2019), 1st term
Dr. Nicholas E. Panomitros, Region 08, (7/18/2016-11/TBD/2019), 1st term
Dr. Paula S. Jones, Region 19, (7/18/2016-11/TBD/2019), 1st term
Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/TBD/2019), 1st term
Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017), Consultant, 1st term

Compensation Committee
Dr. Robert D. Gehrig, Region 20, (7/18/2016-11/5/2017), 1st term, Chair
Dr. J.C. Cheney, Region 14, (7/18/2016-11/5/2017), 1st term
Dr. Donald A. Worm, Region 17, (7/18/2016-11/TBD/2019), 1st term
Dr. Guy M. Hanson, Region 11, (7/18/2016-11/5/2017), 1st term
Dr. Scott M. Dubowsky, Region 04, (7/18/2016-11/5/2017), 1st term
Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/5/2017), Consultant, 2nd term
Dr. Connie L. White, Secretary, (7/18/2016-11/5/2017), Consultant, 1st term
Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017), Consultant, 1st term

Advocacy Fund Committee
Dr. Eric Shelly, Region 03, (7/18/2016-11/5/2017), first term, Chair
Dr. Mohamednazir F. Harunani, Region 08, (7/18/2016-11/5/2017), third term
Dr. Donald Worm, Region 17, (7/18/2016-11/5/2017), second term

Awards Committee
Dr. W. Carter Brown, Region 19, (7/18/2016-11/5/2017), first term, Chair
Dr. Thomas Howley, Region 03, (7/18/2016-11/5/2017), second term
Dr. Paula Jones, Region 19, (7/18/2016-11/5/2017), first term
Dr. John Olsen, Region 09, (7/18/2016-11/5/2017), first term
Dr. Scott Dubowsky, Region 04, (7/18/2016-11/5/2017), first term

International Membership Committee
Dr. Howard Glazer, Region 04, (7/18/2016-11/5/2017), third term, Chair
Dr. Bruce Cassis, Region 06, (7/18/2016-11/5/2017), first term
Dr. Dinu Gray, Region 13, (7/18/2016-11/5/2017), first term
Dr. Aldo Miranda-Collazo, Region 20, (7/18/2016-11/5/2017), second term
Dr. Cheryl Mora, Region 08, (7/18/2016-11/5/2017), second term
Dr____________, Region__, (7/18/2016-11/5/2017), first term

New Dentist Committee
Dr. Mai-Ly Duong, Region 14, (6/21/2015-11/5/2017), second term, Chair
Dr. Emily Hobart, Region 19, 7/18/2016-11/4/2018, second term
Dr.Jennifer Bell, Region 19, (6/21/2015-11/5/2017), second term
Dr. James Kolstad, Region 09, (6/21/2015-11/5/2017), second term
ASDA Representative, (7/18/2016-11/5/2017), first term

Policy Review Committee
Dr. Anita Rathee, Region 13, (7/18/2016-11/5/2017), third term, Chair
Dr. Jennifer Bone, Region 18, (7/18/2016-11/5/2017), first term
Dr. W. Mark Donald, Region 12, (1/19/2014-11/5/2017), first term

Professional Relations Committee
Dr. Vincent Mayher, Region 04, (7/18/2016-11/5/2017), first term, Chair
Dr____________, Region__, (7/18/2016-11/5/2017), first term
Dr____________, Region__, (7/18/2016-11/5/2017), first term
Dr____________, Region__, (7/18/2016-11/5/2017), first term
Dr____________, Region__, (7/18/2016-11/5/2017), first term
Dr____________, Region__, (7/18/2016-11/5/2017), first term
Dr____________, Region__, (7/18/2016-11/5/2017), first term
Dr____________, Region__, (7/18/2016-11/5/2017), first term
Dr. Maria Smith, Region 01, (7/18/2016-11/5/2017), third term, Consultant
Dr. Manuel Cordero, Region 04, (7/18/2016-11/5/2017), second term, Consultant
Dr. Neil Gajjar Region 15/16, (7/18/2016-11/5/2017), first term, Consultant
Dr. W. Mark Donald, Region 12, (7/18/2016-11/5/2017), eighth term, Consultant

The following Board members have been appointed as liaisons to the councils listed below for
the 2016-2017 governance year:

Board Liaisons
Scientific Meeting Council Dr. Guy Hanson, George Shepley
Communications Council Dr. George Shepley, J.C. Cheney
Constitution, Bylaws & Judicial Affairs Council Dr. Scott Dubowsky
Dental Education Council Dr. Sanjay Uppal
Dental Practice Council Dr. Robert Gehrig
Examinations Council Dr. Carol Wooden
Group Benefits Council Dr. Samer Shamoon
Legislative and Governmental Affairs Council Dr. Eric Shelley
Membership Council Dr. Michael Lew
PACE Council Dr. Hans Guter
Regional Directors Dr. Neil Gajjar
IX. **Executive Session**

Dr. Lew moved, Dr. Hanson seconded:

“Resolved, that the Board go into executive session to discuss the executive director search at 4:15 p.m. EDT.”

**PASSED**

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith

Dr. Lew moved, Dr. Bishop seconded:

“Resolved, that the Board come out of executive session at 4:40 p.m. EDT.”

**PASSED**

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith

X. **Adjournment**

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that the meeting be adjourned at 4:45 p.m. PDT.”

**PASSED**

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith

**August 16, 2016 Board Call**
I. Agenda Approval

Dr. Guter moved, Dr. Shamoon seconded:

“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A - Gajjar, Cheney, Uppal

N/A – Smith

II. AIR - Approve Hyatt Regency McCormick Place for the 2017 and 2018 Annual Meetings

Dr. Shamoon moved, Dr. Dyzenhaus seconded:

“Resolved, that AIR - Approve Hyatt Regency McCormick Place for the 2017 and 2018 Annual Meetings be approved.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

a – Dubowsky

A - Gajjar, Cheney, Uppal

N/A – Smith

III. Executive Session

Dr. Guter moved, Dr. Hanson seconded:

“Resolved, that the Board go into executive session to discuss the council and committee appointments, and the AGDF Board of Directors at 7:42 p.m. CDT.”

PASSED
Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A - Gajjar, Cheney, Uppal

N/A – Smith

Dr. Guter moved, Dr. Dyzenhaus seconded:

“Resolved, that the Board come out of executive session at 4:11 p.m. EDT.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A - Gajjar, Cheney, Uppal

N/A – Smith

IV. Adjournment

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that the meeting be adjourned at 4:20 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith

September 14, 2016 Board Call

I. Agenda Approval

Dr. Guter moved, Dr. Shamoon seconded:

“Resolved, that the agenda be approved.”

PASSED
II. Executive Session

Dr. Guter moved, Dr. White seconded:

“Resolved, that the Board, along with the following staff and guests: Dan Buksa, Thomas Killam, Jennifer Goler, George Boyle, and Dr. Joseph Picone, go into executive session to discuss Meetings Services vendors, and the AGDF Board of Directors at 7:33 p.m. CDT.”

PASSED

Dr. Hanson moved, Dr. White seconded:

“Resolved, that the Board, along with the following staff and guests: Dan Buksa, Thomas Killam, Jennifer Goler, George Boyle, and Dr. Joseph Picone, come out of executive session at 7:44 p.m. CDT.”

PASSED

III. AIR – Approve Helms Briscoe as AGD’s Vendor for Meetings Services

Dr. Shamoon moved, Dr. White seconded:

“Resolved, that AIR – Approve Helms Briscoe as AGD’s Vendor for Meetings Services be approved.”

“Resolved, that Helms Briscoe is approved as AGD’s vendor for meetings services.”
IV. AIR – Approval of Office Services Department Contract Extension with IST

Dr. Harunani moved, Dr. Hanson seconded:

“Resolved, that AIR – Approve of Office Services Department Contract Extension with IST be postponed until the next Board call in order to receive information regarding the RFP process.”

“Resolved, that the AGD extend the IST service contract for a period of three years.”

V. AIR – Approve Council Appointments

Dr. Worm moved, Dr. Hanson seconded:

“Resolved, that AIR – Approve Council Appointments be approved.”

“Resolved, that the appointments to the councils be approved.”

Dental Practice Council
Dr. Steven Ghareeb, Region 06, (6/21/2015-11/4/2018), 2nd term, Chair
Dr. Ralph Cooley, Region 18, (6/21/2015-11/4/2018), 1st term
Dr. Joseph Hagenbruch, Region 08, (6/21/2015-11/4/2018), 1st term
Dr. Daniel Hickey, Region 17, (6/30/2014-11/5/2017), 2nd term
Dr. Mark Jurkovich, Region 10, (6/30/2014-11/5/2017), 1st term
Dr. Rocky Napier, Region 19, (6/30/2014-11/5/2017), 2nd term
Dr. Janice Pliszczak, Region 02, (6/30/2014-11/5/2017), 2nd term
Dr. Tyler Scott, Region 07, (7/18/2016-11/3/2019), 1st term
Dr. David Williams, Region 05, (6/21/2015-11/4/2018), 2nd term
Dr. Joseph Battaglia, Region 04, (7/18/2016-11/5/2017), 3rd term, Consultant
Dr. Pedro Castro, Region 20, (9/14/16-11/4/2019), 1st term
Examinations Item Bank Committee (Team C)
Dr. Leslie Hayes, Region 11, (6/30/2014-11/5/2017), 1st term, Chair
Dr. Terry Box, Region 12, (6/30/2014-11/5/2017), 1st term
Dr. Ernest DeWald, Region 06, (6/30/2014-11/5/2017), 2nd term
Dr. Robert Manga, Region 17, (7/18/2016-11/5/2017), 1st term
Dr. James Phelan, Region 1, (9/14/2016-11/3/2019), 1st term
Dr. Susan O’Connor, Region 5, (9/14/2016-11/3/2019), 1st term

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm
A - Cheney, Gehrig, Malterud, Tillman, Winland
N/A – Smith

VI. AIR - Amend Board Policy Type II, K, Section 3.L., to Revise Policy Review Committee Charge

Dr. Shepley moved, Dr. Wooden seconded:
“Resolved, that AIR - Amend Board Policy Type II, K, Section 3.L., to Revise Policy Review Committee Charge be approved.”

“Resolved, that Board Policy Type II, K., Section 3.L., be revised as follows:

L. Policy Review Committee
1. The Policy Review Committee shall consist of three (3) persons, including the chairperson.
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.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm
VII. Executive Session

Dr. White moved, Dr. Shepley seconded:

“Resolved, that the Board go into executive session in regard to the Executive Director Search at 8:15 p.m. CDT.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoons, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

A - Cheney, Gehrig, Malterud, Tillman, Winland

N/A – Smith

Dr. White moved, Dr. Bishop seconded:

“Resolved, that the Board come out of executive session at 8:27 p.m. CDT.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoons, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

A - Cheney, Gehrig, Malterud, Tillman, Winland

N/A – Smith

VIII. Adjournment

Dr. White moved, Dr. Bishop seconded:

“Resolved, that the Board call be adjourned at 8:27 p.m. CDT.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoons, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

A - Cheney, Gehrig, Malterud, Tillman, Winland

N/A – Smith
October 13, 2016 Board Call

I. Agenda Approval

Dr. Shamoon moved, Dr. Dyzenhaus seconded:
“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoong, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith

II. Consent Agenda Approval

Dr. Guter moved, Dr. Bishop seconded:
“Resolved, that the Consent Agenda be approved.”

i. Board Call 8-16-16 Minutes

ii. Board Call 9-14-16 Minutes

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoong, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith

Board Call 8-16-16 Minutes

“Resolved, that the Board Call 8-16-16 Minutes be approved.”

Board Call 9-14-16 Minutes

“Resolved, that the Board Call 9-14-16 Minutes be approved.”

III. 2016 ADA House of Delegates Resolutions

Dr. Hanson moved, Dr. Cheney seconded:
“Resolved, that the AIR – Recommendations on 2016 ADA HOD 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 2016 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 2016 ADA HOD.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith

IV. AIR – Approval of Office Services Department Contract Extension with IST

Dr. Hanson moved, Dr. Lew seconded:

“Resolved, that AIR – Approval of Office Services Department Contract Extension with IST be approved.”

“Resolved, that the AGD extend the IST service contract for a period of two years.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith

V. AIR – Approve Association Management Center as AGD’s Vendor for Exhibit Sales, Advertisement Sales, Corporate Sponsorship Sales and Development

Dr. Dubowsky moved, Dr. Shelly seconded:

“Resolved, that AIR – Approve Association Management Center as AGD’s Vendor for Exhibit Sales, Advertisement Sales, Corporate Sponsorship Sales and Development be approved.”

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“Resolved, that Association Management Center (AMC) is approved as AGD’s vendor for exhibit sales, advertisement sales, and corporate sponsorship sales and development.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith

VI. Adjournment

Dr. Dyzenhaus moved, Dr. Bishop seconded:

“Resolved, that the Board call be adjourned at 8:07 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith

2016-2017 Board Meeting II

I. Agenda Approval

Dr. Hanson moved, Dr. Lew seconded:

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

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith
II. Consent Agenda Approval

Dr. Shamoon moved, Dr. Cheney seconded:

“Resolved, that the consent agenda be approved.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

“Resolved, that the consent agenda be approved.”

a. Board Call 10/13/16 Minutes
b. Constitution, Bylaws & Judicial Affairs Council Sunset Review
c. Professional Relations Committee Sunset Review

Board Call 10/13/16 Minutes

“Resolved, that Board Call 10/13/16 Minutes be approved.”

Constitution, Bylaws & Judicial Affairs Council Sunset Review

“Resolved, that the Constitution, Bylaws & Judicial Affairs Council Sunset Review be approved.”

Professional Relations Committee Sunset Review

“Resolved, that the Professional Relations Committee Sunset Review be approved.”

III. Executive Session – Officer Reports

Dr. Gehrig moved, and Dr. Dyzenhaus seconded:

“Resolved, that the Board go into executive session at 8:12 a.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm
A – Dear, Harunani, Malterud, Uppal

N/A – Smith

Dr. Hanson moved, Dr. Shepley seconded:

“Resolved, that the Board come out of executive session at 8:45 a.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

IV. AIRBII16#01 – Amend Board Policy Manual Board Group Guidelines and AIRBIII16#03 – Amend Board Policy Manual Executive Committee Guidelines

Dr. Wooden moved, Dr. Dubowsky seconded:

“Resolved, that AIRBII16#01 – Amend Board Policy Manual Board Group Guidelines and AIRBIII16#03 – Amend Board Policy Manual Executive Committee Guidelines be postponed until the 2016-2017 Board Meeting III.”

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

B. Board Guidelines and Operations

Board Group Guidelines

The Board has developed the following set of group guidelines. As a group of individuals committed to serving the AGD to the best of our ability, we each agree to implement the following guidelines:

- Each trustee Board member will check electronic communications within 48 hours the Board Web forum at least once a week.
- All information sent to a Board member is meant for his or her eyes only. The recipient should not forward e-mail without the consent of the originator.
- If there is an issue with a fellow Board member or with staff, then the concern should be voiced first to the president (if appropriate) and then the Executive Committee (EC) and/or Executive Director (ED) directly. Such issues should not be initially raised before the entire group.
- When the Board makes a decision, unity must be shown to all groups and individuals regardless of personal opinion on the matter.
- Trustees should follow parliamentary procedure as accurately as possible during meetings.
• If a trustee is going to be unavailable for more than two (2) business days, he or she must contact the ED or the President to inform them of the absence.

• The Board members appreciate the need for electronic communication and as such, will make every effort to remain current with technology and training. The AGD will offer updates to the Board members through the Information Technology (IT) department to advise them of changes occurring in electronic communication and to assist where possible in the Board members ongoing training and with equipment and software upgrades.

• Any Board trustee member who has breached the confidentiality of the Board is subject to discipline, which may include censure and notification of that trustee’s person’s AGD region by letter of this action.

Board Operations

• At each Board meeting, at least one (1) evening will be dedicated to a social event.

• All materials must be made available two weeks (2) prior to a meeting.

• The subject line of an e-mail should begin with “AGD” in order to indicate the message references AGD business. The terms “NRN” (no response necessary), “Response Requested,” and “Information Only” also should be used to indicate the level of response that is expected. In order to reduce unnecessary e-mail to the entire Board, attention should be made to respond only to the sender and not “respond to all” when appropriate, as in instances when the sender is asking for direct feedback only.

• The Board minutes will be provided within three (3) weeks of the meeting and will be posted online for review. Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two (2) weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. In any event, staff will post the minutes no later than three (3) weeks after the meeting. There will be a one (1) week comment period and then a survey will be posted for a vote. Once approved, the minutes will be posted to the Board, Regional Directors, House of Delegates and Council Chairs LCCs.

• At the conclusion of the Board meeting the balance of the Board contingency fund will be reported in the minutes.

• The Board represents the AGD, and each trustee in turn represents the AGD.

• Any information requested by a trustee from staff that will require more than two hours of staff time must be requested through the Executive Director or Associate Executive Director.

• New business will be addressed by the Board under a 2/3 majority vote of the Board.

• Travel dates A travel notice with basic arrival and departure information will be sent will be posted six months prior to the Board meetings. A more detailed notice will be sent 45 days prior to the meeting.

Monitoring: Board Assessment and Board Member Self-Assessment completed following Board Meeting IV

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

E. Executive Committee Guidelines
Each EC member will check electronic communications within 48 hours the EC and the Board Web forums at least twice a week.

- If there is an issue with another Board member, an EC member, or with a staff member, then the concern should be voiced to the President or ED, respectively. Such issues should not be raised before the entire group.

- The EC will establish and annually review a set of EC position skills in order to inform future leaders of the qualities necessary to excel in those positions.

- Each member of the EC will read and, if necessary, respond to the monthly reports in a timely fashion.

- The EC minutes will be provided within three (3) weeks of the meeting and will be posted online for review. Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. In any event, staff will post the minutes no later than three (3) weeks after the meeting. There will be a one week comment period and then a survey will be posted for a vote. Once approved, the minutes will be posted to the Board LCC.

- When requested, a response will be provided to staff e-mails/phone calls within two (2) business days or the requested deadline.

- Any information requested from staff that will require more than two (2) hours of staff time is to be requested through the ED or the associate Executive Directors directly responsible to the department from which the information is sought. Any questions or concerns directed to staff should be focused on an endpoint in order to narrow down the workload created by a request for information.

- Any EC member who has breached the confidentiality of the Board is subject to discipline.

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**PASSED**

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

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**V. AIRBII16#02 – Amend Board Policy Manual General Executive Constraint**

Dr. Gehrig moved, Dr. Hanson seconded:

“Resolved, that AIRBII16#02 – Amend Board Policy Manual General Executive Constraint be approved.”

“Resolved, that the Board Policy Manual, Policy Type IV. Executive Limitations be amended to read:
A. General Executive Constraint

The Executive Director shall not cause or allow any practice, activity, decision, or organizational circumstance that is either imprudent or in violation of commonly accepted business and professional ethics.

1. With respect to treatment of volunteers and staff, the Executive Director shall ensure that conditions are humane, fair, or dignified. (See IV.B. Staff Treatment)

2. Budgeting any fiscal year or the remaining part of any fiscal year will conform to the Guiding Documents, acceptable accounting procedures and showing a generally acceptable level of foresight. (See IV.C. Budgeting)

3. Actual financial conditions will conform to the Guiding Documents and acceptable accounting procedures. (See IV.D. Financial Condition)

4. Information and advice to the Board shall be timely, complete, and accurate. (See IV.H. Communication and Counsel to the Board)

5. Assets shall be protected, adequately maintained and without unnecessary risk. (See IV.F. Asset Protection)

6. With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the Executive Director will ensure fiscal integrity and public image. (See IV.G. Compensation and Benefits)

7. At least two (2) staff executives will be informed of Executive Director and Board issues and processes. (See IV.E. Emergency Executive Succession)

8. The Executive Director shall follow designated internal purchasing policies

9. The Executive Director shall award purchases or other contracts without conflict of interest.

10. The AGD’s Executive Director shall be tasked with ensuring that appropriate solicitation language is present on the AGD dues statement; that the Advocacy Fund is appropriately publicized to membership; that the fund complies with all legal requirements; and that there is appropriate staffing for administration of the fund.

11. The Executive Director will seek approval from the Executive Committee of all outside entities companies that wish to participate in the AGD Corporate Sponsor Program.

12. The Executive Director will inform the EC to address any concerns prior to engaging in discussion with all outside entities who wish to align with AGD.
VI. **AIRBII16#04 – Amend Board Policy Manual Duties of the Executive Committee**

Dr. Wooden moved, Dr. Gehrig seconded:

“Resolved, that AIRBII16#04 – Amend Board Policy Manual Duties of the Executive Committee be approved.”

“Resolved, that the Board Policy Manual, Policy Type II. Governance Process, C. be amended to read:

C. **Duties of the Executive Committee**

1. The purpose of the Executive Committee (EC) of the Board is to act as the interim agency of the Board in the control, management, and administration of the AGD.

2. The AGD EC shall consist of the elected officers of the AGD; president, president-elect, vice president, secretary, treasurer, speaker of the house, editor, and immediate past president. The executive director (ED) is a consultant to the executive committee without the right to vote. The president shall serve as chair with the right to vote only to break a tie.

3. Meetings: The EC shall, in intervals between meetings of the Board, hold such meetings as it may deem proper in order to carry out its functions. The EC may hold meetings by teleconference call or by regularly scheduled meetings set by the president. Emergency sessions may be called by a majority of the members of the committee.

4. Report to the Board: The EC shall submit to the Board, a written record of any meeting or actions it shall take on behalf of the Board.

5. Powers: The EC shall promote and facilitate the attainment of the strategic plan of the Board, prepare business for the Board, help the president to set the agenda for the Board meetings, call special meetings, and shall transact the business of the AGD in the intervals between meetings of the Board. It may spend association funds up to $5,000 on unbudgeted expenses that as set by the Board if it is determined the expenditure cannot wait until the next Board meeting.
6. A quorum at any EC meeting shall be at least five (5) members. All determinations of the committee shall be made by a majority of its members present at a meeting duly called and held.

7. The chairperson of the committee (the AGD president) shall be responsible for establishing the agendas for meetings of the committee. An agenda, together with materials relating to the subject matter of each meeting, shall be sent to members of the committee at least one (1) week prior to each meeting. The EC minutes will be provided within three (3) weeks of the meeting and will be posted online for review. Staff should have the minutes ready for review by the ED, Pres, Sec and Speaker two weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. In any event, staff will post the minutes no later than three (3) weeks after the meeting. There will be a one week comment period and then a survey will be posted for a vote. Once approved, the minutes will be posted to the Board LCC.

8. The EC shall have the resources and authority appropriate to discharge its duties and responsibilities and to retain special counsel or other experts or consultants, as it deems appropriate, without seeking approval of the Board or management but within the established funding limitations as set by the Board.

9. Members of the EC may be reimbursed for their actual travel expenses according to the AGD travel policy while on official AGD business in accordance with methods for reimbursement as established by the Board.

10. The EC shall approve all events associated with the scientific session annual meeting. Requests will come to the Executive Committee from the appropriate AGD agency or department, with input from the Executive Director and Scientific Meetings Council. This process will pertain to all events, even those which may have been included in previous annual meetings and scientific sessions, except for those prescribed for in AGD policy.

11. The speaker of the house, president, and president-elect will have the authority to approve the schedule for the governance annual meeting.

12. Executive Committee shall be charged with reviewing AGD’s corporate sponsorship programs and policies every year with a comprehensive audit every three years, such that the review is prior to the transmittal of any AGD solicitations to existing or potential corporate sponsors for the coming year. The Executive Committee would bring any proposed changes to the program to the Board for consideration.

13. The AGD Executive Committee shall have approval authority for all companies that seek to participate as AGD Corporate Sponsors.

Monitoring: Annually during first EC meeting of the governance year.

PASSED
Y – Bishop, Cheney, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Wooden, Worm

a – Cordero, Donald, Winland

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

VII. AIRBII16#05 – Amend Board Policy Manual to Include Criteria for Educational Sponsorship

Dr. Wooden moved, Dr. Worm seconded:

“Resolved, that AIRBII16#05 – Amend Board Policy Manual to Include Criteria for Educational Sponsorship be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type V. Board Policy Statements to read,

X. Educational Sponsorship Guidelines

Educational Sponsorships

Guidelines for AGD Educational Sponsorships

Definitions

Educational Sponsorship: A relationship between the AGD and another entity(ies) (the “parties”) for the purpose of collaboration between the parties to provide educational programming to members of the AGD and/or members of the other entity(ies)

Guidelines

General considerations of entering an educational sponsorship

- All AGD costs associated with the potential contract should be considered in a business plan or the equivalent – for example, a 2 or 5 year business plan - before moving forward.
- The business plan or its equivalent will be developed by staff and will include, but not be limited to, staff and marketing costs, and will consider that the initial investment may be higher than ongoing costs for both parties.
- The educational sponsorship must benefit the AGD and protect the AGD name and reputation.
- The sponsorship should consider mutual benefits and mutual liabilities of the parties.
- The sponsorship should generate non-dues revenue, sponsorship dollars, or royalties for the AGD. If the sponsorship is of a variety such that revenue may not be generated, such as a strictly CE agreement, other benefits to the AGD or its constituents must be identified.
• The sponsorship shall not be to the detriment of and should benefit current educational offerings such as the Scientific Session, the Online Learning Center or other AGD educational resources.

Characteristics of the other entity(ies)

The AGD shall enter into educational sponsorships only with entity(ies) that meet, or exceed if applicable, the following criteria:

1. Each entity is a Program Approval for Continuing Education (PACE) provider that maintains the standards of the PACE program and meets the standards of the AGD as determined by the AGD Dental Education (DE) Council.
2. The entity(ies) have undergone evaluation by the AGD of the history and reputation of the entity(ies) to assess any findings that might affect the sponsorship and/or AGD members’ perception of the sponsorship.
3. The entity(ies), collectively if more than one, must offer product(s) or program(s) that our members want and would consider a benefit to them.
4. All educational entities will be considered, including, but not limited to: corporate, profit, non-profit, individually owned, educational institutions.
5. Each entity must purchase, at no expense to the AGD, an exhibit booth at an AGD scientific session.

Characteristics of the educational programming

1. The educational programming must be congruent with AGD’s overall comprehensive educational strategic plan.
2. The educational programming will complement current AGD educational resources or extend AGD’s reach to its members and/or potential members or enhance AGD’s overall standing in the arena of Dental Education.
3. AGD members must benefit and find value from the relationship, as assessed by survey of AGD members participating in the programming.
4. The educational programming must give a distinct benefit to AGD members that is beyond merely benefit to members of the entity(ies).
5. The educational programming must not be solely limited to what is already offered to members of the entity(ies) without further benefit to AGD members.

Binding terms

Educational sponsorships shall be implemented by agreement between the parties. Said agreement shall be memorialized in the form of binding terms captured in writing as either contract or memorandum of understanding whereby binding terms are expressly indicated as binding. The following criteria shall apply to said binding terms (the “contract”):

1. The contract shall be for a term not to exceed two (2) years.
2. The contract shall not be evergreen, and shall not automatically renew upon expiration of the initial or any subsequent term.
3. The contract shall allow for renewal with the same or different terms, only upon the mutual agreement of all parties (or their assignees or delegatees, should the benefits and duties of said parties been legally assumed by said assignees or delegatees), and only to the extent that the sum of the initial term and all renewal terms does not exceed five (5) years whereby each renewal period has a term of one year.

4. The contract shall allow for either or any of the parties to terminate the contract without cause, without any termination fee, liquidated damages, or penalty to be paid by the terminating party, upon 30-days written notice to the other party(ies).

5. The contract shall set forth promotional requirements to meet the requirements of each party, including the responsibility of each party, the allocation of costs, and the timing of promotions. Subsequent revisions to said marketing terms should be reported immediately to the AGD Communications and Marketing Departments. All promotions shall require the approval of the AGD prior to implementation.

6. The contract shall expressly require that the AGD logo be included in all external communications by any party, related to the sponsorship, including the educational programming.

7. The contract shall delineate ownership of intellectual property of each party, as well as of any other property, if applicable.

8. The contract shall not bind the AGD to sponsor exclusively with any entity(ies), and shall not limit the number of agreements, including sponsorships, into which the AGD may enter.

Process of review

Educational sponsorships will be developed by the AGD Dental Education Council as follows:

1. The DE Council should be the entry place or clearinghouse for any potential educational sponsor coming to the AGD or for any educational sponsor that the AGD would consider reaching out to for an educational sponsorship.

2. A subcommittee of the DE Council will be formed to look at each potential sponsor initially and assess its prospective value. The subcommittee will also look at the costs associated with that potential sponsorship.

3. Once the above initial deliberation has been accomplished, the subcommittee shall share the opportunity with any council or committee that might need to have input. This will always include the PACE Council but will also include any other council which may be affected or have input to the particular agreement. The opportunity shall be shared concurrently with the Executive Committee (EC) for its input.

4. Because time is of the essence in the consideration of these opportunities, the DE subcommittee, through the DE Council Chair, will contact any and all other chairs of any council or committee that should have input and the EC.

5. One week (7 calendar days) will be given for each such chairperson and the EC (by the president, for the body) to respond. In the event that any such chairperson is unavailable or fails to respond within one week (7 calendar days), the AGD President or council/committee chairperson shall assign another council/committee member to respond on behalf of that council/committee, and that other council/committee member shall have three (3) calendar days from the date she/he receives the request or the remainder of said week (7 calendar days), whichever is greater, to respond to the request of the DE Council Chair.
6. Negotiations for the prospective sponsorship will proceed (with any additional information provided by those chairs or the EC) unless there is reason found through this process to terminate or alter them.

7. If the DE Council decides, through its due diligence, that an opportunity does not meet the criteria to be considered for an AGD educational sponsorship and should not move forward, there will be no further negotiations and the sponsorship will not be accepted.

8. Any and all final agreements will be routed through traditional contract review protocols following negotiations.

9. The AGD Board is the final deciding body for each such agreement.

If an educational sponsorship opportunity fails to meet these guidelines, as determined by the DE Council after its exercise of due diligence, the sponsorship will not be considered. No educational sponsorship shall be considered unless it meets the approval of the DE Council and its subcommittee and of the AGD Executive Committee.

**PASSED**

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Wooden, Worm

a – Winland

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

VIII. **AIRBII16#06 – Amendment of Code of Conduct**

Dr. Worm moved, Dr. Dyzenhaus seconded:

“Resolved, that AIRBii16#06 – Amendment of Code of Conduct be approved as amended.”

“That the AGD Code of Conduct be amended by the insertion of a new paragraph three, on page 3 of the Code of Conduct Form, with all subsequent paragraphs moved down, so that the Code of Conduct reads:

…

No AGD officer, Board member, Regional Director, Council or Committee member or any other leader may refer to his or her AGD title or leadership status in conjunction with any advertisement, advertising, promotion, solicitation or marketing for any other for-profit or non-profit entity(s) or its product or services unless specifically authorized to do so in writing by the Board of Executive Committee. Affected leaders may refer to their AGD leadership position in the context of a resume or biographical statement without violation of this policy.

**PASSED**
IX. AIRBII16#07 – Contribution to National Children’s Oral Health Foundation

Dr. Donald moved, Dr. Shepley seconded:

“Resolved, that AIRBII16#07 – Contribution to National Children’s Oral Health Foundation be referred to the Academy of General Dentistry Foundation.”

“Resolved, that $2,500 from FY2016 AGD operating account be contributed to the National Children’s Oral Health Foundation.”

PASSED

X. AIRBII16#08 – Amend the Membership Council Charge to Incorporate the AGD/ASDA and Dental School Program Charges

Dr. Donald moved, Dr. White seconded:

“Resolved, that AIRBII16#08 – Amend the Membership Council Charge to Incorporate the AGD/ASDA and Dental School Program Charges be approved as amended.”

“Resolved, that the Board Policy Manual be amended at Policy Type II, K (H) 2 so that it reads:

e. To plan, develop, and coordinate student membership recruitment and retention programs and assist in implementing them on a national, constituent, and component level;

ef. To study and make recommendations upon all matters pertaining to international activities, with the exception of those delegated to the Scientific Meeting Council in these Bylaws;
fg. To act upon an application for associate membership from those areas where there
is no constituent AGD;

gh. To determine the form to be used for membership applications.

i. To help develop and administer, in conjunction with the International Membership Committee and New Dentist Committee, any other programs, initiatives, and services when so directed by the HOD, or Board:”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

XI. AIRBII2016#08 – Creation of Howard R. Gamble Mentoring Award

Dr. Gehrig moved, Dr. Bishop seconded:

“Resolved, that AIRBII2016#08 – Creation of Howard R. Gamble Mentoring Award be approved.”

“Resolved, that the Board Policy Manual, Policy Type V: Board Policy Statements, D. Awards be amended to institute the AGD Howard R. Gamble Mentoring Award. And be it further,

Resolved, that the Howard R. Gamble Mentoring Award be presented annually at the House of Delegates. The AGD Mentoring Award would be chosen by the AGD Awards Committee utilizing the following criteria:

1) Award recipient should be an AGD member in good standing for at least ten years
2) Recipient should exemplify a Servant Leader
3) Recipient be nominated by a mentee who describes the mentoring process of the mentor award recipient
4) Recipient should exemplify character of Advisor, Counselor, Guide and Friend.

And be it further,

Resolved, that $1,025 be allocated from the 2017 Contingency Fund, to pay for the honoree’s airfare, one night’s hotel, ground, parking, per diem, and award costs.

And be further,
“Resolved, that the finances for the Howard R. Gamble Mentoring award be included in the budget going forward.”

DEFEATED

Y - Dyzenhaus

N – Bishop, Cheney, Dubowsky, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Worm

a – Cordero, Donald, Edgar, Gajjar, Winland, Wooden

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

XII. AIRBII16#10 – Request to Approve 2016-17 Rebrand Implementation Costs

Dr. Winland moved, Dr. Donald seconded:
“Resolved, that AIRBII16#10 – Request to Approve 2016-17 Rebrand Implementation Costs be approved as amended.”

“Resolved, that AGD approve funding request for $487,944 from operational funds for the implementation of a new AGD logo and complete rebrand of all the organization’s digital and print assets.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Tillman, White, Winland, Wooden, Worm

a - Stillwell

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

Saturday November 5, 2016

I. Call to Order

Dr. Smith called the meeting to order November 5, 2016 at 8:04 a.m. CDT.

II. Executive Session – Update on Personnel

Dr. Wooden moved, Dr. Hanson seconded:
“Resolved, that the Board, along with the following staff: Daniel Buksa and Thomas Killam, go into executive session at 11:10 a.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

Dr. Hanson moved, Dr. Shamoon seconded:

“Resolved, that the Board, along with the following staff: Daniel Buksa and Thomas Killam, come out of executive session at 11:27 a.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

III. AIR – Moderate Sedation Task Force

Dr. Worm moved, Dr. Donald seconded:

“Resolved, that AIR – Moderate Sedation Task Force be approved.”

“Resolved, that the President appoint a task force to address the new Guidelines for the Use of Sedation and General Anesthesia by Dentists and the Guidelines for Teaching and Pain Control and Sedation to Dentists and Dental Students consisting of three AGD members with the following charge:

Title: Moderate Sedation Task Force

1.) Study the ADA 2016 HOD Resolution 37 educational standards and capnography mandate;
2.) Study the AAPD policy on anesthesia;
3.) Make a recommendation/tool kit that our membership will utilize in the areas of increased educational requirements, capnography mandate, and others in advocating to state/regulatory boards;
4.) Make a recommendation on the AGD devising an AGD white paper on moderate sedation;
5.) Submit an article for publication to AGD Communication Department.

Timeline: 2016-2017 Board Meeting III”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

IV. AIR – Future of Dentistry Task Force

Dr. Hanson moved, Dr. Bishop seconded:

“Resolved, that AIR – Future of Dentistry Task Force be approved as amended.”

“Resolved, that the President appoint a task force to study the changes in Section 5.H. of the ADA Principles of Ethics and Code of Professional Conduct 5.H. ANNOUNCEMENT OF SPECIALIZATION AND LIMITATION OF PRACTICE that was amended by the ADA 2016 HOD. The task force will consist of three AGD members with the following charge:

Title: Future of General Dentistry Task Force

1.) Study and predict how the implementation of this change will impact general dentistry;
2.) Provide a recommendation to the AGD Board to develop proactive programs and responses that will impact general dentistry.
3.) Make a recommendation to determine which allied groups to collaborate with in this initiative.
4.) Investigate an interest area in general dentistry as an interest area.
5.) Submit an article for publication to AGD Communication Department.

Timeline: 2016-2017 Board Meeting IV”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, White, Winland, Wooden, Worm

a - Tillman
V. Executive Session – Executive Director Search Committee and Staffing Concerns

Dr. Worm moved, Dr. Hanson seconded:

“Resolved, that the Board go into executive session at 2:05 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

Dr. Dyzenhaus moved, Dr. Bishop seconded:

“Resolved, that the Board come out of executive session at 3:57 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal

N/A – Smith

VI. Adjournment

Dr. Bishop moved, and Dr. Tillman seconded:

“Resolved, that the Board meeting be adjourned at 3:59 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Dear, Harunani, Malterud, Uppal
December 21, 2016 Board Call

I. Agenda Approval

Dr. Dyzenhaus moved, Dr. Wooden seconded:

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

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

II. Approve 2016-2017 Board Meeting II Minutes

Dr. Gorman moved, Dr. Dyzenhaus seconded:

“Resolved, that the 2016-2017 Board Meeting II Minutes be approved.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

III. AIR – Fellowship Exam Committee Appointments

Dr. Shepley moved, Dr. Bishop seconded:

“Resolved, that AIR – Fellowship Exam Committee Appointments be approved.”

“Resolved, that the appointments to the Fellowship Examination Committee (Team A) be approved.”

Fellowship Examination Committee (Team A)

Dr. Jeffery Casey, Region 17, (7/18/2016-11/TBD/2019), 2nd term, Chair
Dr. David Dickerhoff, Region 19, (6/30/2014-11/5/2017), 1st term
Dr. Daniel Boston, Region 14, (6/30/2014-11/5/2017), 1st term
Dr. Robert Mayhew, Region 18, (6/30/2014-11/5/2017), 1st term  
Dr. Merlin Ohmer, Region 20, (7/18/2016-11/TBD/2019), 1st term  
Dr. Benjamin Dyer, Jr., Region 19, (12/21/2016-11/TBD/2019), 1st term  
Dr. Ralph Glenn Willis, Region 19, (7/18/2016-11/TBD/2019), 1st term

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

IV. AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider

Dr. Dyzenhaus moved, Dr. Lew seconded:

“Resolved, that AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider be postponed until the January 18, 2017 Board Conference Call be approved.”

“Resolved, that HotelStorm be approved as an AGD Member Savings & Offer provider.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A - Donald

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

V. AIR – Enhancement to the AGD Refer a Colleague Program

Dr. Donald moved, Dr. Shepley seconded:

“Resolved, that AIR – Enhancement to the AGD Refer a Colleague Program be approved as amended.”

“Resolved, that up to $60,000 be allocated from the 2017 Contingency Fund Membership Council Budget to fund potential losses due to the Enhancement to the AGD Refer a Colleague Program.”
Resolved, that each time a new member joins the AGD as the result of recruiting by an active member, the recruiter and new member shall each receive a $50 credit upon payment of the new membership.

- The $50 dollars is held “on account” and can be used after joining toward any AGD program including education (Online Learning Center, etc.), scientific session, and AGD membership renewal for the following year – but excluding constituent programs and dues.
- This program enhancement applies to active general dentist, international, associate, and affiliate memberships only (all categories but student membership (ST)).
- These credits apply only upon payment of full-year memberships (i.e. if a new member joins during the half-year dues promotion (July-September), the credit will only apply if the new member opts to pay for a full-year membership).
- Credits must be used in the membership year in which credits were earned. Any unused balance will be applied toward the following year’s membership renewal. This potential expiration of unused credits will incentivize members to explore the range of offerings that AGD makes available to them.
- If using credits toward membership dues payment, the credits apply toward AGD membership only. They do not apply to constituent or component dues, or toward donations to the AGD Foundation or Advocacy Fund.
- Beginning October 1 of each year, referral credits earned will be honored until December 31 of the following year.
- Credits cannot be transferred to another individual.
- Referee credits for new members can only be earned once in a lifetime. (i.e., if a member leaves the AGD then rejoins, the new member cannot receive a joiner’s credit a second time.)
- Grand prize contest (one recruiter and that recruiter’s new recruit each receive an all-expenses-paid trip the AGD Scientific Session, including airfare, hotel, meeting registration, and $200 in CE courses) will continue.
- There shall be no limit on how much credit can be earned by a recruiting member.
- AGD Board members are excluded from receiving the referral credit.
- The program enhancement shall begin on January 1, 2017 and will be reviewed at each Membership Council meeting going forward.”

**PASSED**

Y – Bishop, Cheney, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

a – Cordero

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

VI. **Approve May 10, 2017 Executive Committee Call**
Dr. Donald moved, Dr. White seconded:
“Resolved, that the May 10, 2017 Executive Committee Call be approved.”
PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

VII. Executive Session – Executive Director Search Update

Dr. Hanson moved, Dr. Dubowsky seconded:
“Resolved, that the Board go into executive session at 8:02 p.m. CST.”
PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

Dr. Hanson moved, Dr. Wooden seconded:
“Resolved, that the Board come out of executive session at 8:11 p.m. CST.
PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

During executive session the following action was taken:

“Resolved, that the Executive Director Search Criteria be approved as amended.

ED/CEO Search Criteria

• Dental professional ED/CEO
Reports to AGD Board. Responsible for all external relations and activities including but not limited to:
- Socioeconomic matters
- Constituent relations
- External relations with the dental community
- External relations with other related organizations
- Responsible for all internal activities
- Individual with executive experience within dentistry
- Understands AGD culture
- CEO that is a dental professional but that is not an absolute-ED with dental experience preferred but not required
- No AGD past president or past/current AGD Executive Committee member
- Visionary individual
- CEO ED reports to the Board
- Day-to-day activities are reported to the Executive Committee.

And be it further,

“Resolved, that Leonard Pfeiffer & Company produce additional candidates to the Executive Director Search Committee by January 31, 2017.”

VIII. Adjournment

Dr. Donald moved, Dr. Hanson seconded:

“Resolved, that the Board call be adjourned at 8:13 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

January 18, 2017 Board Call

I. Agenda Approval

Dr. Shamoon moved, Dr. Lew seconded:

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

PASSED
II. Approve Board Call 12-21-16 Minutes

Dr. Shelly moved, Dr. Hanson seconded:

“Resolved, Board Call 12-21-16 Minutes be approved as amended.”

PASSED

Y – Bishop, Cheney, Cordero, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Dear, Dyzenhaus, Winland, Worm

N/A – Smith

III. AIR – Change to Annual Scientific Meeting Registration Fees for AGD2016

Dr. Gorman moved, Dr. White seconded:

“Resolved, that AIR – Change to Annual Scientific Meeting Registration Fees for AGD2016 be approved as amended.”

“Resolved, that the 2017 Scientific Meeting’s member dentist registration remain as budgeted for Fiscal Year 2016 at $199/$279/$450 (advance/regular/on-site).

And be it further,

Resolved, that the 2017 Scientific Meeting’s dental team registration rates remain as budgeted at $45/$75/$100 and that the 2017 Scientific Meeting’s lecture course registration fee remain at $60/$120 (half day/full day session).

And be it further,

Resolved, that changes be made to the registration categories to better reflect the change in the meeting brought about by the removal of the House of Delegates.”
And be it further, resolved, that AGD offer a Fellowship Review Course and Exam bundled rate of $1,299 for those registering for the Fellowship Review Course and Exam during the scientific meeting.

And be it further, resolved, that registration category ‘Exhibit Hall Only FREE (Saturday Only),’ be eliminated as a registration category for AGD2017.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamo, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Dear, Dyzenhaus, Winland, Worm

N/A – Smith

IV. AIR – Recommended Change to AGD PACE Standards
Dr. Hanson moved, Dr. Shamoon seconded:

“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved.”

“Resolved, that PACE Standard I Administration, be modified as follows:

Standard I Administration
1. Administration of the program must be consistent with: the goals of the program and scope of activities.
   a. The goals of the program;
   b. The objectives of the planned activities.

2. The program must be under the continuous guidance of an administrative authority and/or individual responsible for its quality, content, and ongoing content.

Criteria
A. The continuing education program must be under the ongoing supervision of an individual or an administrative authority so that there is continuity in the program provider’s continuing education efforts.

B. The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.

CB. The administrative authority/administrator will have the responsibility for assuring compliance with the quality contained in these standards and guidelines. Responsibility for compliance with PACE Standards will be assigned to an individual administrator.

DC. The CDE provider must be responsible for:
   a. Establishing clear lines of authority and responsibility
   b. Conducting a planning process
   c. Ensuring that an adequate number of qualified personnel are assigned available to manage the program
   d. Ensuring continuity of administration

ED. To maintain continuity, the program provider must develop specific procedures for personnel changes. This is particularly important with regard to the administrator or the administrative authority (program planner). The program provider must outline procedures for maintaining administrative continuity when key personnel changes occur.

FE. Providers are required to have a committee that meets regularly and a majority of the committee must be dental professionals, including at least one licensed practicing dentist, who are independent from other responsibilities for the provider and be broadly representative of the intended audience or constituency including the members of the dental team for which the courses are offered. Continuity of administration and planning is necessary for the stability and growth of the program.
must maintain a planning committee that includes at least one licensed dentist. This
dentist shall represent the intended audience of the programming, and will have no
other responsibilities to the program provider.

GE. The committee will also be required to maintain minutes from its meetings. The
detailed minutes of the meetings will be attached to the PACE Application and should
be from a meeting within the last approval period and reflect the development,
implementation or improvement of the continuing education program. The planning
committee must meet at least annually for the purpose of development, implementation
and improvement of the program. The planning committee will maintain appropriate
minutes documenting these activities. Minutes from the most recent meeting must
accompany the PACE application.

HG. The program planner must commit sufficient time to planning and conducting the
CDE program relative to its planned size and scope of activity; be responsible for
choosing the educational methods to be utilized in consultation with advisory
committees, instructors, educational advisors, or potential attendees; and ensure that
facilities and equipment (including those borrowed or rented) are adequate in size, safe,
and in good working condition so that instruction can proceed smoothly and effectively.
The program planner must assure that program facilities and equipment are in good
working order. The program planner will choose the educational methods employed in
consultation with the planning committee, advisors, instructors or potential attendees.

IH. Where the size or extent of the CDE program warrants, especially when offering
participation courses, there must be provision for adequate support personnel to assist
with program planning and implementation. Group size must be limited in
coordination with the nature of available facilities and the number of instructors/
evaluators. Very careful attention to group size is mandatory when planning an activity
that requires participants to perform complex tasks requiring supervision and
evaluation. Refer to Standard XIII, Criterion C. Support personnel for any CDE
program must be adequate for the program requirements. All participation courses are
required to provide a least one Instructor for every 15 participants.

IJ. The administrative authority/administrator is required to maintain accurate records of
participants’ attendance. The administrative authority/administrator will be
responsible for retaining information on the formal planned activities offered, including
needs assessment, methods, objectives, course outlines, and evaluation procedures. This
information must be available at the time of application or reapplication for program
provider approval. Program planners must maintain accurate records of participant
attendance for at least seven (7) years following an educational course or program.
Program planners must also outline methods used to determine the needs of
participants and will retain records of course or program activities, outlines and
evaluation procedures. This information must accompany the PACE application.

KL. CE providers must assume responsibility for compliance by participants with
applicable laws and regulations including local dental practice acts. The provider must
ensure that participation in its program by dentists not licensed in the jurisdiction where the program is presented does not violate the state practice act. Unless malpractice coverage for attendees participating in clinics is arranged by the CDE provider, notice must be given to participants to obtain written commitments of coverage from their carriers. Participants must be notified of any malpractice insurance requirements and be required to provide written declarations of coverage if appropriate.

L-K. When two or more approved program providers act in consort for development, distribution, and/or presentation of an activity, each must be equally and fully responsible for assuring compliance with these PACE Standards.

ML. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with the AGD-PACE-recognized approved provider whenever the provider acts in cooperation with providers that are not recognized by the AGD-PACE. A written agreement with such providers must document this understanding.

NM. Program providers must submit complete contact information annually to the AGD. Contact information must include current provider name, address, phone number, fax number, Web address (if available), name of current provider contact person and address, phone number, fax number, and e-mail address of contact person.

ON. For protocol programs, the following requirements must be met:
1. MasterTrack® program directors must be a member of a faculty in an accredited dental program or must be approved by the AGD Dental Education Council.
2. Specific course objectives must be written for each subject taught.
3. A bibliography of current literature on the subject being taught must be assembled and distributed at the initial formal lecture/demonstration session(s).
4. The initial formal course session(s) will include both lecture and demonstration of the procedures to be studied and can also include direct hands-on activities.
5. For protocol courses, written instructions must be given to participants for individual in-office assignments. The assignments must be commensurate in difficulty with the credit hours that will be awarded and within the abilities of the participants.
6. Participants will do whatever procedures they are assigned on patients in their offices. They will keep complete records on these patients, which must include at least the following:
   a. Patient consent and release form;
   b. Preoperative medical/dental history;
   c. Preoperative unedited radiographs, if indicated
   d. Preoperative mounted diagnostic casts, if applicable
   e. Preoperative unedited photographs
   f. Preoperative dental charting.
7. During treatment, records will be kept to demonstrate:
   a. Treatment rendered materials, methods, etc.
   b. Mounted treatment casts, if applicable;
c. Photographs of treatment progress, if appropriate

d. Radiographs taken during treatment, if indicated.

86. Upon completion of treatment:
   a. Unedited photographs of completed treatment;
   b. Postoperative unedited radiographs, if indicated.

97. After an agreed-upon time needed to complete the assignment, the original group will
    reconvene with the program director, instructor and/or pre-designated evaluator to
    hear and evaluate participants' 15-20 minute case assignment presentation and guide
    discussion with the group and relate this discussion to current literature for that topic.
    The case presentation will be evaluated using a standardized evaluation form provided
    by the AGD.

PQ. The program provider must develop and operate in accordance with written policies,
    procedures or guidelines designed to ensure that all clinical and/or technical CDE
    activities offered include the scientific basis for the program content and an assessment
    of the benefits and risks associated with that content in order to promote public safety.

Where scientific basis for a clinical and/or technical CDE activity is evolving or uncertain,
    the presentation will describe the level of scientific evidence that is currently available
    and what is known of the risks and benefits associated with the clinical and/or technical
    CDE activity.

QP. For repeated CDE activities that are repeated, the provider must be able to
    demonstrate that there is a process in place to ensure that the activities continue to meet
    all PACE Standards and Criteria, including requirements to include the scientific basis
    for the program content and an assessment of the benefits and risks associated with that
    content in order to promote public safety.

Recommendations
A. The program planner should have background and experience appropriate to the task.

B. The size of the potential audience for any CDE activity is important in determining
   appropriate methods. A potentially active method can become purely passive if the
   group is too large.

C. Methods requiring learner involvement (seminars, discussion groups, case
   reviews/preparations, laboratory work, and patient treatment) have been shown to
   provide more effective learning experiences. Over-emphasis on purely didactic methods
   (lectures, panel discussions) is discouraged.

D. The appropriate use of films, slides, video, electronic media, and other teaching aids can
   support and enhance other teaching methods as integrated into a planned educational
   program.
ED. Program providers are encouraged to provide attendees with resource materials and references to facilitate post-course practical application of course content, as well as continued learning.

EE. Continuity of administration and planning is necessary for the stability and growth of the program. It is required that:
1. Members of the advisory planning committee be selected for a term of longer than one year.
2. Members of the advisory planning committee serve staggered terms of office.

EF. An advisory committee increases value and guidance of your program to give greater
Additional independent consultants may add value and give guidance to your program planners to your intended audience.

And be it further,

Resolved, that PACE Standard III Goals, be modified as follows:

Standard III Goals

Criteria
A. The individual or authority responsible for administration of the CDE program must have input into development of the overall program goals.

B. There must be a clear formulation of the program provider’s: overall mission and goals of the program provider institution or organization.
   - Mission
   - Organizational goals
   - Educational goals

C. A mechanism must be provided for periodic reappraisal and revision of the program provider’s continuing education goals.

And be it further,

Resolved, that PACE Standard VIII Instructors, be modified as follows:

Standard VIII Instructors
1. Instructors chosen to teach courses must be qualified by education and/or experience to provide instruction in the relevant subject matter.
4. The provider must have a policy that demonstrates instructors are not discriminated against based on gender-identity, ethnicity, religion, age, disability, socioeconomic status and/or sexual orientation.

Criteria
A. Program providers must assume responsibility for communicating specific course objectives and design to instructors early in the planning process, and ensuring that stated course objectives are addressed in the presentation.

... 

Recommendations
A. Program providers should work closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.

... 

F. Program providers should develop clearly defined policies on honoraria and expense reimbursement for instructors.

G. CDE program providers should have a process in place to ensure those who are involved in the design development and delivery of learning events remain current in subject matter material and learning methods.

And be it further,

Resolved that the definition of Advisory Committee be changed to Planning Committee in the PACE lexicon of terms, and be modified as follows:

**ADVISORY PLANNING COMMITTEE**: An objective entity that provides peer review and direction for the program and the provider. A majority of the committee must be dental professionals, including the committee must include at least one licensed practicing dentist who is independent from other responsibilities for the provider. The composition of the advisory committee should include objective representatives of the intended audience, including the members of the dental team for which the courses are offered.

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Dear, Dyzenhaus, Winland, Worm

N/A – Smith

V. **AIR – Increase PACE Council to Fifteen (15) Members**
Dr. Lew moved, Dr. White seconded:

“Resolved, that AIR – Increase PACE Council to Fifteen (15) Members be approved.”

“Resolved, that the Board Policy Manual, Policy Type II. Governance Process, K. Charges of the Council and Committees be amended to read:

I. Program Approval for Continuing Education (PACE) Council

1. The Program Approval for Continuing Education (PACE) Council shall consist of twelve (12) fifteen (15) members, including the chairperson, and up to three (3) consultants. No member of the council shall serve more than two (2) consecutive three (3) year terms. Consultants of the council shall serve no more than two (2) consecutive three (3) year terms. Consultants would not be budgeted to attend council meetings, nor would they participate in any decisions/ recommendations made by the council. And be it further,

Resolved, that $5,094.15 be appropriated from the 2017 Contingency Fund.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Harunani, Lew, Malterud, Shamoon, Shelly, Stillwell, Tillman, Uppal, White, Wooden

N - Hanson

a - Shepley

A – Dear, Dyzenhaus, Winland, Worm

N/A – Smith

VI. AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider

Dr. Shelly moved, Dr. White seconded:

“Resolved, that AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider be approved.”

“Resolved, that HotelStorm be approved as an AGD Member Savings & Offer provider.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Dear, Dyzenhaus, Winland, Worm
VII. 2017 Corporate Objectives

Dr. Donald moved, Dr. Hanson seconded:
“Resolved, that the 2017 Corporate Objectives be approved.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

N - Hanson

A – Dear, Dyzenhaus, Winland, Worm

N/A – Smith

VIII. New Business

Dr. Cordero moved, Dr. Lew seconded:
“Resolved, that AIR - Approval of General Experience Specialists (GES) Contract 2017-2018 be approved as new business.”

DEFEATED

Y – Cheney, Cordero, Donald, Edgar, Gajjar, Gehrig, Gorman, Harunani, Shamoon, Shelly, Shepley, Uppal

N – Guter, Hanson, Lew, Malterud, Stillwell, Tillman, White, Wooden

a – Dubowsky

A – Bishop, Dear, Dyzenhaus, Winland, Worm

N/A – Smith

IX. Executive Session – Executive Director Search

Dr. Hanson moved, Dr. Wooden seconded:
“Resolved, that the Board go into executive session at 9:10 p.m. CST.”

PASSED
Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that the Board come out of executive session at 9:16 p.m. CST.”

PASSED

Y – Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Bishop, Dear, Dyzenhaus, Winland, Worm

N/A – Smith

X. Adjournment

Dr. Hanson moved, Dr. Dubowsky seconded:

“Resolved, that the meeting be adjourned at 9:17 p.m. CST.”

PASSED

Y – Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Bishop, Dear, Dyzenhaus, Winland, Worm

N/A – Smith
<table>
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<tr>
<th>Priority</th>
<th>2017 Corporate Objectives</th>
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<tbody>
<tr>
<td><strong>Advocacy A</strong> – By Dec. 31, 2017, represent the policies of the AGD before standard setting groups and the ADA as follows:</td>
<td><strong>(Approved 1-18-17)</strong></td>
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<tr>
<td>• Comment on 100% of Code Maintenance Committee (CMC) submissions, with at least 75% assent of the CMC’s votes with the positions expressed by the AGD Dental Practice Council.</td>
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<td>• 90% of all resolutions upon which AGD takes a position at the ADA HOD will be acted upon favorably by the ADA HOD.</td>
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<td>• Provide written and/or verbal comment on 100% of new or revised standards, rules, or guidelines proposed by organizational bodies (such as CODA or ADA Councils) or regulatory bodies (such as EPA or FDA) and directed by AGD leadership or the appropriate councils/committees as warranting AGD comment.</td>
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<td><strong>Advocacy B</strong> – By December 31, 2017, train 15 constituent leaders throughout the year in Chicago on best advocacy practices. The 15 leaders shall come from states preferred with pending legislative, regulatory, political, or administrative issues important to AGD.</td>
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<td><strong>Rebranding</strong> – Complete Phase 3 (Execution) of the rebranding implementation across all areas of the organization by June 30, 2017.</td>
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<td><strong>Communications</strong> – By December 31, 2017, begin implementation of comprehensive content strategy(ies) (digital and print) that generates greater recognition of AGD as a leader in oral health through distribution of news, stories, and information that highlight 1) educational opportunities, 2) member experiences and contributions to the profession, and 3) research and policies.</td>
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<td><strong>Communications/Membership/Information Technology/Marketing</strong> – Launch new AGD website and reskin all AGD related sub-sites by June 30, 2017.</td>
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<td><strong>Constituent Branding/Websites</strong> – 25% of constituents have their local constituent websites (including all communication methods, etc.) updated and in accordance with the AGD rebrand guidelines and policy by December 31, 2017.</td>
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<td><strong>Scientific Session</strong> – By July 15, 2017, Scientific Session attendance attracted 5% of AGD’s membership.</td>
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<td><strong>Education A</strong> – By December 31, 2017, migrate the self-study program to an online format and achieve a 5% increase in program revenues over the December 31, 2016 actuals.</td>
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<td><strong>Education B</strong> – Enhance the online learning center, so that by December 31, 2017, 5% of all AGD members have registered for a course during the calendar year.</td>
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<td><strong>Education C</strong> – By December 31, 2017, increase the number of nationally-approved PACE providers by 5% over the December 31, 2016 actuals.</td>
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<td><strong>Membership</strong> – By December 31, 2017, increase “active” members by 5% over the December 31, 2016 number; increase “full-dues paying members by 5% over</td>
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December 31, 2016 number; and increase student members by 5% over the December 31, 2016 number, by implementing the 2017 Membership Recruitment Annual Operations Plan. G3, S1, S2, S3, S4, S5

**AGD Student Chapters** – By December 31, 2017, have AGD Student Chapters registered at 75% of US dental schools by offering at least three student chapter webinars, two regional student events, and six new online resources. G3, S1, S2, S4, S5

**Non-Dues Revenue** - By December 31, 2017, increase non-dues revenue through sponsorship, advertising, exhibit sales, and affinity program 5% over the December 31, 2016 actuals. G5, S1

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**January 23, 2017 Board Call**

I. **Agenda Approval**

Dr. Gorman moved, Dr. White seconded:

“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden

A – Cheney, Edgar, Tillman, Worm

N/A – Smith

II. **AIR – Approval of General Experience Specialists (GES) Contract 2017-2018**

Dr. Hanson moved, Dr. Lew seconded:

“Resolved, that AIR - Approval of General Experience Specialists (GES) Contract 2017-2018 be approved.”

“Resolved, that Global Experience Specialists (GES) be approved as the General Contractor for AGD2017 and AGD2018.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden

A – Cheney, Edgar, Tillman, Worm
III. Adjournment

Dr. Hanson moved, Dr. Stillwell seconded:
“Resolved, that the meeting be adjourned at 7:17 p.m. CST.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden

A – Cheney, Edgar, Tillman, Worm

N/A – Smith

February 16, 2017 Board Call

I. Agenda Approval

Dr. Dyzenhaus moved, Dr. Stillwell seconded:
“Resolved, that the agenda be approved as amended.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden

A – Harunani, Shelly, Uppal, Worm

N/A – Smith

II. Approve Board Call 1-18-17 Minutes

Dr. Shamoon moved, Dr. Hanson seconded:
“Resolved, that Board Call 1-18-17 Minutes be approved.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden
III. Approve Board Call 1-23-17 Minutes

Dr. Gehrig moved, Dr. Winland seconded:
“Resolved, that Board Call 1-23-17 Minutes be approved as amended.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden

A – Shelly, Uppal, Worm

N/A – Smith

IV. AIR – Investment Committee Appointments

Dr. Lew moved, Dr. Wooden seconded:
“Resolved, that AIR – Investment Committee Appointments be approved.”

“Resolved, that the appointments to the Investment Committee be approved.”

Investment Committee
Dr. John Portwood Jr., Region 12, (6/30/2014-11/5/2017), 4th term, Chair
Capt. Kevin Mears, Region 17, (7/18/2016-11/TBD/2019), 4th term
Dr. , Region , (2/9/2017-11/4/2018), 1st term, Non-Voting Member
Dr. Bryan Edgar, Region 11, (7/18/2016-11/TBD/2019), 4th term
Dr. Mohamednazir Harunani, Region 08, (7/18/2016-11/5/2017), 3rd term, Consultant

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden

A – Shelly, Uppal, Worm

N/A – Smith
V. Executive Session – Advocacy Fund Utilization and HelmsBriscoe ResourceOne Contract

Dr. Hanson moved, Dr. Shamoon seconded:

“Resolved, that the Board, along with the following staff: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, and Morgan Bishop, go into executive session at 8:16 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden

A – Shelly, Uppal, Worm

N/A – Smith

Dr. Cheney moved, Dr. White seconded:

“Resolved, that the Board, along with the following staff: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, and Morgan Bishop, come out of executive session at 9:01 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Shelly, Uppal

N/A – Smith

During executive session, the following actions were taken:

“Resolved, that AIR – Advocacy Fund Distribution for State Lobbyist Regarding SB 40 be approved.”

“Resolved, that $25,000 be allocated from the Advocacy Fund to retain the professional services of a lobbyist in Connecticut to lobby against SB 40.”

“Resolved, that Association Management Center (AMC) be utilized for meeting planning services for the duration of 2017, not including meetings that remain contractually
obligated by HelmsBriscoe ResourceOne, and staff will do due diligence for 2018 and beyond.

And be it further,

Resolved, that regular updates are provided to keep the Board apprised of the AMC expenses and the overall budget.”

VI. Executive Session – Compensation Committee Report and Executive Director Search Committee Update

Dr. Bishop moved, Dr. Hanson seconded:

“Resolved, that the Board go into executive session at 9:02 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Shelly, Uppal

N/A – Smith

Dr. Guter moved, Dr. Tillman seconded:

“Resolved, that the Board come out of executive session at 10:13 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Harunani, Shelly, Uppal

N/A – Smith

During executive session, the following actions were taken:

“Resolved, that the Board support the recommendation of the Compensation Committee.”

“Resolved, that further activity with the Search Firm be suspended until the 2016-2017 Board Meeting III.”
“Resolved, that the Executive Director Search Committee contact one of the candidates to determine whether that candidate would be open to a change in the traditional duties expected of an executive director prior to Board Meeting III.

And be it further,

Resolved, that the Executive Director Search Committee investigate these alternatives and submit a report back to the Board at the 2016-2017 Board Meeting III.”

VII. Adjournment

Dr. Lew moved, Dr. Bishop seconded:

“Resolved, that the meeting be adjourned at 10:15 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Harunani, Shelly, Uppal

N/A – Smith
2016-2017 Board Meeting III

I. Agenda Approval

Dr. Cheney moved, Dr. Bishop seconded:

“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

II. Executive Session – Board Call 2-16-17 Minutes Amendments

Dr. Wooden moved, Dr. Dyzenhaus seconded:

“Resolved, that the Board go into executive session at 8:05 a.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

Dr. Worm moved, Dr. Shamoon seconded:

“Resolved, that the Board come out of executive session at 8:50 a.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith
During executive session, the following actions were taken:

“Resolved, that the Board Call 2-16-17 Minutes be approved as amended.”

III. Policies Regarding Minutes

Dr. Gehrig moved, Dr. Wooden seconded:

“Resolved, that the Secretary, Speaker of the House, appropriate staff in consultation with legal counsel review how minutes are promulgated and present an AIR to update policy to the 2016-2017 Board Meeting IV.

And be it further,

Resolved, that all Board and House policies regarding minutes be investigated with a report to 2016-2017 Board Meeting IV.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malte rud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith


Dr. Dubowsky moved, Dr. Tillman seconded:

“Resolved, that AIRBI117#01 – Rescind HOD Policy Manual, Publishing/Production Design Guidelines, Advertising Policies of the Academy of General Dentistry be postponed definitely with recommendations reported to the 2016-2017 Board meeting IV.”


Advertising Policies of the Academy of General Dentistry

Advertising accepted for the publications of the Academy of General Dentistry or its Web site or sent to members through membership list rental should serve to inform dentists and others of products, services and courses that are available. In keeping with responsible journalistic philosophy, all advertisements must be accurate. No advertising shall encourage dentists or other readers to engage in practices that would conflict with
standards of conduct generally adhered to by members of the dental profession. All
advertisements are subject to acceptance or rejection by the Academy, based on the content
of the advertisement and the nature of the product, services or courses offered.

Inclusion of advertising in AGD publications does not constitute approval or endorsement
by the Academy of General Dentistry of products, services, or claims made in
advertisements. Each issue of General Dentistry and AGD Impact will carry the following
statement: "The publication of an advertisement in (General Dentistry or AGD Impact)
does not indicate endorsement for products or services. AGD credit approval for
continuing education courses or course program providers will be clearly stated."

A. General Eligibility

1. All advertisements must involve goods or services related to the dental profession, or to
the mission, activities and/or functions of the Academy of General Dentistry.

2. The Academy will make advertising space available in its publications free of charge, as
appropriate, in exchange for equal value under the following circumstances:

   a. Advertising exchange program with a recognized dental or dentistry-related association.

   b. Membership benefits program in which companies providing benefits to members under
contract or agreement with the Academy are provided one full page of advertising space at
no charge during the introduction of the new program or service.

   Note: The Academy reserves the right to assign advertising space, as available, for the
promotion of Academy and AGD Foundation products, services and events.

3. All advertisements must be accurate. Exaggerated or unsupported claims are not
acceptable. The burden of proof to substantiate any statement within an advertisement
rests with the company or individual proposing the advertisement.

4. All products and/or services must be available at the time the advertisement is published
or mailed.

5. No advertising material will be acceptable if it is deemed to be in conflict with the laws or
regulations of any federal, state, or local government or agency.

6. Advertisements that include language or devices that reflect pride and/or confidence in a
product or service are acceptable. However, such promotional materials shall not include
exaggerations or superlative terms or phrases that either deceive or mislead or tend to
deceive or mislead or may be interpreted in any way to be in poor taste.

7. Advertisements that in any manner may be construed as being disparaging of useful
competitive products or services are not acceptable.
8. No advertisement or other promotion may use the name or logo of the Academy of General Dentistry, either in publications of the Academy or elsewhere, without prior and specific approval from the Academy. Such approval shall not be unreasonably withheld.

9. A company or individual may be denied AGD publication advertising space and/or mailing labels for a period of six months to a year or longer on the basis of documented non-compliance with AGD advertising policy.

10. Classified advertising in AGD Impact may include practice sales, practice opportunities for dentists and auxiliaries, the sale of used and new dental equipment, and other dental products.

11. The Academy does not offer complimentary advertising of dental publications or literature through distribution at Academy meetings, but may provide such a service at reasonable cost to companies that have purchased exhibit space at the meeting.

B. Drugs, Materials and Devices

1. Acceptability of advertising of any drug, material or device may be based upon determinations or evaluations made by the American Dental Association Council on Dental Materials and Devices or the ADA Council on Dental Therapeutics, or upon research and practice currently taught in dental schools and other recognized institutions, whether published or unpublished.

2. Performances of all drugs, materials, and devices being advertised remain the sole responsibility of the manufacturer, company, or person placing or mailing the advertisement.

3. Advertisements may cite, through proper footnotes, appropriate references to dental or other scientific literature, provided the reference properly supports a claim.

C. Continuing Dental Education Materials and Courses

1. Advertising copy for continuing education courses must be submitted to the AGD national office for editorial review before it will be accepted for publication or for mailing to AGD members through the sale of labels.

2. The accuracy of any statements related to continuing dental education credit availability will be determined by the AGD Department of Continuing Education.

3. Advertising space in AGD publications and AGD membership mailing labels are available to the providers of continuing education courses only if the course being promoted is approved to offer FAGD/MAGD credit.

D. Editor's Responsibility
1. It is the responsibility of the editor of the Academy to determine acceptability of advertising materials and content under policies stated herein.

2. The editor of the Academy is authorized to determine eligibility for advertising space or mailing labels and the period during which eligibility will be denied.

E. Acceptance of Advertising Copy, Materials

1. The advertisement should clearly identify the advertiser and the product or service being offered.

2. Layout, artwork, and format submitted for publication must avoid confusion with the editorial content of the publication. The word "advertisement" may be required by the Editor.

3. It is the responsibility of the manufacturer to comply with the laws and regulations applicable to marketing and sale of products.

4. Advertisements will not be accepted if they appear to violate the Principles of Ethics of the American Dental Association, are indecent or offensive in either text or artwork, or contain attacks of a personal, racial, or religious character.

5. Advertising materials submitted for publication must in all ways conform to the specifications set forth in the advertising rate card in effect at the date of submission. Production work necessitated in order to produce new materials that conform to the specifications reflected on the advertising rate card shall be billed to the advertiser.

F. Rates

1. Rates for advertising in the official publications of the Academy, including display and course listing entries, and for rental of the AGD membership list shall be established by the Executive Director in cooperation with the Director of Communications and the AGD advertising representative, and adjusted as appropriate.

2. Rates for rental of the Annual Meeting registration list to exhibitors at the Academy's Annual Meeting shall be established by the Executive Director and Director of Communications in cooperation with the Director of Meeting Planning.

Note: Rates for the rental of the AGD membership list to AGD constituents shall be established by the Executive Director in cooperation with the Director of Membership.

3. Rates for classified advertising in AGD Impact shall be established by the Executive Director in cooperation with the Director of Communications.
4. Rates for banner link advertising on the AGD Web Site shall be established by the Executive Director in cooperation with the Director of Communications, AGD Advertising Representative, Editor, and Publications Review Council, and adjusted as appropriate.

G. Reader/Member’s Rights

As a legal requirement, AGD shall notify its members, at least twice each year, of their opportunity to delete their names from list rental.

H. Advertisers' Right of Appeal

A company or individual that has been denied AGD advertising space or list rental may appeal the decision to the Executive Committee of the Academy.

J. Publishers’ Disclaimer

Advertisers and their agencies assume any liability for the content of their advertisements in Academy publications, including any claims arising therefrom. The Academy reserves the right to reject any advertisement considered unsuitable according to AGD policy.

The Academy accepts camera-ready artwork for all advertisements, but will offer to make minor changes and adjustments to existing artwork for a nominal charge as a courtesy to its advertisers. All liability for the accuracy of these changes rests entirely with the advertiser, with the Academy's liability limited to the cost of the advertisement.

K. Criteria for Establishing Commercial Hyperlinks from the AGD Home Page

1. Careful consideration should be given as to whether the link conflicts with the AGD mission, vision, or policies, or with the standards of conduct generally adhered to by members of the dental profession.

2. The hyperlink should offer content enhancement.

3. The Academy’s approval for a hyperlink request should include a request from the Academy for a reciprocal link to the AGD site.

4. The Academy’s approval for a hyperlink to a site that is not primarily dentistry-related should include a requirement that the link be a direct connection to the specific dentistry-related page on the site."

And be it further,

“Resolved that AGD HOD policy 2014:116C-H-6, Section F be rescinded to:

2014:116C-H-6 “Resolved, that 98:17-H-7 be amended following approval of the separation of governance and the scientific session.”
“Resolved, that the process for scientific session registration list rental to exhibitors at the AGD’s scientific session each year be standardized to follow existing AGD list rental approval and rate-setting procedures by amending Section F of the document Advertising policies of the Academy of General Dentistry so that it reads:

F. Rates

1. Rates for advertising in the official publications of the AGD, including display and course listing entries, and for the rental of AGD membership labels shall be established by the executive director in cooperation with the director of communications and the AGD advertising representative, and adjusted as appropriate.

2. Rates for rental of the scientific session registration list to exhibitors at the AGD’s scientific session shall be established by the executive director and director of communications in cooperation with the director of meeting planning.

Note: Rates for the rental of membership labels to AGD constituents shall be established by the executive director in cooperation with the director of membership.”

3. Rates for classified advertising in AGD Impact shall be established by the executive director in cooperation with the director of communications.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a - Donald

A – Shelly

N/A – Smith

V. AIRBI2017#02 - Amend Board Policy Manual Board Guidelines

Dr. Worm moved, Dr. Dubowsky seconded:

“Resolved, that AIRBI2017#02 - Amend Board Policy Manual Board Guidelines be approved as amended.”

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

B. Board Guidelines
The Board has developed the following set of group guidelines. As a group of dedicated individuals committed to serving the AGD to the best of our ability, we each agree to implement the following guidelines:

- Each trustee Board member will check electronic communications within 72 hours, the Board Web forum at least once a week.
- All Board information considered privileged and confidential information sent to a Board member is meant for his or her eyes only. The recipient should not forward e-mail Board information without the consent of the originator.
- If there is an issue with a fellow Board member or with staff, then the concern should be voiced first be shared with that addressed member to member. If the matter cannot be resolved, or if the member is not comfortable with addressing the matter with the other member, then the concern should be shared with the president (if appropriate) and then the who will address the issue, or if necessary, have the discretion to take the matter to the Executive Committee (EC) for resolution, and/or Executive Director (ED), if necessary, directly. Such issues should not be initially raised before the entire group.
- If there is an issue between a Board member and an AGD staff member, the concern should be first shared with the president who will consult and interact with the ED in order to resolve the matter.
- When the Board makes a decision, then it is the obligation of each Board member to support that decision regardless of personal opinion, unity must be shown to all groups and individuals regardless of personal opinion on the matter.
- Trustees Board members should follow parliamentary procedure as accurately as possible during meetings as established by the Speaker of the House whether in person or through electronic communication.
- If a trustee Board member is going to be unavailable for more than two (2) business days, he or she must inform the ED and or the President to inform them of the absence.
- The Board members appreciate the need for electronic communication and as such, will make every effort to remain current with technology and training. The AGD will offer updates to the Board members through the Information Technology (IT) department to advise them of changes occurring in electronic communication and to assist where possible in the Board members ongoing training and with equipment and software upgrades.
- Any Board member who has breached the confidentiality of the Board is subject to discipline, which may include censure and notifications of the appropriate governing body that person’s AGD region by letter of this action.
- Attendance at all scheduled meetings is expected. The president and ED should be notified in advance of any anticipated absence.

And be it further,

Resolved, that subsequent policies be updated appropriate to accommodate addition of the
new heading.”

PASSED
Dr. Dubowsky moved, Dr. Malterud seconded:

"Resolved, that AIRBIII2017#03 – Amend Board Policy Manual Board Operations be approved."

"Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

C. Board Operations

- At each Board meeting, at least one (1) evening will be dedicated to a social event.
- All materials must be made available two weeks (2) prior to a meeting, except in the case of an emergency meeting.
- The subject line of an e-mail should begin with “AGD” in order to indicate the message references AGD business. Privileged and confidential subject matter should be labeled as “Privileged and Confidential”. The terms “NRN” (no response necessary), “Response Requested,” and “Information Only” also should be used to indicate the level of response that is expected. In order to reduce unnecessary e-mails to the entire Board, attention should be made to respond only to the sender and not “respond to all” when appropriate, as in instances when the sender is asking for direct feedback only.
- The Board minutes will be provided posted online for review within three (3) weeks of the meeting, and will be posted online for review. Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two (2) weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. In any event, staff will post the minutes no later than three (3) weeks after the meeting. Staff will have three (3) days to finalize the minutes so the minutes can be posted online for review within three (3) weeks of the meeting. There will be a one (1) week comment period, during which Board members may comment or recommend editions. At the end of the week, no further comments or edits will be permitted and then a survey will be posted to the Board for a vote. If the survey is not completed with 100% participation one (1) week after posting, the minutes will be included in the next Board agenda. If approved, the minutes will be posted to the Board, Regional Directors, House of Delegates, and Council Chairs via the AGD web platformLCC within three (3) business days. If not approved, the minutes will be repopulated with the Board for discussion and correction. After one (1) week of discussion and editing, the Board will again vote upon the minutes. This process will repeat until the minutes are accepted.
- At the conclusion of the Board meeting the balance of the Board contingency fund will be reported in the minutes.
- The Board represents the AGD, and each Board member individually in turn represents the AGD both to external parties and to internal components.
- Any information requested by a Board member from staff that will require more than two hours of staff time must be requested through the Executive Director or Associate Executive Director.
- New business not already on the meeting agenda will be addressed by the Board under a 2/3 majority vote of the Board.
- Travel dates and meeting location information will be sent six (6) months prior to the Board meetings. A more detailed notice will be sent 60 days prior to the meeting.

**Monitoring:** Board Assessment and Board Member Self-Assessment completed following Board Meeting IV

And be it further,

Resolved, that subsequent policies be updated appropriate to accommodate addition of the new heading.”

**PASSED**

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

VII. **AIRBIII17#04 - Amend Board Policy Manual Executive Committee Guidelines**

Dr. Cheney moved, Dr. Shamoon seconded:

“Resolved, that AIRBIII17#04 - Amend Board Policy Manual Executive Committee Guidelines be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

**E. Executive Committee Guidelines Operations**

- Each EC member will check the EC and the Board Web forums at least twice a week.
• If there is an issue with a fellow EC member or with staff, then the concern should be voiced to the President and ED respectively. Such issues should not be raised before the entire group.

• The EC will establish and annually review a set of EC position skills in order to inform future leaders of the qualities necessary to excel in those positions.

• Each member of the EC will read and, if necessary, respond to the monthly reports in a timely fashion. All submitted reports should be acknowledged as having been read.

• The EC minutes will be provided online for review within three (3) weeks of the meeting, and will be posted online for review. Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two (2) weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. In any event, staff will post the minutes no later than three (3) weeks after the meeting. Staff will have three (3) days to finalize the minutes so the minutes can be posted online for review within three (3) weeks of the meeting. There will be a one (1) week comment period, during which EC members may comment or recommend editions. At the end of the week, no further comments or edits will be permitted and a survey will be posted to the EC for a vote. If the survey is not completed with 100% participation one (1) week after posting, the minutes will be included in the next EC agenda. If once approved, the minutes will be posted to the EC and Board via the AGD platforms within three (3) business days. If not approved, the minutes will be repopulated with the EC for discussion and correction. After one (1) week of discussion and editing, the EC will again vote on the minutes.. This process will repeat until the minutes are accepted.

• When requested, a response will be provided to staff e-mails/phone calls within two (2) business days or the requested deadline.

• Any information requested from staff that will require more than two (2) hours of staff time is to be requested through the ED or the associate Executive Directors directly responsible to the department from which the information is sought. Any questions or concerns directed to staff should be focused on an endpoint in order to narrow down the workload created by a request for information.

• Any EC member who has breached the confidentiality of the Board is subject to discipline.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

VIII. AIRBII2017#05 - Amend Board Policy Manual Scientific Session Schedule Approval

Dr. Hanson moved, Dr. Guter seconded:
“Resolved, that AIRBIII2017#05 - Amend Board Policy Manual Scientific Session Schedule Approval be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type: VI. Board Guidelines to read:

**D. Scientific Session Schedule Approval**

The Scientific Meetings Council Chair, Dental Education Council Chair, and President will have the authority to approve the schedule for the scientific session.”

**PASSED**

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

**IX. AIRBIII2017#06 - Amend Board Policy Manual to Include Criteria for International Membership Opportunities**

Dr. Guter moved, Dr. Lew seconded:

“Resolved, that AIRBIII2017#06 - Amend Board Policy Manual to Include Criteria for International Membership Opportunities be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type V. Board Policy Statements to read,

**X. International Membership Opportunities**

**Guidelines for AGD International Membership Opportunities (IMO)**

*Definitions*

**International Membership Opportunities:** A relationship between the AGD and another entity (including but not limited to official or unofficial groups or persons who desire to establish membership in the AGD are currently classified as international) for the purpose of facilitating, encouraging or recruiting international members

*Guidelines*

General considerations of International Membership Opportunities
All AGD costs associated with the IMO should be considered in a business plan or the equivalent before moving forward.

The business plan or its equivalent will be developed by staff and will include, but not be limited to, staff and marketing costs, and will consider that the initial investment may be higher than ongoing costs for IMO.

The IMO must benefit the AGD and protect the AGD name and reputation.

The IMO should consider mutual benefits and mutual liabilities of the parties.

The IMO should generate dues revenue, sponsorship dollars, and/or royalties for the AGD. If the IMO is of a variety such that revenue may not be generated, such as strictly Continuing Education agreement, other benefits to the AGD or its constituents must be identified.

The IMO shall not be to the detriment of and should benefit current and established IMO.

Process of review

IMO will be developed by the AGD Membership Council as follows:

I. The Membership Council should be the entry place or clearinghouse for any potential IMO coming to the AGD or for any International Organization that the AGD would consider reaching out to for an IMO.

II. A subcommittee of the Membership Council will be formed to look at each potential IMO initially and assess its prospective value. The subcommittee will also look at the costs associated with that potential IMO.

III. Once the above initial deliberation has been accomplished, the subcommittee shall share the opportunity with any council or committee that might need to have input. This will always include any other council which may be affected or have input to the particular IMO. The opportunity shall be shared concurrently with the Executive Committee (EC) for its input.

IV. Because time is of the essence in the consideration of these opportunities, the Membership subcommittee, through the Membership Council Chair, will contact any and all other chairs of any council or committee that should have input and the EC.

V. One week (seven (7) calendar days) will be given for each such chairperson and the EC (by the President, for the body) to respond. In the event that any such chairperson is unavailable or fails to respond within one week (seven (7) calendar days), the AGD President or council/committee chairperson shall assign another council/committee member to respond on behalf of that council/committee, and that other council/committee member shall have three (3) calendar days from the date s/he receives the request or the remainder of said week (seven (7) calendar days), whichever is greater, to respond to the request of the Membership Council Chair.

VI. Negotiations for the prospective IMO will proceed (with any additional information provided by those chairs or the EC) unless there is reason found through this process to terminate or alter them.

VII. If the Membership Council decides, through its due diligence, that an opportunity does not meet the criteria to be considered for an AGD IMO and should not move forward, there will be no further negotiations and the sponsorship will not be accepted.

VIII. Any and all final agreements will be routed through traditional review protocols following negotiations when there is a cost associated with an IMO.

IX. The AGD Board is the final deciding body for each such IMO.
If the IMO fails to meet these guidelines, as determined by the Membership Council after its exercise of due diligence, the IMO will not be considered. No IMO shall be considered unless it meets the approval of the Membership Council, its subcommittee, and the AGD Executive Committee.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

X. AIRBIII2017#07 – Group Benefits Council Appointments

Dr. Malterud moved, Dr. Wooden seconded:
“Resolved, that AIRBIII2017#07 – Group Benefits Council Appointments be approved as amended.”

“Resolved, that the appointments Group Benefits Council be approved.”

Group Benefits Council
Dr. Eric Morse, Region 05, (6/21/2015-11/4/2018), 2nd term
Dr. Puneet Aulakh, Region 11, (6/21/2015-11/4/2018), 1st term
Dr. Amit Patel, Region 19, (7/18/2016-11/03 TBD/2019), 1st term
Dr. Anca Bordeianu, Region 15/16, (8/16/2016-11/4/2019), 1st term
Dr. Kimberly Denton, Region 1005, (3/18/2017 – 11/5/2017, 1st term

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XI. AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight Committee

Dr. Donald moved, Dr. Dubowsky seconded:
“Resolved, that AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight Committee be postponed until March 19, 2017.”

“Resolved, that a Leadership Development and Oversight Committee be created and that the Board Policy Manual be amended at Policy Type: II. Governance Process, K. Charges of Council and Committees,

Leadership Development and Oversight Committee

1. The Leadership Development and Oversight Committee shall consist of six members, one of which is the President.

The Leadership Development and Oversight Committee shall be responsible for oversight of the AGD Leadership Academy, including:

a. Serving as thought-leaders for the content to be presented at the following programs:
   i. AGD Leadership Symposium
   ii. AGD Leadership Institute
   iii. AGD Leadership Forum

b. Identifying gaps in training, developing an all-inclusive program to deliver programming to address these gaps, and identifying relevant leadership topics for programs;

c. Serving as advisors for the content to be presented at the following programs:
   i. AGD Leadership Symposium
   ii. AGD Leadership Institute
   iii. AGD Leadership Forum

d. Determining program facilitators for the above;

e. Presenting activities, strategies, and plans in accordance with the approved budgets;

f. Presenting annual report to the AGD Board;

g. Reassessing leadership training needs annually;

h. Developing measurable metrics for the AGD Leadership Academy, including each of the major components of the academy

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XII. AIRBIII2017#09 - Creation of New Manager Position with Dental Education Department
Dr. Shepley moved, Dr. Cheney seconded:

“Resolved, that AIRBIII2017#09 - Creation of New Manager Position with Dental Education Department be approved.”

“Resolved, that $90,000 be allocated from the 2017 Contingency Fund to compensate a newly created “Manager, Dental Education” position within the Dental Education Department.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XIII. AIRBIII2017#10 - Credentials & Elections Committee Request to Replace HODFAT

Dr. Cheney moved, Dr. Hanson seconded:

“Resolved, that AIRBIII2017#10 - Credentials & Elections Committee Request to Replace HODFAT be approved.”

“Resolved, that $18,570 be allocated from the 2017 Contingency Fund to provide AGD with the information technology necessary to monitor and track a quorum for the AGD House of Delegates. (HOD).”

PASSED

Y – Bishop, Cheney, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Malterud, Tillman, Uppal, White, Winland, Wooden, Worm

N – Dear, Lew, Shamoon, Stillwell

a – Cordero, Edgar, Shepley

A – Shelly

N/A – Smith

XIV. AIRBIII2017#11 – Request to Approve New Public Relations Consultant

Dr. Malterud moved, Dr. Bishop seconded:
“Resolved, that AIRBIII2017#11 – Request to Approve New Public Relations Consultant be approved.”

“Resolved, that the Board approve the selection of Finn Partners to provide public relations consultation as part of the AGD rebrand launch and implementation of 2017 public relations initiatives.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XV. AIRBIII2017#12 – Diabetes Task Force and Summit

Dr. Shamoon moved, Dr. Wooden seconded:

“Resolved, that AIRBIII2017#12 – Diabetes Task Force and Summit be approved.”

“Resolved, that the AGD identify one or two diabetes experts to represent the AGD for development of a toolkit, with candidate recommendations from the Dental Practice Council.

And be it further,

Resolved, the Board develop a task force of one or two member representatives with expertise on diabetes management, from each of the AGD (representatives identified per the first resolved clause above), the American Academy of Family Physicians (AAFP), the American Association of Diabetes Educators (AADE), and other suitable organizations, pending approval of these organizations, to develop a toolkit for members of each organization on the collaborative management of diabetes in patients.

And be it further,

Resolved, that funding be sought in sponsorship and/or grants for the collaborative diabetes projects with the AAFP, including costs for a Diabetes Summit.

And be it further,

Resolved, that up to $10,600 be allocated from 2017 Contingency Fund (or, to the extent that sponsorship and/or grants cannot be attained to cover these expenses) for travel costs, food, and beverages to host up to ten (10) representatives for a Diabetes Summit at AGD Headquarters, at the earliest occasion that is reasonable and feasible to produce effective
outcome(s), with the understanding that effective outcome(s) may include finalization of the member toolkit on the collaborative management of diabetes.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XVI. Moderate Sedation Task Force Report Discussion

Dr. Donald moved, Dr. Lew seconded:

“Resolved, that the Moderate Sedation Task Force Report be accepted.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a - Tillman

A – Shelly

N/A – Smith

XVII. ADA/AGD Code of Ethics Discussion

Dr. Donald moved, Dr. Tillman seconded:

“Resolved, that staff research AAOMS and AAO Codes of Ethics and pertinent historical information to determine if they are derivative works of the ADA Code of Ethics, and report to the next Board call.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly
XVIII. Executive Session – Third Party Payer Discussion

Dr. Wooden moved, Dr. Bishop seconded:

“Resolved, that nothing in this report or in any action or discussion outlined in this report was, is, or will be intended in any way as any effort beyond “mere attempts to influence the passage or enforcement of laws” as permitted under the immunities against violation of the Sherman Antitrust as provided by the Noerr-Pennington Doctrine.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelley

N/A – Smith

Dr. Worm moved, Dr. Hanson seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, go into executive session at 1:45 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelley

N/A – Smith

Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, come out of executive session at 2:25 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
XIX. Executive Session – Regional Director Trustee Relationship

Dr. Harunani moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, go into executive session at 2:34 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, come out of executive session at 3:29 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

During executive session the following actions were taken:

“Resolved, that a task force be created to survey, identify, and make suggestions in creating a more collaborative relationship and organizational structure between the RD’s and Trustees, with a preliminary report to the 2016-2017 Board Meeting IV and final report by the 2016-2017 Board Meeting V.”

Saturday March 18, 2017
I. Call to Order
Dr. Smith called the meeting to order March 18, 2017 at 8:03 a.m. PDT.

II. Executive Session – Executive Director Search Committee
Dr. White moved, Dr. Shepley seconded:
“Resolved, that the Board go into executive session at 8:04 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

Dr. Shamoon moved, Dr. Shepley seconded:
“Resolved, that the Board come out of executive session at 12:00 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

III. Executive Session – Investment Committee Report
Dr. Worm moved, Dr. Cheney seconded:
“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Dr. Portwood, go into executive session at 1:06 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, Ravi Sinha, and Dr. Portwood, come out of executive session at 1:31 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

IV. AIRBIII2017#14 - Board Approval for Commercial Development of First Floor

Dr. Wooden moved, Dr. Gehrig seconded;

“Resolved, that AIRBIII2017#14 - Board Approval for Commercial Development of First Floor be approved.”

“Resolved, that the Board approve the commercial development of the first floor of the AGD building.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Harunani, Malterud

A – Shamoon, Shelly

N/A – Smith

V. AIRBIII2017#15 – Future of General Dentistry Task Force Meeting

Dr. Gehrig moved, Dr. Dubowsky seconded:

“Resolved, that AIRBIII2017#15 – Future of General Dentistry Task Force Meeting be tabled.”
“Resolved, that up to $10,600 be allocated from the 2017 AGD Contingency Fund to host a one-day meeting of the AGD Future of General Dentistry Task Force at AGD Headquarters.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Worm

N - Harunani, Lew

a – Dear, Wooden

A – Shamoon, Shelly

N/A – Smith

VI. AIRBIII2017#16 – Approve Prioritized 2017 Corporate Objectives

Dr. Dyzenhaus moved, Dr. Cheney seconded:

“Resolved, that AIRBIII2017#16 – Approve Prioritized 2017 Corporate Objectives be approved.”

“Resolved, that the 2017 Corporate Objectives be approved as prioritized.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N - Hanson

A – Shamoon, Shelly

N/A – Smith

Dr. Gehrig moved, Dr. Cheney seconded:

“Resolved, that a workgroup of the three (3) Board members be formed to identify discrepancies in the current strategic plan and make recommendations for potential changes to the plan with a report to 2016-2017 Board Meeting IV.”

PASSED
Dr. Uppal moved, Dr. Wooden seconded:

“Resolved, that AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight Committee be approved as amended”

“Resolved, that a Leadership Development and Oversight Committee be created and that the Board Policy Manual be amended at Policy Type: II. Governance Process, K. Charges of Council and Committees,

Leadership Development and Oversight Committee

1. The Leadership Development and Oversight Committee shall consist of six-seven members to include the President as chair, President-Elect, RD Chair, RD Vice Chair, and other members to include a trustee to serve up to a two year term, one at large member to serve a two year term, and one at large member to serve an initial one year term and thereafter a two year term.

The Leadership Development and Oversight Committee shall be responsible for oversight of the AGD Leadership Academy, including:

a. Serving as thought-leaders for the content to be presented at the following programs:
   i. AGD Leadership Symposium
   ii. AGD Leadership Institute
   iii. AGD Leadership Forum

b. Identifying gaps in training, developing an all-inclusive program to deliver programming to address these gaps, and identifying relevant leadership topics for programs;

c. Serving as advisors for the content to be presented at the following programs:
   i. AGD Leadership Symposium
   ii. AGD Leadership Institute
   iii. AGD Leadership Forum

d. Determining program facilitators for the above;

e. Presenting activities, strategies, and plans in accordance with the approved budgets;

f. Presenting annual report to the AGD Board;

g. Reassessing leadership training needs annually;
h. Developing measurable metrics for the AGD Leadership Academy, including each of the major components of the academy

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shamoon, Shelly

N/A – Smith

VIII. Adjournment

Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that Board meeting be adjourned at 3:20 PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shamoon, Shelly

N/A – Smith
| 2017 Prioritized Corporate Objectives  
Approved 3-18-17 |
<table>
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<tbody>
<tr>
<td><strong>1 Membership</strong> – By December 31, 2017, increase “active” members by 5% over the December 31, 2016 number; increase “full-dues paying members by 5% over December 31, 2016 number; and increase student members by 5% over the December 31, 2016 number, by implementing the 2017 Membership Recruitment Annual Operations Plan. G3, S1, S2, S3, S4, S5</td>
</tr>
<tr>
<td><strong>2 Non-Dues Revenue</strong> - By December 31, 2017, increase non-dues revenue through sponsorship, advertising, exhibit sales, and affinity program 5% over the December 31, 2016 actuals. G5, S1</td>
</tr>
<tr>
<td><strong>3 Scientific Session</strong> – By July 15, 2017, Scientific Session attendance attracted 5% of AGD’s membership, G1, S1</td>
</tr>
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<td><strong>4 Communications/Membership/Information Technology/Marketing</strong> – Launch new AGD website and reskin all AGD related sub-sites by June 30, 2017. G4, S1, S2, S3, S4</td>
</tr>
<tr>
<td><strong>5 Communications</strong> – By December 31, 2017, begin implementation of comprehensive content strategy(ies) (digital and print) that generates greater recognition of AGD as a leader in oral health through distribution of news, stories, and information that highlight 1) educational opportunities, 2) member experiences and contributions to the profession, and 3) research and policies. G4, S1, S2, S3, S4</td>
</tr>
<tr>
<td><strong>6 Rebranding</strong> – Complete Phase 3 (Execution) of the rebranding implementation across all areas of the organization by June 30, 2017. G4, S1, S2, S3, S4, S5</td>
</tr>
</tbody>
</table>
| **7 Advocacy A** – By Dec. 31, 2017, represent the policies of the AGD before standard setting groups and the ADA as follows:  
• Comment on 100% of Code Maintenance Committee (CMC) submissions, with at least 75% assent of the CMC’s votes with the positions expressed by the AGD Dental Practice Council.  
• 90% of all resolutions upon which AGD takes a position at the ADA HOD will be acted upon favorably by the ADA HOD.  
• Provide written and/or verbal comment on 100% of new or revised standards, rules, or guidelines proposed by organizational bodies (such as CODA or ADA Councils) or regulatory bodies (such as EPA or FDA) and directed by AGD leadership or the appropriate councils/committees as warranting AGD comment.G2, S2. |
<p>| <strong>8 Constituent Branding/Websites</strong> – 25% of constituents have their local constituent websites (including all communication methods, etc.) updated and in accordance with the AGD rebrand guidelines and policy by December 31, 2017. G4, S2 |
| <strong>9 Education B</strong> – Enhance the online learning center, so that by December 31, 2017, 5% of all AGD members have registered for a course during the calendar year. G1, S2. |
| <strong>10 Advocacy B</strong> – By December 31, 2017, train 15 constituent leaders throughout the year in Chicago on best advocacy practices. The 15 leaders shall come from states preferred with pending legislative, regulatory, political, or administrative issues important to AGD. G2, S1, S2, S4; G4, S4, T3 |
| <strong>11 AGD Student Chapters</strong> – By December 31, 2017, have AGD Student Chapters registered at 75% of US dental schools by offering at least three student chapter webinars, two regional student events, and six new online resources. G3, S1, S2, S4, S5 |</p>
<table>
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<th><strong>Education C</strong> – By December 31, 2017, increase the number of nationally-approved PACE providers by 5% over the December 31, 2016 actuals. G1, S4</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td><strong>Education A</strong> – By December 31, 2017, migrate the self-study program to an online format and achieve a 5% increase in program revenues over the December 31, 2016 actuals. G1, S1, S2, S3</td>
</tr>
</tbody>
</table>
April 19, 2017 Meeting Minutes

I. Agenda Approval

Dr. Cordero moved, Dr. Shamoon seconded:

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

PASSED

Y – Bishop, Cordero, Dear, Dubowsky, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shelly, Shepley, White, Winland, Wooden, Worm

A – Cheney, Donald, Dyzenhaus, Edgar, Guter, Shamoon, Stillwell, Tillman, Uppal

N/A – Smith

II. Update on Code of Ethics

Dr. White moved, Dr. Dubowsky seconded:

Resolved, that this discussion be postponed until the 2016-2017 Board meeting IV.

And be it further,

Resolved, that legal counsel be consulted with further information, to include potential ramifications of conflicts for members belonging to both ADA and AGD, submitted as a report to the 2016-2017 Board Meeting IV.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Edgar, Guter

N/A – Smith

III. Moderate Sedation Task Force Report

Dr. White moved, Dr. Gajjar seconded:

“Resolved, that the Moderate Sedation Task Force Report be accepted.”

PASSED
IV. Future of General Dentistry Task Force Report

Dr. Dubowsky moved, Dr. Shelly seconded:

“Resolved, that the Future of General Dentistry Task Force Report be accepted.”

PASSED

V. Engaging the Oral Health Community in Childhood Obesity Prevention Conference Report

Dr. Shamoon moved, Dr. Lew seconded:

“Resolved, that the Engaging the Oral Health Community in Childhood Obesity Prevention Conference Report be accepted and referred to the appropriate agencies.”

PASSED

VI. Report on the Third North American Saliva Symposium

Dr. Wooden moved, Dr. Dyzenhaus seconded:

“Resolved, that the Report on the Third North American Saliva Symposium be accepted and referred to the appropriate agencies.”
PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Guter

N/A – Smith

VII. AIR – Fund Transfer for Beacon Technology for Scientific Meeting

Dr. Dubowsky moved, Dr. Shepley seconded:

“Resolved, that AIR – Fund Transfer for Beacon Technology for Scientific Meeting be approved.”

“Resolved, that staff research options to utilize beacon technology at the AGD 2017 Scientific Session.

And be it further,

Resolved, that the following inter-fund shifts be made to fund this project,

- $10,000 from the Scientific Session Meeting budget line, Hotel Facility contingency funds for additional space;
- $15,000 from Audio/Visual to be utilized for technology offering in the exhibit hall; $19,550 from the budget line for Attendee meal coupons”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Guter

N/A – Smith

VIII. Division Coordinator Reports

Dr. Shamoon moved, Dr. Shelly seconded:

“Resolved, that the Division Coordinator Reports be accepted.”

a. Advocacy – Representation - Dr. Bromberg
b. Membership Services - Dr. Clemente
c. Public & Professional Relations - Dr. Rathee

**PASSED**

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a - Lew

A – Donald, Guter

N/A – Smith

IX. Executive Session – Executive Director Search Committee Update

Dr. Shamoon moved, Dr. Worm seconded:

“Resolved, that the Board go into executive session at 8:41 p.m. CDT.”

**PASSED**

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Guter

N/A – Smith

Dr. Worm moved, Dr. Cheney seconded:

“Resolved, that the Board come out of executive session at 8:50 p.m. CDT.”

**PASSED**

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Guter

N/A – Smith

X. Adjournment

Dr. Dyzenhaus moved, Dr. Cheney seconded:
“Resolved, that the meeting be adjourned at 8:51 p.m. CDT.”

<table>
<thead>
<tr>
<th>PASSED</th>
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<tr>
<td>Y  – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoan, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm</td>
</tr>
<tr>
<td>A  – Donald, Guter</td>
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<tr>
<td>N/A – Smith</td>
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May 18, 2017 Board Call

I. Agenda Approval

Dr. Hanson moved, Dr. White seconded:

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

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

II. Minutes Approval

Dr. Cheney moved, Dr. Hanson seconded:

“Resolved, that the Board Meeting III minutes, held March 18 – 19, 2017, be approved.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

Dr. Shamoon moved, Dr. Bishop seconded:

“Resolved, that the Board Call minutes, held April 18, 2017, be approved.”

PASSED

Y – Bishop, Cheney, Dear, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

a – Donald, Cordero, Guter

A – Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

III. AIR – Recommended Change to AGD PACE Eligibility Requirements
Dr. Cheney moved, Dr. White seconded:

“Resolved, that AIR – Recommended Change to AGD PACE Eligibility Requirements be approved as editorially amended.”

“Resolved, that PACE Eligibility requirements be modified as follows,

Eligibility
The provider organization is approved, not speakers or individual course content. The applicant may be a major unit or department within an institution. To be eligible for PACE approval the following criteria must be met:

1. The CDE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the Lexicon of Terms. The CDE provider must demonstrate oversight by an independent advisory committee. CDE organizations can be granted up to a six year approval based on documented experience offering courses and documented compliance to the published PACE Standards and Criteria.

2. The CDE provider must be located or have a permanent base in the United States, Canada or their territories, or be an officially recognized agency or unit within the national dental services of the United States or Canada. CDE providers that do not fit within this criterion must meet the additional international eligibility requirements provided in the Eligibility Requirements for International Continuing Dental Education Providers section before being considered eligible to apply for recognition approval.

3. The program provider . . .

And be it further resolved that the following section be added to the PACE Guidelines,

Eligibility Requirements for International Continuing Dental Education Providers
1. An International CDE Provider interested in obtaining AGD PACE Approval must demonstrate that it is a dental school, continuing education program within a dental school, a national governmental health authority or a national membership association or society for dental professionals. The International CDE provider must be recognized and/or accredited by the appropriate governmental or private regulatory authority that regulates organizations to ensure that they meet the applicable standards for quality advanced dental education, as determined in the sole discretion of the AGD.

2. International CDE Providers applying for AGD PACE Approval must meet the same PACE Eligibility Requirements and Standards and Criteria as providers in the United States and Canada.

3. All application materials and documentation submitted by International CDE Providers must be translated and presented to the AGD in English.
4. In addition to the standard PACE application, International CDE Providers MUST complete and submit the application for International CDE Providers.

And be it further resolved that the following definition be added to the PACE Lexicon of Terms,

**International Continuing Dental Education Providers:** Organizations which are not located in and do not have a permanent base in the United States, Canada, or their territories, and is not an official recognized agency or unit with the national dental services of the United States or Canada.

And be further resolved that the introductory information in the PACE Guidelines be modified as follows,

Program Approval for Continuing Education (PACE)
Each year, thousands of continuing education courses are presented by hundreds of program providers—dental schools, dental societies, and companies that specialize in course presentations. Most provide dentists with valuable information that can be successfully integrated into the dental practice. The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE) was created to assist members of the AGD and the dental profession in identifying and participating in quality continuing dental education (CDE). The program provider approval mechanism is an evaluation of the educational processes used in designing, planning, and implementing continuing education. Approval by the AGD does not imply endorsement of course content, products, or therapies presented, nor does this approval imply acceptance for licensure, maintenance or any other purpose by any governmental or private regulatory authority that regulates the practice of dentistry, including any national, state or provincial board of dentistry will accept courses. Approved program providers are expected to comply with all relevant state and federal laws. Continuing education offered by approved program providers will be accepted by the AGD for Fellowship, Mastership and Lifelong Learning & Service Recognition credit.

And be it further resolved that the disclaimer found in the PACE Guidelines be modified as follows,

**Disclaimer**
The Academy of General Dentistry (AGD) does not endorse any course content, products, processes, services or therapies presented by AGD PACE-approved providers. The views and opinions of program providers expressed during education programs do not necessarily state or reflect those of the AGD. AGD PACE approval may not be used for product or program endorsement purposes; nor does it imply acceptance by a for licensure, maintenance or any other purpose by any governmental or private regulatory authority that regulates the practice of dentistry, including any national, state or provincial board of dentistry; nor does it imply accreditation of a program.

And be it further resolved that the PACE Purposes and Goals be modified as follows,
Purposes and Goals
The Program Approval for Continuing Education (PACE) will operate:
1. To improve the educational quality of continuing dental education (CDE) programs through self-evaluation conducted by program providers in relation to the Standards and Criteria, and/or through counsel and recommendations provided to program providers by the PACE Council.
2. To assure participants that approved continuing education program providers have the organizational structure and resources necessary to provide CDE activities of acceptable educational quality.
3. To achieve interstate and, where applicable, international acceptance for AGD Fellowship and Mastership credit for activities put on by approved program providers.
4. To promote uniformity in identification of those CDE activities that are acceptable for AGD Fellowship and Mastership credit.
5. To promote uniformity of standards for CDE that can be accepted by the dental profession.
6. To promote, through consistent and meaningful application of standards, an increased credibility for AGD’s Fellowship and Mastership awards.

And be it further resolved that PACE Standard VII, Criterion B be modified as follows,

B. Program providers must assume responsibility for assuring that participants treating patients (especially those from outside the state/province where the course is held) are not doing so in violation of state any applicable dental licensure laws.

And be it further resolved that the all PACE-approved providers use one of the two following approved credit statements along with the current AGD PACE logo,

(Name of Provider) is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or any other applicable regulatory authority, or AGD endorsement. The current term of approval extends from (DATE to DATE).
Provider ID <AGD ID Number>

–OR–

Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance by a state or provincial board of dentistry, or any other applicable regulatory authority, or AGD endorsement.
(DATE) to (DATE)
Provider ID <AGD ID Number> ”

PASSED
Y - Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A - Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

IV. AIR – Recommended Change to AGD PACE Standards

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved as editorially amended.”

“Resolved, that PACE Standard XII Commercial or Promotional Conflict of Interest, be modified as follows:

Criteria

A. CDE Program providers must assume responsibility for ensuring the content quality and scientific integrity of all CDE activities. Educational objectives, course content, teaching methods, instructors and advisors must be selected independent of commercial interest.

B. CDE program providers must operate in accordance with written guidelines and policies that clearly place the responsibility for program content and faculty selection, quality of the program content and scientific integrity of all CE activities on the program provider. Educational objectives, course content, teaching methods, instructors and advisors must be selected independent of commercial interest. These guideline must not conflict with the PACE Standards/Criteria for Approval. Each CDE Learning experience offered must conform to this policy.

C. The ultimate decision regarding funding arrangements for CDE activities must be the responsibility of the CDE program provider. CDE activities may be supported by funds received from external sources if such funds are unrestricted. External funding must be disclosed to participants 1) in announcements, brochures, or other educational materials, and 2) in the presentation itself. CE activities may be supported by funds received from external sources if such funds are unrestricted. CE program providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.

External funding, monetary support, or other special interest a program provider and/or instructors/authors may have with any commercial entity whose products or services are discussed in the program must be disclosed to participants in announcements, brochures, or other educational materials, and in the presentation itself.
D. CDE program providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the program provider and the commercial supporter. The program provider and the organizations(s) providing support must sign the written agreement.

E. CDE program providers and instructors must disclose to participants any monetary or other special interest the program provider may have with any company whose products are discussed in its CDE activities. Disclosure must be made in publicity materials and at the beginning of the presentation itself.

F. Product-promotion material or product-specific advertisement of any type is prohibited in or during CDE activities. Live promotional activities (staffed exhibits, presentations) or enduring promotional activities (print or electronic advertisements) must be kept separate from CDE. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided during CDE activities.

a. For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space during a CDE activity. Providers cannot allow presenters or representatives of Commercial Interests to engage in sales or promotional activities during the CDE activity.

b. For print CDE activities, advertisements and promotional materials will not be interleaved within the pages of the CDE content. Advertisements and promotional materials may face the first or last pages of printed CDE content as long as these materials are not related to the CDE content they face and are not paid for by the commercial supporters of the CDE activity.

c. For electronically mediated/computer based CDE activities, advertisements and promotional materials will not be visible on the screen at the same time as the CDE content and not interleaved between computer ‘windows’ or screens of the CDE content.

d. For audio-and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no ‘commercial breaks.’

e. Educational materials that are part of a CDE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

f. Print or electronic information distributed about the non-CDE elements of a CDE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

G. Arrangements for commercial exhibits or advertisements must not influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CDE activities.

H. CDE program providers must ensure that a balanced view of therapeutic options is presented. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.

I. CDE program providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.
J. CE program providers must assume responsibility for taking steps to protect against
and/or disclose any conflict of interest of the advisory/planning committee, CDE activity
planners, course directors and lecturer/author/instructors presenting courses. Signed
conflict of interest statements must be obtained from all advisory/planning committee
members, CDE activity planners, course directors and lecturer/author.
K. If providing electronically mediated distance learning, embedded advertising and
direct commercial links are inappropriate within the educational content and must be
avoided.
L. CDE providers that also offer activities designed to promote drugs, devices, services or
techniques must clearly disclose the promotional nature of the activity in publicity
materials and in the activity itself. The CDE hours awarded must not include the
promotional hours.
M. The advisory/planning committee must be involved in evaluating and taking steps to
protect against conflicts of interest that CDE activity planners, course directors and
lecturer/author/instructors may have. “

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,
Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden
A –Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

V. AIR – AGD Foundation Bylaws Amendment

Dr. Donald moved, Dr. Wooden seconded:

“Resolved, that AIR – AGD Foundation Bylaws Amendment be approved.”

“Resolved, that the AGD Foundation Bylaws be amended at Chapter II. Board of
Directors, Section 1, so that it reads:

Board of Directors

Section 1. Members. The affairs of the Foundation shall be managed by a Board of
Directors (hereafter referred to as the Board), consisting of twelve (12) members as follows:

“A minimum of eight (8) six (6) general dentists who are members in good standing of the
Academy of General Dentistry; are members of the AGD Board (such terms of AGD
Board members on the Foundation Board shall be contingent upon said Trustee’s
continuing service on the AGD Board; once a Trustee ceases service on the AGD Board,
he/she shall be automatically resigned from the Foundation Board. Notwithstanding this
section, a former AGD Trustee may serve on the Foundation Board in one of the non-AGD
Board positions of the Foundation Board, so long as all other qualifications and numerical
criteria herein are in compliance), and four (4) individuals who through their influence, are
capable of significantly furthering the purpose of the Foundation. a) two (2) of which are
current AGD Board members and b) four (4) are current or former AGD Board members
who have served on the AGD Board within five (5) years of their appointment to the AGD
Foundation Board. Six (6) members can be AGD members in good standing, a -AGD
Constituent Executive(s), and/or a corporate supporters who has have a passion for, and
has have shown a commitment to the AGD Foundation. The AGD President and President-Elect
shall serve as consultants without the right to vote.”

And be it further,
“Resolved, that the AGD Foundation Bylaws be amended at Chapter III. Elective Offices,
Section 1, B. Terms of Office, so that it reads:

B. Terms of Office

1. All officers shall serve a term of office of one (1) year, with a limit of two (2) terms of
office in any one position, even if the terms are not consecutive, with no automatic
succession in offices. The office of the President and Vice-President shall serve a term of
one (1) year. The office of Secretary/Treasurer shall serve a term of office of two (2) years.
2. A term of office shall begin at the close of the Annual Meeting Scientific Session in which
election took place and it shall end at the close of the next Annual Meeting Scientific
Session. The President and Vice-President shall serve for the term of one (1) year with the
Vice-President succeeding the President. The Secretary/Treasurer shall serve a two (2)
year term and can be elected to a second term.
3. No member of the Foundation Board shall hold more than one (1) Board office at the
same time.
4. All Directors must serve one-year on the Foundation Board before they are eligible for
office.”

And be it further,
“Resolved, that the AGD Foundation Bylaws be amended at Chapter III Elective Offices,
Section 2, Duties, so that it reads:

Duties

B. It shall be the duty of the Vice-President:

1. To assist the President in the performance of his/her duties;
2. To serve as a consultant on all committees, without the right to vote with the exception of
not playing any role on the Nominating Committee Board Development Committee;
3. To immediately assume the office of President and complete the term in the event of a
vacancy in that office;
4. To preside at all meetings of the Foundation Board in the temporary absence of the
President;
5. To have such other powers and perform such other duties as may be prescribed by the
Foundation Board or these Bylaws.
6. To succeed to the office of President at the close of the Scientific Session in which election took place and it shall end at the close of the next Scientific Session.”

And be it further,

“Resolved, that throughout the bylaws, for consistency, Nominations Committee be changed to Board Development Committee; and Annual Meeting be changed to Scientific Session.”

PASSED

Y – Bishop, Cheney, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Tillman, Stillwell, Uppal, White, Wooden

a - Cordero, Winland,

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

VI. AIR – Funding Request for AGD 2017 Leadership Session Speaker

Dr. Hanson moved, Dr. Guter seconded:

“Resolved, that AIR – Funding Request for AGD 2017 Leadership Session Speaker be approved as editorially amended.”

“Resolved, that the Board allocated $6,000 from the 2017 Contingency Fund to pay, in part, for the speaker at the Leadership Session at AGD 2017.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

VII. AIR – PACE Council Appointments

Dr. Cheney moved, Dr. Hanson seconded:

“Resolved that AIR – PACE Council Appointments be approved.”

“Resolved, that the appointments to the PACE Council be approved.”
Dr. Eric Wong, Region 13, (6/30/2014-11/05/2017), 2nd term, Chair

Dr. Daniel Geare, Region 11, (6/30/2014-11/05/2017), 1st term

Dr. Jane Martone, Region 01, (6/30/2014-11/05/2017), 1st term

Dr. Russell Cyphers, Region 14, (6/21/2015-11/05/2017), 1st term

Dr. Navin Boggavarapu, Region 04, (6/21/2015-11/04/2018), 2nd term

Dr. Nahid Kashani, Region 09, (6/21/2015-11/04/2018), 2nd term

Dr. Ashley Lamay, Region 05, (7/18/2016–11/03/2019), 1st term

Dr. Ronald Giordan, Region 14, (7/18/2016-11/03/2019), 2nd term

Dr. Ronald Sawyer, Region 01, (7/18/2016-11/03/2019), 2nd term

Dr. Howard Chi, Region 13, (7/18/2016-11/03/2019), 1st term

Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/05/2017), 1st term

Dr. Jian Hong, Region 06, (8/16/2016-11/05/2017), 1st term

Dr. Steven Skurow, Region 13, (5/18/2017-11/05/2020), 1st term

Dr. Grant Quayle, Region 14, (5/18/2017-11/05/2020), 1st term

Dr. __________, Region __________, (TBD-11/05/2020), 1st term

Dr. J. Christopher Harvan, Region 14, (12/21/2015-11/4/2018), 1st term, Consultant

Dr. Dwight Duckworth, Region 12, (7/18/2016-11/4/2018), 1st term, Consultant

Dr. Steven Skurow, Region 13, (6/21/2015-11/04/2018), 1st term, Consultant

Dr. __________, Region __________, (TBD-11/05/2017), 1st term, Consultant

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

VIII. New Business – Addition of Bank Loan Balloon Payment Discussion

Dr. Gehrig moved, Dr. Lew seconded:

“Resolved, that discussion on the bank loan balloon payment be added to the agenda.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

Dr. Gehrig moved, Dr. Lew seconded:
“Resolved, that the final principal payment and principal balance remaining of the previous building loan be rolled into a $2,280,000 loan amortized over 10 years with a 5 year maturity at Chase Bank.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

IX. Adjournment

Dr. Lew moved, Dr. Hanson seconded:

“Resolved, that the meeting be adjourned at 7:58 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith
I. Agenda Approval

Dr. Hanson moved, Dr. White seconded:

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

PASSED

Y– Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A– Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

II. Minutes Approval

Dr. Cheney moved, Dr. Hanson seconded:

“Resolved, that the Board Meeting III minutes, held March 18 – 19, 2017, be approved.”

PASSED

Y– Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A– Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

Dr. Shamoon moved, Dr. Bishop seconded:

“Resolved, that the Board Call minutes, held April 18, 2017, be approved.”

PASSED

Y– Bishop, Cheney, Dear, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

a– Donald, Cordero, Guter

A– Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

III. AIR – Recommended Change to AGD PACE Eligibility Requirements
Dr. Cheney moved, Dr. White seconded:

“Resolved, that AIR – Recommended Change to AGD PACE Eligibility Requirements be approved as editorially amended.”

“Resolved, that PACE Eligibility requirements be modified as follows,

Eligibility
The provider organization is approved, not speakers or individual course content. The applicant may be a major unit or department within an institution. To be eligible for PACE approval the following criteria must be met:

1. The CDE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the Lexicon of Terms. The CDE provider must demonstrate oversight by an independent advisory committee. CDE organizations can be granted up to a six year approval based on documented experience offering courses and documented compliance to the published PACE Standards and Criteria

2. The CDE provider must be located or have a permanent base in the United States, Canada or their territories, or be an officially recognized agency or unit within the national dental services of the United States or Canada. CDE providers that do not fit within this criterion must meet the additional international eligibility requirements provided in the Eligibility Requirements for International Continuing Dental Education Providers section before being considered eligible to apply for recognition approval.

3. The program provider . . .

And be it further resolved that the following section be added to the PACE Guidelines,

Eligibility Requirements for International Continuing Dental Education Providers
1. An International CDE Provider interested in obtaining AGD PACE Approval must demonstrate that it is a dental school, continuing education program within a dental school, a national governmental health authority or a national membership association or society for dental professionals. The International CDE provider must be recognized and/or accredited by the appropriate governmental or private regulatory authority that regulates organizations to ensure that they meet the applicable standards for quality advanced dental education, as determined in the the sole discretion of the AGD.

2. International CDE Providers applying for AGD PACE Approval must meet the same PACE Eligibility Requirements and Standards and Criteria as providers in the United States and Canada.

3. All application materials and documentation submitted by International CDE Providers must be translated and presented to the AGD in English.
4. In addition to the standard PACE application, International CDE Providers MUST complete and submit the application for International CDE Providers.

And be it further resolved that the following definition be added to the PACE Lexicon of Terms,

**International Continuing Dental Education Providers:** Organizations which are not located in and do not have a permanent base in the United States, Canada, or their territories, and is not an official recognized agency or unit with the national dental services of the United States or Canada.

And be further resolved that the introductory information in the PACE Guidelines be modified as follows,

**Program Approval for Continuing Education (PACE)**

Each year, thousands of continuing education courses are presented by hundreds of program providers—dental schools, dental societies, and companies that specialize in course presentations. Most provide dentists with valuable information that can be successfully integrated into the dental practice. The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE) was created to assist members of the AGD and the dental profession in identifying and participating in quality continuing dental education (CDE). The program provider approval mechanism is an evaluation of the educational processes used in designing, planning, and implementing continuing education. Approval by the AGD does not imply endorsement of course content, products, or therapies presented, nor does this approval imply that a acceptance for licensure maintenance or any other purpose by any governmental or private regulatory authority that regulates the practice of dentistry, including any national, state or provincial board of dentistry will accept courses. Approved program providers are expected to comply with all relevant state and federal laws. Continuing education offered by approved program providers will be accepted by the AGD for Fellowship, Mastership and Lifelong Learning & Service Recognition credit.

And be it further resolved that the disclaimer found in the PACE Guidelines be modified as follows,

**Disclaimer**

The Academy of General Dentistry (AGD) does not endorse any course content, products, processes, services or therapies presented by AGD PACE-approved providers. The views and opinions of program providers expressed during education programs do not necessarily state or reflect those of the AGD. AGD PACE approval may not be used for product or program endorsement purposes; nor does it imply acceptance by a for licensure maintenance or any other purpose by any governmental or private regulatory authority that regulates the practice of dentistry, including any national, state or provincial board of dentistry; nor does it imply accreditation of a program.

And be it further resolved that the PACE Purposes and Goals be modified as follows,
Purposes and Goals

The Program Approval for Continuing Education (PACE) will operate:

1. To improve the educational quality of continuing dental education (CDE) programs through self-evaluation conducted by program providers in relation to the Standards and Criteria, and/or through counsel and recommendations provided to program providers by the PACE Council.

2. To assure participants that approved continuing education program providers have the organizational structure and resources necessary to provide CDE activities of acceptable educational quality.

3. To achieve interstate and, where applicable, international acceptance for AGD Fellowship and Mastership credit for activities put on by approved program providers.

4. To promote uniformity in identification of those CDE activities that are acceptable for AGD Fellowship and Mastership credit.

5. To promote uniformity of standards for CDE that can be accepted by the dental profession.

6. To promote, through consistent and meaningful application of standards, an increased credibility for AGD’s Fellowship and Mastership awards.

And be it further resolved that PACE Standard VII, Criterion B be modified as follows,

B. Program providers must assume responsibility for assuring that participants treating patients (especially those from outside the state/province where the course is held) are not doing so in violation of state any applicable dental licensure laws.

And be it further resolved that the all PACE-approved providers use one of the two following approved credit statements along with the current AGD PACE logo,

(Name of Provider) is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or any other applicable regulatory authority, or AGD endorsement. The current term of approval extends from (DATE to DATE).

Provider ID <AGD ID Number>

–OR–

Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance by a state or provincial board of dentistry, or any other applicable regulatory authority, or AGD endorsement.

(DATE) to (DATE)
Provider ID <AGD ID Number> ”

PASSED
IV.  AIR – Recommended Change to AGD PACE Standards

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved as editorially amended.”

“Resolved, that PACE Standard XII Commercial or Promotional Conflict of Interest, be modified as follows:

Criteria

A. CDE Program providers must assume responsibility for ensuring the content quality and scientific integrity of all CDE activities. Educational objectives, course content, teaching methods, instructors and advisors must be selected independent of commercial interest.

B. A. CDE program providers must operate in accordance with written guidelines and policies that clearly place the responsibility for program content and faculty selection, quality of the program content and scientific integrity of all CE activities on the program provider. Educational objectives, course content, teaching methods, instructors and advisors must be selected independent of commercial interest. These guideline must not conflict with the PACE Standards/Criteria for Approval. Each CDE Learning experience offered must conform to this policy.

C.B. The ultimate decision regarding funding arrangements for CDE activities must be the responsibility of the CDE program provider. CDE activities may be supported by funds received from external sources if such funds are unrestricted. External funding must be disclosed to participants 1) in announcements, brochures, or other educational materials, and 2) in the presentation itself. CE activities may be supported by funds received from external sources if such funds are unrestricted. CE program providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support. External funding, monetary support, or other special interest a program provider and/or instructors/authors may have with any commercial entity whose products or services are discussed in the program must be disclosed to participants in announcements, brochures, or other educational materials, and in the presentation itself.
D. C. CDE program providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the program provider and the commercial supporter. The program provider and the organizations(s) providing support must sign the written agreement.

E. CDE program providers and instructors must disclose to participants any monetary or other special interest the program provider may have with any company whose products are discussed in its CDE activities. Disclosure must be made in publicity materials and at the beginning of the presentation itself.

F. D. Product-promotion material or product-specific advertisement of any type is prohibited in or during CDE activities. Live promotional activities (staffed exhibits, presentations) or enduring promotional activities (print or electronic advertisements) must be kept separate from CDE. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided during CDE activities.

a. For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space during a CDE activity. Providers cannot allow presenters or representatives of Commercial Interests to engage in sales or promotional activities during the CDE activity.

b. For print CDE activities, advertisements and promotional materials will not be interleaved within the pages of the CDE content. Advertisements and promotional materials may face the first or last pages of printed CDE content as long as these materials are not related to the CDE content they face and are not paid for by the commercial supporters of the CDE activity.

c. For electronically mediated/computer based CDE activities, advertisements and promotional materials will not be visible on the screen at the same time as the CDE content and not interleaved between computer ‘windows’ or screens of the CDE content.

d. For audio-and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no ‘commercial breaks.’

e. Educational materials that are part of a CDE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

f. Print or electronic information distributed about the non- CDE elements of a CDE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

G. E. Arrangements for commercial exhibits or advertisements must not influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CDE activities.

H. F. CDE program providers must ensure that a balanced view of therapeutic options is presented. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.

I. CDE program providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.
CE program providers must assume responsibility for taking steps to protect against and/or disclose any conflict of interest of the advisory/planning committee, CDE activity planners, course directors and lecturer/author/instructors presenting courses. Signed conflict of interest statements must be obtained from all advisory/planning committee members, CDE activity planners, course directors and lecturer/author.

If providing electronically mediated distance learning, embedded advertising and direct commercial links are inappropriate within the educational content and must be avoided.

CDE providers that also offer activities designed to promote drugs, devices, services or techniques must clearly disclose the promotional nature of the activity in publicity materials and in the activity itself. The CDE hours awarded must not include the promotional hours.

The advisory/planning committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and lecturer/author/instructors may have.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

V. AIR – AGD Foundation Bylaws Amendment

Dr. Donald moved, Dr. Wooden seconded:

“Resolved, that AIR – AGD Foundation Bylaws Amendment be approved.”

“Resolved, that the AGD Foundation Bylaws be amended at Chapter II. Board of Directors, Section 1, so that it reads:

Board of Directors

Section 1. Members. The affairs of the Foundation shall be managed by a Board of Directors (hereafter referred to as the Board), consisting of twelve (12) members as follows:

“A minimum of eight (8) six (6) general dentists who are members in good standing of the Academy of General Dentistry; are members of the AGD Board (such terms of AGD Board members on the Foundation Board shall be contingent upon said Trustee’s continuing service on the AGD Board; once a Trustee ceases service on the AGD Board, he/she shall be automatically resigned from the Foundation Board. Notwithstanding this section, a former AGD Trustee may serve on the Foundation Board in one of the non-AGD Board positions of the Foundation Board, so long as all other qualifications and numerical criteria herein are in compliance), and four (4) individuals who through their influence, are...
capable of significantly furthering the purpose of the Foundation, a) two (2) of which are current AGD Board members and b) four (4) are current or former AGD Board members who have served on the AGD Board within five (5) years of their appointment to the AGD Foundation Board. Six (6) members can be AGD members in good standing, AGD Constituent Executive(s), and/or corporate supporters who have a passion for, and have shown a commitment to the AGD Foundation. The AGD President and President-Elect shall serve as consultants without the right to vote.”

And be it further, “Resolved, that the AGD Foundation Bylaws be amended at Chapter III. Elective Offices, Section 1, B. Terms of Office, so that it reads:

B. Terms of Office

1. All officers shall serve a term of office of one (1) year, with a limit of two (2) terms of office in any one position, even if the terms are not consecutive, with no automatic succession in offices. The office of the President and Vice-President shall serve a term of one (1) year. The office of Secretary/Treasurer shall serve a term of office of two (2) years.

2. A term of office shall begin at the close of the Annual Meeting Scientific Session in which election took place and it shall end at the close of the next Annual Meeting Scientific Session. The President and Vice-President shall serve for the term of one (1) year with the Vice-President succeeding the President. The Secretary/Treasurer shall serve a two (2) year term and can be elected to a second term.

3. No member of the Foundation Board shall hold more than one (1) Board office at the same time.

4. All Directors must serve one-year on the Foundation Board before they are eligible for office.”

And be it further, “Resolved, that the AGD Foundation Bylaws be amended at Chapter III Elective Offices, Section 2, Duties, so that it reads:

Duties

B. It shall be the duty of the Vice-President:

1. To assist the President in the performance of his/her duties;

2. To serve as a consultant on all committees, without the right to vote with the exception of not playing any role on the Nominating Committee Board Development Committee;

3. To immediately assume the office of President and complete the term in the event of a vacancy in that office;

4. To preside at all meetings of the Foundation Board in the temporary absence of the President;

5. To have such other powers and perform such other duties as may be prescribed by the Foundation Board or these Bylaws.
6. To succeed to the office of President at the close of the Scientific Session in which election took place and it shall end at the close of the next Scientific Session.”

And be it further,

“Resolved, that throughout the bylaws, for consistency, Nominations Committee be changed to Board Development Committee; and Annual Meeting be changed to Scientific Session.”

PASSED

Y – Bishop, Cheney, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Tillman, Stillwell, Uppal, White, Wooden

a - Cordero, Winland,

A –Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

VI. AIR – Funding Request for AGD 2017 Leadership Session Speaker

Dr. Hanson moved, Dr. Guter seconded:

“Resolved, that AIR – Funding Request for AGD 2017 Leadership Session Speaker be approved as editorially amended.”

“Resolved, that the Board allocated $6,000 from the 2017 Contingency Fund to pay, in part, for the speaker at the Leadership Session at AGD 2017.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Tillman, Stillwell, Uppal, White, Winland, Wooden

A –Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

VII. AIR – PACE Council Appointments

Dr. Cheney moved, Dr. Hanson seconded:

“Resolved that AIR – PACE Council Appointments be approved.”

“Resolved, that the appointments to the PACE Council be approved.”
Dr. Eric Wong, Region 13, (6/30/2014-11/05/2017), 2nd term, Chair
Dr. Daniel Geare, Region 11, (6/30/2014-11/05/2017), 1st term
Dr. Jane Martone, Region 01, (6/30/2014-11/05/2017), 1st term
Dr. Russell Cyphers, Region 14, (6/21/2015-11/05/2017), 1st term
Dr. Navin Boggavarapu, Region 04, (6/21/2015-11/04/2018), 2nd term
Dr. Nahid Kashani, Region 09, (6/21/2015-11/04/2018), 2nd term
Dr. Ashley Lamay, Region 05, (7/18/2016-11/03/2019), 1st term
Dr. Ronald Giordan, Region 14, (7/18/2016-11/03/2019), 2nd term
Dr. Ronald Sawyer, Region 01, (7/18/2016-11/03/2019), 2nd term
Dr. Howard Chi, Region 13, (7/18/2016-11/03/2019), 1st term
Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/05/2017), 1st term
Dr. Jian Hong, Region 06, (8/16/2016-11/05/2017), 1st term
Dr. Steven Skurow, Region 13, (5/18/2017-11/05/2020), 1st term
Dr. Grant Quayle, Region 14, (5/18/2017-11/05/2020), 1st term
Dr. J. Christopher Harvan, Region 14, (12/21/2015-11/4/2018), 1st term, Consultant
Dr. Dwight Duckworth, Region 12, (7/18/2016-11/4/2018), 1st term, Consultant
Dr. Steven Skurow, Region 13, (6/21/2015-11/04/2018), 1st term, Consultant
Dr. Grant Quayle, Region 14, (TBD-11/05/2020), 1st term

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden
A – Dubowsky, Dyzenhaus, Shelly, Worm
N/A – Smith

VIII. New Business – Addition of Bank Loan Balloon Payment Discussion

Dr. Gehrig moved, Dr. Lew seconded:
“Resolved, that discussion on the bank loan balloon payment be added to the agenda.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden
A – Dubowsky, Dyzenhaus, Shelly, Worm
N/A – Smith

Dr. Gehrig moved, Dr. Lew seconded:
“Resolved, that the final principal payment and principal balance remaining of the previous building loan be rolled into a $2,280,000 loan amortized over 10 years with a 5 year maturity at Chase Bank.”

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<td>A – Dubowsky, Dyzenhaus, Shelly, Worm</td>
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<td>N/A – Smith</td>
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IX. Adjournment

Dr. Lew moved, Dr. Hanson seconded:

“Resolved, that the meeting be adjourned at 7:58 p.m. CDT.”

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<td>A – Dubowsky, Dyzenhaus, Shelly, Worm</td>
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<td>N/A – Smith</td>
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July 26, 2017 Board Call

I. Agenda Approval

Dr. Shamoon moved, Dr. White seconded:

“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Edgar, Gaijar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Cheney, Cordero, Dyzenhaus, Worm

N/A – Smith

II. AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W. Educational Sponsorship Guidelines

Dr. Worm moved, Dr. Edgar seconded:

“Resolved, that AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W. Educational Sponsorship Guidelines be approved.”

“Resolved, that the name of the Education Sponsorship program be amended as follows.

Policy Type: V. Board Guidelines

W. Educational Sponsorship Collaboration Guidelines

Approved at 2016-2017 Board Meeting II

Educational Sponsorships Collaborations

Guidelines for AGD Educational Sponsorships Collaborations

Definitions

Educational Sponsorship Collaboration: A relationship between the AGD and another entity(ies) (the “parties”) for the purpose of collaboration between the parties to provide educational programming to members of the AGD and/or members of the other entity(ies)

Guidelines

General considerations of entering an educational sponsorship collaboration
• All AGD costs associated with the potential contract should be considered in a business plan or the equivalent – for example, a 2 or 5 year business plan - before moving forward.

• The business plan or its equivalent will be developed by staff and will include, but not be limited to, staff and marketing costs, and will consider that the initial investment may be higher than ongoing costs for both parties.

• The educational sponsorship collaboration must benefit the AGD and protect the AGD name and reputation.

• The sponsorship collaboration should consider mutual benefits and mutual liabilities of the parties.

• The sponsorship collaboration should generate non-dues revenue, sponsorship dollars, or royalties for the AGD. If the sponsorship collaboration is of a variety such that revenue may not be generated, such as a strictly CE agreement, other benefits to the AGD or its constituents must be identified.

• The sponsorship collaboration shall not be to the detriment of and should benefit current educational offerings such as the Scientific Session, the Online Learning Center or other AGD educational resources.

Characteristics of the other entity(ies)

The AGD shall enter into educational sponsorships collaborations only with entity(ies) that meet, or exceed if applicable, the following criteria:

6. Each entity is a Program Approval for Continuing Education (PACE) provider that maintains the standards of the PACE program and meets the standards of the AGD as determined by the AGD Dental Education (DE) Council.

7. The entity(ies) have undergone evaluation by the AGD of the history and reputation of the entity(ies) to assess any findings that might affect the sponsorship collaboration and/or AGD members’ perception of the sponsorship collaboration.

8. The entity(ies), collectively if more than one, must offer product(s) or program(s) that our members want and would consider a benefit to them.

9. All educational entities will be considered, including, but not limited to: corporate, profit, non-profit, individually owned, educational institutions.

10. Each entity must purchase, at no expense to the AGD, an exhibit booth at an AGD scientific session.

Characteristics of the educational programming

6. The educational programming must be congruent with AGD’s overall comprehensive educational strategic plan.

7. The educational programming will complement current AGD educational resources or extend AGD’s reach to its members and/or potential members or enhance AGD’s overall standing in the arena of Dental Education.

8. AGD members must benefit and find value from the relationship, as assessed by survey of AGD members participating in the programming.
9. The educational programming must give a distinct benefit to AGD members that is beyond merely benefit to members of the entity(ies).

10. The educational programming must not be solely limited to what is already offered to members of the entity(ies) without further benefit to AGD members.

Binding terms

Educational sponsorships collaborations shall be implemented by agreement between the parties. Said agreement shall be memorialized in the form of binding terms captured in writing as either contract or memorandum of understanding whereby binding terms are expressly indicated as binding. The following criteria shall apply to said binding terms (the “contract”):

9. The contract shall be for a term not to exceed two (2) years.

10. The contract shall not be evergreen, and shall not automatically renew upon expiration of the initial or any subsequent term.

11. The contract shall allow for renewal with the same or different terms, only upon the mutual agreement of all parties (or their assignees or delegates, should the benefits and duties of said parties been legally assumed by said assignees or delegates), and only to the extent that the sum of the initial term and all renewal terms does not exceed five (5) years whereby each renewal period has a term of one year.

12. The contract shall allow for either or any of the parties to terminate the contract without cause, without any termination fee, liquidated damages, or penalty to be paid by the terminating party, upon 30-days written notice to the other part(ies).

13. The contract shall set forth promotional requirements to meet the requirements of each party, including the responsibility of each party, the allocation of costs, and the timing of promotions. Subsequent revisions to said marketing terms should be reported immediately to the AGD Communications and Marketing Departments. All promotions shall require the approval of the AGD prior to implementation.

14. The contract shall expressly require that the AGD logo be included in all external communications by any party, related to the sponsorship collaboration, including the educational programming.

15. The contract shall delineate ownership of intellectual property of each party, as well as of any other property, if applicable.

16. The contract shall not bind the AGD to sponsor collaborator exclusively with any entity(ies), and shall not limit the number of agreements, including sponsorship collaborations, into which the AGD may enter.

Process of review

Educational sponsorships collaborations will be developed by the AGD Dental Education Council as follows:

10. The DE Council should be the entry place or clearinghouse for any potential educational sponsor coming to the AGD or for any educational sponsor that the AGD would consider reaching out to for an educational sponsorship.
11. A subcommittee of the DE Council will be formed to look at each potential sponsor initially and assess its prospective value. The subcommittee will also look at the costs associated with that potential sponsorship collaboration.

12. Once the above initial deliberation has been accomplished, the subcommittee shall share the opportunity with any council or committee that might need to have input. This will always include the PACE Council but will also include any other council which may be affected or have input to the particular agreement. The opportunity shall be shared concurrently with the Executive Committee (EC) for its input.

13. Because time is of the essence in the consideration of these opportunities, the DE subcommittee, through the DE Council Chair, will contact any and all other chairs of any council or committee that should have input and the EC.

14. One week (7 calendar days) will be given for each such chairperson and the EC (by the president, for the body) to respond. In the event that any such chairperson is unavailable or fails to respond within one week (7 calendar days), the AGD President or council/committee chairperson shall assign another council/committee member to respond on behalf of that council/committee, and that other council/committee member shall have three (3) calendar days from the date she/he receives the request or the remainder of said week (7 calendar days), whichever is greater, to respond to the request of the DE Council Chair.

15. Negotiations for the prospective sponsorship collaboration will proceed (with any additional information provided by those chairs or the EC) unless there is reason found through this process to terminate or alter them.

16. If the DE Council decides, through its due diligence, that an opportunity does not meet the criteria to be considered for an AGD educational sponsorship collaboration and should not move forward, there will be no further negotiations and the sponsorship collaboration will not be accepted.

17. Any and all final agreements will be routed through traditional contract review protocols following negotiations.

18. The AGD Board is the final deciding body for each such agreement.

If an educational sponsorship collaboration opportunity fails to meet these guidelines, as determined by the DE Council after its exercise of due diligence, the sponsorship collaboration will not be considered. No educational sponsorship collaboration shall be considered unless it meets the approval of the DE Council and its subcommittee and of the AGD Executive Committee.”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Cheney, Cordero, Dyzenhaus, Worm

N/A – Smith

III. AIRBIV2017#02 - Approve Location of AGD2019

Dr. Shamoon moved, Dr. Guter seconded:
“Resolved, that AIRBIV2017#02 - Approve Location of AGD2019 be approved.”

“Resolved, that Mohegan Sun Casino, Uncasville, CT, be the location for the AGD2019.

PASSED

Y – Cheney, Dubowsky, Gehrig, Gorman, Guter, Malterud, Shamoon, Shelly, Smith Winland, Wooden
N - Bishop, Cordero, Hanson, Harunani, Lew, Shepley, Stillwell, Tillman, Uppal, White,
a - Dear, Donald, Edgar, Gajjar
A – Dyzenhaus, Worm

Dr. Picone thanked Jennifer Goler for her willingness and ability to assist with the creation of the AIR.

IV. AGD Connect
An update on the AGD Connect logins was presented.

V. Executive Session for Executive Director Update

Dr. Hanson moved, Dr. Stillwell seconded:

“Resolved, that the Board go into executive session at 8:16 p.m.”
PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden
A – Worm
N/A – Smith

Dr. Worm moved, Dr. Bishop seconded:

“Resolved, that the Board come out of executive session at 8:37 p.m.”
PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden
A – Worm
N/A – Smith

During Executive Session an update was given on the Executive Director Search.

Motion was made and Seconded that the Board Reconsider the Scientific Meeting Site for 2019. The motion was defeated.
VI. Adjournment

Dr. Hanson moved, Dr. Bishop seconded:

“Resolved, that the meeting be adjourned at 8:37 p.m.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Worm

N/A – Smith
August 16, 2017 Board Call

I. Agenda Approval

Dr. Shamoon moved, Dr. Dubowsky seconded:

“Resolved, that the agenda be approved ad amended.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney, Shepley

N/A – Smith

II. Update on Code of Ethics Issue

An update of the research conducted on the Code of Ethics issue. The Credentials and Elections Committee will continue to monitor the Code of Ethics issue.

III. AIR – Approve Council Appointments

Dr. Wooden moved, Dr. Cordero seconded:

“Resolved, that AIR Approve Council Appointments be approved.”

“Resolved, that the appointments to the councils be approved.”

PACE Council

Dr. Martin Schroeder, Region 3, (8/16/2017-11/3/2019) – first term
Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/5/2017) - 1st term
Dr. Howard Chi, Region 13, (7/18/2016-11/3/2019) - 1st term
Dr. Daniel Geare, Region 1, (7/18/2016-11/3/2019) - 1st term - Region 11
Dr. Ronald Giordan, Region 14, (7/18/2016-11/3/2019) - 2nd term
Dr. Jian Huang, Region 06, (8/16/2016-11/5/2017) - 1st term
Dr. Nawid Kashani, Region 09, (6/21/2015-11/4/2018) - 2nd term
Dr. Ashley Lamay, Region 05, (7/18/2016-11/3/2019) - 1st term
Dr. Jane Martone, Region 01, (6/30/2014-11/5/2017) - 1st term
Dr. Grant Quayle, Region 14, (5/18/2017-11/5/2020) - 1st term
Dr. Ronald Sawyer, Region 01, (7/18/2016-11/3/2019) - 2nd term
Dr. Steven Skurow, Region 13, (5/18/2017-11/5/2020) - 1st term
Dr. Eric Wong, Region 13, (6/30/2014-11/5/2017) - 2nd term, Chair
Dr. J. Christopher Harvan, Region 14, (12/21/2015-11/4/2018) - 1st term, Consultant
Dr.______________, Region __, (________-________) - 1st term, Consultant
Dr.______________, Region __, (________-________) - 1st term, Consultant
Dr. Dwight Duckworth, Region 12, (7/18/2016-11/5/2017) - 1st term, Exam Council Chair Consultant
Legislative and Governmental Affairs Council
Dr. Steven Feldman, Region 5 (8/16/2017-11/4/2018) – first term
Dr. Brittany Dean, Region 11, (6/21/2015-1/27/2017)
Dr. Bradley Anderson, Region 10, (7/18/2016-11/3/2019) - 2nd term
Dr. Jose Cazares, Region 18, (6/21/2015-11/4/2018) - 2nd term
Dr. Garry Feldman, Region 01, (7/18/2016-11/3/2019) - 2nd term
Dr. Steven Ghareeb, Region 06, (7/18/2016-11/5/2017) - 2nd term, Consultant
Dr. Darren Greenwell, Region 06, (6/30/2014-11/5/2017) - 2nd term
Dr. Michael Kaner, Region 03, (7/18/2016-11/3/2019) - 2nd term
Dr. Melvin Kessler, Region 20, (6/30/2014-11/5/2017) - 2nd term
Dr. Gigi Meinecke, Region 05, (6/21/2015-11/4/2018) - 2nd term

Scientific Meeting Council
Dr. James Feldman, Region 5, (8/16/2017-11/3/2019) – first term
Dr. Courtney Brady, Region 1, (7/18/2016-6/27/2017)
Dr. Michael Blicher, Region 05, (6/30/2014-11/5/2017) - 1st term
Dr. James Feldman, Region 05, (5/17/2015-11/5/2017) – 1st term, 2017 LAC Chair
Dr. William Nantz, Region 18, (7/18/2016-11/3/2019) - 2nd term
Dr. ___________, Region __, (_______-11/3/2019) - 1st term, 2019 LAC Chair

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,
Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
N/A – Smith

IV. Executive Session for AMC Contract and Executive Director Search

Dr. Wooden moved, Dr. Worm seconded:
“Resolved, that the Board go into executive session at 7:34 p.m.”
PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,
Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
N/A – Smith

Dr. Worm moved, Dr. Cheney seconded:
“Resolved, that the Board come out of executive session at 8:16 p.m.”
During Executive Session an update was given on the Executive Director Search.

Dr. Gehrig moved, Dr. Shepley seconded:

“Resolved, that AGD terminate the sponsorship/exhibit/sales and the meeting contracts with Association Management Center as per the terms of the contract.”

V. Adjournment

Dr. Worm moved, Dr. Shelly seconded:

“Resolved, that the meeting be adjourned at 8:17 p.m.”
Treasurer’s Annual Report

TREASURER’S REPORT TO THE MEMBERSHIP
Fiscal Year Ending Dec. 31, 2016

Thank you all for trusting me and giving me the opportunity to serve as your treasurer for a second term. It is an honor that you have bestowed upon me, and I take my responsibilities seriously. As AGD treasurer, I have the responsibility of regularly monitoring the finances and working with the AGD Board and staff members, as well as the Executive, Budget and Finance, Investment, Building, Audit, and Advocacy committees. While these areas may not always have the same immediate needs, we all have the same end goal: to make recommendations and decisions that benefit AGD and its members.

Our net financial position for 2016 was a positive one. We ended the year with an increase in net assets from operations of $344,705, slightly down from $361,079 from the year before. On the other hand, our cash usage was $1,062,539, up from $345,951 in 2015 due to additional cash expenditures related to the building and investments initiative that came through as action items.

Although our numbers reflect a positive bottom line, a deep dive into the finances shows a more mixed picture. When comparing 2015 and 2016:

- We spent $369,692 more in membership in 2016 in comparison to 2015, and saw a $25,456 increase in revenue.
- There was a $235,822 decrease in partnerships, sponsorships, and a $129,288 loss in revenue in advertising.
- Governance expenses, along with those of the councils and committees, decreased by $269,737.
- Annual meeting revenues were down by $44,954, but expenses decreased by $744,995, which gave us a positive variance.
- Our administrative expenses were $10,2164 less, primarily due to the executive director position being open.
- Our investments increased by $1,123,965 with a return of 8.21 percent.
- Advocacy Fund contributions for the 12 months ending Dec. 31, 2016, totaled $32,175.
- Our year-over-year revenues decreased by $247,041, and our year-over-year expenses decreased by $196,597, thus ending the year with a surplus of $44,745. Our Statement of Financial Position at Dec. 31, 2016, reflect total assets of $28,069,704, a decrease of $1,008,217 over total assets at Dec. 31, 2015, by 3.57 percent. Total liabilities were $756,003, a decrease of $2,577,652 compared to Dec. 31, 2015, thus net assets increased by $1,869,401.

Included in this report are the pie charts displaying the 2016 fiscal year revenue sources and expense groupings (page 10) as well as the Report of Independent Auditors below.

Legacy Professionals LLP performs the audit of AGD’s financial statements for the fiscal year ending Dec. 31, 2016, and I am pleased to report that we gave our 10th unqualified opinion with no major adjustments. This is the result of consistency, pride, discipline, dedication, transparency in communications, and a level of service to do what is right — exactly what our members expect from those who serve.

We have historically focused on staying within budget and have done fairly well by making quarterly adjustments to the expense side based on forecasted performance expectations. Although we are doing well at this point, we may be facing some...
challenges in the years to come due to a lack of increases from non-dues revenues. Thanks to our investment policy statement, we have a little over 80 percent of a year's worth of expenses in the reserve account for emergency situations. But given future building repairs and the fluctuations in the market, we cannot rely on those monies to keep our organization afloat in the long-term.

From a budgetary side, we have decreased our expenses every year, an unsustainable path for an organization that wants to grow; we cannot cut our way to growth. Because of this, we are looking at the budgeting process in a different way, focusing on revenue growth and member engagement, not just controlling expenses.

Our focus has been on increasing membership, not necessarily revenues. With higher revenues and engaged members, we can attain more members. But with unengaged members, we cannot get more revenue. Solely controlling expenses creates a shrinking organization, and, thus, we need to expand our revenue base. And we have some great opportunities to do so, such as growing our international membership, renewing our focus on non-dues revenue, refocusing our publications, creating more opportunities for web-based education and collaborating with other like-minded organizations at the Scientific Session.

I believe in accountability at all levels and am working with the budget and finance team to help bring enhanced accountability and oversight, from projecting to funding. We also have been discussing the implementation of measures of success for each area of AGD, as well as the process of projecting a couple years out in order to achieve our strategic goals in a measured way. Being financially sound gives us the opportunity to build value for current and future members. It is my belief that AGD membership grows at a local level, which means that in order to keep growing, we need to reallocate our resources to focus more on the constituencies. In order to secure our long-term viability, we need to consider new ideas such as enhanced constituent support with training, leadership development, increased marketing resources, free lectures and maybe even direct-to-consumer marketing. We need to ensure that our value proposition is strong, so that dentists continue to want to be members of AGD.

Thank you for giving me the honor and privilege to work with a remarkable team of individuals, both within our leadership and at the staff level who have had the foresight to identify and execute specific strategies in order to deliver the financial performance we expect today. I could not be more proud of the accomplishments of the entire AGD team, especially our Investment Committee, under the capable leadership of Dr. John Portwood. Today, we are in an enviable position to be a strong and secure organization, able and ready to support our constituents and members with additional value.

Mohamed F. Harunani, DDS, MAGD
Treasurer, Academy of General Dentistry
TREASURER’S REPORT TO THE MEMBERSHIP
Fiscal Year Ending Dec. 31, 2016

2016 REVENUES

506

506

2016 EXPENSES

2016 EXPENSES

STATEMENTS OF FINANCIAL POSITION
Dec. 31, 2016

ASSETS
Cash and cash equivalents .................................. $5,101,958
Accounts receivable, net of allowance for doubtful
accounts of $1,865 in 2016 and $2,970 in 2015 .... 270,274
Prepaid expenses and other current assets .......... 666,744
Total current assets ......................................... 6,258,966
OTHER ASSETS
Investments ...................................................... 12,188,606
Deferred compensation obligation, investments .... 223,625
Property and equipment, net .............................. 8,289,547
Total other assets ............................................ 20,701,778
TOTAL ASSETS .................................................. $26,960,734

LIABILITIES AND NET ASSETS
CURRENT LIABILITIES
Accounts payable ............................................. $395,100
Amounts held for others ................................... 266,345
Accrued expenses:
Salaries ......................................................... 129,641
Other .......................................................... 656,126
Deferred revenue ............................................ 3,235,166
Total current liabilities ..................................... 4,682,758
LONG-TERM LIABILITIES
Deferred compensation obligation ................. 223,625
Loans payable ................................................ 2,655,000
Total long-term liabilities ............................... 2,878,625
TOTAL LIABILITIES ........................................... 7,561,383

NET ASSETS
Unrestricted .................................................. 19,186,395
Temporarily restricted ................................... 213,336
Net assets ....................................................... 19,399,731
TOTAL LIABILITIES AND NET ASSETS ........... $26,960,734

of Dec. 31, 2016 and 2015, and
the changes in its net assets
and its cash flows for the years
then ended, in accordance with
accounting principles generally
accepted in the United States.

OTHER MATTERS
Our audits were conducted
for the purpose of forming
an opinion on the financial
statements as a whole. The
[supplementary information
on pages 15-18 of the full
report; see note on page 11 to
request a copy] is presented for
purposes of additional analysis
and is not a required part of
the financial statements. Such
information is the responsibility
of management and was derived
from and relates directly to
the underlying accounting and
other records used to prepare
the financial statements. The
information has been subjected
to the auditing procedures
applied in the audits of the
financial statements and certain
additional procedures, including
comparing and reconciling
such information directly to the
underlying accounting and other
records used to prepare the
financial statements or to the
financial statements themselves;
and other additional procedures
in accordance with auditing
standards generally accepted
in the United States of America.
In our opinion, the information
is fairly stated in all material
respects in relation to the
financial statements as a whole.
We also have previously
audited the financial statements
of AGD as of and for the years
The statements are excerpted from a full audit report, which includes a summary of significant accounting policies and notes to the financial statements. To request a copy of the entire report, contact AGD at 989-245-3363.

### Statements of Cash Flows

**Dec. 31, 2016**

**Cash Flows from Operating Activities**
- Change in net assets: $1,499,404
- Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:
  - Depreciation and amortization: 510,546
  - Net realized (gain) loss on sale of investments: 289,718
  - Net unrealized (gain) loss on investments: (1,197,834)
- Effects of changes in operating assets and liabilities:
  - Accounts receivable, net: 84,700
  - Prepaid expenses and other current assets: 503,983
  - Accounts payable: 355,198
  - Amounts held for others: 389,012
  - Accrued expenses: 168,655
  - Deferred revenue: (1,699,131)
  - Net cash (used in) operating activities: (1,082,539)

**Cash Flows from Investing Activities**
- Purchase of property and equipment: (868,274)
- Proceeds from sale of investments: 2,992,288
- Purchase of Investments: (2,953,229)
  - Net cash (used in) investing activities: (919,216)

**Cash Flows from Financing Activities**
- Payment on loans: (755,000)
  - Net cash (used in) financing activities: (755,000)

**Net (Decrease) in Cash and Cash Equivalents:** (2,756,555)

**Cash and Cash Equivalents**
- Beginning of year: 7,458,493
- End of year: 5,101,938

### Supplemental Disclosures
- Cash paid for interest: $82,177

### Statements of Activities

**Dec. 31, 2016**

**Revenue**
- Membership: $8,988,426
- AGD Benefits Plus royalty income: 529,824
- Partnerships administration: 355,131
- Communications: 1,220,169
- Total revenue: 13,778,414

**Expenses**
- Membership: $5,129,817
- AGD Benefits Plus: 52,947
- Partnerships administration: 114,024
- Constituent services: 955,166
- Communications: 1,661,775
- Dental education: 1,110,016
- Total expenses: 13,433,729

**Increase in Unrestricted Net Assets from Operations:** 344,685

**Investment Income (Loss)**
- Interest and dividends on investments: 253,097
- Realized gain (loss) on sales of investments: (289,718)
- Unrealized gain (loss) on investments: 1,197,834
- Investment fees: 12,250
- Total investment income (loss): 1,123,565

**Increase in Unrestricted Net Assets:** 1,488,668

**Temporarily Restricted Net Assets**
- Advocacy fund contributions: 32,175
- Net assets released from restrictions: (1,437)
- Increase (Decrease) in Temporarily Restricted Net Assets: 30,736

**Increase in Net Assets:** 1,499,404

**Net Assets**
- Beginning of year: 17,990,327
- End of year: 19,499,731

and 2012 (none of which is presented herein), we expressed unmodified opinions on those financial statements. Those audits were conducted for purposes of forming an opinion on the financial statements as a whole. The information on page 16 of the full report is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the Dec. 31, 2014, 2015 and 2012 financial statements. The information has been subjected to the auditing procedures applied in the audits of those financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information on page 18 of the full report is fairly stated in all material respects in relation to the financial statements from which it has been derived.

LEGACY PROFESSIONALS LLP
CONDUCTING PUBLIC ACCOUNTANTS
Chicago, Illinois
July 2017
Academy of General Dentistry
House of Delegates
Minutes

I. House of Delegates First Session

A. The meeting of the Academy of General Dentistry’s (AGD) 2016 House of Delegates (HOD) was called to order at 9:51 a.m. Eastern Daylight Time (EDT) by Dr. Bryan Edgar, Speaker of the House.

B. Dr. Robert Ryan, Chair of the Credentials & Elections Committee, announced the presence of a quorum.

C. Dr. Bryan Edgar introduced the officers and staff seated on the dais, including Drs. W. Carter Brown, Immediate Past President; Roger Winland, Editor; Mohamed Harunani, Treasurer; Manuel Cordero, Vice President, Maria Smith, President-Elect; W. Mark Donald, President; Dr. Neil Gajjar, Secretary; Ms. Jennifer Goler, Manager, Governance; and Dr. Robert Roesch, Parliamentarian.

D. Dr. Mark Williams delivered the invocation.

E. The 2016 Local Advisory Committee members Drs. Courtney Brady, Risha De Leon, William Lee, and James Phelan. Dr. Courtney Brady, Chair of the 2016 Local Advisory Committee, was recognized to speak and addressed the HOD.

F. A moment of silence in remembrance for those who the AGD lost in 2016 was observed.


H. Dr. Bryan Edgar recognized the presence of the following dignitaries, Dr. Gary L. Roberts, DDS, president-elect, American Dental Association; Mr. Sohaib Soliman, president, and Ms. Nancy Honeycutt, executive director, American Student Dental Association; Dr. Mark D. Williams, DMD, MAGD, president; Mississippi Dental Association; Dean Dr. Bruce Donoff, Harvard School of Dental Medicine, Dean Dr. Jeffrey W. Hutter, Boston University Henry Goldman School of Dental Medicine; Dr. Carl Driscoll, American College of Prosthodontists; Dr. James Nickman, Academy of Pediatric Dentistry; Dr. Bruce Small, Academy of Operative Dentistry; Dr. Mary Martin, American Association of Women Dentists; Dr. Steven Chan, American College of Dentists; Dr. Amarilis Jacobo, Hispanic Dental Association; Dr. James M. Poyak.
International Association for Orthodontics; Dr. Miriam Robbins, Special Care Dentistry Association; Virginia Cairrao and Claudia Gauthier, American Dental Assistants Association; Dr. Frank Maggio, Dental Assisting National Board; Ricki Braswell, The Pankey Institute; and Gary Price, Dental Trade Alliance

I. Dr. Gary Roberts, President-Elect of the American Dental Association, was recognized to speak and addressed the HOD.

J. Mr. Sohaib Soliman, President of the American Student Dental Association, was recognized to speak and addressed the HOD.

K. Dr. W. Mark Donald was recognized to speak and addressed the HOD.

L. Dr. W. Mark Donald presented Presidential Citations to the following individuals, Dr. Douglas Bogan, Dr. Marcus “Ken” Randall, Dr. Carol Wooden, Mr. Tim Henney, Mr. Srini Varadarajan, Mr. Daniel Buksa, Mr. Thomas Killam, Dr. Larry Williams, Dr. Cheryl Mora, Dr. Dwight Duckworth and the Exam Teams.

M. Dr. A. Roddy Scarbrough and Dr. Mark Williams presented Dr. Mark Donald with a framed copy of the Congressional and Mississippi state resolutions written in his honor of being the 52nd AGD President.

N. Officer Nominations

1. Dr. Bryan Edgar announced that in accordance with the AGD Bylaws, the following individuals have submitted petitions signed by 25 or more members in good standing at least 60 days prior to this meeting: Dr. Neil Gajjar for Vice President, Dr. Connie White for Secretary, and Dr. Mohamednazir Harunani for Treasurer.

2. Dr. Sanjay Uppal of Region 15/16 nominated Dr. Neil Gajjar for Vice President. Dr. Neil Gajjar addressed the HOD.

3. Dr. Edgar declared Dr. Neil Gajjar elected as Vice President, as the election for Vice President was not contested.

4. Dr. Michael Lew of Region 13 nominated Dr. Connie White for Secretary. Dr. Connie White addressed the HOD.

5. Dr. Edgar declared Dr. Connie White elected as Secretary, as the election for Secretary was not contested.

6. Dr. John Portwood of Region 12 nominated Dr. Mohamednazir Harunani for Treasurer. Dr. Mohamednazir Harunani addressed the HOD.
7. Dr. Edgar declared Dr. Mohamednazir Harunani elected as Treasurer, as the
election for Treasurer was not contested.

O. Dr. Neil Gajjar, Secretary, announced that the HOD would consider 25 resolutions and
shared the Reference Committee Assignments.

P. Dr. Neil Gajjar informed the Delegates of the rules for reimbursement, being on the HOD
floor, and housekeeping information.

Q. Dr. Edgar informed the Delegates of the upcoming Governance schedule and explained
the various ways new business could be introduced to the HOD.

R. Dr. Edgar presented the 2016 Membership Award to the Army AGD, Federal Services
Category; Alaska AGD and Nebraska AGD, Category 3; and Ontario AGD, Category 1
Membership Award.

S. Dr. Edgar presented the 2016 William W. Howard Academy Constituent Editor Award of
Excellence to the Army AGD and Navy AGD, Federal Services Category; Nebraska
AGD, Category 3; Alabama AGD, Category 2; and both the Georgia and Texas AGD,
Category 1.

T. Dr. Edgar presented the 2016 Public Information Officers Award to the Army AGD,
Federal Services Category; Nebraska AGD, Category 3; Iowa AGD, Category 2; Texas
AGD, Category 1.

U. Dr. Edgar presented the 2016 Constituent Advocacy Award to the Texas AGD.

V. Dr. Edgar presented the 2015 CE Awards of Excellence to the Army AGD, Federal
Services Category; Nebraska AGD, Category 3; Iowa AGD, Category 2; Texas AGD,
Category 1.

W. Dr. Edgar presented the 2016 Constituent of the Year Award to the Army AGD, Federal
Services Category; Nebraska AGD, Category 3; Iowa AGD, Category 2; Texas AGD,
Category 1.

X. Dr. Edgar reiterated the schedule for the Reference Committees, Candidates Forum, and
Town Hall.

Y. A motion was made and seconded, to recess the HOD until Sunday, July 17, at 8:00 a.m.
EDT. The motion passed.

II. House of Delegates Second Session

A. The HOD reconvened at 8:04 a.m. on Sunday, July 17, 2016, and was called to order by
the Speaker of the House, Dr. Bryan Edgar.
B. The AGD Singers sang God Bless America.

C. Dr. Robert Ryan, Chair of the Credentials & Elections Committee, announced the presence of a quorum.

D. Dr. Bryan Edgar introduced the officers and staff seated on the dais, including Drs. W. Carter Brown, Immediate Past President; Roger Winland, Editor; Mohamed Harunani, Treasurer; Manuel Cordero, Vice President, Maria Smith, President-Elect; W. Mark Donald, President; Dr. Neil Gajjar, Secretary; Ms. Jennifer Goler, Manager, Governance; and Dr. Robert Roesch, Parliamentarian.

E. Dr. Bryan Edgar announced the results of the regional elections:

<table>
<thead>
<tr>
<th>Region</th>
<th>Regional Director</th>
<th>Trustee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr. Bettina Laidley</td>
<td>Dr. Thomas Gorman</td>
</tr>
<tr>
<td>2</td>
<td>Dr. Ira Levine</td>
<td>Dr. Abe Dyzenhaus</td>
</tr>
<tr>
<td>3</td>
<td>Dr. Kurt Laemmer</td>
<td>Dr. Eric Shelly</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Shari Hyder</td>
<td>Dr. Scott Dubowsky</td>
</tr>
<tr>
<td>6</td>
<td>Dr. Michael King</td>
<td>Dr. David Dear</td>
</tr>
<tr>
<td>12</td>
<td>Dr. Susan Davis</td>
<td>Dr. K. David Stillwell</td>
</tr>
<tr>
<td>15/16</td>
<td>Dr. Kulwant Tuma</td>
<td>Dr. Sanjay Uppal</td>
</tr>
<tr>
<td>18</td>
<td>Dr. Dan McCauley</td>
<td>Dr. David Tillman</td>
</tr>
</tbody>
</table>

F. The outgoing Council and Committee chairs, Division Coordinators, Regional Directors, Trustees, the Secretary, Speaker of the House, and the Immediate Past President were recognized.

G. Dr. Bryan Edgar reviewed the parliamentary procedure for speaking from the microphones and the instruction for voting system.

H. It was moved and seconded, to approve the 2015 HOD minutes as published. With no debate, the minutes were adopted.

I. Report of the Reference Committee on Advocacy and Other Priorities by Dr. Jennifer Bone of Texas, Chair.

1. Dr. Jennifer Bone, seconded by Dr. Shane Ricci moved to adopt Resolution 300 as the consent calendar. With no debate, Resolution 300 was adopted.

   **Resolution 300 ADOPTED**

   “Resolved, that Resolutions 306, 307, 308, 309, 312 and 313 be adopted as the consent calendar.”

   **Resolution 306 ADOPTED ON CONSENT**
“Resolved that oral health literacy is an integral component of every individual’s health and wellbeing. And be it further,

Resolved that oral health literacy is a critical issue that should be addressed in accordance with the following principles:

1. Oral health literacy is the foundation of a lifetime of wellness and must be integrated into all educational and wellness programs.
2. Oral health literacy is a shared responsibility across all sectors.
3. Critical to the advancement of oral health literacy is an established dental home.
4. The dental profession will lead the advancement of oral health literacy, in collaboration with other health professionals.
5. Governmental and private resources dedicated to improving oral health should be strategically directed toward programs that further oral health literacy.”

Resolution 307 ADOPTED ON CONSENT

“Resolved that AGD HOD policy 2008:308-H-7 be revised to include Health Savings Accounts (HSA), as follows:

‘Resolved, that the AGD support the expansion of Flexible Spending Account (FSA) and Health Savings Account (HSA) reimbursable health items to include oral health items.’”

Resolution 308 ADOPTED ON CONSENT

“Resolved that AGD HOD policy 74:8-H-11 be rescinded:

‘Resolved, that the Academy of General Dentistry take into consideration the needs of the public, the various third party pre payment mechanisms, and the entire dental profession in deliberating on dental health benefits programs which might be of concern to the general dentists which compose its organization.”

Resolution 309 ADOPTED ON CONSENT

“Resolved that AGD HOD policies 2000:24-H-7 and 2000:23-H-7 be revised as follows:

2000:24-H-7

Resolved, that if information gathered from analyzed healthcare data is used for either benefit determination or dentist preferential selection, then the methodology and source of funding involved in the analysis must be publicly disclosed and verified by a process that ensures the quality, integrity, and validity of the analysis methodology. The methodology in the analysis must be subject to appropriate publication and scrutiny used for accepted scientific and statistical protocol.

2000:23-H-7
“Resolved, that the Academy of General Dentistry supports the concept that if health care data is analyzed, it should only be used to advance scientific knowledge or improve the oral health of the patient, while still allowing for professional judgments by practitioners, recognizing that such analysis can only look at populations and not individual patients, and be it further

Resolved that individual patient care must include the professional judgment of the treating dentist, and be it further

Resolved, that the procedures and methodologies involved in the analysis must be publicly disclosed and reviewed by the affected communities of interest in order to ensure the quality, integrity, and validity of the analysis methodology.”

Resolution 312 ADOPTED ON CONSENT

“Resolved that AGD HOD policy 97:25-H-8 be revised to recognize the current standard committees:

‘Resolved, that the Academy of General Dentistry recognizes the problem of providing the general practitioner with meaningful information upon which to base purchasing decisions, and be it further

Resolved, that the following strategies be implemented in order to accomplish this purpose:

1. Maintain an AGD representative on ANSI-MD 156 the ADA Standards Committee on Dental Informatics (SCDI) and the ADA Standards Committee on Dental Products (SCDP).

2. Recommend members to participate on ANSI subcommittees through the Dental Practice Council Chairperson.

3. Relay to the ADA AGD's concerns with regard to having the practicing dentist more informed in order to make proper purchasing decisions.

4. Obtain feedback from our members on materials with which they’ve experienced problems.”

Resolution 313 ADOPTED ON CONSENT

“Resolved that AGD HOD policy 97:29-H-8 be revised as follows, for clarification:

‘Resolved, that the AGD’s legislative priorities with regard to dental managed care encompass the following:
Patients will have the choice to select a plan with a point-of-service option, with reasonable cost-sharing requirements in premiums and per-service costs provided that those costs are not excessive.

Patients in a plan will be allowed to select their dentist, and change that selection as the patient feels is necessary.

The plan shall provide access to an adequate mix and number of dentists, including both general dentists and specialists, to ensure access to those services covered by the plan including patients in rural and dentally under-served areas.

The plan shall allow patients with special needs to be referred to appropriate providers including specialists.

The plan shall provide an appropriate appeals and grievance procedure that allows for timely responses to patient and/or provider complaints.

The plan shall provide a dentist, licensed to practice in that state or province where the services are provided, to be responsible for dental treatment policies, protocols, and quality assurance activities.

The plan shall define and disclose limitations on coverage of experimental treatments and provide timely written justification for denial of such treatment to patients.

The plan shall not discriminate in participation, reimbursement, or indemnification against any dentist solely on the basis of his/her license specialty.

The plan shall not prohibit or limit a dentist or other health professional from engaging in communications regarding the patient’s health status, health care, treatment options, or utilization review requirements.

The plan shall not provide any financial incentives to dentists, other health professionals, or reviewers to deny or limit care.

The plan shall provide dentists with reasonable notice of termination and allow the dentist to appeal such a decision and take corrective action if necessary.

The plan shall assume any liability resulting from the plan’s denying or restricting treatment or referral to specialists.”

2. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to adopt Resolution 301.
   With no discussion, the motion to adopt Resolution 301 passed.

Resolution 301 ADOPTED
“Resolved, that the Policy Statement on the Cost-Efficiency of Primary Oral Health Care Delivery System be adopted as AGD HOD Policy.”

3. Dr. Jennifer Bone, seconded by Dr. Shane Ricci, moved to adopt Resolution 302. With no discussion, the motion to adopt Resolution 302 passed.

**Resolution 302 ADOPTED**

“Resolved, that the Election Guidelines be amended so that they read:

**AGD ELECTION GUIDELINES**
**(Amended House of Delegates in June 2016)**

I. It is in the best interest of the Academy of General Dentistry (AGD) for its leaders to be exemplary individuals. No candidate or his/her supporters may refer disparagingly to another candidate. All candidates should be promoted on the basis of positive attributes rather than on any negative characteristics of the opposing candidate. The AGD Credentials and Elections Committee (C&E) shall be the overseeing authority for all campaign activities, questions and complaints. All AGD elections should be conducted on a high ethical level. It is, therefore, imperative that all candidates agree to the following rules before beginning their campaigns for election.

II. Commitment to Guidelines
Candidates or their representatives for any contested office shall meet via teleconference or other means as soon as possible after the deadline for filing for office has passed to discuss the spirit of the campaign to allow for a fair and transparent campaign. An agreement to abide by the AGD Election Guidelines will be signed by all campaigns in all elections. Thereafter or thereupon, all parties for a contested office may agree to any variances, but they must do so in writing and those variances are only for that office for that year. No variance shall economically impact the candidates for the other offices. Staff shall send the changes that all candidates have agreed upon to each candidate for his or her signature. Once every candidate has approved and signed the changes, a copy will be sent to the chair of the Committee to be used in settling any discussions or disagreements that might arise during the campaign. All participants in the election process shall agree to the guidelines no matter what the status of their campaign. The aforementioned agreement, shall include, but not be limited to:

a. Nominating speeches
b. Candidates Forum
c. Reception(s)
d. Financing
e. Advertising

Copies of this agreement shall be signed by each candidate and distributed to each candidate along with the chairperson of the Committee. The C&E Committee shall be charged with enforcing the agreement.
III. Participation in the Campaign
a. Because of their possible wide reaching influence, members of the Executive Committee (EC), Division Coordinators (DCs), Past AGD Presidents, the Parliamentarian and the C&E are prohibited to participate in any way in someone else’s campaign, including but not limited to the following:
i. Making nominating speeches
ii. Pictures or quotations in printed material from the candidate
iii. Visiting caucuses with the candidate
iv. Calling Delegates on behalf of the candidate
v. Openly expressing opinions about the candidate or the process
vi. Open and outward support of a candidate throughout the election process. The exception to this is that if these individuals are serving as Delegates or Alternates, then they may ask questions of a candidate during a candidate’s visit to his/her regional caucus.

IV. Past AGD Presidents shall not participate in campaigns. Members of the Credentials and Elections Committee and the Parliamentarian to the HOD shall not participate in campaigns and are further prohibited from running for any AGD office. All other members not mentioned above may participate in the campaigns. Campaign committee members who are also Delegates and Alternates may submit questions to the C&E for the Candidates Forum and can participate in questions and answers of candidates while participating in their own caucus as a Delegate or Alternate.

V. Nominating Speeches:
a. A nominating speech shall be allotted for each candidate, which shall last no longer than two minutes. There will be no seconding speeches for any of the candidates. A “speech” is defined inclusive of a power point or other type of technologically enhanced presentation. All visual aid presentations must be approved by the C&E at least 45 days before presentation to the House of Delegates.
b. The nominating speech must be given by an AGD member. A candidate may choose to have members of the same region or outside of the candidate’s region to help run the campaign, endorse the candidate in an approved brochure, or travel with the candidate to the caucuses.
c. Candidates Speech: Each candidate will be asked to present a speech to the House of Delegates (HOD) lasting no longer than five minutes. A “speech” is defined inclusive of a power point or other type of technologically enhanced presentation. All visual aid presentations must be approved by the C&E at least 45 days before presentation to the House of Delegates.

VI. Candidates Forum:
a. There will be a Candidates Forum for contested offices. The Annual Meetings Council in consultation with both the Speaker of the House and the chair of the C&E Committee shall be charged with determining the appropriate time and location for this forum in consultation with the C&E Committee.
b. The Chairperson of C&E shall serve as moderator for the Candidates Forum.
c. Only Delegates and Alternate Delegates may submit questions for candidates to answer during the Candidates’ Forum. However, any member may request a Delegate or Alternate to ask a question. Delegates and Alternates will be asked to submit questions 30 days in advance of the HOD. Questions may be submitted in writing to the AGD office before the HOD. All questions submitted will be sorted by staff. Those submitting questions should specify to which office their questions apply (e.g., Vice President, Secretary, Treasurer, Speaker of the House, or Editor). Delegates and Alternates may submit questions at the House of Delegates annual meeting at the First Session of the HOD in receptacles provided by C&E.

d. The Chairperson and Vice-Chairperson of C&E along with staff shall screen all questions to ensure appropriateness and proper grammar. They may combine similar questions.

e. A coin will be tossed to determine the initial order of the candidates for questioning. The order will rotate thereafter.

f. The moderator will then select questions and pose the same questions identifying the Delegate or Alternate posing the question to each candidate running for an identical office. All candidates for a particular contested office will be present when questions are presented, and will share alternatively the opportunity to answer first. Each candidate will be given an identical amount of time to answer all questions. No candidate may take more than two (2) minutes to answer a specific question.

VII. Candidates Reception:

a. The only entertaining permitted by the candidates will be in the Candidate’s Reception Room designated by the AGD so that the candidates may have informal dialogue with those who have decision-making roles within the organization. The Candidate’s Reception Room shall be open only for formal entertaining during the time designated by the AGD.

b. All candidates will select the menu and equally fund the cost of the Candidate’s Reception if they choose to participate in the reception.

c. All signs must be approved by C&E in consultation with AGD Meeting Services Department as to size, number, appropriateness, and location.

d. The same provisions apply to both contested and uncontested candidates.

VIII. Candidate Activity: Acceptable activity in the furtherance of a campaign shall include:

a. The distribution of biographical, issue-oriented, and contact information on the candidate to the AGD, regional, and constituent leaders and the appearance of the candidate at regional caucuses held in conjunction with the AGD Annual Meeting. All such materials must to be approved by the C&E Committee prior to distribution. (See X)

b. Commentary and/or biographical information will be posted on an “Election/Candidates” page on the AGD website. Each Candidate will be given relatively the same amount of space. The C&E must approve all commentary and/or biographical information concerning the candidate before it is posted. Staff will upload the information.

c. Commentary and/or biographical information will be printed in one edition of AGD Impact so that side by side comparisons can be made, so long as materials are submitted to meet publication deadlines.
d. A candidate shall only initiate contact with a Delegate or Alternate by mail, e-mail or fax unless the Delegate or Alternate initiates contact. A candidate may not solicit a Delegate or Alternate’s phone number. If the method of contact is via e-mail, then such e-mails shall be sent a first time, and then a second and final time with an interval of thirty (30) days between the two e-mails, contingent upon the declaration of candidacies. AGD staff shall send out the e-mails, of all candidates for an office, on the same day, again subject to the declaration of candidacy. The timing of the e-mails shall be determined per the provisions of Section II herein. Mail and fax pieces may be sent out by the candidates or their representatives, but no more than two mail pieces and two faxes may be sent to any individual Delegate or Alternate.

e. 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 at least (30) days before the Board Meeting III, and resign his or her current office effective at the close of the annual meeting. 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.

f. The term "declare" in Chapter IX, Section 1(B)4 means making a written or electronic communication to the AGD Board and officers, Regional Directors, council and committee chairs and constituent officers.

g. The requirement for a candidate to "present" a "petition" in Chapter IX, Section 1(B)2 means that the candidate shall, via electronic or other mechanical means, transmit a petition to the AGD Secretary, with a copy to the AGD Executive Director.

IX. All information (including electronic) to be circulated to the Delegates and Alternate delegates must be approved by C&E prior to distribution to the Delegates and Alternates. This does not include the verbal portion of the candidate’s speech.

X. Staff Responsibilities:

a. Staff shall transmit all items which C&E must review to C&E within one (1) work day of staff receiving it from a candidate. Staff shall acknowledge receipt of the candidate’s materials as articulated in Section XI(i) below by electronic means and confirming the numerical sequence. (e.g., “Received Submission 1, item 1) Staff may also be used to aid in forwarding e-mails to Delegates. Staff are not to be used to develop brochures, make phone calls to delegates, or order supplies.

b. Staff will regularly update information on the website about each candidate and will be responsible for sending out regular e-mails through the AGD In Action to encourage members to go to each candidate’s campaign information housed on the AGD website.
XI. Campaign Materials:

a. All candidates and their supporters are prohibited from using AGD stationery including business cards, and envelopes, issued by the HQ office in supporting a particular candidate for office. Constituent and component AGD stationery may be used only if specifically authorized by the governing body of the particular constituent or component. Individual candidates are prohibited from utilizing component, constituent or AGD stationery in their campaign letters signed by themselves. The use of the AGD logo is permitted in any and all campaign materials.

b. Campaign “Giveaways” of any kind are not allowed. There shall be no packaged food or other gifts distributed by the candidates to anyone as part of the candidates’ campaigns.

c. There will be no items mailed by the candidates other than printed materials approved by C&E.

d. Approved badges or pins, may be used to further a candidate’s campaign.

e. All campaign materials need to be submitted for approval.

f. Badges, pins, or other campaign items must be sent physically for approval. In the event that a sample cannot be sent, then a picture showing the full detail of the campaign item must be submitted to the C&E for approval. Once approved these will be divulged, by staff, to the other candidates of a contested office.

g. There shall be no delineated restrictions on when or where approved campaign materials and associated paraphernalia is distributed with the exception of the HOD floor, where staff will place all materials prior to the commencement of the First Session of the HOD and unless otherwise noted in these guidelines or other HOD or Board policy. Each candidate shall certify in writing that they are providing a minimum of 270 collated approved materials to be distributed accounting for all seated in the HOD. Candidates are limited to 3 collated items.

h. Candidates must submit a proof copy of all campaign materials, including those that are electronic only to the C&E Committee at least 45 days before the HOD for an initial review. All materials shall be numerically described. (e.g., Submission 1, item 1, etc.) Materials not submitted by the 45-day deadline may not be used. C&E must inform the candidates whether their materials have been approved or require revision within 15 days of their receipt by C&E, but no later than 30 days before the annual meeting. If a candidate’s materials do not pass inspection, that candidate will have until 14 days before the annual meeting to revise the materials and resubmit them to the C&E Committee for approval. If materials requiring revision have not been resubmitted by the 14-day deadline, they may not be used. If a candidate is unable to revise some or all of his or her materials to the satisfaction of C&E by the 14-day deadline, he or she may not use the materials that C&E has not approved.

i. In reviewing candidates’ materials, the C&E shall enforce the following:

1. Campaign materials may not use the likeness of an incumbent officer (unless the candidate is an incumbent officer.

2. Campaign materials may not include endorsements from existing officers, DCs, Past AGD Presidents, the Parliamentarian or any member of C&E.
iii. Existing officers, DCs, the Parliamentarian, Past AGD Presidents or any member of the C&E may not endorse a candidate or participate in a candidate’s campaign, nor may pictures of such individuals be displayed in a candidate’s campaign literature.

XII. Financing

a. Candidates are only permitted to accept funding from the following sources:
   i. The treasury of their own region;
   ii. The constituent and component AGD treasuries within their own region;
   iii. Private individual donations;
   iv. Their own private funds.

b. No corporate donations of any kind may be utilized. This provision does not exclude donations from a dentist’s own personally incorporated practice.

XIII. Oversight

a. The C&E shall be charged with the implementation and monitoring of these guidelines.

b. Upon receipt of a written complaint or upon initiation of its own review of campaign related material, the Chairperson of the C&E Committee, in conjunction with the Committee as a whole, shall determine if a violation of the guidelines has occurred.

c. Upon determination that a violation has occurred by a majority vote (for purposes of this provision, the majority will be three votes of the five committee members) the Chairperson shall forward a written letter to the candidate, notifying the candidate of the violation. Upon a second offense, the AGD President shall announce from the podium immediately after the candidate makes his or her speech during the First Session of the HOD that said candidate has twice violated the guidelines. Upon third or subsequent offenses, a written statement notifying Delegates of the number of campaign violations shall be handed to each Delegate as he or she receives their ballot.

d. If it is determined by the Appeals Task Force that a C&E member has violated these guidelines in a significant manner, they will be replaced immediately by the President. Notification will be sent to the Delegates of the replacement.

e. Any candidate so adjudicated shall have automatic right of appeal to the Appeals Task Force through expedited appeal via electronic meeting or other timely means.

f. All complaints and responses must be in writing and copies retained in a C&E file by the Executive Director.

g. The C&E will certify in writing to the Executive Director at the conclusion of the election and after review of any issues or appeals that a fair election was held.

XIV. Appeal Task Force

a. This task force, appointed by the President, shall be made up of three (3) DCs.

b. All candidates shall approve of the task force prior to the beginning of the election. If additional task force members are required due to candidates' lack of approval of the aforementioned DC’s, the President shall appoint a former AGD Trustee who is not nor ever has been an AGD officer.

c. The three (3) DCs should, if possible, each be from a Region which has no candidates participating in elections for the year in question.

d. The task force will dissolve after certification of a fair election by the C&E after the conclusion of the annual meeting.
e. The chair shall be specified by the appointing individual.
f. Both the C&E, and/or the Appeal Task Force may seek counsel from the AGD attorney if they desire.

XV. Appeals:
a. A candidate has the right to appeal a decision of C&E through expedited appeal via electronic meeting.
b. The Appeal Task Force will make the final decisions on all appeals. They may do this with the guidance of the AGD’s legal counsel if they choose.”

4. Dr. Jennifer Bone, seconded by Dr. Shane Ricci, moved to substitute Resolution 303R for Resolution 303. With no discussion, the motion to adopt Resolution 303R passed.

Resolution 303R ADOPTED

“Resolved, that the Bylaws be amended at Chapter IX, Section 2 (A-B), so that they read:

Section 2. Duties

A. It shall be the duty of the president:

.....

4. 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.

b. To have the authority to fill any vacancy on an AGD council or committee which becomes known while the president is in 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 until such time as the president provides the Board with a suitable selection.

c. 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 or so—as determined by the Board.

e. To appoint members to the AGD committees, that are listed in Chapter XIII, Sections 2 and 3 of these Bylaws, including committees of the Board, except where these Bylaws specifically require that the appointment be made by another officer, such as in the...
ease of the Annual Meetings Council when both the president-elect and vice president have the responsibility to fill certain designated positions.

d. b. The House of Delegates or Board may specify criteria which the president must use in naming ad hoc committees.

e. 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 until such time as the president provides the Board with a suitable selection.

5. ..... 

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.

b. 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.”

5. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to substitute Resolution 304R for Resolution 304.

Resolution 304R

“Resolved, that the AGD supports third party plans, including medical benefit plans, reimbursements of providing coverage for treatment approaches for sleep disorders provided by dentists for treatment provided in the area of sleep disorders with the dentist’s scope of practice.”

Dr. Shari Hyder moved and was seconded, to substitute Resolution 304RS for Resolution 304R. With no discussion, the motion to substitute Resolution 304RS for 304R passed. And with no further discussion the motion to adopt Resolution 304RS passed.

Resolution #304RS ADOPTED

“Resolved, that the AGD supports third party plans, including medical benefit reimbursements plans, reimbursements of providing coverage for treatment approaches
for sleep disorders provided by dentists for treatment provided by dentists in the area of sleep related breathing disorders within the dentist’s scope of practice.”

6. Dr. Jennifer Bone, seconded by Dr. Shane Ricci, moved to substitute Resolution 305R for Resolution 305. With no discussion, the motion to substitute Resolution 305R for 305 passed

Resolution 305R ADOPTED

“Resolved, that the AGD supports legislation for PPO Third Party reimbursement levels that reflect changes in the cost of care and/or cost of living.”

7. Dr. Jennifer Bone, seconded by Dr. Joel Goldenberg, moved to substitute Resolution 310R for Resolution 310.

Resolution 310R

“Resolved that AGD HOD policy 82:32 H 7 be revised for clarity, as follows:

Resolved, that dental benefits plans should includes coverage for all oral health care dentistry services.”

Dr. Stuart Broth moved and was seconded, to substitute Resolution 310RS for Resolution 310R. The motion to substitute Resolution 310RS for Resolution 310R passed.

Resolution #310RS ADOPTED

“Resolved that AGD HOD policy 82:32 H 7 be revised for clarity, as follows:

Resolved, that dental benefits plans should includes coverage for all oral health care dentistry services and that reimbursement payable or paid by a dental plan for covered services be reasonable and not provide nominal reimbursement in order to claim that services are covered services under the applicable dental plan.”

Concern was raised over adopting legalities into policy without having outside legal counsel review the language.

Dr. Larry Williams moved and was seconded, to refer Resolution 310RS to legal counsel.

Dr. Anita Rathee moved and was seconded, to amend Resolution 310RS to legal counsel with a report to the 2017 HOD. The motion to amend the referral of Resolution 310RS passed. The motion to refer Resolution 310RS was defeated. The motion to adopt Resolution 310RS passed.
8. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to substitute Resolution 311R for Resolution 311. With no discussion, the motion to substitute Resolution 311R for 311 passed.

Resolution 311R ADOPTED

"Resolved that AGD HOD policy 93:23 H 7 be revised as follows:

'Resolved, that the Academy of General Dentistry adopt the American Dental Association's policies regarding waiver of copayment and overbilling, which read:

'Resolved, that constituents dental societies be urged to pursue enactment of legislation that:

1) prohibits systematic non-disclosure of waiver of patient co-payment/overbilling by a dentist and
2) prohibits bad faith insurance practices by third party payers, consistent with Association policy whereby bad faith insurance practices refers to the failure to deal with a beneficiary of a dental benefit plan fairly and in good faith, or an activity which impairs the right of the beneficiary to receive the appropriate benefit of a dental benefits plan or to receive them in a timely manner, and be it further

Resolved, that third party payers be urged to support this legislative objective.'"

9. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to substitute Resolution 314R for Resolution 314. With no discussion, the motion to substitute Resolution 314R for 314 passed.

Resolution 314R ADOPTED

"Resolved that Resolution 314R be adopted:

"Resolved, that the Academy of General Dentistry supports legislation that seeks to increase professional and public awareness of accurate and up-to-date current information on the link between oral health and overall health." And be it further,

Resolved, that AGD HOD policy 2003:14-H-7 be rescinded:

'Resolved, that the Academy of General Dentistry supports legislation that seeks to increase accurate and up-to-date professional and public awareness of the link between periodontal disease in pregnant women and pre-term, low-birth weight babies and the maternal transmission of caries,'"

10. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to substitute Resolution 315R for Resolution 315. With no discussion, the motion to substitute Resolution 315R for 315 passed.
Resolution 315R ADOPTED

“Resolved that AGD HOD policy 84:26 H 7 be revised as follows:

‘Resolved, that the Academy of General Dentistry use whatever appropriate means are available to ensure that the following provisions are included in and made a part of any state and/or federal law mandating and/or regulating preferred provider organizations:

A. Patients’ freedom of choice of provider dentist must be guaranteed.

B. Preferred provider policies or contracts and preferred provider subscription contracts shall provide the same benefits level to the patient whether rendered by non preferred providers or preferred providers.

C. No dentist willing to meet the terms and conditions offered by a third party PPO shall be excluded.

D. All types of licensed health care providers dentists whose services are required shall have the same opportunity to qualify for payment as a preferred provider under any such policies.

E. The terms and conditions of any third party PPO policies or contracts shall not discriminate by specialty or degree against or among health care providers dentists.

F. A preferred provider subscription contract should be defined as a contract which specifies how services are to be covered by the plan when rendered by non participating providers and by preferred providers.

G. Preferred provider policies or contracts should be defined as insurance policies or contracts which specify how services are to be covered by the plan when rendered by preferred and non preferred providers.

H. When preferred provider organizations are promoted to the public, they cannot do so with any implications of superiority, and all promotional materials used by third parties PPOs must state if a preferred provider is a reduced fee contract.

I. The third party PPO shall make provision for a periodic adjustment in level of reimbursement based on the Consumer Price Index or some other equitable basis.

And be it further

Resolved, that the Academy of General Dentistry encourage its Constituent Academies to work toward building these safeguards into any state and/or federal law mandating and/or regulating preferred provider organizations.

And be it further
Resolved, that the Academy of General Dentistry transmit this position to the American Dental Association’s Council on Dental Care Programs.”

11. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to refer Resolution 316 to the appropriate agency.

### Resolution 316 DEFEATED

“Resolved, that it is unethical for a dentist to accept or tender rebates, commissions, or split fees in business dealings between dentists and any third party, such as a firm or corporation.”

It was noted that this language is included within the ADA’s Code of Ethics which per the Bylaws are AGD’s Code of Ethics.

Question was called and the motion to vote immediately passed. With no discussion, the motion to refer Resolution 316 was defeated.

Concern was raised that fee splitting is illegal in many states.

Question was called and the motion to vote immediately passed. With no discussion, the motion to adopt Resolution 316 was defeated.

12. Dr. Jennifer Bone, seconded by Dr. Brooke Elmore, moved to refer Resolution 317 to the appropriate agency.

### Resolution 317

“Resolved, that the AGD supports qualified dentists providing treatment for obstructive sleep apnea with custom, titratable oral appliances when prescribed by a referring physician.

And be it further,

Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy for obstructive sleep apnea in conjunction with a sleep physician to improve or confirm treatment efficacy.”

Concern was raised over delaying the creation of a policy on sleep apnea and limiting dentists to working with sleep physicians.

Question was called and the motion to vote immediately passed. The motion to refer Resolution 317 was defeated.
Dr. Shari Hyder moved and was seconded, to amend Resolution 317 by striking the word sleep.

**Resolution 317S1**

“Resolved, that the AGD supports qualified dentists providing treatment for obstructive sleep apnea with custom, titratable oral appliances when prescribed by a referring physician.

And be it further,

Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy for obstructive sleep apnea in conjunction with a sleep physician to improve or confirm treatment efficacy.”

Concern was voiced that this amendment is in violation of all currently accepted standards that relate to this matter. A sleep study needs to be read by a doctor boarded in sleep but a physician may refer the patient after the results are complete.

Dr. Mohamed Attia moved and was seconded, to amend Resolution 317 by substituting the word study for physician.

**Resolution 317S2 DEFEATED**

“Resolved, that the AGD supports qualified dentists providing treatment for obstructive sleep apnea with custom, titratable oral appliances when prescribed by a referring physician.

And be it further,

Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy for obstructive sleep apnea in conjunction with a sleep study physician to improve or confirm treatment efficacy.”

Concern was raised that this amendment changes the intent of the resolution. The American Academy of Sleep Medicine has guidelines in place and it was recommended for AGD to accept their guidelines as they pertain to dental providers.

Question was called and the motion to vote immediately passed. With no discussion, the motion to adopt the amendment to Resolution 317S2 was defeated.

**Resolution 317S1 DEFEATED**
“Resolved, that the AGD supports qualified dentists providing treatment for obstructive
sleep apnea with custom, titratable oral appliances when prescribed by a referring
physician.

And be it further,

Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy
for obstructive sleep apnea in conjunction with a sleep physician to improve or confirm
treatment efficacy.”

Question was called and the motion to vote immediately passed. With no
discussion, the motion to adopt the amendment to Resolution 317S1 was
defeated.

Dr. Larry Williams moved and was seconded, to substitute Resolution 317 with the
following language.

Resolution 317S3 DEFEATED

“Resolved, that the AGD supports the guidelines of the American Academy of Sleep
Medicine pertaining to care provided by dental providers.”

Concerns were raised over AGD referencing policies from other organizations as
AGD policy as AGD will not have control over the language.

Question was called and the motion to vote immediately passed. With no
discussion, the motion to adopt the amendment to Resolution 317S3 was
defeated.

Dr. Phillip Neal moved and was seconded to amend Resolution 317 with the
following language.

Resolution 317S4 DEFEATED

“Resolved, that the AGD supports qualified dentists with a minimum of 20 continuing
education hours in dental sleep medicine providing treatment for providing treatment for
obstructive sleep apnea with custom, titratable oral appliances when patients are referred
by a prescribed by a referring physician.

And be it further resolved; that the AGD supports dentists in the oversight of patients in
appliance therapy for obstructive sleep apnea in conjunction with a sleep physician to
improve or confirm treatment efficacy.”

Concern was raised that AGD is an organization for general dentists creating a policy
limiting treatment to a specialist.
Question was called and the motion to vote immediately passed. With no discussion, the motion to adopt the amendment to Resolution 317S4 was defeated.

Resolution 317 ADOPTED

“Resolved, that the AGD supports qualified dentists providing treatment for obstructive sleep apnea with custom, titratable oral appliances when prescribed by a referring physician.

And be it further,

Resolved, that the AGD supports dentists in the oversight of patients in appliance therapy for obstructive sleep apnea in conjunction with a sleep physician to improve or confirm treatment efficacy.”

Question was called and the motion to vote immediately passed. With no further discussion, the motion to adopt the amendment to Resolution 317 passed.

J. Report of the Reference Committee on Continuing Education by Dr. John Mohler, of Maryland, Chair.

1. Dr. John Mohler, seconded by Dr. Susan Mayer, moved to substitute Resolution 201R for Resolution 201.

Resolution 201R

“Resolved, that the Fellowship Award Guidelines Credit Limitations be amended to read:

Fellowship Requirements...

Course Attendance Credit
A minimum of 350 hours of continuing education course credit is required for the award. Course content must be directly related to the practice of dentistry with the exception that 10 hours are permitted for self-improvement courses. Course credit can be earned for:

A. Scientific Programs . . .

2. Postgraduate Education
A) Effective July 1, 2009. Beginning with individuals completing a one-year CODA- or CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 150 hours of participation credit may be earned. Individuals completing a two-year CODA- or CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 300 hours of participation credit may be earned. Credit can be received for non-concurrent completion of both program types for a maximum of 450 hours of participation credit.

Effective August 1, 2016, additional CE credit may not be earned for completion of courses
that are required as a mandatory component of a CODA or CDAC-accredited residency. Any additional CE earned during a residency must include documentation from the CODA- or CDAC-accredited residency director confirming that the additional CE was elective and not a mandatory requirement of the CODA- or CDAC-accredited residency. The DE Council may review documentation and has the authority to confirm whether the CE hours will be allowed for FAGD/MAGD credit. Credits are apportioned among the subject categories according to a predetermined ratio of subject hours based upon a survey of one- and two-year AEGD/GDR/GPR programs. A copy of the certificate is required to receive credit.

B) Credit is permitted for the completion of programs as follows:

B). Effective with programs ending in June 2014, individuals completing a CODA- or CDAC-accredited advanced specialty education program of one year or more in length, a maximum of 150 hours of participation credit may be earned. A copy of the certificate is required to receive credit.

Current member of AGD 100% of credits are awarded
Join AGD within one (1) year of completion of the program 100% “
Join AGD within two (2) years 75% “
Join AGD within three (3) years 50% “
Join AGD within four (4) years 25% “
Join AGD after four years 0% “

3. Federal Dental Service Specialty Rotation Programs
Participation in Federal Dental Service Specialty Rotation Programs earns 1 credit hour for each working day in the program. A maximum of 200 150 hours may be applied to the award. …

Other CE Activities for Credit

1. Teaching/Publications
A combined maximum of 150 hours of lecture-teaching or publication credit may be applied toward the Fellowship award for the following activities:

A) Full- or part-time faculty positions at CODA/CDAC–accredited institutions. Full-time faculty may receive 100 teaching hours for the completion of the first academic year after joining the AGD and 25 teaching hours each subsequent year; part-time faculty may receive 50 teaching hours for the completion of the first academic year after joining the AGD and 12.5 teaching hours each subsequent year.

B) Continuing education presentations put on by FAGD/MAGD-program providers. Original presentations receive three hours of teaching credit for each hour of teaching. Repeat presentations receive hour-for-hour teaching credit. Credit will be awarded upon receipt of verification from the program provider.

C) Authorship of a published scientific article in a dental or scientific journal.

D) Authorship of a published dental textbook or chapter in a published textbook

E) Authorship of a case report, technique paper or clinical research report in a dental or scientific journal published in or after July, 2000.
F) Successfully reviewing and reporting on manuscripts submitted to General Dentistry and other refereed dental journals.

G) Draft self-assessment quizzes for peer-reviewed scientific journals, or self-instruction programs from AGD PACE- or ADA CERP-approved organizations.

H) Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or electronically-mediated self-instruction programs

Publication Credit will be awarded as follows:
- Published scientific article in a refereed journal: 40 hours
- Published scientific article in a non-refereed journal: 20 hours
- Published dental textbook: 40 hours per chapter

Publication Credit will be awarded as follows:
- Chapter in a published textbook: 40 hours per chapter
- Published case report, technique paper or clinical research report in a refereed journal: 10 hours
- Published case report, technique paper or clinical research report in a non-refereed journal: 5 hours

Published case report, technique paper, or clinical research report in a non-refereed journal: 5 hours

Review and report on General Dentistry manuscripts: 3 hours each with a maximum of 9 hours per year

Review and report on non-AGD referred dental journal manuscripts: 2 hours each with a maximum of 6 hours per year

Draft self-assessment or self-instruction quizzes for a peer-reviewed scientific journal: 20 hours per quiz.

Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or electronically-mediated self-instruction programs: 3 times the length of the program

And be it further,

Resolved, that the Mastership Award Guidelines be amended to read:

Mastership Requirements...

Activities Accepted for Mastership Credit

Course Attendance Credit

1. Continuing Education Courses. . .

2. Residencies

A) Effective July 1, 2009. Beginning with individuals completing a one-year CODA- or CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 150 hours of participation credit may be earned. Individuals completing a two-year CODA- or CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 300 hours of participation credit may be earned. Credit can be received for non-concurrent completion of both program types for a maximum of 450 hours of participation credit.
Effective July 17, 2016, additional CE credit may not be earned for completion of courses that are required as a mandatory component of a CODA or CDAC-accredited residency. Any additional CE earned during a residency must include documentation from the CODA- or CDAC-accredited residency director confirming that the additional CE was elective and not a mandatory requirement of the CODA- or CDAC-accredited residency. The DE Council may review documentation and has the authority to confirm whether the CE hours will be allowed for FAGD/MAGD credit. Credits are apportioned among the subject categories according to a predetermined ratio of subject hours based upon a survey of one- and two-year AEGD/GDR/GPR programs. A copy of the certificate is required to receive credit.

B) Credit is permitted for the completion of programs as follows:
B). Effective with programs ending in June 2014, individuals completing a CODA- or CDAC-accredited advanced specialty education program of one year or more in length, a maximum of 150 hours of participation credit may be earned. A copy of the certificate is required to receive credit.

Current member of AGD
Join AGD within one (1) year of completion of the program 100% of credits are awarded
Join AGD within two (2) years 100% “
Join AGD within three (3) years 75% “
Join AGD within four (4) years 50% “
Join AGD after four years 25% “

3. Federal Dental Service Specialty Rotation Programs
Participation in Federal Dental Service Specialty Rotation Programs earns 1 credit hour for each working day in the program. A maximum of 200 hours may be applied to the award. …

Other CE Activities for Credit
2. 1. Teaching/Publications
A combined maximum of 150 hours of lecture teaching or publication credit may be applied toward the Mastership award for the following activities:
A) Full- or part-time faculty positions at CODA/CDAC–accredited institutions. Full-time faculty may receive 100 teaching hours for the completion of the first academic year after joining the AGD and 25 teaching hours each subsequent year; part-time faculty may receive 50 teaching hours for the completion of the first academic year after joining the AGD and 12.5 teaching hours each subsequent year.
B) Continuing education presentations put on by FAGD/MAGD-program providers. Original presentations receive three hours of teaching credit for each hour of teaching. Repeat presentations receive hour-for-hour teaching credit. Credit will be awarded upon receipt of verification from the program provider.
C) Authorship of a published scientific article in a dental or scientific journal.
D) Authorship of a published dental textbook or chapter in a published textbook
E) Authorship of a case report, technique paper or clinical research report in a dental or scientific journal published in or after July, 2000.
F) Successfully reviewing and reporting on manuscripts submitted to General Dentistry and other refereed dental journals.

G) Draft self-assessment quizzes for peer-reviewed scientific journals, or self-instruction programs from AGD PACE- or ADA CERP-approved organizations.

H) Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or electronically-mediated self-instruction programs

Publication credit will be awarded as follows:
Published scientific article in a refereed journal.................40 hours
Published scientific article in a non-refereed journal...............20 hours
Published dental textbook..................................................40 hours per chapter
up to a maximum of 150 hours
Chapter in a published textbook .................................40 hours per chapter
Published case report, technique paper or clinical research report in a refereed journal .................................................10 hours
Published case report, technique paper or clinical research report in a non-refereed journal ..........................................................5 hours
Published case report, technique paper, or clinical research report in a non-refereed journal:.......................................................... 5 hours

Review and report on General Dentistry manuscripts: ............3 hours each with a maximum of 9 hours per year
Review and report on non-AGD referred dental journal manuscripts: : ........2 hours each with a maximum of 6 hours per year
Draft self-Assessment or self-instruction quizzes for a peer-reviewed scientific journal.................................20 hours per quiz.
Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or electronically-mediated self-instruction programs...3 times the length of the program

And be it further,

Resolved that House Policy 75:54-H-10 be rescinded.”
"Resolved” that the dentist be given one hour for every working day he participates in a federal dental service specialty rotation program with a maximum of 200 hours of credit towards Fellowship or Mastership."

Dr. Phillip Neal moved and was seconded to substitute Resolution 201R with Resolution 201RS1.

Resolution 201RS1 ADOPTED

As editorially corrected
“Resolved, that the Fellowship Award Guidelines Credit Limitations be amended to read:

Fellowship Requirements…

Course Attendance Credit
A minimum of 350 hours of continuing education course credit is required for the award. Course content must be directly related to the practice of dentistry with the exception that 10 hours are permitted for self-improvement courses. Course credit can be earned for:

1. Scientific Programs . . .

2. Postgraduate Education

A) Effective July 1, 2009. Beginning with individuals completing a one-year CODA- or CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 150 hours of participation credit may be earned. Individuals completing a two-year CODA- or CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 300 hours of participation credit may be earned. Credit can be received for non-concurrent completion of both program types for a maximum of 450 hours of participation credit. Effective August 1, 2016, additional CE credit may not be earned for completion of courses that are required as a mandatory component of a CODA or CDAC-accredited residency. Any additional CE earned during a residency must include documentation from the CODA- or CDAC-accredited residency director confirming that the additional CE was elective and not a mandatory requirement of the CODA- or CDAC-accredited residency. The DE Council may review documentation and has the authority to confirm whether the CE hours will be allowed for FAGD/MAGD credit. Credits are apportioned among the subject categories according to a predetermined ratio of subject hours based upon a survey of one- and two-year AEGD/GDR/GPR programs. A copy of the certificate is required to receive credit.

B) Credit is permitted for the completion of programs as follows:

B). Effective with programs ending in June 2014, individuals completing a CODA- or CDAC-accredited advanced specialty education program of one year or more in length, a maximum of 150 hours of participation credit may be earned. A copy of the certificate is required to receive credit.

Current member of AGD 100% of credits are awarded
Join AGD within one (1) year of completion of the program 100% “
Join AGD within two (2) years 75% “
Join AGD within three (3) years 50% “
Join AGD within four (4) years 25% “
Join AGD after four years 0% “

3. Federal Dental Service Specialty Rotation Programs

Participation in Federal Dental Service Specialty Rotation Programs earns 1 participation credit hour for each working day in the program. A maximum of 200 150 participation hours may be applied to the award. …

Other CE Activities for Credit

1. Teaching/Publications
A combined maximum of 150 hours of lecture-teaching or publication credit may be applied toward the Fellowship award for the following activities:

A) Full- or part-time faculty positions at CODA/CDAC–accredited institutions. Full-time faculty may receive 100 teaching hours for the completion of the first academic year after joining the AGD and 25 teaching hours each subsequent year; part-time faculty may receive 50 teaching hours for the completion of the first academic year after joining the AGD and 12.5 teaching hours each subsequent year.

B) Continuing education presentations put on by FAGD/MAGD-program providers. Original presentations receive three hours of teaching credit for each hour of teaching. Repeat presentations receive hour-for-hour teaching credit. Credit will be awarded upon receipt of verification from the program provider.

C) Authorship of a published scientific article in a dental or scientific journal.

D) Authorship of a published dental textbook or chapter in a published textbook.

E) Authorship of a case report, technique paper or clinical research report in a dental or scientific journal published in or after July, 2000.

F) Successfully reviewing and reporting on manuscripts submitted to General Dentistry and other refereed dental journals.

G) Draft self-assessment quizzes for peer-reviewed scientific journals, or self-instruction programs from AGD PACE- or ADA CERP-approved organizations.

H) Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or electronically-mediated self-instruction programs.

Publication credit will be awarded as follows:

- Published scientific article in a refereed journal.........................40 hours
- Published scientific article in a non-refereed journal..................20 hours
- Published dental textbook..........................................................40 hours per chapter

up to a maximum of 150 hours

- Chapter in a published textbook ..............................................40 hours per chapter
- Published case report, technique paper or clinical research report in a refereed journal .................................................................10 hours
- Published case report, technique paper or clinical research report in a non-refereed journal.....................................................5 hours
- Published case report, technique paper, or clinical research report in a non-refereed journal:.......................................................5 hours
- Review and report on General Dentistry manuscripts: ............3 hours each with a maximum of 9 hours per year
- Review and report on non-AGD referred dental journal manuscripts: : ........2 hours each with a maximum of 6 hours per year

Draft self-Assessment or self-instruction quizzes for a peer-reviewed scientific journal..........................................................20 hours per quiz.

Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or electronically-mediated self-instruction programs...3 times the length of the program.

And be it further,
Resolved, that the Mastership Award Guidelines be amended to read:

Mastership Requirements…

Activities Accepted for Mastership Credit

Course Attendance Credit

1. Continuing Education Courses.

2. Residencies

A) Effective July 1, 2009. Beginning with individuals completing a one-year CODA- or CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 150 hours of participation credit may be earned. Individuals completing a two-year CODA- or CDAC-accredited advanced dental education program (AEGD/GDR/GPR) in 2009, 300 hours of participation credit may be earned. Credit can be received for non-concurrent completion of both program types for a maximum of 450 hours of participation credit.

Effective July 17, 2016, additional CE credit may not be earned for completion of courses that are required as a mandatory component of a CODA or CDAC-accredited residency. Any additional CE earned during a residency must include documentation from the CODA- or CDAC-accredited residency director confirming that the additional CE was elective and not a mandatory requirement of the CODA- or CDAC-accredited residency.

Effective July 17, 2016, the DE Council may review documentation and has the authority to confirm whether the CE hours will be allowed for FAGD/MAGD credit. Credits are apportioned among the subject categories according to a predetermined ratio of subject hours based upon a survey of one- and two-year AEGD/GDR/GPR programs. A copy of the certificate is required to receive credit.

B) Credit is permitted for the completion of programs as follows:

B). Effective with programs ending in June 2014, individuals completing a CODA- or CDAC-accredited advanced specialty education program of one year or more in length, a maximum of 150 hours of participation credit may be earned. A copy of the certificate is required to receive credit.

Current member of AGD

Join AGD within one (1) year of completion of the program 100% of credits are awarded

Join AGD within two (2) years 75%

Join AGD within three (3) years 50%

Join AGD within four (4) years 25%

Join AGD after four years 0%

3. Federal Dental Service Specialty Rotation Programs

Participation in Federal Dental Service Specialty Rotation Programs earns 1 participation credit hour for each working day in the program. A maximum of 200 150 participation hours may be applied to the award. …

Other CE Activities for Credit

2. Teaching/Publications
A combined maximum of 150 hours of lecture-teaching or publication credit may be applied toward the Mastership award for the following activities:

A) Full- or part-time faculty positions at CODA/CDAC–accredited institutions. Full-time faculty may receive 100 teaching hours for the completion of the first academic year after joining the AGD and 25 teaching hours each subsequent year; part-time faculty may receive 50 teaching hours for the completion of the first academic year after joining the AGD and 12.5 teaching hours each subsequent year.

B) Continuing education presentations put on by FAGD/MAGD-program providers. Original presentations receive three hours of teaching credit for each hour of teaching. Repeat presentations receive hourly teaching credit. Credit will be awarded upon receipt of verification from the program provider.

C) Authorship of a published scientific article in a dental or scientific journal.

D) Authorship of a published dental textbook or chapter in a published textbook.

E) Authorship of a case report, technique paper or clinical research report in a dental or scientific journal published in or after July 2000.

F) Successfully reviewing and reporting on manuscripts submitted to General Dentistry and other refereed dental journals.

G) Draft self-assessment quizzes for peer-reviewed scientific journals, or self-instruction programs from AGD PACE- or ADA CERP-approved organizations.

H) Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or electronically-mediated self-instruction programs.

Publication credit will be awarded as follows:

- Published scientific article in a refereed journal: 40 hours
- Published scientific article in a non-refereed journal: 20 hours
- Published dental textbook: 40 hours per chapter (up to a maximum of 150 hours)
- Chapter in a published textbook: 40 hours per chapter
- Published case report, technique paper or clinical research report in a refereed journal: 10 hours
- Published case report, technique paper or clinical research report in a non-refereed journal: 5 hours
- Published case report, technique paper or clinical research report in a non-refereed journal: 5 hours
- Review and report on General Dentistry manuscripts: 3 hours each with a maximum of 9 hours per year
- Review and report on non-AGD referred dental journal manuscripts: 2 hours each with a maximum of 6 hours per year
- Draft self-assessment or self-instruction quizzes for a peer-reviewed scientific journal: 20 hours per quiz
- Draft self-assessment quizzes for FAGD/MAGD program provider-hosted webinars or electronically-mediated self-instruction programs: 3 times the length of the program

And be it further,

Resolved that House Policy 75:54-H-10 be rescinded.”
"Resolved" that the dentist be given one hour for every working day he participates in a federal dental service specialty rotation program with a maximum of 200 hours of credit towards Fellowship or Mastership."

The motion to substitute Resolution 201RS1 for Resolution 201R passed. The motion to adopt Resolution 201RS passed.

2. Dr. John Mohler, seconded by Dr. Christy Gajewski, moved to substitute Resolution 202 with Resolution 202R.

Resolution 202R REFERRED

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

Lifelong Learning & Service Recognition 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 or previous LLSR recipients, 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 application 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) Attendance at a Convocation Ceremony held during the AGD scientific sessions to receive the award. Successful candidates are allowed three years following approval to participate.

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 application 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.

<table>
<thead>
<tr>
<th>Subject Category</th>
<th>Subject Code</th>
</tr>
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<tbody>
<tr>
<td>Basic Science</td>
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<tr>
<td>Endodontics</td>
<td>070</td>
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<td>Electives</td>
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<tr>
<td>Myofascial Pain/Orofacial Pain*</td>
<td>200</td>
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<tr>
<td>Operative Dentistry</td>
<td>250</td>
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<td>Oral/Max Surgery</td>
<td>310</td>
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<tr>
<td>Anes/Pain Mgmt/Pharm*</td>
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<td>Category</td>
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<tr>
<td>Implants</td>
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<td>Oral Med/Oral Dx</td>
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<td>Special Pt Care</td>
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</tr>
<tr>
<td>Esthetics</td>
<td>780</td>
</tr>
</tbody>
</table>

*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/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 PACE, 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 participate. Additional recognitions of LLSR recipients may occur at the constituent or regional levels and through 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/revised to allow AGD members to advertise/announce the LLSR Award as a Credential, similar to the FAGD/MAGD.

Advertising FAGD/MAGD/LLSR Credentials

Fellow, or Master, or Lifelong Learning & Service Recognition 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 Recognition designation to the public by way of advertising/announcement of credentials, 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 Recognition 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 Service & Recognition 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 Recognition 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 Recognition 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 a, be modified to read:
Resolved, that the AGD recognize its Fellowship, and Mastership, and Lifelong Learning & Service Recognition designations 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 and misleading 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 & Servicer Recognition 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 Program be modified to read:

Lifelong Learning and Service Recognition Award Program
“Resolved, that the AGD offer the Lifelong Learning and Service Recognition 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 Award (LLSR) Guidelines be adopted.”

Concern was raised that the LLSR was created as a recognition and not an award. Mastership is the AGD’s highest award. If the LLSR becomes an award it would be considered a higher award than Mastership. An award higher than Mastership should have a larger set of requirements. There was discussion on whether market research had been done to see what the AGD membership preferred regarding the LLSR.

Within the resolution, there is an editorial amendment to ADA/CDA to read CODA/CDAC. This editorial amendment will be made to the policy after the close of the HOD.

A motion was made and seconded to refer Resolution 202R to the Dental Education Council. Question was called and the motion to vote immediately passed. With no further discussion, the motion to refer Resolution 202R passed.
K. Dr. W. Carter Brown performed the installation of officers.

L. Dr. Maria Smith delivered her President’s Address to the HOD.

M. Report of the Reference Committee on Administration, Image and Membership by Dr. Frank Conaway of Mississippi, Chair.

1. Dr. Frank Conaway, seconded by Dr. William Herr, moved to adopt Resolution 100 as the consent calendar. The motion to adopt Resolution 100 passed.

Resolution 100 ADOPTED

“Resolved, that Resolution 102 be adopted as the consent calendar.”

Resolution 102 ADOPTED ON CONSENT

“Resolved, that the AGD Constitution and Bylaws and House of Delegates Policy Manual be amended in all appropriate locations to amend the names of the Board and Joint Council meetings from Summer, Fall, Winter and Spring, to the appropriate numerically listed meeting within the governance year. Board meetings will be numbered I, II, III, and IV and Joint Council Meetings will be numbered I, and II under the purview of the Speaker of the House. And be it further,

Resolved that during the 2016-2017 governance year there will be five Board meetings and three Joint Council Meetings. This clause will sunset November 5, 2017.”

2. Dr. Frank Conaway, seconded by Dr. Dana Onet, moved to substitute Resolution 101R for Resolution 101. With no discussion, the motion to adopt Resolution 101R passed.

Resolution 101R ADOPTED

“Resolved, that the Bylaws be amended at Chapter VI, line 970, with the addition of a new Section 5, et. seq., so that they read:

Student/Dental School AGD’s

Section 5. Student/Dental School AGD’s Name:

1. Name:

A student or dental school AGD shall take its name, as designated by the constituent AGD, from the dental school from which it draws its members.

2. Organization:
A student or dental school AGD may be organized, as a separate legal entity, upon petition of twenty (20) percent or twenty-five (25) student members within the dental school.

3. Constitution and Bylaws:

Each student or dental school AGD shall adopt and maintain a Constitution and Bylaws which shall not be in conflict with, nor limit, the Constitution and Bylaws of the AGD, and shall maintain a current copy on file with both the constituent AGD and the AGD executive director. Furthermore, each student or dental school AGD shall sign and adhere to a constituent affiliation agreement with AGD or of the constituent of which it was located.

4. Membership Requirements:

All student members of the student or dental school AGD must also hold membership in both the AGD and the appropriate constituent AGD. If a student or dental school AGD allows non-AGD students to participate, those participants are to pay fees directly to the student or dental school AGD, but are not eligible to hold office or receive AGD benefits.

And be it further resolved, that all subsequent chapters and sections be appropriately renumbered and that the Speaker of the House be authorized to make any necessary editorial amendments consistent with the passage of this amendment.”

3. Dr. Frank Conaway, seconded by Dr. Aparna Sadineni, moved to substitute Resolution 103R for Resolution 103. With no discussion, the motion to adopt Resolution 103R passed.

Resolution 103R ADOPTED

“Resolved, that AGD HOD policy 2004:2-H-7 be revised as follows:

“Resolved that the Academy of General Dentistry will not provide member e-mail addresses or fax numbers as part of any external agreement with a Corporate Sponsor, Endorsed Group Benefit Partner, AGD Members Savings & Offers Provider or other list rental; and be it further,

Resolved, that the following guidelines, constructed with input from the AGD Executive Director, Corporate Sponsorships Partnerships, Group Benefits Council, and Membership Council, and Publications Review Council and Communications Council be adopted as further security for member contact information:

1. Each member will be encouraged to permit e-mail news and alerts from the organization on a regularly scheduled basis, and offered the opportunity to decline this offer at any time.
2. All AGD e-mail messages to members will be clearly and appropriately labeled in the subject line of the e-mail and include "opt-out" instructions as well as the physical address and contact information for the AGD.

3. The AGD Web site at www.agd.org will provide the opportunity for members to amend their communication preferences with the AGD at any time.”

4. Dr. Frank Conaway, seconded by Dr. William Herr, moved to adopt Resolution 104.

Resolution 104 DEFEATED

“Resolved, that the AGD Constitution & Bylaws, Chapter XII, Board, Section 3: Meetings of the Board, be amended as follows:

Section 3. Meetings of the Board:
The Board shall meet in person at least three (3) times a year at the AGD headquarters in Chicago for all its Board meetings except for Board meetings held in conjunction with the governance and/or scientific meetings. Between such meetings, additional meetings may be held through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can communicate. The Board may, by a majority of the entire Board, cancel any meeting of the Board.

A majority of the Board shall constitute a quorum. The president, with the approval of the Executive Committee, shall designate the time and place for all meetings of the Board. Notice of the meeting shall then be mailed or transmitted by electronic means to all members of the Board at least fifteen (15) days prior to the meeting. In an emergency, fourteen (14) affirmative votes of the Board may waive the fifteen day notice normally required.

The Board may conduct business by e-mail, mail, or fax ballot with that business being reported at the next Board meeting. Passage of resolutions by e-mail, mail, or fax ballots requires a unanimous vote of all twenty-seven (27) members of the Board.”

Concern was raised over the financial ramifications of existing contracts. The penalties to cancel those contracts is approximately $34,000. Additionally, the cost of meeting in the headquarters building versus the offsite meeting costs were discussed. Holding all meetings in Chicago would eliminate the ability to meet with local constituents.

Dr. Evan Wasserman moved and was seconded to amend Resolution 104 with the following language.

Resolution 104S1 DEFEATED

“Resolved, that the AGD Constitution & Bylaws, Chapter XII, Board, Section 3: Meetings of the Board, be amended as follows:
Section 3. Meetings of the Board:
The Board shall meet in person at least three (3) times a year at the AGD headquarters in Chicago for all its Board meetings, where reasonably appropriate, except for Board meetings held in conjunction with the governance and/or scientific meetings. Between such meetings, additional meetings may be held through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can communicate. The Board may, by a majority of the entire Board, cancel any meeting of the Board.

A majority of the Board shall constitute a quorum. The president, with the approval of the Executive Committee, shall designate the time and place for all meetings of the Board. Notice of the meeting shall then be mailed or transmitted by electronic means to all members of the Board at least fifteen (15) days prior to the meeting. In an emergency, fourteen (14) affirmative votes of the Board may waive the fifteen day notice normally required.

The Board may conduct business by e-mail, mail, or fax ballot with that business being reported at the next Board meeting. Passage of resolutions by e-mail, mail, or fax ballots requires a unanimous vote of all twenty-seven (27) members of the Board.”

Per current Board Policy, there is only one meeting that may be held outside of Chicago.

The motion to amend Resolution 104 was defeated. Question was called and the motion to vote immediately passed. The motion to adopt Resolution 104 was defeated.

5. Dr. Frank Conaway, seconded by Dr. Linda Trotter, moved to substitute Resolution 105R for Resolution 105. With no discussion, the motion to adopt Resolution 105R passed.

Resolution 105R ADOPTED

“Resolved, that AGD HOD policy 2008:203R-H-7 be revised as follows:

“Resolved, that the following resolution be amended to read:

90:38-H-7 Resolved, that the CE credit start date for the Fellowship Award be defined as the earliest date at which credit is accepted under AGD policies, i.e.:………..

Resolved, that resolution 2003:31-H-7 be substituted to read:

The AGD recognizes members who wish to resume their membership in the AGD. In order to accommodate these members, two mechanisms are available as follows:
Previous members can rejoin the AGD by paying all applicable current dues. Members that rejoin will not be eligible to submit any CE acquired while not a member but they can claim credit to CE earned during their previous memberships. Members rejoining will receive a new join date.

Previous members can be reinstated into the AGD for up to 5 years by paying all applicable back dues, current dues, plus a $50 administrative fee. Reinstatement also allows these members to submit eligible CE acquired during their membership lapse and have it applied to their previous membership CE credits. In order to be reinstated, members must attest to meeting the current membership maintenance requirements of CE credit for each year lapsed. Reinstated members will be able to claim their cumulative membership time.”

6. Dr. Frank Conaway, seconded by Dr. Linda Trotter, moved to adopt Resolution 150. With no discussion, the motion to adopt Resolution 150 passed.

Resolution 150 ADOPTED

“Resolved, that the 2017 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 House Policy 2014:150-H-6 be rescinded.

2014:150-H-6 “Resolved, that the 2015 budget with Net Income Operations of $(368,294) pre-spending and $0 post-spending and a capital budget of $210,065 be approved.”

N. Dr. Neil Gajjar requested and was granted a point of personal privilege.

O. Adjournment

1. Dr. Kunio Chan, moved and seconded to adjourn the HOD. The motion passed. There being no further business, the HOD adjourned at 11:48 a.m. Eastern Daylight Time.
I. **Call to Order**
Dr. Smith called the meeting to order on July 17, 2016 at 1:13 p.m. Eastern Daylight Time (EDT).

II. **Executive Committee**
Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House
Dr. Mohamednazir F. Harunani, Treasurer
Dr. Roger D. Winland, Editor
Dr. W. Mark Donald, Immediate Past President

III. **Trustees**
Dr. Sue Bordenave Bishop, Region 08
Dr. J. C. Cheney, Region 14
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Robert D. Gehrig, Region 20
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoon, Region 09
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. David D. Tillman, Region 18
Dr. Sanjay Uppal, Region 15/16
Dr. Carol A. Wooden, Region 19
Dr. Donald A. Worm, Jr., Region 17

IV. **Guests (for a portion of the meeting)**
Dr. John W. Portwood, chair, Investment Committee

V. **Staff**
VI. Welcome
Dr. Smith welcomed everyone to the meeting, outlined the agenda and introduced new Board members. The President, Immediate Past President, and new officers received their pins.

VII. Agenda Approval
Dr. Worm moved, Dr. Bishop seconded:
“Resolved, that the agenda be approved as amended.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
N/A – Smith

VIII. Spear Education Proposal Discussion
Dr. Shepley moved, Dr. Cordero seconded:
“Resolved, that the Board go into executive session to discuss the Spear Education Proposal at 2:34 p.m. EDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
N/A – Smith

Dr. Cheney moved, Dr. Lew seconded:
“Resolved, that the Board come out of executive session at 3:00 p.m. EDT.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N/A – Smith

Dr. Gehrig moved, Dr. Bishop seconded:

“Resolved, that a task force be created to cultivate potential educational partners.

Members: three members

Charge: create a template and/or criteria for cultivating and formalizing relationships with potential educational partners,

Timeline: report to the October Board conference call or 2016-2017 Board Meeting II.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Shepley

N/A – Smith

IX. Financial

A. Available 2016 Contingency Fund balance as of July 17, 2016 is $14,727.

B. Available 2017 Contingency Fund balance as of July 17, 2016 $186,054.

C. Available Advocacy Fund balance as of May 31, 2016$269,775.

X. AIRBI2016#02 - Regional Director Additional Funding to Attend the 2016 Leadership Development Symposium

Dr. Dubowsky moved, Dr. Bishop seconded:

“Resolved, that AIRBI2016#02 - Regional Director Additional Funding to Attend the 2016 Leadership Development Symposium be approved.

“Resolved, that $5,652 be funded from the appropriate funding mechanism to fund sixteen (16) Regional Directors to attend the 2016 Leadership Development Symposium.”

PASSED

Y – Bishop, Cheney, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Cordero

A - Dear
XI. AIRBI2016#03 - Transfer of Funds to Conduct a Scientific Meetings Council Meeting at Site of Scientific Sessions

Dr. Hanson moved, Dr. Bishop seconded:

“Resolved, that AIRBI2016#03 - Transfer of Funds to Conduct a Scientific Meetings Council Meeting at Site of Scientific Sessions be approved.

“Resolved, that $5,452 be allocated from the 2017 Contingency Fund for additional funding to hold a face-to-face meeting/site visit of the Scientific Meeting Council in Las Vegas, NV in lieu of attending the Joint Council Meeting II.”

PASSED

Y – Bishop, Cheney, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shepley, Stillwell, Uppal, White, Wooden

N - Donald, Worm

a – Cordero, Edgar, Harunani, Shelly, Tillman, Winland

A – Dear

N/A – Smith

XII. AIRBI2016#04 – Approve 2016-2017 Task Forces

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that AIRBI2016#04 – Approve 2016-2017 Task Forces be approved.

“Resolved, that the 2016-2017 task forces be approved.”

8. AGD/ASDA Task Force

Approval Status:

Members:

Consultants:

Charge:

- Development of the programming for the ASDA Leadership Conference and Annual Session.
- Setting the direction for the AGD/ASDA relationship for the remainder of 2015-2016
- To identify solutions to student issues and support/collaborate with ASDA on legislation.
- Work with staff and other agencies to insure adequate budget, support and oversight on all ASDA / AGD Student activities during the AGD Washington DC Hills Visits and other advocacy efforts.
• Make recommendations for continuing a future relationship between ASDA and AGD.

Timeline: Report to the 2016-2017 BM III and BM IV.

Status:

9. AGD Dental Student Program Task Force
Approval Status:

Members:

Charge:
• Increase the number of schools where the AGD has a program for students with the goal of having such programs in all dental schools.
• Collaborate with the Dental Education Council to develop and identify programs to be used for student programs and organize a library of power point presentations or other forms of communications from various sources from appropriate AGD agencies on suitable topics that can be used as a resource when developing or enhancing a new student program in a dental school.
• Connect current leaders in constituents who do not have student programs with ASDA or student leaders who are interested in starting a new AGD Dental Student Program in their school.
• Engage current dental schools as well as residency programs with AGD Leaders.
• Consult with successful AGD Student Programs to garner best practices ideas.
• Study the possibility of student chapters, including Bylaws changes, and governance structure, etc.

Timeline: Report to each Board meeting.

Status:

10. IT Oversight Task Force
Approval Status: Approved at 2015-2016 Board Meeting I

Members:

Charge:
• Oversight of the efforts to remediate any IT problems
• Development of a plan to ensure no future problems
• Oversight of the integration of IT with AGD's new building
• Oversight of the Web site and correction of problems members are having with navigating the website

Timeline: Report to each Board meeting

Status:
11. Transitions Program Task Force
Approval Status:

Members:

Charge:
- To develop the framework and preliminary focus and structure for a long standing branded program which utilizes focused CE offerings and other services that will benefit the members with the many transitional phases of their professional career.
- The task force will have one representative from the New Dentist Committee, the Dental Education Council, the Dental Practice Council, the Annual Meeting Council, the Communications Council, and two industry consultants plus a dedicated staff liaison.

Timeline: Report to the 2016-2017 Board Meeting III and Board Meeting V.

Status:

12. Acid Erosion Guidelines Task Force
Approval Status:

Members:

Consultants:

Charge: To develop clinical practice guidelines on the diagnoses and treatment of acid wear and acid erosion.

Timeline: Report to the 2016-2017 Board Meeting III and Board Meeting V.

Status:

13. Scientific Session Planning Task Force
Approval:

Members:

Consultants:

Charge: Create a business plan for a new profitable scientific session.

Items to consider include but are not limited to:
1. Create a competitive analysis.
2. Conduct a survey and/or focus group of members and non-members.

Timeline: Report to the 2016-2017 Board Meeting II.
Status:

14. 2017 Annual Meeting Planning Task Force
Approval:

Members:

Charge: To look at the approved HOD schedule and evaluate any cost savings that can be alleviated, or alignment of specified meetings look within the approved template, logistics, potential cost savings within template, evaluation of approved format.

Timeline: Report to the 2016-2017 Board Meeting III.

Status:

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoos, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Dear, Dubowsky, Malterud
N/A – Smith

XIII. AIRBI2016#06 - Revise HOD Policy 2002:8-H-7

Dr. Worm moved, Dr. Lew seconded:

“Resolved, that AIRBI2016#06 - Revise HOD Policy 2002:8-H-7 be approved.

“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 November 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. The deadline for responding to this communication will be February 28 June 30 of each year.
2. The incoming President will make the appointments in consultation with the Vice President, giving consideration to merit and experience.

3. The incoming President will see that contact is made with each newly appointed member to see that there is a willingness to serve.

4. The Trustees will be given the reconstituted geographical distribution list with the spring Board Meeting IV book (in the 2016-2017 governance year this will be Board Meeting V).

5. Individual Trustees will give input at the time the Board approves the appointments, and the appointments will not be publicly announced until such time as the Board has taken action on the list of appointments.

6. When the Board has approved the appointments, the councils and committees will be advised of them.

**PASSED**

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamooin, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Edgar

A – Dear, Dubowski, Malterud

N/A – Smith

XIV. AIRBI2016#07 - Examinations Item Bank Committee (Team C) Expansion

Dr. Worm moved, Dr. Bishop seconded:

“Resolved, that AIRBI2016#07 - Examinations Item Bank Committee (Team C) Expansion be approved as amended.

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process, K., Section 3., Examinations Committees to read:

G. Examinations Items Bank Committee (Team C)

1. The Examination Item Bank Committee (Team C) shall be composed of four (4) six (6) members, each of whom have achieved Fellowship or Mastership status within the organization, and each of whom has served a minimum of two (2) years on either Team A or Team B of the Fellowship Examination 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 committee:

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

To ensure that the references accompanying each item in the item bank are current;

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

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. 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.

And be it further,

Resolved, that $2,870 be approved from the 2017 Contingency Fund in order to fund the two additional committee members to attend the 2017 Examinations Item Bank Committee meeting in May in order to properly distribute the workload needed to complete the committee duties.” And be it further

Resolved, that funding for the additional committee members be added to the annual committee budget process in order to maintain the amended size of the Examinations Item Bank Committee.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoone, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith

XV. Executive Session

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that the Board go into executive session to discuss the council and committee appointments at 3:59 p.m. EDT.”

PASSED
Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoos, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith

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

“Resolved, that the Board come out of executive session at 4:11 p.m. EDT.”

**PASSED**

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoos, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith

During executive session the following actions were taken:

“Resolved, that AIRBI2016#09 – Approve Budget and Finance Committee Appointments be approved.”

“Resolved, that the 2016-2017 Budget and Finance Committee appointments be approved.”

Dr. Donald Worm, Region 17, (7/18/2016-11/5/2017), fourth term, Chair
Dr. Mohamednazir Harunani, Region 08, (7/18/2016-11/5/2017), third term, Treasurer, Vice Chair
Dr. George Shepley, Region 05, (7/18/2016-11/5/2017), first term
Dr. Michael Lew, Region 13, (7/18/2016-11/5/2017), first term
Dr. Elizabeth Clemente, Region 04, (7/18/2016-11/5/2017), second term
AGD Executive Director, (7/18/2016-11/5/2017), Consultant
AGD Chief Finance Officer, (7/18/2016-11/5/2017), Consultant

“Resolved, that AIRBI2016#10 – Approve Committee Appointments be approved.”

“Resolved, that the appointments to the councils and committees be approved.”

Audit Committee
Dr. Carl B. Vorhies, Region 11, (7/18/2016-11/5/2017), Chair, 4th term
Dr. Fares M. Elias, Region 09, (7/18/2016-11/5/2017), 1st term
Dr. Louis C. Boric, Region 09, (7/18/2016-11/5/2017), 3rd term
Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/5/2017), Consultant, 2nd term
Dr. Ralph A. Cooley, AGDF Treasurer, (7/18/2016-11/5/2017), Consultant, 1st term
Caroline Vollmann, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017), Consultant, 1st term
Building Committee
Dr. John W. Portwood, Region 12, (7/18/2016-11/TBD/2019), Chair, 1st term
Dr. Donald A. Worm, Region 17, (7/18/2016-11/TBD/2019), 1st term
Dr. Nicholas E. Panomitros, Region 08, (7/18/2016-11/TBD/2019), 1st term
Dr. Paula S. Jones, Region 19, (7/18/2016-11/TBD/2019), 1st term
Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/TBD/2019), 1st term
Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017), Consultant, 1st term

Compensation Committee
Dr. Robert D. Gehrig, Region 20, (7/18/2016-11/5/2017), 1st term, Chair
Dr. J.C. Cheney, Region 14, (7/18/2016-11/5/2017), 1st term
Dr. Donald A. Worm, Region 17, (7/18/2016-11/TBD/2019), 1st term
Dr. Guy M. Hanson, Region 11, (7/18/2016-11/5/2017), 1st term
Dr. Scott M. Dubowsky, Region 04, (7/18/2016-11/5/2017), 1st term
Dr. Mohamednazir F. Harunani, Treasurer, (7/18/2016-11/5/2017), Consultant, 2nd term
Dr. Connie L. White, Secretary, (7/18/2016-11/5/2017), Consultant, 1st term
Caroline Vullmahn, Interim AGD Chief Financial Officer, (7/18/2016-11/5/2017), Consultant, 1st term

The following AGD members have been appointed to the committees listed below for the 2016-2017 governance year:

Advocacy Fund Committee
Dr. Eric Shelly, Region 03, (7/18/2016-11/5/2017), first term, Chair
Dr. Mohamednazir F. Harunani, Region 08, (7/18/2016-11/5/2017), third term
Dr. Donald Worm, Region 17, (7/18/2016-11/5/2017), second term

Awards Committee
Dr. W. Carter Brown, Region 19, (7/18/2016-11/5/2017), first term, Chair
Dr. Thomas Howley, Region 03, (7/18/2016-11/5/2017), second term
Dr. Paula Jones, Region 19, (7/18/2016-11/5/2017), first term
Dr. John Olsen, Region 09, (7/18/2016-11/5/2017), first term
Dr. Scott Dubowsky, Region 04, (7/18/2016-11/5/2017), first term

International Membership Committee
Dr. Howard Glazer, Region 04, (7/18/2016-11/5/2017), third term, Chair
Dr. Bruce Cassis, Region 06, (7/18/2016-11/5/2017), first term
Dr. Dinu Gray, Region 13, (7/18/2016-11/5/2017), first term
Dr. Aldo Miranda-Collazo, Region 20, (7/18/2016-11/5/2017), second term
Dr. Cheryl Mora, Region 08, (7/18/2016-11/5/2017), second term
Dr__________, Region__, (7/18/2016-11/5/2017), first term

New Dentist Committee
Dr. Mai-Ly Duong, Region 14, (6/21/2015-11/5/2017), second term, Chair
Dr. Emily Hobart, Region 19, 7/18/2016-11/4/2018), second term
Dr. Jennifer Bell, Region 19, (6/21/2015-11/5/2017), second term
Dr. James Kolstad, Region 09, (6/21/2015-11/5/2017), second term
ASDA Representative, (7/18/2016-11/5/2017), first term

Policy Review Committee
Dr. Anita Rathee, Region 13, (7/18/2016-11/5/2017), third term, Chair
Dr. Jennifer Bone, Region 18, (7/18/2016-11/5/2017), first term
Dr. W. Mark Donald, Region 12, (1/19/2014-11/5/2017), first term

Professional Relations Committee
Dr. Vincent Mayher, Region 04, (7/18/2016-11/5/2017), first term, Chair
Dr. __________, Region __, (7/18/2016-11/5/2017), first term
Dr. __________, Region __, (7/18/2016-11/5/2017), first term
Dr. __________, Region __, (7/18/2016-11/5/2017), first term
Dr. __________, Region __, (7/18/2016-11/5/2017), first term
Dr. __________, Region __, (7/18/2016-11/5/2017), first term
Dr. __________, Region __, (7/18/2016-11/5/2017), first term
Dr. __________, Region __, (7/18/2016-11/5/2017), first term
Dr. Maria Smith, Region 01, (7/18/2016-11/5/2017), third term, Consultant
Dr. Manuel Cordero, Region 04, (7/18/2016-11/5/2017), second term, Consultant
Dr. Neil Gajjar Region 15/16, (7/18/2016-11/5/2017), first term, Consultant
Dr. W. Mark Donald, Region 12, (7/18/2016-11/5/2017), eighth term, Consultant

The following Board members have been appointed as liaisons to the councils listed below for the 2016-2017 governance year:

Board Liaisons
Scientific Meeting Council Dr. Guy Hanson
Communications Council Dr. George Shepley
Constitution, Bylaws & Judicial Affairs Council Dr. Scott Dubowsky
Dental Education Council Dr. Sanjay Uppal
Dental Practice Council Dr. Robert Gehrig
Examinations Council Dr. Carol Wooden
Group Benefits Council Dr. Samer Shamoon
Legislative and Governmental Affairs Council Dr. Eric Shelley
Membership Council Dr. Michael Lew
PACE Council Dr. Hans Guter
Regional Directors Dr. Neil Gajjar

XVI. Executive Session
Dr. Lew moved, Dr. Hanson seconded:
“Resolved, that the Board go into executive session to discuss the executive director search at 4:15 p.m. EDT.”

PASSED
Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Dear, Dubowsky, Malterud
N/A – Smith

Dr. Lew moved, Dr. Bishop seconded:
“Resolved, that the Board come out of executive session at 4:40 p.m. EDT.”

PASSED
Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Dear, Dubowsky, Malterud
N/A – Smith

XVII. Adjournment

Dr. Hanson moved, Dr. Wooden seconded:
“Resolved, that the meeting be adjourned at 4:45 p.m. PDT.”

PASSED
Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Dear, Dubowsky, Malterud
N/A – Smith
I. **Call to Order**
Dr. Smith called the meeting to order on August 16, 2016 at 7:02 p.m. Central Daylight Time (CDT).

II. **Executive Committee**
Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House
Dr. Mohamednazir F. Harunani, Treasurer
Dr. Roger D. Winland, Editor
Dr. W. Mark Donald, Immediate Past President

III. **Trustees**
Dr. Sue Bordenave Bishop, Region 08
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Robert D. Gehrig, Region 20
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoon, Region 09
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. David D. Tillman, Region 18
Dr. Carol A. Wooden, Region 19
Dr. Donald A. Worm, Jr., Region 17

IV. **Absent Members**
Dr. Neil J. Gajjar, Vice President
Dr. J. C. Cheney, Region 14
Dr. Sanjay Uppal, Region 15/16

V. **Staff**
Thomas Killam, CAE, Interim Executive Director, Associate Executive Director, Member Services (for a portion of the meeting)
Jennifer Goler, Associate Director, Governance

VI. Welcome
Dr. Smith welcomed everyone to the meeting.

VII. Agenda Approval
Dr. Guter moved, Dr. Shamoon seconded:
“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A - Gajjar, Cheney, Uppal

N/A – Smith

VIII. AIR - Approve Hyatt Regency McCormick Place for the 2017 and 2018 Annual Meetings
Dr. Shamoon moved, Dr. Dyzenhaus seconded:
“Resolved, that AIR - Approve Hyatt Regency McCormick Place for the 2017 and 2018 Annual Meetings be approved.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

a – Dubowsky

A - Gajjar, Cheney, Uppal

N/A – Smith

IX. Executive Session
Dr. Guter moved, Dr. Hanson seconded:
“Resolved, that the Board go into executive session to discuss the council and committee appointments, and the AGDF Board of Directors at 7:42 p.m. CDT.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm
Dr. Guter moved, Dr. Dyzenhaus seconded:
“Resolved, that the Board come out of executive session at 4:11 p.m. EDT.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A - Gajjar, Cheney, Uppal
N/A – Smith

X. Adjournment

Dr. Hanson moved, Dr. Wooden seconded:
“Resolved, that the meeting be adjourned at 4:20 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Dear, Dubowsky, Malterud

N/A – Smith
I. **Call to Order**
Dr. Smith called the meeting to order on August 16, 2016 at 7:02 p.m. Central Daylight Time (CDT).

II. **Executive Committee**
Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House
Dr. Mohamednazir F. Harunani, Treasurer
Dr. W. Mark Donald, Immediate Past President

III. **Trustees**
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Samer G. Shamoon, Region 09
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. Sanjay Uppal, Region 15/16
Dr. Carol A. Wooden, Region 19
Dr. Donald A. Worm, Jr., Region 17

IV. **Absent Members**
Dr. Sue Bordenave Bishop, Region 08
Dr. J. C. Cheney, Region 14
Dr. Robert D. Gehrig, Region 20
Dr. Mark I. Malterud, Region 10
Dr. David D. Tillman, Region 18
Dr. Roger D. Winland, Editor

V. **Guests**
Dr. Joseph Picone, Scientific Meetings Council Chair
VI. **Staff**
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs
Thomas Killam, CAE, Interim Executive Director, Associate Executive Director, Member Services
Jennifer Goler, Associate Director, Governance
George Boyle, Director, Information Technology

VII. **Welcome**
Dr. Smith welcomed everyone to the meeting.

VIII. **Agenda Approval**

Dr. Guter moved, Dr. Shamoon seconded:
“Resolved, that the agenda be approved.”

**PASSED**

Y – Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

A - Bishop, Cheney, Gehrig, Malterud, Tillman, Winland

N/A – Smith

IX. **Executive Session**

Dr. Guter moved, Dr. White seconded:
“Resolved, that the Board, along with the following staff and guests: Dan Buksa, Thomas Killam, Jennifer Goler, George Boyle, and Dr. Joseph Picone, go into executive session to discuss Meetings Services vendors, and the AGDF Board of Directors at 7:33 p.m. CDT.”

**PASSED**

Y – Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

A - Bishop, Cheney, Gehrig, Malterud, Tillman, Winland

N/A – Smith

Dr. Hanson moved, Dr. White seconded:
“Resolved, that the Board, along with the following staff and guests: Dan Buksa, Thomas Killam, Jennifer Goler, George Boyle, and Dr. Joseph Picone, come out of executive session at 7:44 p.m. CDT.”

**PASSED**
X. **AIR – Approve Helms Briscoe as AGD’s Vendor for Meetings Services**

Dr. Shamoon moved, Dr. White seconded:

“Resolved, that AIR – Approve Helms Briscoe as AGD’s Vendor for Meetings Services be approved.”

“Resolved, that Helms Briscoe is approved as AGD’s vendor for meetings services.”

**PASSED**

XI. **AIR – Approval of Office Services Department Contract Extension with IST**

Dr. Harunani moved, Dr. Hanson seconded:

“Resolved, that AIR – Approve Office Services Department Contract Extension with IST be postponed until the next Board call in order to receive information regarding the RFP process.”

“Resolved, that the AGD extend the IST service contract for a period of three years.”

**PASSED**

XII. **AIR – Approve Council Appointments**

Dr. Worm moved, Dr. Hanson seconded:

“Resolved, that AIR – Approve Council Appointments be approved.”
“Resolved, that the appointments to the councils be approved.”

**Dental Practice Council**
Dr. Steven Ghareeb, Region 06, (6/21/2015-11/4/2018), 2nd term, Chair
Dr. Ralph Cooley, Region 18, (6/21/2015-11/4/2018), 1st term
Dr. Joseph Hagenbruch, Region 08, (6/21/2015-11/4/2018), 1st term
Dr. Daniel Hickey, Region 17, (6/30/2014-11/5/2017), 2nd term
Dr. Mark Jurkovich, Region 10, (6/30/2014-11/5/2017), 1st term
Dr. Rocky Napier, Region 19, (6/30/2014-11/5/2017), 2nd term
Dr. Janice Pliszczak, Region 02, (6/30/2014-11/5/2017), 2nd term
Dr. Tyler Scott, Region 07, (7/18/2016-11/3/2019), 1st term
Dr. David Williams, Region 05, (6/21/2015-11/4/2018), 2nd term
Dr. Joseph Battaglia, Region 04, (7/18/2016-11/5/2017), 3rd term, Consultant
Dr. Pedro Castro, Region 20, (9/14/16-11/4/2019), 1st term

**Examinations Item Bank Committee (Team C)**
Dr. Leslie Hayes, Region 11, (6/30/2014-11/5/2017), 1st term, Chair
Dr. Terry Box, Region 12, (6/30/2014-11/5/2017), 1st term
Dr. Ernest DeWald, Region 06, (6/30/2014-11/5/2017), 2nd term
Dr. Robert Manga, Region 17, (7/18/2016-11/5/2017), 1st term
Dr. James Phelan, Region 1, (9/14/2016-11/3/2019), 1st term
Dr. Susan O’Connor, Region 5, (9/14/2016-11/3/2019), 1st term

**PASSED**

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm
A - Cheney, Gehrig, Malterud, Tillman, Winland
N/A – Smith

**XIII. AIR - Amend Board Policy Type II, K, Section 3.L., to Revise Policy Review Committee Charge**

Dr. Shepley moved, Dr. Wooden seconded:

“Resolved, that AIR - Amend Board Policy Type II, K, Section 3.L., to Revise Policy Review Committee Charge be approved.”

“Resolved, that Board Policy Type II, K., Section 3.L., be revised as follows:

1. The Policy Review Committee shall consist of three (3) persons, including the chairperson.
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.

34. This committee shall be a committee of the Board and not merely a committee contained within the Dental Practice Council or LGA Council.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

A - Cheney, Gehrig, Malterud, Tillman, Winland

N/A – Smith

XIV. Executive Session

Dr. White moved, Dr. Shepley seconded:

“Resolved, that the Board go into executive session in regard to the Executive Director Search at 8:15 p.m. CDT.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

A - Cheney, Gehrig, Malterud, Tillman, Winland

N/A – Smith

Dr. White moved, Dr. Bishop seconded:

“Resolved, that the Board come out of executive session at 8:27 p.m. CDT.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

A - Cheney, Gehrig, Malterud, Tillman, Winland

N/A – Smith

XV. Adjournment
Dr. White moved, Dr. Bishop seconded:
“Resolved, that the Board call be adjourned at 8:27 p.m. CDT.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Wooden, Worm

A - Cheney, Gehrig, Malterud, Tillman, Winland

N/A – Smith
I. Call to Order
Dr. Smith called the meeting to order on October 13, 2016 at 7:02 p.m. Central Daylight Time (CDT).

II. Executive Committee
Dr. Maria A. Smith, President
Dr. Neil J. Gajjar, Vice President
Dr. Bryan C. Edgar, Speaker of the House
Dr. Roger D. Winland, Editor

III. Trustees
Dr. Sue Bordenave Bishop, Region 08
Dr. J. C. Cheney, Region 14
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Robert D. Gehrig, Region 20
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoon, Region 09
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. David D. Tillman, Region 18
Dr. Sanjay Uppal, Region 15/16
Dr. Carol A. Wooden, Region 19
Dr. Donald A. Worm, Jr., Region 17

IV. Absent Members
Dr. Manuel A. Cordero, President-Elect
Dr. W. Mark Donald, Immediate Past President
Dr. Mohamednazir F. Harunani, Treasurer
Dr. Connie L. White, Secretary

V. Guests
Dr. Vincent Mayher, Professional Relations Committee Chair
VI. **Staff**
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs
Thomas Killam, CAE, Interim Executive Director, Associate Executive Director, Member Services
Jennifer Goler, Associate Director, Governance
Morgan Bishop, Governance Administrator

VII. **Welcome**
Dr. Smith welcomed everyone to the meeting.

VIII. **Agenda Approval**

Dr. Shamoon moved, Dr. Dyzenhaus seconded:
“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm
A – Cordero, Donald, Harunani, White
N/A – Smith

IX. **Consent Agenda Approval**

Dr. Guter moved, Dr. Bishop seconded:
“Resolved, that the Consent Agenda be approved.”

i. **Board Call 8-16-16 Minutes**
ii. **Board Call 9-14-16 Minutes**

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm
A – Cordero, Donald, Harunani, White
N/A – Smith

**Board Call 8-16-16 Minutes**
“Resolved, that the Board Call 8-16-16 Minutes be approved.”

**Board Call 9-14-16 Minutes**
“Resolved, that the Board Call 9-14-16 Minutes be approved.”
X. 2016 ADA House of Delegates Resolutions

Dr. Hanson moved, Dr. Cheney seconded:

“Resolved, that the AIR – Recommendations on 2016 ADA HOD 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 2016 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 2016 ADA HOD.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith

XI. AIR – Approval of Office Services Department Contract Extension with IST

Dr. Hanson moved, Dr. Lew seconded:

“Resolved, that AIR – Approval of Office Services Department Contract Extension with IST be approved.”

“Resolved, that the AGD extend the IST service contract for a period of two years.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith

XII. AIR – Approve Association Management Center as AGD’s Vendor for Exhibit Sales, Advertisement Sales, Corporate Sponsorship Sales and Development

Dr. Dubowsky moved, Dr. Shelly seconded:

“Resolved, that AIR – Approve Association Management Center as AGD’s Vendor for Exhibit Sales, Advertisement Sales, Corporate Sponsorship Sales and Development be approved.”
“Resolved, that Association Management Center (AMC) is approved as AGD’s vendor for exhibit sales, advertisement sales, and corporate sponsorship sales and development.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith

XIII. Adjournment

Dr. Dyzenhaus moved, Dr. Bishop seconded:

“Resolved, that the Board call be adjourned at 8:07 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

A – Cordero, Donald, Harunani, White

N/A – Smith
I. Call to Order
Dr. Smith called the meeting to order on December 21, 2016 at 7:11 p.m. Central Standard Time (CST).

II. Executive Committee
Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House
Dr. W. Mark Donald, Immediate Past President

III. Trustees
Dr. Sue Bordenave Bishop, Region 08
Dr. J. C. Cheney, Region 14
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Thomas F. Gorman, Region 01
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. David D. Tillman, Region 18
Dr. Sanjay Uppal, Region 15/16
Dr. Carol A. Wooden, Region 19

IV. Absent Members
Dr. Robert D. Gehrig, Region 20
Dr. Hans P. Guter, Region 07
Dr. Mohamednazir F. Harunani, Treasurer
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoone, Region 09
Dr. Roger D. Winland, Editor
Dr. Donald A. Worm, Jr., Region 17

V. Staff
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs
VI. Welcome
Dr. Smith welcomed everyone to the meeting.

VII. Agenda Approval
Dr. Dyzenhaus moved, Dr. Wooden seconded:
“Resolved, that the agenda be approved as amended.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden
A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm
N/A – Smith

VIII. Approve 2016-2017 Board Meeting II Minutes
Dr. Gorman moved, Dr. Dyzenhaus seconded:
“Resolved, that the 2016-2017 Board Meeting II Minutes be approved.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden
A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm
N/A – Smith

IX. AIR – Fellowship Exam Committee Appointments
Dr. Shepley moved, Dr. Bishop seconded:
“Resolved, that AIR – Fellowship Exam Committee Appointments be approved.”

“Resolved, that the appointments to the Fellowship Examination Committee (Team A) be approved.”

Fellowship Examination Committee (Team A)
Dr. Jeffery Casey, Region 17, (7/18/2016-11/TBD/2019), 2nd term, Chair
Dr. David Dickerhoff, Region 19, (6/30/2014-11/5/2017), 1st term
Dr. Daniel Boston, Region 14, (6/30/2014-11/5/2017), 1st term
Dr. Robert Mayhew, Region 18, (6/30/2014-11/5/2017), 1st term
Dr. Merlin Ohmer, Region 20, (7/18/2016-11/TBD/2019), 1st term
Dr. Benjamin Dyer, Jr., Region 19, (12/21/2016-11/TBD/2019), 1st term
Dr. Ralph Glenn Willis, Region 19, (7/18/2016-11/TBD/2019), 1st term

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden
A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm
N/A – Smith

X. AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider

Dr. Dyzenhaus moved, Dr. Lew seconded:
“Resolved, that AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider be postponed until the January 18, 2017 Board Conference Call be approved.”

“Resolved, that HotelStorm be approved as an AGD Member Savings & Offer provider.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden
A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm
N/A – Smith

XI. AIR – Enhancement to the AGD Refer a Colleague Program

Dr. Donald moved, Dr. Shepley seconded:
“Resolved, that AIR – Enhancement to the AGD Refer a Colleague Program be approved as amended.”

“Resolved, that up to $60,000 be allocated from the 2017 Contingency Fund Membership Council Budget to fund potential losses due to the Enhancement to the AGD Refer a Colleague Program.

Resolved, that each time a new member joins the AGD as the result of recruiting by an active member, the recruiter and new member shall each receive a $50 credit upon payment of the new membership.
- The $50 dollars is held “on account” and can be used after joining toward any AGD program including education (Online Learning Center, etc.), scientific session, and AGD membership renewal for the following year – but excluding constituent programs and dues.
- This program enhancement applies to active general dentist, international, associate, and affiliate memberships only (all categories but student membership (ST)).
- These credits apply only upon payment of full-year memberships (i.e. if a new member joins during the half-year dues promotion (July-September), the credit will only apply if the new member opts to pay for a full-year membership).
- Credits must be used in the membership year in which credits were earned. Any unused balance will be applied toward the following year’s membership renewal. This potential expiration of unused credits will incentivize members to explore the range of offerings that AGD makes available to them.
- If using credits toward membership dues payment, the credits apply toward AGD membership only. They do not apply to constituent or component dues, or toward donations to the AGD Foundation or Advocacy Fund.
- Beginning October 1 of each year, referral credits earned will be honored until December 31 of the following year.
- Credits cannot be transferred to another individual.
- Referee credits for new members can only be earned once in a lifetime. (i.e., if a member leaves the AGD then rejoins, the new member cannot receive a joiner’s credit a second time.)
- Grand prize contest (one recruiter and that recruiter’s new recruit each receive an all-expenses-paid trip the AGD Scientific Session, including airfare, hotel, meeting registration, and $200 in CE courses) will continue.
- There shall be no limit on how much credit can be earned by a recruiting member.
- AGD Board members are excluded from receiving the referral credit.
- The program enhancement shall begin on January 1, 2017 and will be reviewed at each Membership Council meeting going forward.”

PASSED

Y – Bishop, Cheney, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

a – Cordero

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith

XII. Approve May 10, 2017 Executive Committee Call

Dr. Donald moved, Dr. White seconded:

“Resolved, that the May 10, 2017 Executive Committee Call be approved.”

PASSED
XIII. Executive Session – Executive Director Search Update

Dr. Hanson moved, Dr. Dubowsky seconded:

“Resolved, that the Board go into executive session at 8:02 p.m. CST.”

PASSED

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that the Board come out of executive session at 8:11 p.m. CST.

PASSED

During executive session the following action was taken:

“Resolved, that the Executive Director Search Criteria be approved as amended.

ED/CEO Search Criteria

• Dental professionalED/CEO
• Reports to AGD Board. Responsible for all external relations and activities including but not limited to:
• Socioeconomic matters
• Constituent relations
• External relations with the dental community
• External relations with other related organizations
• Responsible for all internal activities
• Individual with executive experience within dentistry
• Understands AGD culture
• CEO that is a dental professional but that is not an absolute ED with dental experience preferred but not required
• No AGD past president or past/current AGD Executive Committee member
• Visionary individual
• CEO ED reports to the Board
• Day-to-day activities are reported to the Executive Committee.

And be it further,

“Resolved, that Leonard Pfeiffer & Company produce additional candidates to the Executive Director Search Committee by January 31, 2017.”

XIV. Adjournment

Dr. Donald moved, Dr. Hanson seconded:

“Resolved, that the Board call be adjourned at 8:13 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Gehrig, Guter, Harunani, Malterud, Shamoon, Winland, Worm

N/A – Smith
I. Call to Order
Dr. Smith called the meeting to order on January 18, 2017 at 7:04 p.m. Central Standard Time (CST).

II. Executive Committee
Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House
Dr. Mohamednazir F. Harunani, Treasurer
Dr. W. Mark Donald, Immediate Past President

III. Trustees
Dr. Sue Bordenave Bishop, Region 08
Dr. J. C. Cheney, Region 14
Dr. Scott M. Dubowsky, Region 04 (portion of the meeting)
Dr. Robert D. Gehrig, Region 20
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoon, Region 09
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. David D. Tillman, Region 18
Dr. Sanjay Uppal, Region 15/16
Dr. Carol A. Wooden, Region 19

IV. Absent Members
Dr. David J. Dear, Region 06
Dr. Abe Dyzenhaus, Region 02
Dr. Roger D. Winland, Editor
Dr. Donald A. Worm, Jr., Region 17

V. Staff
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director,
Public Affairs
VI. Welcome
Dr. Smith welcomed everyone to the meeting.

VII. Agenda Approval

Dr. Shamoon moved, Dr. Lew seconded:
“Resolved, that the agenda be approved as amended.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden
A – Dear, Dyzenhaus, Winland, Worm
N/A – Smith

VIII. Approve Board Call 12-21-16 Minutes

Dr. Shelly moved, Dr. Hanson seconded:
“Resolved, Board Call 12-21-16 Minutes be approved as amended.”

PASSED

Y – Bishop, Cheney, Cordero, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Hanson, Lew, Shelly, Shepley, Stillwell, Tillman, Uppal, White
N – Donald, Wooden
a – Guter, Harunani, Malterud, Shamoon
A – Dear, Dyzenhaus, Winland, Worm
N/A – Smith

IX. AIR – Change to Annual Scientific Meeting Registration Fees for AGD2016

Dr. Gorman moved, Dr. White seconded:
“Resolved, that AIR – Change to Annual Scientific Meeting Registration Fees for AGD2016 be approved as amended.”
“Resolved, that the 2017 Scientific Meeting’s member dentist registration remain as budgeted for Fiscal Year 2016 at $199/$279/$450 (advance/regular/on-site).

And be it further,

Resolved, that the 2017 Scientific Meeting’s dental team registration rates remain as budgeted at $45/$75/$100 and that the 2017 Scientific Meeting’s lecture course registration fee remain at $60/$120 (half day/full day session).

And be it further,

Resolved, that changes be made to the registration categories to better reflect the change in the meeting brought about by the removal of the House of Delegates.”

<table>
<thead>
<tr>
<th>Changes</th>
<th>Rate</th>
<th>Attendees</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated reduction in revenue due to change in New Dentist from 1 year out to 1.5 years out from the meeting date</td>
<td>$199</td>
<td>100</td>
<td>($19,900)</td>
</tr>
<tr>
<td>Estimated increase in course revenue due to new dentists</td>
<td>$120</td>
<td>84</td>
<td>$10,080</td>
</tr>
<tr>
<td>Estimated reduction in revenue due to bundling Fellowship Review course and Exam</td>
<td>$100</td>
<td>80</td>
<td>($8,000)</td>
</tr>
<tr>
<td>Projected revenue from AGD members who are scouting</td>
<td>$199</td>
<td>5</td>
<td>$995</td>
</tr>
<tr>
<td>Projected Changes Subtotal</td>
<td></td>
<td></td>
<td>($16,825)</td>
</tr>
<tr>
<td>Subtotal Budgeted Registration</td>
<td></td>
<td></td>
<td>$240,385</td>
</tr>
<tr>
<td>Total Budget</td>
<td></td>
<td></td>
<td>$224,380</td>
</tr>
</tbody>
</table>

And be it further,

Resolved, that AGD offer a Fellowship Review Course and Exam bundled rate of $1,299 for those registering for the Fellowship Review Course and Exam during the scientific meeting.

And be it further,
Resolved, that registration category ‘Exhibit Hall Only FREE (Saturday Only),’ be eliminated as a registration category for AGD2017.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gaijjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Dear, Dyzenhaus, Winland, Worm

N/A – Smith

X. AIR – Recommended Change to AGD PACE Standards

Dr. Hanson moved, Dr. Shamoon seconded:

“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved.”

“Resolved, that PACE Standard I Administration, be modified as follows:

Standard I Administration

1. Administration of the program must be consistent with: the goals of the program and scope of activities.
   a. The goals of the program;
   b. The objectives of the planned activities.

2. The program must be under the continuous guidance of an administrative authority and/or individual responsible for its quality, content, and ongoing content.

Criteria

A. The continuing education program must be under the ongoing supervision of an individual or an administrative authority so that there is continuity in the program provider’s continuing education efforts.

B. The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.

C. The administrative authority/administrator will have the responsibility for assuring compliance with the quality contained in these standards and guidelines. Responsibility for compliance with PACE Standards will be assigned to an individual administrator.

D. The CDE provider must be responsible for:
   a. Establishing clear lines of authority and responsibility
   b. Conducting a planning process
   c. Ensuring that an adequate number of qualified personnel are assigned available to manage the program
   d. Ensuring continuity of administration
ED. To maintain continuity, the program provider must develop specific procedures for personnel changes. This is particularly important with regard to the administrator or the administrative authority (program planner). The program provider must outline procedures for maintaining administrative continuity when key personnel changes occur.

FE. Providers are required to have a committee that meets regularly and a majority of the committee must be dental professionals, including at least one licensed practicing dentist, who are independent from other responsibilities for the provider and be broadly representative of the intended audience or constituency including the members of the dental team for which the courses are offered. Continuity of administration and planning is necessary for the stability and growth of the program. Program providers must maintain a planning committee that includes at least one licensed dentist. This dentist shall represent the intended audience of the programming, and will have no other responsibilities to the program provider.

GF. The committee will also be required to maintain minutes from its meetings. The detailed minutes of the meetings will be attached to the PACE Application and should be from a meeting within the last approval period and reflect the development, implementation or improvement of the continuing education program. The planning committee must meet at least annually for the purpose of development, implementation and improvement of the program. The planning committee will maintain appropriate minutes documenting these activities. Minutes from the most recent meeting must accompany the PACE application.

HG. The program planner must commit sufficient time to planning and conducting the CDE program relative to its planned size and scope of activity; be responsible for choosing the educational methods to be utilized in consultation with advisory committees, instructors, educational advisors, or potential attendees; and ensure that facilities and equipment (including those borrowed or rented) are adequate in size, safe, and in good working condition so that instruction can proceed smoothly and effectively. The program planner must assure that program facilities and equipment are in good working order. The program planner will choose the educational methods employed in consultation with the planning committee, advisors, instructors or potential attendees.

IH. Where the size or extent of the CDE program warrants, especially when offering participation courses, there must be provision for adequate support personnel to assist with program planning and implementation. Group size must be limited in coordination with the nature of available facilities and the number of instructors/evaluators. Very careful attention to group size is mandatory when planning an activity that requires participants to perform complex tasks requiring supervision and evaluation. Refer to Standard XIII, Criterion C. Support personnel for any CDE program must be adequate for the program requirements. All participation courses are required to provide a least one Instructor for every 15 participants.
The administrative authority/administrator is required to maintain accurate records of participants’ attendance. The administrative authority/administrator will be responsible for retaining information on the formal planned activities offered, including needs assessment, methods, objectives, course outlines, and evaluation procedures. This information must be available at the time of application or reapplication for program provider approval. Program planners must maintain accurate records of participant attendance for at least seven (7) years following an educational course or program. Program planners must also outline methods used to determine the needs of participants and will retain records of course or program activities, outlines and evaluation procedures. This information must accompany the PACE application.

CE providers must assume responsibility for compliance by participants with applicable laws and regulations including local dental practice acts. The provider must ensure that participation in its program by dentists not licensed in the jurisdiction where the program is presented does not violate the state practice act. Unless malpractice coverage for attendees participating in clinics is arranged by the CDE provider, notice must be given to participants to obtain written commitments of coverage from their carriers. Participants must be notified of any malpractice insurance requirements and be required to provide written declarations of coverage if appropriate.

When two or more approved program providers act in consort for development, distribution, and/or presentation of an activity, each must be equally and fully responsible for assuring compliance with these PACE Standards.

Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with the AGD-PACE-recognized approved provider whenever the provider acts in cooperation with providers that are not recognized by the AGD-PACE. A written agreement with such providers must document this understanding.

Program providers must submit complete contact information annually to the AGD. Contact information must include current provider name, address, phone number, fax number, Web address (if available), name of current provider contact person and address, phone number, fax number, and e-mail address of contact person.

For protocol programs, the following requirements must be met:

1. MasterTrack® program directors must be a member of a faculty in an accredited dental program or must be approved by the AGD Dental Education Council.

2. Specific course objectives must be written for each subject taught.

3. A bibliography of current literature on the subject being taught must be assembled and distributed at the initial formal lecture/demonstration session(s).

4. The initial formal course session(s) will include both lecture and demonstration of the procedures to be studied and can also include direct hands-on activities.
For protocol courses, written instructions must be given to participants for individual in-office assignments. The assignments must be commensurate in difficulty with the credit hours that will be awarded and within the abilities of the participants.

Participants will do whatever procedures they are assigned on patients in their offices. They will keep complete records on these patients, which must include at least the following:

a. Patient consent and release form;
b. Preoperative medical/dental history;
c. Preoperative unedited radiographs, if indicated
d. Preoperative mounted diagnostic casts, if applicable
e. Preoperative unedited photographs
f. Preoperative dental charting.

During treatment, records will be kept to demonstrate:

a. Treatment rendered materials, methods, etc.
b. Mounted treatment casts, if applicable;
c. Photographs of treatment progress, if appropriate
d. Radiographs taken during treatment, if indicated.

Upon completion of treatment:

a. Unedited photographs of completed treatment;
b. Postoperative unedited radiographs, if indicated.

After an agreed-upon time needed to complete the assignment, the original group will reconvene with the program director, instructor and/or pre-designated evaluator to hear and evaluate participants' 15-20 minute case assignment presentation and guide discussion with the group and relate this discussion to current literature for that topic. The case presentation will be evaluated using a standardized evaluation form provided by the AGD.

The program provider must develop and operate in accordance with written policies, procedures or guidelines designed to ensure that all clinical and/or technical CDE activities offered include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.

Where scientific basis for a clinical and/or technical CDE activity is evolving or uncertain, the presentation will describe the level of scientific evidence that is currently available and what is known of the risks and benefits associated with the clinical and/or technical CDE activity.

For repeated CDE activities that are repeated, the provider must be able to demonstrate that there is a process in place to ensure that the activities continue to meet all PACE Standards and Criteria, including requirements to include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.

Recommendations
A. The program planner should have background and experience appropriate to the task.
B. The size of the potential audience for any CDE activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large.

C. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work, and patient treatment) have been shown to provide more effective learning experiences. Over-emphasis on purely didactic methods (lectures, panel discussions) is discouraged.

D. The appropriate use of films, slides, video, electronic media, and other teaching aids can support and enhance other teaching methods as integrated into a planned educational program.

E. Program providers are encouraged to provide attendees with resource materials and references to facilitate post-course practical application of course content, as well as continued learning.

F. Continuity of administration and planning is necessary for the stability and growth of the program. It is required that:
   1. Members of the advisory planning committee be selected for a term of longer than one year.
   2. Members of the advisory planning committee serve staggered terms of office.

G. An advisory committee increases value and guidance of your program to give greater value and give guidance to your program planners to your intended audience.

And be it further,

Resolved, that PACE Standard III Goals, be modified as follows:

Standard III Goals

Criteria

A. The individual or authority responsible for administration of the CDE program must have input into development of the overall program goals.

B. There must be a clear formulation of the program provider’s: overall mission and goals
   of the program provider institution or organization.
   - Mission
   - Organizational goals
   - Educational goals

C. A mechanism must be provided for periodic reappraisal and revision of the program provider’s continuing education goals.
And be it further,

Resolved, that PACE Standard VIII Instructors, be modified as follows:

Standard VIII Instructors

1. Instructors chosen to teach courses must be qualified by education and/or experience to provide instruction in the relevant subject matter.

... 

4. The provider must have a policy that demonstrates instructors are not discriminated against based on gender-identity, ethnicity, religion, age, disability, socioeconomic status and/or sexual orientation.

Criteria

A. Program providers must assume responsibility for communicating specific course objectives and design to instructors early in the planning process, and ensuring that stated course objectives are addressed in the presentation.

... 

Recommendations

A. Program providers should work closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.

... 

F. Program providers should develop clearly defined policies on honoraria and expense reimbursement for instructors.

G. CDE program providers should have a process in place to ensure those who are involved in the design development and delivery of learning events remain current in subject matter material and learning methods.

And be it further,

Resolved that the definition of Advisory Committee be changed to Planning Committee in the PACE lexicon of terms, and be modified as follows:

ADVISORY PLANNING COMMITTEE: An objective entity that provides peer review and direction for the program and the provider. A majority of the committee must be dental professionals, including The committee must include at least one licensed practicing dentist who is independent from other responsibilities for the provider. The composition of the advisory committee should include objective representatives of the intended audience, including the members of the dental team for which the courses are offered.”
XI. AIR – Increase PACE Council to Fifteen (15) Members

Dr. Lew moved, Dr. White seconded:

“Resolved, that AIR – Increase PACE Council to Fifteen (15) Members be approved.”

“Resolved, that the Board Policy Manual, Policy Type II. Governance Process, K. Charges of the Council and Committees be amended to read:

I. Program Approval for Continuing Education (PACE) Council

1. The Program Approval for Continuing Education (PACE) Council shall consist of twelve (12) fifteen (15) members, including the chairperson, and up to three (3) consultants. No member of the council shall serve more than two (2) consecutive three (3) year terms. Consultants of the council shall serve no more than two (2) consecutive three (3) year terms. Consultants would not be budgeted to attend council meetings, nor would they participate in any decisions/ recommendations made by the council. And be it further,

Resolved, that $5,094.15 be appropriated from the 2017 Contingency Fund.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

N - Hanson

a - Shepley

A – Dear, Dyzenhaus, Winland, Worm

N/A – Smith

XII. AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider

Dr. Shelly moved, Dr. White seconded:

“Resolved, that AIR – Approve ‘HotelStorm’ as an AGD Member Savings & Offers Provider be approved.”

“Resolved, that HotelStorm be approved as an AGD Member Savings & Offer provider.”
XIII. 2017 Corporate Objectives

Dr. Donald moved, Dr. Hanson seconded:
“Resolved, that the 2017 Corporate Objectives be approved.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden

A – Dear, Dyzenhaus, Winland, Worm

N/A – Smith

XIV. New Business

Dr. Cordero moved, Dr. Lew seconded:
“Resolved, that AIR - Approval of General Experience Specialists (GES) Contract 2017-2018 be approved as new business.”

DEFEATED

Y – Cheney, Cordero, Donald, Edgar, Gajjar, Gehrig, Gorman, Harunani, Shamoon, Shelly, Shepley, Uppal

N – Guter, Hanson, Lew, Malterud, Stillwell, Tillman, White, Wooden

a – Dubowsky

A – Bishop, Dear, Dyzenhaus, Winland, Worm

N/A – Smith

XV. Executive Session – Executive Director Search

Dr. Hanson moved, Dr. Wooden seconded:
“Resolved, that the Board go into executive session at 9:10 p.m. CST.”
Dr. Hanson moved, Dr. Wooden seconded:
“Resolved, that the Board come out of executive session at 9:16 p.m. CST.”

XVI. Adjournment

Dr. Hanson moved, Dr. Dubowsky seconded:
“Resolved, that the meeting be adjourned at 9:17 p.m. CST.”
### 2017 Corporate Objectives

(Approved 1-18-17)

<table>
<thead>
<tr>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advocacy A</strong> – By Dec. 31, 2017, represent the policies of the AGD before standard setting groups and the ADA as follows:</td>
</tr>
<tr>
<td>• Comment on 100% of Code Maintenance Committee (CMC) submissions, with at least 75% assent of the CMC’s votes with the positions expressed by the AGD Dental Practice Council.</td>
</tr>
<tr>
<td>• 90% of all resolutions upon which AGD takes a position at the ADA HOD will be acted upon favorably by the ADA HOD.</td>
</tr>
<tr>
<td>• Provide written and/or verbal comment on 100% of new or revised standards, rules, or guidelines proposed by organizational bodies (such as CODA or ADA Councils) or regulatory bodies (such as EPA or FDA) and directed by AGD leadership or the appropriate councils/committees as warranting AGD comment. G2, S2.</td>
</tr>
<tr>
<td><strong>Advocacy B</strong> – By December 31, 2017, train 15 constituent leaders throughout the year in Chicago on best advocacy practices. The 15 leaders shall come from states preferred with pending legislative, regulatory, political, or administrative issues important to AGD. G2, S1, S2, S4; G4, S4, T3.</td>
</tr>
<tr>
<td><strong>Rebranding</strong> – Complete Phase 3 (Execution) of the rebranding implementation across all areas of the organization by June 30, 2017. G4, S1, S2, S3, S4, S5.</td>
</tr>
<tr>
<td><strong>Communications</strong> – By December 31, 2017, begin implementation of comprehensive content strategy(ies) (digital and print) that generates greater recognition of AGD as a leader in oral health through distribution of news, stories, and information that highlight 1) educational opportunities, 2) member experiences and contributions to the profession, and 3) research and policies. G4, S1, S2, S3, S4.</td>
</tr>
<tr>
<td><strong>Communications/Membership/Information Technology/Marketing</strong> – Launch new AGD website and reskin all AGD related sub-sites by June 30, 2017. G4, S1, S2, S3, S4.</td>
</tr>
<tr>
<td><strong>Constituent Branding/Websites</strong> – 25% of constituents have their local constituent websites (including all communication methods, etc.) updated and in accordance with the AGD rebrand guidelines and policy by December 31, 2017. G4, S2.</td>
</tr>
<tr>
<td><strong>Scientific Session</strong> – By July 15, 2017, Scientific Session attendance attracted 5% of AGD’s membership, G1, S1.</td>
</tr>
<tr>
<td><strong>Education A</strong> – By December 31, 2017, migrate the self-study program to an online format and achieve a 5% increase in program revenues over the December 31, 2016 actuals. G1, S1, S2, S3.</td>
</tr>
<tr>
<td><strong>Education B</strong> – Enhance the online learning center, so that by December 31, 2017, 5% of all AGD members have registered for a course during the calendar year. G1, S2.</td>
</tr>
<tr>
<td><strong>Education C</strong> – By December 31, 2017, increase the number of nationally-approved PACE providers by 5% over the December 31, 2016 actuals. G1, S4.</td>
</tr>
<tr>
<td><strong>Membership</strong> – By December 31, 2017, increase “active” members by 5% over the December 31, 2016 number; increase “full-dues paying members by 5% over December 31, 2016 number; and increase student members by 5% over the</td>
</tr>
<tr>
<td><strong>December 31, 2016 number, by implementing the 2017 Membership Recruitment Annual Operations Plan. G3, S1, S2, S3, S4, S5</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>AGD Student Chapters</strong> – By December 31, 2017, have AGD Student Chapters registered at 75% of US dental schools by offering at least three student chapter webinars, two regional student events, and six new online resources. G3, S1, S2, S4, S5</td>
</tr>
<tr>
<td><strong>Non-Dues Revenue</strong> - By December 31, 2017, increase non-dues revenue through sponsorship, advertising, exhibit sales, and affinity program 5% over the December 31, 2016 actuals. G5, S1</td>
</tr>
</tbody>
</table>
Board Meeting
January 23, 2017
Minutes

I. Call to Order
Dr. Smith called the meeting to order on January 23, 2017 at 7:06 p.m. Central Standard Time (CST).

II. Executive Committee
Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Mohamednazir F. Harunani, Treasurer
Dr. Roger D. Winland, Editor
Dr. W. Mark Donald, Immediate Past President

III. Trustees
Dr. Sue Bordenave Bishop, Region 08
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Robert D. Gehrig, Region 20
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoon, Region 09
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. Sanjay Uppal, Region 15/16
Dr. Carol A. Wooden, Region 19

IV. Absent Members
Dr. J. C. Cheney, Region 14
Dr. Bryan C. Edgar, Speaker of the House
Dr. David D. Tillman, Region 18
Dr. Donald A. Worm, Jr., Region 17

V. Staff
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director,
Public Affairs
VI. Welcome
Dr. Smith welcomed everyone to the meeting.

VII. Agenda Approval

Dr. Gorman moved, Dr. White seconded:
“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden
A – Cheney, Edgar, Tillman, Worm
N/A – Smith

VIII. AIR – Approval of General Experience Specialists (GES) Contract 2017-2018

Dr. Hanson moved, Dr. Lew seconded:
“Resolved, that AIR - Approval of General Experience Specialists (GES) Contract 2017-2018 be approved.”

“Resolved, that Global Experience Specialists (GES) be approved as the General Contractor for AGD2017 and AGD2018.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden
A – Cheney, Edgar, Tillman, Worm
N/A – Smith

IX. Adjournment

Dr. Hanson moved, Dr. Stillwell seconded:
“Resolved, that the meeting be adjourned at 7:17 p.m. CST.”

PASSED
Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Uppal, White, Winland, Wooden

A – Cheney, Edgar, Tillman, Worm

N/A – Smith
Board Meeting
February 16, 2017
Minutes

I. Call to Order
Dr. Smith called the meeting to order on February 16, 2017 at 8:03 p.m. Central Standard Time (CST).

II. Executive Committee
Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House
Dr. Mohamednazir F. Harunani, Treasurer (for a portion of the meeting)
Dr. Roger D. Winland, Editor
Dr. W. Mark Donald, Immediate Past President

III. Trustees
Dr. Sue Bordenave Bishop, Region 08
Dr. J. C. Cheney, Region 14
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Robert D. Gehrig, Region 20
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoou, Region 09
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. David D. Tillman, Region 18
Dr. Carol A. Wooden, Region 19
Dr. Donald A. Worm, Jr., Region 17 (for a portion of the meeting)

IV. Absent Members
Dr. Eric N. Shelly, Region 03
Dr. Sanjay Uppal, Region 15/16

V. Staff
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs
VI. Welcome
Dr. Smith welcomed everyone to the meeting.

VII. Agenda Approval
Dr. Dyzenhaus moved, Dr. Stillwell seconded:
“Resolved, that the agenda be approved as amended.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden
A – Harunani, Shelly, Uppal, Worm
N/A – Smith

VIII. Approve Board Call 1-18-17 Minutes
Dr. Shamoon moved, Dr. Hanson seconded:
“Resolved, that Board Call 1-18-17 Minutes be approved.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden
A – Dyzenhaus
N/A – Smith

IX. Approve Board Call 1-23-17 Minutes
Dr. Gehrig moved, Dr. Winland seconded:
“Resolved, that Board Call 1-23-17 Minutes be approved as amended.”

PASSED
Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden
X. **AIR – Investment Committee Appointments**

Dr. Lew moved, Dr. Wooden seconded:

“Resolved, that AIR – Investment Committee Appointments be approved.”

“Resolved, that the appointments to the Investment Committee be approved.”

**Investment Committee**

Dr. John Portwood Jr., Region 12, (6/30/2014-11/5/2017), 4th term, Chair


Capt. Kevin Mears, Region 17, (7/18/2016-11/TBD/2019), 4th term

Dr. [last name], Region , (2/9/2017-11/4/2018), 1st term, Non-Voting Member

Dr. Bryan Edgar, Region 11, (7/18/2016-11/TBD/2019), 4th term

Dr. Mohamednazir Harunani, Region 08, (7/18/2016-11/5/2017), 3rd term, Consultant

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden

A – Shelly, Uppal, Worm

N/A – Smith

XI. **Executive Session – Advocacy Fund Utilization and HelmsBriscoe ResourceOne Contract**

Dr. Hanson moved, Dr. Shamoon seconded:

“Resolved, that the Board, along with the following staff: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, and Morgan Bishop, go into executive session at 8:16 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden

A – Shelly, Uppal, Worm

N/A – Smith

Dr. Cheney moved, Dr. White seconded:
“Resolved, that the Board, along with the following staff: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, and Morgan Bishop, come out of executive session at 9:01 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunan, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Shelly, Uppal

N/A – Smith

During executive session, the following actions were taken:

“Resolved, that AIR – Advocacy Fund Distribution for State Lobbyist Regarding SB40 be approved.”

“Resolved, that $25,000 be allocated from the Advocacy Fund to retain the professional services of a lobbyist in Connecticut to lobby against SB 40.”

“Resolved, that Association Management Center (AMC) be utilized for meeting planning services for the duration of 2017, not including meetings that remain contractually obligated by HelmsBriscoe ResourceOne, and staff will do due diligence for 2018 and beyond.”

XII. Executive Session – Compensation Committee Report and Executive Director Search Committee Update

Dr. Bishop moved, Dr. Hanson seconded:

“Resolved, that the Board go into executive session at 9:02 p.m. CST.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunan, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, White, Winland, Wooden, Worm

A – Shelly, Uppal

N/A – Smith

Dr. Guter moved, Dr. Tillman seconded:

“Resolved, that the Board come out of executive session at 10:13 p.m. CST.”

PASSED
During executive session, the following actions were taken:

“Resolved, that the Board support the recommendation of the Compensation Committee.”

“Resolved, that further activity with the Search Firm be suspended until the 2016-2017 Board Meeting III.

"Resolved, that the Executive Director Search Committee contact the two individuals discussed to determine whether these individuals would be open to a change in the traditional duties expected of an executive director prior to the Board Meeting III.

And be it further,

Resolved, that the Executive Director Search Committee submit a report back to the Board at the 2016-2017 Board Meeting III.”

XIII. Adjournment

Dr. Lew moved, Dr. Bishop seconded:

“Resolved, that the meeting be adjourned at 10:15 p.m. CST.”

PASSED
Board Meeting  
March 18-19, 2017  
Minutes

I. **Call to Order**
Dr. Smith called the meeting to order on March 18, 2017 at 8:05 a.m. Pacific Daylight Time (PDT).

II. **Executive Committee**
Dr. Maria A. Smith, President  
Dr. Manuel A. Cordero, President-Elect  
Dr. Neil J. Gajjar, Vice President  
Dr. Connie L. White, Secretary  
Dr. Bryan C. Edgar, Speaker of the House  
Dr. Mohamednazir F. Harunani, Treasurer  
Dr. Roger D. Winland, Editor  
Dr. W. Mark Donald, Immediate Past President

III. **Trustees**
Dr. Sue Bordenave Bishop, Region 08  
Dr. J. C. Cheney, Region 14  
Dr. David J. Dear, Region 06  
Dr. Scott M. Dubowsky, Region 04  
Dr. Abe Dyzenhaus, Region 02  
Dr. Robert D. Gehrig, Region 20  
Dr. Thomas F. Gorman, Region 01  
Dr. Hans P. Guter, Region 07  
Dr. Guy M. Hanson, Region 11  
Dr. Michael W. Lew, Region 13  
Dr. Mark I. Malterud, Region 10  
Dr. Samer G. Shamoon, Region 09  
Dr. George R. Shepley, Region 05  
Dr. K. David Stillwell, Region 12  
Dr. David D. Tillman, Region 18  
Dr. Sanjay Uppal, Region 15/16  
Dr. Carol A. Wooden, Region 19  
Dr. Donald A. Worm, Jr., Region 17

IV. **Absent Members**
Dr. Eric N. Shelly, Region 03  

V. **Guests**
Dr. John Portwood, DDS, MAGD, Investment Committee Chair  
Dr. Ravi Sinha, DDS, Regional Director, Region 11
VI. **Staff**
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director,
Public Affairs
Thomas Killam, CAE, Interim Executive Director, Associate Executive Director,
Member Services
Christa Ojeda, CPA, Chief Financial Officer
Jennifer Goler, Associate Director, Governance
Morgan Bishop, Governance Administrator

VII. **Welcome**
Dr. Smith welcomed everyone to the meeting.

VIII. **Agenda Approval**

**Dr. Cheney moved, Dr. Bishop seconded:**
“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,
Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Shelly

N/A – Smith

IX. **Executive Session – Board Call 2-16-17 Minutes Amendments**

**Dr. Wooden moved, Dr. Dyzenhaus seconded:**
“Resolved, that the Board go into executive session at 8:05 a.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,
Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Shelly

N/A – Smith

**Dr. Worm moved, Dr. Shamoon seconded:**
“Resolved, that the Board come out of executive session at 8:50 a.m. PDT.”

PASSED
During executive session, the following actions were taken:

“Resolved, that the Board Call 2-16-17 Minutes be approved as amended.”

X. Policies Regarding Minutes

Dr. Gehrig moved, Dr. Wooden seconded:

“Resolved, that the Secretary, Speaker of the House, appropriate staff in consultation with legal counsel review how minutes are promulgated and present an AIR to update policy to the 2016-2017 Board Meeting IV.

And be it further,

Resolved, that all Board and House policies regarding minutes be investigated with a report to 2016-2017 Board Meeting IV.”

PASSED


Dr. Dubowsky moved, Dr. Tillman seconded:

“Resolved, that AIRBIII17#01 – Rescind HOD Policy Manual, Publishing/Production Design Guidelines, Advertising Policies of the Academy of General Dentistry be postponed definitely with recommendations reported to the 2016-2017 Board meeting IV.”


Publishing/Production Design Guidelines

Advertising Policies of the Academy of General Dentistry
Advertising accepted for the publications of the Academy of General Dentistry or its Web site or sent to members through membership list rental should serve to inform dentists and others of products, services and courses that are available. In keeping with responsible journalistic philosophy, all advertisements must be accurate. No advertising shall encourage dentists or other readers to engage in practices that would conflict with standards of conduct generally adhered to by members of the dental profession. All advertisements are subject to acceptance or rejection by the Academy, based on the content of the advertisement and the nature of the product, services or courses offered.

Inclusion of advertising in AGD publications does not constitute approval or endorsement by the Academy of General Dentistry of products, services, or claims made in advertisements. Each issue of General Dentistry and AGD Impact will carry the following statement: "The publication of an advertisement in (General Dentistry or AGD Impact) does not indicate endorsement for products or services. AGD credit approval for continuing education courses or course program providers will be clearly stated."

A. General Eligibility

1. All advertisements must involve goods or services related to the dental profession, or to the mission, activities and/or functions of the Academy of General Dentistry.

2. The Academy will make advertising space available in its publications free of charge, as appropriate, in exchange for equal value under the following circumstances:
   a. Advertising exchange program with a recognized dental or dentistry-related association.
   b. Membership benefits program in which companies providing benefits to members under contract or agreement with the Academy are provided one full page of advertising space at no charge during the introduction of the new program or service.

Note: The Academy reserves the right to assign advertising space, as available, for the promotion of Academy and AGD Foundation products, services and events.

3. All advertisements must be accurate. Exaggerated or unsupported claims are not acceptable. The burden of proof to substantiate any statement within an advertisement rests with the company or individual proposing the advertisement.

4. All products and/or services must be available at the time the advertisement is published or mailed.

5. No advertising material will be acceptable if it is deemed to be in conflict with the laws or regulations of any federal, state, or local government or agency.

6. Advertisements that include language or devices that reflect pride and/or confidence in a product or service are acceptable. However, such promotional materials shall not include
exaggerations or superlative terms or phrases that either deceive or mislead or tend to
deceive or mislead or may be interpreted in any way to be in poor taste.

7. Advertisements that in any manner may be construed as being disparaging of useful
competitive products or services are not acceptable.

8. No advertisement or other promotion may use the name or logo of the Academy of
General Dentistry, either in publications of the Academy or elsewhere, without prior and
specific approval from the Academy. Such approval shall not be unreasonably withheld.

9. A company or individual may be denied AGD publication advertising space and/or
mailing labels for a period of six months to a year or longer on the basis of documented
non-compliance with AGD advertising policy.

10. Classified advertising in AGD-Impact may include practice sales, practice opportunities
for dentists and auxiliaries, the sale of used and new dental equipment, and other dental
products.

11. The Academy does not offer complimentary advertising of dental publications or
literature through distribution at Academy meetings, but may provide such a service at
reasonable cost to companies that have purchased exhibit space at the meeting.

B. Drugs, Materials and Devices

1. Acceptability of advertising of any drug, material or device may be based upon
determinations or evaluations made by the American Dental Association Council on Dental
Materials and Devices or the ADA Council on Dental Therapeutics, or upon research and
practice currently taught in dental schools and other recognized institutions, whether
published or unpublished.

2. Performances of all drugs, materials, and devices being advertised remain the sole
responsibility of the manufacturer, company, or person placing or mailing the
advertisement.

3. Advertisements may cite, through proper footnotes, appropriate references to dental or
other scientific literature, provided the reference properly supports a claim.

C. Continuing Dental Education Materials and Courses

1. Advertising copy for continuing education courses must be submitted to the AGD
national office for editorial review before it will be accepted for publication or for mailing
to AGD members through the sale of labels.

2. The accuracy of any statements related to continuing dental education credit availability
will be determined by the AGD Department of Continuing Education.
3. Advertising space in AGD publications and AGD membership mailing labels are available to the providers of continuing education courses only if the course being promoted is approved to offer FAGD/MAGD credit.

D. Editor’s Responsibility

1. It is the responsibility of the editor of the Academy to determine acceptability of advertising materials and content under policies stated herein.

2. The editor of the Academy is authorized to determine eligibility for advertising space or mailing labels and the period during which eligibility will be denied.

E. Acceptance of Advertising Copy, Materials

1. The advertisement should clearly identify the advertiser and the product or service being offered.

2. Layout, artwork, and format submitted for publication must avoid confusion with the editorial content of the publication. The word "advertisement" may be required by the Editor.

3. It is the responsibility of the manufacturer to comply with the laws and regulations applicable to marketing and sale of products.

4. Advertisements will not be accepted if they appear to violate the Principles of Ethics of the American Dental Association, are indecent or offensive in either text or artwork, or contain attacks of a personal, racial, or religious character.

5. Advertising materials submitted for publication must in all ways conform to the specifications set forth in the advertising rate card in effect at the date of submission. Production work necessitated in order to produce new materials that conform to the specifications reflected on the advertising rate card shall be billed to the advertiser.

F. Rates

1. Rates for advertising in the official publications of the Academy, including display and course listing entries, and for rental of the AGD membership list shall be established by the Executive Director in cooperation with the Director of Communications and the AGD advertising representative, and adjusted as appropriate.

2. Rates for rental of the Annual Meeting registration list to exhibitors at the Academy’s Annual Meeting shall be established by the Executive Director and Director of Communications in cooperation with the Director of Meeting Planning.

Note: Rates for the rental of the AGD membership list to AGD constituents shall be established by the Executive Director in cooperation with the Director of Membership.
3. Rates for classified advertising in AGD Impact shall be established by the Executive Director in cooperation with the Director of Communications.

4. Rates for banner link advertising on the AGD Web Site shall be established by the Executive Director in cooperation with the Director of Communications, AGD Advertising Representative, Editor, and Publications Review Council, and adjusted as appropriate.

G. Reader/Members’ Rights

As a legal requirement, AGD shall notify its members, at least twice each year, of their opportunity to delete their names from list rental.

H. Advertisers’ Right of Appeal

A company or individual that has been denied AGD advertising space or list rental may appeal the decision to the Executive Committee of the Academy.

J. Publishers’ Disclaimer

Advertisers and their agencies assume any liability for the content of their advertisements in Academy publications, including any claims arising therefrom. The Academy reserves the right to reject any advertisement considered unsuitable according to AGD policy.

The Academy accepts camera-ready artwork for all advertisements, but will offer to make minor changes and adjustments to existing artwork for a nominal charge as a courtesy to its advertisers. All liability for the accuracy of these changes rests entirely with the advertiser, with the Academy’s liability limited to the cost of the advertisement.

K. Criteria for Establishing Commercial Hyperlinks from the AGD Home Page

1. Careful consideration should be given as to whether the link conflicts with the AGD mission, vision, or policies, or with the standards of conduct generally adhered to by members of the dental profession.

2. The hyperlink should offer content enhancement.

3. The Academy’s approval for a hyperlink request should include a request from the Academy for a reciprocal link to the AGD site.

4. The Academy’s approval for a hyperlink to a site that is not primarily dentistry-related should include a requirement that the link be a direct connection to the specific dentistry-related page on the site.”

And be it further,
“Resolved that AGD HOD policy 2014:116C-H-6, Section F be rescinded to:

2014:116C-H-6 “Resolved, that 98:17-H-7 be amended following approval of the separation of governance and the scientific session.”

“Resolved, that the process for scientific session registration list rental to exhibitors at the AGD’s scientific session each year be standardized to follow existing AGD list rental approval and rate-setting procedures by amending Section F of the document Advertising policies of the Academy of General Dentistry so that it reads:

F. Rates

1. Rates for advertising in the official publications of the AGD, including display and course listing entries, and for the rental of AGD membership labels shall be established by the executive director in cooperation with the director of communications and the AGD advertising representative, and adjusted as appropriate.

2. Rates for rental of the scientific session registration list to exhibitors at the AGD’s scientific session shall be established by the executive director and director of communications in cooperation with the director of meeting planning.

Note: Rates for the rental of membership labels to AGD constituents shall be established by the executive director in cooperation with the director of membership.”

3. Rates for classified advertising in AGD Impact shall be established by the executive director in cooperation with the director of communications.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a - Donald

A – Shelly

N/A – Smith

XII. AIRBIII2017#02 - Amend Board Policy Manual Board Guidelines

Dr. Worm moved, Dr. Dubowsky seconded:

“Resolved, that AIRBIII2017#02 - Amend Board Policy Manual Board Guidelines be approved as amended.”

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,
B. Board Guidelines

The Board has developed the following set of group guidelines. As a group of dedicated individuals committed to serving the AGD to the best of our ability, we each agree to implement the following guidelines:

- Each trustee Board member will check electronic communications within 72 hours, the Board Web forum at least once a week.
- All Board information considered privileged and confidential information sent to a Board member is meant for his or her eyes only. The recipient should not forward e-mail Board information without the consent of the originator.
- If there is an issue with a fellow Board member or with staff, then the concern should be voiced first be shared with that addressed member to member. If the matter cannot be resolved, or if the member is not comfortable with addressing the matter with the other member, then the concern should be shared with the president (if appropriate) and then the who will address the issue, or if necessary, have the discretion to take the matter to the Executive Committee (EC) for resolution, and/or Executive Director (ED), if necessary, directly. Such issues should not be initially raised before the entire group.
- If there is an issue between a Board member and an AGD staff member, the concern should be first shared with the president who will consult and interact with the ED in order to resolve the matter.
- When the Board makes a decision, then it is the obligation of each Board member to support that decision regardless of personal opinion. unity must be shown to all groups and individuals regardless of personal opinion on the matter.
- Trustees Board members should follow parliamentary procedure as accurately as possible during meetings as established by the Speaker of the House whether in person or through electronic communication.
- If a trustee Board member is going to be unavailable for more than two (2) business days, he or she must inform the ED and or the President to inform them of the absence.
- The Board members appreciate the need for electronic communication and as such, will make every effort to remain current with technology and training. The AGD will offer updates to the Board members through the Information Technology (IT) department to advise them of changes occurring in electronic communication and to assist where possible in the Board members ongoing training and with equipment and software upgrades.
- Any Board member who has breached the confidentiality of the Board is subject to discipline, which may include censure and notifications of the appropriate governing body that person’s AGD region by letter of this action.
- Attendance at all scheduled meetings is expected. The president and ED should be notified in advance of any anticipated absence.

And be it further,

Resolved, that subsequent policies be updated appropriate to accommodate addition of the new heading.”

PASSED
XIII. AIRBIII2017#03 - Amend Board Policy Manual Board Operations

Dr. Dubowsky moved, Dr. Malterud seconded:

“Resolved, that AIRBIII2017#03 – Amend Board Policy Manual Board Operations be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

C. Board Operations

- At each Board meeting, at least one (1) evening will be dedicated to a social event.
- All materials must be made available two weeks (2) prior to a meeting, except in the case of an emergency meeting.
- The subject line of an e-mail should begin with “AGD” in order to indicate the message references AGD business. Privileged and confidential subject matter should be labeled as “Privileged and Confidential”. The terms “NRN” (no response necessary), “Response Requested,” and “Information Only” also should be used to indicate the level of response that is expected. In order to reduce unnecessary e-mails to the entire Board, attention should be made to respond only to the sender and not “respond to all” when appropriate, as in instances when the sender is asking for direct feedback only.
- The Board minutes will be provided posted online for review within three (3) weeks of the meeting and will be posted online for review. Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two (2) weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. In any event, staff will post the minutes no later than three (3) weeks after the meeting. Staff will have three (3) days to finalize the minutes so the minutes can be posted online for review within three (3) weeks of the meeting. There will be a one (1) week comment period, during which Board members may comment or recommend editions. At the end of the week, no further comments or edits will be permitted and then a survey will be posted to the Board for a vote. If the survey is not completed with 100% participation one (1) week after posting, the minutes will be included in the next Board agenda. If once approved, the minutes will be posted to the Board, Regional Directors, House of Delegates, and Council Chairs via the AGD web platform within three (3) business days. If not approved, the minutes will be repopulated with the Board for discussion and correction. After one (1) week of discussion and editing, the Board will again vote upon the minutes. This process will repeat until the minutes are accepted.
• At the conclusion of the Board meeting the balance of the Board contingency fund will be reported in the minutes.
• The Board represents the AGD, and each Board member individually in turn represents the AGD both to external parties and to internal components.
• Any information requested by a Board member from staff that will require more than two hours of staff time must be requested through the Executive Director or Associate Executive Director.
• New business not already on the meeting agenda will be addressed by the Board under a 2/3 majority vote of the Board.
• Travel dates and meeting location A travel notice with basic arrival and departure information will be sent six (6) months prior to the Board meetings. A more detailed notice will be sent 45 days prior to the meeting.

Monitoring:  Board Assessment and Board Member Self-Assessment completed following Board Meeting IV

And be it further,

Resolved, that subsequent policies be updated appropriate to accommodate addition of the new heading.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XIV.  AIRBIII17#04 - Amend Board Policy Manual Executive Committee Guidelines

Dr. Cheney moved, Dr. Shamoon seconded:

“Resolved, that AIRBIII17#04 - Amend Board Policy Manual Executive Committee Guidelines be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type: II. Governance Process to read,

E.  Executive Committee Guidelines Operations

• Each EC member will check the EC and the Board Web forums at least twice a week.
• If there is an issue with a fellow EC member or with staff, then the concern should be voiced to the President and ED respectively. Such issues should not be raised before the entire group.
The EC will establish and annually review a set of EC position skills in order to inform future leaders of the qualities necessary to excel in those positions.

Each member of the EC will read and, if necessary, respond to the monthly reports in a timely fashion. All submitted reports should be acknowledged as having been read.

The EC minutes will be posted online for review within three (3) weeks of the meeting, and will be posted online for review. Staff should have the minutes ready for review by the Executive Director, President, Secretary and Speaker of the House two (2) weeks after the meeting. The Executive Director, President, Secretary and Speaker of the House should complete the review within four (4) days. In any event, staff will post the minutes no later than three (3) weeks after the meeting. Staff will have three (3) days to finalize the minutes so the minutes can be posted online for review within three (3) weeks of the meeting. There will be a one (1) week comment period, during which EC members may comment or recommend editions. At the end of the week, no further comments or edits will be permitted and then a survey will be posted to the EC for a vote. If the survey is not completed with 100% participation one (1) week after posting, the minutes will be included in the next EC agenda. If approved, the minutes will be posted to the EC and Board via the AGD web platforms LCC within three (3) business days. If not approved, the minutes will be repopulated with the EC for discussion and correction. After one (1) week of discussion and editing, the EC will again vote on the minutes. This process will repeat until the minutes are accepted.

When requested, a response will be provided to staff e-mails/phone calls within two (2) business days or the requested deadline.

Any information requested from staff that will require more than two (2) hours of staff time is to be requested through the ED or the associate Executive Directors directly responsible to the department from which the information is sought. Any questions or concerns directed to staff should be focused on an endpoint in order to narrow down the workload created by a request for information.

Any EC member who has breached the confidentiality of the Board is subject to discipline.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoan, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XV.  AIRBIII2017#05 - Amend Board Policy Manual Scientific Session Schedule Approval

Dr. Hanson moved, Dr. Guter seconded:

“Resolved, that AIRBIII2017#05 - Amend Board Policy Manual Scientific Session Schedule Approval be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type: VI. Board Guidelines to read:
D. Scientific Session Schedule Approval

The Scientific Meetings Council Chair, Dental Education Council Chair, and President will have the authority to approve the schedule for the scientific session.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XVI. AIRBIII2017#06 - Amend Board Policy Manual to Include Criteria for International Membership Opportunities

Dr. Guter moved, Dr. Lew seconded:

“Resolved, that AIRBIII2017#06 - Amend Board Policy Manual to Include Criteria for International Membership Opportunities be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type V. Board Policy Statements to read,

X. International Membership Opportunities

Guidelines for AGD International Membership Opportunities (IMO)

Definitions

International Membership Opportunities: A relationship between the AGD and another entity (including but not limited to official or unofficial groups or persons who desire to establish membership in the AGD are currently classified as international) for the purpose of facilitating, encouraging or recruiting international members

Guidelines

General considerations of International Membership Opportunities

- All AGD costs associated with the IMO should be considered in a business plan or the equivalent before moving forward.
- The business plan or its equivalent will be developed by staff and will include, but not be limited to, staff and marketing costs, and will consider that the initial investment may be higher than ongoing costs for IMO.
The IMO must benefit the AGD and protect the AGD name and reputation.

- The IMO should consider mutual benefits and mutual liabilities of the parties.
- The IMO should generate dues revenue, sponsorship dollars, and/or royalties for the AGD.
  If the IMO is of a variety such that revenue may not be generated, such as strictly Continuing Education agreement, other benefits to the AGD or its constituents must be identified.
- The IMO shall not be to the detriment of and should benefit current and established IMO.

Process of review

IMO will be developed by the AGD Membership Council as follows:

I. The Membership Council should be the entry place or clearinghouse for any potential IMO coming to the AGD or for any International Organization that the AGD would consider reaching out to for an IMO.

II. A subcommittee of the Membership Council will be formed to look at each potential IMO initially and assess its prospective value. The subcommittee will also look at the costs associated with that potential IMO.

III. Once the above initial deliberation has been accomplished, the subcommittee shall share the opportunity with any council or committee that might need to have input. This will always include any other council which may be affected or have input to the particular IMO. The opportunity shall be shared concurrently with the Executive Committee (EC) for its input.

IV. Because time is of the essence in the consideration of these opportunities, the Membership subcommittee, through the Membership Council Chair, will contact any and all other chairs of any council or committee that should have input and the EC.

V. One week (seven (7) calendar days) will be given for each such chairperson and the EC (by the President, for the body) to respond. In the event that any such chairperson is unavailable or fails to respond within one week (seven (7) calendar days), the AGD President or council/committee chairperson shall assign another council/committee member to respond on behalf of that council/committee, and that other council/committee member shall have three (3) calendar days from the date s/he receives the request or the remainder of said week (seven (7) calendar days), whichever is greater, to respond to the request of the Membership Council Chair.

VI. Negotiations for the prospective IMO will proceed (with any additional information provided by those chairs or the EC) unless there is reason found through this process to terminate or alter them.

VII. If the Membership Council decides, through its due diligence, that an opportunity does not meet the criteria to be considered for an AGD IMO and should not move forward, there will be no further negotiations and the sponsorship will not be accepted.

VIII. Any and all final agreements will be routed through traditional review protocols following negotiations when there is a cost associated with an IMO.

IX. The AGD Board is the final deciding body for each such IMO.

If the IMO fails to meet these guidelines, as determined by the Membership Council after its exercise of due diligence, the IMO will not be considered. No IMO shall be considered unless it meets the approval of the Membership Council, its subcommittee, and the AGD Executive Committee.
XVII. AIRBIII2017#07 – Group Benefits Council Appointments

Dr. Malterud moved, Dr. Wooden seconded:

“Resolved, that AIRBIII2017#07 – Group Benefits Council Appointments be approved as amended.”

“Resolved, that the appointments Group Benefits Council be approved.”

Group Benefits Council

Dr. Eric Morse, Region 05, (6/21/2015-11/4/2018), 2nd term
Dr. Puneet Aulakh, Region 11, (6/21/2015-11/4/2018), 1st term
Dr. Amit Patel, Region 19, (7/18/2016-11/03/TBD/2019), 1st term
Dr. Anca Bordeianu, Region 15/16, (8/16/2016-11/4/2019), 1st term
Dr. Kimberly Denton, Region 1005, (3/18/2017 – 11/5/2017, 1st term

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XVIII. AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight Committee

Dr. Donald moved, Dr. Dubowsky seconded:

“Resolved, that AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight Committee be postponed until March 19, 2017.”

“Resolved, that a Leadership Development and Oversight Committee be created and that the Board Policy Manual be amended at Policy Type: II. Governance Process, K. Charges of Council and Committees,

Leadership Development and Oversight Committee
1. The Leadership Development and Oversight Committee shall consist of six members, one of which is the President.

The Leadership Development and Oversight Committee shall be responsible for oversight of the AGD Leadership Academy, including:

a. Serving as thought-leaders for the content to be presented at the following programs:
   i. AGD Leadership Symposium
   ii. AGD Leadership Institute
   iii. AGD Leadership Forum

b. Identifying gaps in training, developing an all-inclusive program to deliver programming to address these gaps, and identifying relevant leadership topics for programs;

c. Serving as advisors for the content to be presented at the following programs:
   i. AGD Leadership Symposium
   ii. AGD Leadership Institute
   iii. AGD Leadership Forum

d. Determining program facilitators for the above;

e. Presenting activities, strategies, and plans in accordance with the approved budgets;

f. Presenting annual report to the AGD Board;

g. Reassessing leadership training needs annually;

h. Developing measurable metrics for the AGD Leadership Academy, including each of the major components of the academy

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XIX. AIRBIII2017#09 - Creation of New Manager Position with Dental Education Department

Dr. Shepley moved, Dr. Cheney seconded:

“Resolved, that AIRBIII2017#09 - Creation of New Manager Position with Dental Education Department be approved.”

“Resolved, that $90,000 be allocated from the 2017 Contingency Fund to compensate a newly created “Manager, Dental Education” position within the Dental Education Department.”

PASSED
XX. **AIRBIII2017#10 - Credentials & Elections Committee Request to Replace HODFAT**

Dr. Cheney moved, Dr. Hanson seconded:

"Resolved, that AIRBIII2017#10 - Credentials & Elections Committee Request to Replace HODFAT be approved."

"Resolved, that $18,570 be allocated from the 2017 Contingency Fund to provide AGD with the information technology necessary to monitor and track a quorum for the AGD House of Delegates. (HOD)."

**PASSED**

Y – Bishop, Cheney, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N/A – Smith

XXI. **AIRBIII2017#11 – Request to Approve New Public Relations Consultant**

Dr. Malterud moved, Dr. Bishop seconded:

"Resolved, that AIRBIII2017#11 – Request to Approve New Public Relations Consultant be approved."

"Resolved, that the Board approve the selection of Finn Partners to provide public relations consultation as part of the AGD rebrand launch and implementation of 2017 public relations initiatives."

**PASSED**

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith
XXII. AIRBIII2017#12 – Diabetes Task Force and Summit

Dr. Shamoon moved, Dr. Wooden seconded:

“Resolved, that AIRBIII2017#12 – Diabetes Task Force and Summit be approved.”

“Resolved, that the AGD identify one or two diabetes experts to represent the AGD for development of a toolkit, with candidate recommendations from the Dental Practice Council.

And be it further,

Resolved, the Board develop a task force of one or two member representatives with expertise on diabetes management, from each of the AGD (representatives identified per the first resolved clause above), the American Academy of Family Physicians (AAFP), the American Association of Diabetes Educators (AADE), and other suitable organizations, pending approval of these organizations, to develop a toolkit for members of each organization on the collaborative management of diabetes in patients.

And be it further,

Resolved, that funding be sought in sponsorship and/or grants for the collaborative diabetes projects with the AAFP, including costs for a Diabetes Summit.

And be it further,

Resolved, that up to $10,600 be allocated from 2017 Contingency Fund (or, to the extent that sponsorship and/or grants cannot be attained to cover these expenses) for travel costs, food, and beverages to host up to ten (10) representatives for a Diabetes Summit at AGD Headquarters, at the earliest occasion that is reasonable and feasible to produce effective outcome(s), with the understanding that effective outcome(s) may include finalization of the member toolkit on the collaborative management of diabetes.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A ~Shelly

N/A – Smith

XXIII. Moderate Sedation Task Force Report Discussion

Dr. Donald moved, Dr. Lew seconded:

“Resolved, that the Moderate Sedation Task Force Report be accepted.”
XXIV. ADA/AGD Code of Ethics Discussion

Dr. Donald moved, Dr. Tillman seconded:

“Resolved, that staff research AAOMS and AAO Codes of Ethics and pertinent historical information to determine if they are derivative works of the ADA Code of Ethics, and report to the next Board call.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XXV. Executive Session – Third Party Payer Discussion

Dr. Wooden moved, Dr. Bishop seconded:

“Resolved, that nothing in this report or in any action or discussion outlined in this report was, is, or will be intended in any way as any effort beyond “mere attempts to influence the passage or enforcement of laws” as permitted under the immunities against violation of the Sherman Antitrust as provided by the Noerr-Pennington Doctrine.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

Dr. Worm moved, Dr. Hanson seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, go into executive session at 1:45 p.m. PDT.”
Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, come out of executive session at 2:25 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XXVI. Executive Session – Regional Director Trustee Relationship

Dr. Harunani moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, go into executive session at 2:34 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Ravi Sinha, come out of executive session at 3:29 p.m. PDT.”

PASSED
During executive session the following actions were taken:

“Resolved, that a task force be created to survey, identify, and make suggestions in creating a more collaborative relationship and organizational structure between the RD’s and Trustees, with a preliminary report to the 2016-2017 Board Meeting IV and final report by the 2016-2017 Board Meeting V.”

Saturday March 18, 2017

IX. Call to Order

Dr. Smith called the meeting to order March 18, 2017 at 8:03 a.m. PDT.

X. Executive Session – Executive Director Search Committee

Dr. White moved, Dr. Shepley seconded:

“Resolved, that the Board go into executive session at 8:04 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

Dr. Shamoon moved, Dr. Shepley seconded:

“Resolved, that the Board come out of executive session at 12:00 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

XI. Executive Session – Investment Committee Report

Dr. Worm moved, Dr. Cheney seconded:
“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, and Dr. Portwood, go into executive session at 1:06 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that the Board, along with the following staff and guests: Daniel Buksa, Thomas Killam, Christa Ojeda, Jennifer Goler, Morgan Bishop, Ravi Sinha, and Dr. Portwood, come out of executive session at 1:31 p.m. PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shelly

N/A – Smith

2XII. AIRBIII2017#14 - Board Approval for Commercial Development of First Floor

Dr. Wooden moved, Dr. Gehrig seconded;

“Resolved, that AIRBIII2017#14 - Board Approval for Commercial Development of First Floor be approved.”

“Resolved, that the Board approve the commercial development of the first floor of the AGD building.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Lew, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Harunani, Malterud

A – Shamoon, Shelly

N/A – Smith

XIII. AIRBIII2017#15 – Future of General Dentistry Task Force Meeting
Dr. Gehrig moved, Dr. Dubowsky seconded:

“Resolved, that AIRBIII2017#15 – Future of General Dentistry Task Force Meeting be
tabled.”

“Resolved, that up to $10,600 be allocated from the 2017 AGD Contingency Fund to host a
one-day meeting of the AGD Future of General Dentistry Task Force at AGD
Headquarters.”

PASSED

Y – Bishop, Cheney, Cordero, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson,
Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Worm

N - Harunani, Lew

a – Dear, Wooden

A – Shamoon, Shelly

N/A – Smith

2XIV.  AIRBIII2017#16 – Approve Prioritized 2017 Corporate Objectives

Dr. Dyzenhaus moved, Dr. Cheney seconded:

“Resolved, that AIRBIII2017#16 – Approve Prioritized 2017 Corporate Objectives be
approved.”

“Resolved, that the 2017 Corporate Objectives be approved as prioritized.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter,
Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N - Hanson

A – Shamoon, Shelly

N/A – Smith

Dr. Gehrig moved, Dr. Cheney seconded:

“Resolved, that a workgroup of the three (3) Board members be formed to identify
discrepancies in the current strategic plan and make recommendations for potential
changes to the plan with a report to 2016-2017 Board Meeting IV.”

PASSED
XV.  **AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight Committee**

Dr. Uppal moved, Dr. Wooden seconded:

“Resolved, that AIRBIII2017#08 - Creation of AGD Leadership Development and Oversight Committee be approved as amended”

“Resolved, that a Leadership Development and Oversight Committee be created and that the Board Policy Manual be amended at Policy Type: II. Governance Process, K. Charges of Council and Committees,

**Leadership Development and Oversight Committee**

1. The Leadership Development and Oversight Committee shall consist of six-seven members to include the President as chair, President-Elect, RD Chair, RD Vice Chair, and other members to include a trustee to serve up to a two year term, one at large member to serve a two year term, and one at large member to serve an initial one year term and thereafter a two year term.

The Leadership Development and Oversight Committee shall be responsible for oversight of the AGD Leadership Academy, including:

a. Serving as thought-leaders for the content to be presented at the following programs:
   i. AGD Leadership Symposium
   ii. AGD Leadership Institute
   iii. AGD Leadership Forum

b. Identifying gaps in training, developing an all-inclusive program to deliver programming to address these gaps, and identifying relevant leadership topics for programs;

c. Serving as advisors for the content to be presented at the following programs:
   i. AGD Leadership Symposium
   ii. AGD Leadership Institute
   iii. AGD Leadership Forum

d. Determining program facilitators for the above;

e. Presenting activities, strategies, and plans in accordance with the approved budgets;

f. Presenting annual report to the AGD Board;

g. Reassessing leadership training needs annually;

h. Developing measurable metrics for the AGD Leadership Academy, including each of the major components of the academy
PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shamoon, Shelly

N/A – Smith

XI. Adjournment

Dr. Shepley moved, Dr. Dear seconded:

“Resolved, that Board meeting be adjourned at 3:20 PDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Shamoon, Shelly

N/A – Smith
<table>
<thead>
<tr>
<th>2017 Prioritized Corporate Objectives</th>
<th>Approved 3-18-17</th>
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<tbody>
<tr>
<td><strong>1. Membership</strong> – By December 31, 2017, increase “active” members by 5% over the December 31, 2016 number; increase “full-dues paying members by 5% over December 31, 2016 number; and increase student members by 5% over the December 31, 2016 number, by implementing the 2017 Membership Recruitment Annual Operations Plan. G3, S1, S2, S3, S4, S5</td>
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<td><strong>2. Non-Dues Revenue</strong> - By December 31, 2017, increase non-dues revenue through sponsorship, advertising, exhibit sales, and affinity program 5% over the December 31, 2016 actuals. G5, S1</td>
<td></td>
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<td><strong>3. Scientific Session</strong> – By July 15, 2017, Scientific Session attendance attracted 5% of AGD’s membership, G1, S1</td>
<td></td>
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<td><strong>4. Communications/Membership/Information Technology/Marketing</strong> – Launch new AGD website and reskin all AGD related sub-sites by June 30, 2017. G4, S1, S2, S3, S4</td>
<td></td>
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<tr>
<td><strong>5. Communications</strong> – By December 31, 2017, begin implementation of comprehensive content strategy(ies) (digital and print) that generates greater recognition of AGD as a leader in oral health through distribution of news, stories, and information that highlight 1) educational opportunities, 2) member experiences and contributions to the profession, and 3) research and policies. G4, S1, S2, S3, S4</td>
<td></td>
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<tr>
<td><strong>6. Rebranding</strong> – Complete Phase 3 (Execution) of the rebranding implementation across all areas of the organization by June 30, 2017. G4, S1, S2, S3, S4, S5.</td>
<td></td>
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</tbody>
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| **7. Advocacy A** – By Dec. 31, 2017, represent the policies of the AGD before standard setting groups and the ADA as follows:  
  - Comment on 100% of Code Maintenance Committee (CMC) submissions, with at least 75% assent of the CMC’s votes with the positions expressed by the AGD Dental Practice Council.  
  - 90% of all resolutions upon which AGD takes a position at the ADA HOD will be acted upon favorably by the ADA HOD.  
  - Provide written and/or verbal comment on 100% of new or revised standards, rules, or guidelines proposed by organizational bodies (such as CODA or ADA Councils) or regulatory bodies (such as EPA or FDA) and directed by AGD leadership or the appropriate councils/committees as warranting AGD comment.G2, S2. |
<p>| <strong>8. Constituent Branding/Websites</strong> – 25% of constituents have their local constituent websites (including all communication methods, etc.) updated and in accordance with the AGD rebrand guidelines and policy by December 31, 2017. G4, S2 |
| <strong>9. Education B</strong> – Enhance the online learning center, so that by December 31, 2017, 5% of all AGD members have registered for a course during the calendar year. G1, S2. |
| <strong>10. Advocacy B</strong> – By December 31, 2017, train 15 constituent leaders throughout the year in Chicago on best advocacy practices. The 15 leaders shall come from states preferred with pending legislative, regulatory, political, or administrative issues important to AGD. G2, S1, S2, S4; G4, S4, T3 |
| <strong>11. AGD Student Chapters</strong> – By December 31, 2017, have AGD Student Chapters registered at 75% of US dental schools by offering at least three student chapter webinars, two regional student events, and six new online resources. G3, S1, S2, S4, S5 |</p>
<table>
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<tr>
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<th>Education C – By December 31, 2017, increase the number of nationally-approved PACE providers by 5% over the December 31, 2016 actuals. G1, S4</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Education A – By December 31, 2017, migrate the self-study program to an online format and achieve a 5% increase in program revenues over the December 31, 2016 actuals. G1, S1, S2, S3</td>
</tr>
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2
3
I. Call to Order
Dr. Smith called the meeting to order on April 19, 2017 at 7:08 p.m. Central Daylight Time (CDT).

II. Executive Committee
Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House (for a portion of the meeting)
Dr. Mohamednazir F. Harunani, Treasurer
Dr. Roger D. Winland, Editor

III. Trustees
Dr. Sue Bordenave Bishop, Region 08
Dr. J. C. Cheney, Region 14 (for a portion of the meeting)
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02 (for a portion of the meeting)
Dr. Robert D. Gehrig, Region 20
Dr. Thomas F. Gorman, Region 01
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoon, Region 09 (for a portion of the meeting)
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12 (for a portion of the meeting)
Dr. David D. Tillman, Region 18 (for a portion of the meeting)
Dr. Sanjay Uppal, Region 15/16 (for a portion of the meeting)
Dr. Carol A. Wooden, Region 19
Dr. Donald A. Worm, Jr., Region 17

IV. Absent Members
Dr. W. Mark Donald, Immediate Past President
Dr. Hans P. Guter, Region 07

V. Staff
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director,
Public Affairs
VI. Welcome
Dr. Smith welcomed everyone to the meeting.

VII. Agenda Approval
Dr. Cordero moved, Dr. Shamoon seconded:

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

PASSED

Y – Bishop, Cordero, Dear, Dubowsky, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shelly, Shepley, White, Winland, Wooden, Worm

A – Cheney, Donald, Dyzenhaus, Edgar, Guter, Shamoon, Stillwell, Tillman, Uppal

N/A – Smith

VIII. Update on Code of Ethics
Dr. White moved, Dr. Dubowsky seconded:

Resolved, that this discussion be postponed until the 2016-2017 Board meeting IV.

And be it further,

Resolved, that legal counsel be consulted with further information, to include potential ramifications of conflicts for members belonging to both ADA and AGD, submitted as a report to the 2016-2017 Board Meeting IV.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Edgar, Guter

N/A – Smith

IX. Moderate Sedation Task Force Report
Dr. White moved, Dr. Gajjar seconded:

“Resolved, that the Moderate Sedation Task Force Report be accepted.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Edgar, Guter

N/A – Smith

X. Future of General Dentistry Task Force Report

Dr. Dubowsky moved, Dr. Shelly seconded:

“Resolved, that the Future of General Dentistry Task Force Report be accepted.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Edgar, Guter

N/A – Smith

XI. Engaging the Oral Health Community in Childhood Obesity Prevention Conference Report

Dr. Shamoon moved, Dr. Lew seconded:

“Resolved, that the Engaging the Oral Health Community in Childhood Obesity Prevention Conference Report be accepted and referred to the appropriate agencies.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Guter

N/A – Smith

XII. Report on the Third North American Saliva Symposium

Dr. Wooden moved, Dr. Dyzenhaus seconded:

“Resolved, that the Report on the Third North American Saliva Symposium be accepted and referred to the appropriate agencies.”
XIII. AIR – Fund Transfer for Beacon Technology for Scientific Meeting

Dr. Dubowsky moved, Dr. Shepley seconded:

“Resolved, that AIR – Fund Transfer for Beacon Technology for Scientific Meeting be approved.”

“Resolved, that staff research options to utilize beacon technology at the AGD 2017 Scientific Session.

And be it further,

Resolved, that the following inter-fund shifts be made to fund this project,

- $10,000 from the Scientific Session Meeting budget line, Hotel Facility contingency funds for additional space;
- $15,000 from Audio/Visual to be utilized for technology offering in the exhibit hall; $19,550 from the budget line for Attendee meal coupons”

PASSED

XIV. Division Coordinator Reports

Dr. Shamoon moved, Dr. Shelly seconded:

“Resolved, that the Division Coordinator Reports be accepted.”

a. Advocacy – Representation - Dr. Bromberg
b. Membership Services - Dr. Clemente
c. Public & Professional Relations - Dr. Rathee

PASSED
XV. Executive Session – Executive Director Search Committee Update

Dr. Shamoon moved, Dr. Worm seconded:
“Resolved, that the Board go into executive session at 8:41 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Guter

N/A – Smith

Dr. Worm moved, Dr. Cheney seconded:
“Resolved, that the Board come out of executive session at 8:50 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Guter

N/A – Smith

XVI. Adjournment

Dr. Dyzenhaus moved, Dr. Cheney seconded:
“Resolved, that the meeting be adjourned at 8:51 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Donald, Guter

N/A – Smith
I. **Call to Order**

Dr. Smith called the meeting to order on May 18, 2017 at 7:03 p.m. Central Daylight Time (CDT).

II. **Executive Committee**

- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect
- Dr. W. Mark Donald, Immediate Past President
- Dr. Neil J. Gajjar, Vice President (for a portion of the meeting)
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House (for a portion of the meeting)
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor

III. **Trustees**

- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14
- Dr. David J. Dear, Region 06
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19

IV. **Absent Members**

- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02
- Dr. Eric N. Shelly, Region 03
- Dr. Donald A. Worm, Jr., Region 17

V. **Staff**

- Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs
VI. Welcome
Dr. Smith welcomed everyone to the meeting.

VII. Agenda Approval

Dr. Hanson moved, Dr. White seconded:
“Resolved, that the agenda be approved as amended.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

VIII. Minutes Approval

Dr. Cheney moved, Dr. Hanson seconded:
“Resolved, that the Board Meeting III minutes, held March 18–19, 2017, be approved.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

Dr. Shamoon moved, Dr. Bishop seconded:
“Resolved, that the Board Call minutes, held April 18, 2017, be approved.”

PASSED

Y – Bishop, Cheney, Dear, Gajjar, Gehrig, Gorman, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

a - Donald, Cordero, Guter

A – Dubowsky, Dyzenhaus, Edgar, Shelly, Worm
IX. AIR – Recommended Change to AGD PACE Eligibility Requirements

Dr. Cheney moved, Dr. White seconded:

“Resolved, that AIR – Recommended Change to AGD PACE Eligibility Requirements be approved as editorially amended.”

“Resolved, that PACE Eligibility requirements be modified as follows,

Eligibility
The provider organization is approved, not speakers or individual course content. The applicant may be a major unit or department within an institution. To be eligible for PACE approval the following criteria must be met:

1. The CDE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the Lexicon of Terms. The CDE provider must demonstrate oversight by an independent advisory committee. CDE organizations can be granted up to a six year approval based on documented experience offering courses and documented compliance to the published PACE Standards and Criteria.

2. The CDE provider must be located or have a permanent base in the United States, Canada or their territories, or be an officially recognized agency or unit within the national dental services of the United States or Canada. CDE providers that do not fit within this criterion must meet the additional international eligibility requirements provided in the Eligibility Requirements for International Continuing Dental Education Providers section before being considered eligible to apply for recognition approval.

3. The program provider . . .

And be it further resolved that the following section be added to the PACE Guidelines,

Eligibility Requirements for International Continuing Dental Education Providers

1. An International CDE Provider interested in obtaining AGD PACE Approval must demonstrate that it is a dental school, continuing education program within a dental school, a national governmental health authority or a national membership association or society for dental professionals. The International CDE provider must be recognized and/or accredited by the appropriate governmental or private regulatory authority that regulates organizations to ensure that they meet the applicable standards for quality advanced dental education, as determined in the sole discretion of the AGD.

2. International CDE Providers applying for AGD PACE Approval must meet the same PACE Eligibility Requirements and Standards and Criteria as providers in the United States and Canada.
3. All application materials and documentation submitted by International CDE Providers must be translated and presented to the AGD in English.

4. In addition to the standard PACE application, International CDE Providers MUST complete and submit the application for International CDE Providers.

And be it further resolved that the following definition be added to the PACE Lexicon of Terms,

**International Continuing Dental Education Providers:** Organizations which are not located in and do not have a permanent base in the United States, Canada, or their territories, and is not an official recognized agency or unit with the national dental services of the United States or Canada.

And be further resolved that the introductory information in the PACE Guidelines be modified as follows,

**Program Approval for Continuing Education (PACE)**

Each year, thousands of continuing education courses are presented by hundreds of program providers—dental schools, dental societies, and companies that specialize in course presentations. Most provide dentists with valuable information that can be successfully integrated into the dental practice. The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE) was created to assist members of the AGD and the dental profession in identifying and participating in quality continuing dental education (CDE). The program provider approval mechanism is an evaluation of the educational processes used in designing, planning, and implementing continuing education. Approval by the AGD does not imply endorsement of course content, products, or therapies presented, nor does this approval imply acceptance for licensure maintenance or any other purpose by any governmental or private regulatory authority that regulates the practice of dentistry, including any national, state or provincial board of dentistry will accept courses. Approved program providers are expected to comply with all relevant state and federal laws. Continuing education offered by approved program providers will be accepted by the AGD for Fellowship, Mastership and Lifelong Learning & Service Recognition credit.

And be it further resolved that the disclaimer found in the PACE Guidelines be modified as follows,

**Disclaimer**

The Academy of General Dentistry (AGD) does not endorse any course content, products, processes, services or therapies presented by AGD PACE-approved providers. The views and opinions of program providers expressed during education programs do not necessarily state or reflect those of the AGD. AGD PACE approval may not be used for product or program endorsement purposes; nor does it imply acceptance by a for licensure maintenance or any other purpose by any governmental or private regulatory authority.
that regulates the practice of dentistry, including any national, state or provincial board of
dentistry; nor does it imply accreditation of a program.

And be it further resolved that the PACE Purposes and Goals be modified as follows,

Purposes and Goals
The Program Approval for Continuing Education (PACE) will operate:
1. To improve the educational quality of continuing dental education (CDE) programs
   through self-evaluation conducted by program providers in relation to the Standards
   and Criteria, and/or through counsel and recommendations provided to program
   providers by the PACE Council.
2. To assure participants that approved continuing education program providers have the
   organizational structure and resources necessary to provide CDE activities of
   acceptable educational quality.
3. To achieve interstate and, where applicable, international acceptance for AGD
   Fellowship and Mastership credit for activities put on by approved program providers.
4. To promote uniformity in identification of those CDE activities that are acceptable for
   AGD Fellowship and Mastership credit.
5. To promote uniformity of standards for CDE that can be accepted by the dental
   profession.
6. To promote, through consistent and meaningful application of standards, an increased
   credibility for AGD’s Fellowship and Mastership awards.

And be it further resolved that PACE Standard VII, Criterion B be modified as follows,

B. Program providers must assume responsibility for assuring that participants treating
   patients (especially those from outside the state/province where the course is held) are
   not doing so in violation of state any applicable dental licensure laws.

And be it further resolved that the all PACE-approved providers use one of the two
following approved credit statements along with the current AGD PACE logo,

(Name of Provider) is designated as an Approved PACE Program Provider by the
Academy of General Dentistry. The formal continuing dental education programs of this
program provider are accepted by AGD for Fellowship, Mastership and membership
maintenance credit. Approval does not imply acceptance by a state or provincial board of
dentistry or any other applicable regulatory authority, or AGD endorsement. The current
term of approval extends from (DATE to DATE).
Provider ID <AGD ID Number>

–OR–

Approved PACE Program Provider
FAGD/MAGD Credit
Approval does not imply acceptance by a state or provincial board of dentistry, or any other applicable regulatory authority, or AGD endorsement.

(DATE) to (DATE)

Provider ID <AGD ID Number> ”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Edgar, Shelly, Worm

N/A – Smith

X.  AIR – Recommended Change to AGD PACE Standards

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that AIR – Recommended Change to AGD PACE Standards be approved as editorially amended.”

“Resolved, that PACE Standard XII Commercial or Promotional Conflict of Interest, be modified as follows:

Criteria

A. CDE Program providers must assume responsibility for ensuring the content quality and scientific integrity of all CDE activities. Educational objectives, course content, teaching methods, instructors and advisors must be selected independent of commercial interest.

B. A. CDE program providers must operate in accordance with written guidelines and policies that clearly place the responsibility for program content and faculty selection, quality of the program content and scientific integrity of all CE activities on the program provider. Educational objectives, course content, teaching methods, instructors and advisors must be selected independent of commercial interest. These guideline must not conflict with the PACE Standards/Criteria for Approval. Each CDE Learning experience offered must conform to this policy.

C. B. The ultimate decision regarding funding arrangements for CDE activities must be the responsibility of the CDE program provider. CDE activities may be supported by funds received from external sources if such funds are unrestricted. External funding must be disclosed to participants 1) in announcements, brochures, or other educational materials, and 2) in the presentation itself. CE activities may be supported by funds received from external sources if such funds are unrestricted. CE program providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.
External funding, monetary support, or other special interest a program provider and/or instructors/authors may have with any commercial entity whose products or services are discussed in the program must be disclosed to participants in announcements, brochures, or other educational materials, and in the presentation itself.

D. CDE program providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the program provider and the commercial supporter. The program provider and the organizations(s) providing support must sign the written agreement.

E. CDE program providers and instructors must disclose to participants any monetary or other special interest the program provider may have with any company whose products are discussed in its CDE activities. Disclosure must be made in publicity materials and at the beginning of the presentation itself.

F. D. Product-promotion material or product-specific advertisement of any type is prohibited in or during CDE activities. Live promotional activities (staffed exhibits, presentations) or enduring promotional activities (print or electronic advertisements) must be kept separate from CDE. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided during CDE activities.

a. For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space during a CDE activity. Providers cannot allow presenters or representatives of Commercial Interests to engage in sales or promotional activities during the CDE activity.

b. For print CDE activities, advertisements and promotional materials will not be interleaved within the pages of the CDE content. Advertisements and promotional materials may face the first or last pages of printed CDE content as long as these materials are not related to the CDE content they face and are not paid for by the commercial supporters of the CDE activity.

c. For electronically mediated/computer based CDE activities, advertisements and promotional materials will not be visible on the screen at the same time as the CDE content and not interleaved between computer ‘windows’ or screens of the CDE content.

d. For audio-and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no ‘commercial breaks.’

e. Educational materials that are part of a CDE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

f. Print or electronic information distributed about the non-CDE elements of a CDE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

G. E. Arrangements for commercial exhibits or advertisements must not influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CDE activities.
H-F. CDE program providers must ensure that a balanced view of therapeutic options is presented. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.

I. CDE program providers must assume responsibility for the specific content and use of instructional materials that are prepared with outside financial support.

J-G. CE program providers must assume responsibility for taking steps to protect against and/or disclose any conflict of interest of the advisory/planning committee, CDE activity planners, course directors and lecturer/author/instructors presenting courses. Signed conflict of interest statements must be obtained from all advisory/planning committee members, CDE activity planners, course directors and lecturer/author.

K-H. If providing electronically mediated distance learning, embedded advertising and direct commercial links are inappropriate within the educational content and must be avoided.

L-I. CDE providers that also offer activities designed to promote drugs, devices, services or techniques must clearly disclose the promotional nature of the activity in publicity materials and in the activity itself. The CDE hours awarded must not include the promotional hours.

M-J. The advisory/planning committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and lecturer/author/instructors may have."

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

XI. AIR – AGD Foundation Bylaws Amendment

Dr. Donald moved, Dr. Wooden seconded:

“Resolved, that AIR – AGD Foundation Bylaws Amendment be approved.”

“Resolved, that the AGD Foundation Bylaws be amended at Chapter II. Board of Directors, Section 1, so that it reads:

Board of Directors

Section 1. Members. The affairs of the Foundation shall be managed by a Board of Directors (hereafter referred to as the Board), consisting of twelve (12) members as follows:

“A minimum of eight (8) six (6) general dentists who are members in good standing of the Academy of General Dentistry; and are members of the AGD Board (such terms of AGD Board members on the Foundation Board shall be contingent upon said Trustee’s continuing service on the AGD Board; once a Trustee ceases service on the AGD Board,
he/she shall be automatically resigned from the Foundation Board. Notwithstanding this
section, a former AGD Trustee may serve on the Foundation Board in one of the non-AGD
Board positions of the Foundation Board, so long as all other qualifications and numerical
criteria herein are in compliance), and four (4) individuals who through their influence, are
capable of significantly furthering the purpose of the Foundation, a) two (2) of which are
current AGD Board members and b) four (4) are current or former AGD Board members
who have served on the AGD Board within five (5) years of their appointment to the AGD
Foundation Board. Six (6) members can be AGD members in good standing, a -AGD
Constituent Executive(s), and/or a corporate supporters who has have a passion for, and
has have shown a commitment to the AGD Foundation. The AGD President and President-Elect
shall serve as consultants without the right to vote.”

And be it further,
“Resolved, that the AGD Foundation Bylaws be amended at Chapter III. Elective Offices,
Section 1, B. Terms of Office, so that it reads:

B. Terms of Office

1. All officers shall serve a term of office of one (1) year, with a limit of two (2) terms of
office in any one position, even if the terms are not consecutive, with no automatic
succession in offices. The office of the President and Vice-President shall serve a term of
one (1) year. The office of Secretary/Treasurer shall serve a term of office of two (2) years.
2. A term of office shall begin at the close of the Annual Meeting Scientific Session in which
election took place and it shall end at the close of the next Annual Meeting Scientific
Session. The President and Vice-President shall serve for the term of one (1) year with the
Vice-President succeeding the President. The Secretary/Treasurer shall serve a two (2)
year term and can be elected to a second term.
3. No member of the Foundation Board shall hold more than one (1) Board office at the
same time.
4. All Directors must serve one-year on the Foundation Board before they are eligible for
office.”

And be it further,
“Resolved, that the AGD Foundation Bylaws be amended at Chapter III Elective Offices,
Section 2, Duties, so that it reads:

Duties

B. It shall be the duty of the Vice-President:

1. To assist the President in the performance of his/her duties;
2. To serve as a consultant on all committees, without the right to vote with the exception of
not playing any role on the Nominating-Committee Board Development Committee;
3. To immediately assume the office of President and complete the term in the event of a
vacancy in that office;
4. To preside at all meetings of the Foundation Board in the temporary absence of the President;
5. To have such other powers and perform such other duties as may be prescribed by the Foundation Board or these Bylaws.
6. To succeed to the office of President at the close of the Scientific Session in which election took place and it shall end at the close of the next Scientific Session.”

And be it further,

“Resolved, that throughout the bylaws, for consistency, Nominations Committee be changed to Board Development Committee; and Annual Meeting be changed to Scientific Session.”

PASSED

Y – Bishop, Cheney, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Tillman, Stillwell, Uppal, White, Wooden

a - Cordero, Winland,

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

XII. AIR – Funding Request for AGD 2017 Leadership Session Speaker

Dr. Hanson moved, Dr. Guter seconded:

“Resolved, that AIR – Funding Request for AGD 2017 Leadership Session Speaker be approved as editorially amended.”

“Resolved, that the Board allocate $6,000 from the 2017 Contingency Fund to pay, in part, for the speaker at the Leadership Session at AGD 2017.

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

XIII. AIR – PACE Council Appointments

Dr. Cheney moved, Dr. Hanson seconded:

“Resolved that AIR – PACE Council Appointments be approved.”

“Resolved, that the appointments to the PACE Council be approved.”
Dr. Eric Wong, Region 13, (6/30/2014-11/05/2017), 2nd term, Chair
Dr. Daniel Geare, Region 11, (6/30/2014-11/05/2017), 1st term
Dr. Jane Martone, Region 01, (6/30/2014-11/05/2017), 1st term
Dr. Russell Cyphers, Region 14, (6/21/2015-11/05/2017), 1st term
Dr. Navin Boggavarapu, Region 04, (6/21/2015-11/04/2018), 2nd term
Dr. Nahid Kashani, Region 09, (6/21/2015-11/04/2018), 2nd term
Dr. Ashley Lamay, Region 05, (7/18/2016-11/03/2019), 1st term
Dr. Ronald Giordan, Region 14, (7/18/2016-11/03/2019), 2nd term
Dr. Ronald Sawyer, Region 01, (7/18/2016-11/03/2019), 2nd term
Dr. Howard Chi, Region 13, (7/18/2016-11/03/2019, 1st term
Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/05/2017), 1st term
Dr. Steven Skurow, Region 13, (5/18/2017-11/05/2020), 1st term
Dr. Grant Quayle, Region 14, (5/18/2017-11/05/2020), 1st term

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

XIV. New Business – Addition of Bank Loan Balloon Payment Discussion

Dr. Gehrig moved, Dr. Lew seconded:

“Resolved, that discussion on the bank loan balloon payment be added to the agenda.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

Dr. Gehrig moved, Dr. Lew seconded:
“Resolved, that the final principal payment and principal balance remaining of the previous building loan be rolled into a $2,280,000 loan amortized over 10 years with a 5 year maturity at Chase Bank.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith

XV. Adjournment

Dr. Lew moved, Dr. Hanson seconded:

“Resolved, that the meeting be adjourned at 7:58 p.m. CDT.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dubowsky, Dyzenhaus, Shelly, Worm

N/A – Smith
I. Call to Order
Dr. Smith called the meeting to order on June 29, 2017 at 8:05 a.m. Central Daylight Time (CDT).

II. Executive Committee
Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House
Dr. Mohamednazir F. Harunani, Treasurer
Dr. Roger D. Winland, Editor
Dr. W. Mark Donald, Immediate Past President

III. Trustees
Dr. Sue Bordenave Bishop, Region 08
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Robert D. Gehrig, Region 20
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoon, Region 09
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05
Dr. K. David Stillwell, Region 12
Dr. David D. Tillman, Region 18
Dr. Sanjay Uppal, Region 15/16
Dr. Carol A. Wooden, Region 19
Dr. Donald A. Worm, Jr., Region 17

IV. Absent Members
Dr. J. C. Cheney, Region 14

V. Guests
Dr. John Olsen, Regional Director Chair, RD, Region 9
Dr. Joseph Picone, Chair, Scientific Meeting Council (for a portion of the meeting)
Dr. Richard Knowlton, Chair, Dental Education Council (for a portion of the meeting)
Mr. Shawn Dunning, Director Adventure Associates (for a portion of the meeting)

VI. Staff
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs
Thomas Killam, CAE, Interim Executive Director, Associate Executive Director, Member Services
Christa Ojeda, CPA, Chief Financial Officer
Jennifer Goler, Associate Director, Governance
La June Davis-Wiley, Head of Human Resources (for a portion of the meeting)
Sri Varadarajan, Director, Dental Practice & Policy (for a portion of the meeting)

VII. Welcome
Dr. Smith welcomed everyone to the meeting.

VIII. Agenda Approval
Dr. Dubowsky moved, Dr. Worm seconded:
“Resolved, that the agenda be approved as amended.”

PASSED
Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm
A – Cheney
N/A – Smith

IX. Amend Board Policy Manual Board Meeting Location
Dr. Worm moved, Dr. Edgar seconded:
“Resolved, that in keeping with current policy and the original intent of the meeting location resolution, that Policy Type: V. Board Policy Statements, E. Board Meetings be amended to read:

... Approved 2014 Board Meeting III
Resolved, that beginning with the 2017-2018 governance year, 2015 Board Meeting II, all Board Meetings II III and IV be held at the AGD Headquarters building.”

PASSED
Y – Bishop, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm
X. Executive Session for Executive Director Interviews

Dr. Hanson moved, Dr. Bishop seconded:

“Resolved, that the Board go into executive session at 8:21 a.m.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney

N/A – Smith

Dr. Worm moved, Dr. Bishop seconded:

“Resolved, that the Board come out of executive session at 1:25 p.m.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney

N/A – Smith

XI. Board Training with Adventure Associates

Shawn Dunning presented a training session to the Board.

XII. Recess

Dr. Worm moved, Dr. Bishop seconded:

“Resolved, that the Board meeting recess adjourn at 5:06 p.m.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney

N/A – Smith
XIII. Executive Session Executive Director Discussion

Dr. Uppal moved, Dr. Dear seconded:

“Resolved, that the Board go into executive session at 8:25 a.m.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney

N/A – Smith

Dr. Shamoon moved, Dr. Stillwell seconded:

“Resolved, that the Board come out of executive session at 9:20 a.m.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney

N/A – Smith

During Executive Session the Board Selected an Executive Director Candidate and negotiations will Begin immediately.

XIV. May 18, 2017 Board Call Minutes

Dr. Dear moved, Dr. Shelly seconded:

“Resolved, that the May 18, 2017 Board Minutes be approved as amended.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Dyzenhaus

A – Cheney

N/A – Smith

XV. Report and Recommendations of the AGD Future of General Dentistry Task Force
Dr. Hanson moved, Dr. Dear seconded:

“Resolved, that the Report and Recommendations of the AGD Future of General Dentistry Task Force be approved.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

a – Dyzenhaus

A – Cheney

N/A – Smith

XVI. AIRBIV2017#01 – Future of General Dentistry Committee

Dr. Donald moved, Dr. Gehrig seconded:

“Resolved, that AIRBIV2017#01 – Future of General Dentistry Committee be postponed until after lunch.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney

N/A – Smith

XVII. AIRBIV2017#02 - Approve Location of AGD2019

Dr. Bishop moved, Dr. Dyzenhaus seconded:

“Resolved, that the SMC be charged with augmenting the financials for both sites, the availability of alternative dates for Mohegan Sun and vendor’s information with the report to be submitted to the July 26 Board call, if not earlier.”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Lew, Malterud, Shamoon, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N – Cordero

a - Gajjar, Harunani, Shepley

A – Cheney

N/A – Smith
XVIII. ADA/AGD Code of Ethics Discussion

Dr. Donald moved, Dr. Gehrig seconded:

“Resolved, that AGD approach ADA for consideration in creation of a derivative version of the ADA Code of Ethics specific to advertising FAGD and MAGD awards and specialty recognition.”

PASSED

Y – Bishop, Cordero, Donald, Dubowsky, Dyzenhaus, Gehrig, Gorman, Guter, Lew, Malterud, Shamoon, Stillwell, Tillman, Uppal, Winland, Wooden, Worm

N - Dear, Edgar, Harunani, Shelly, White

a - Gajjar, Hanson, Shepley

A – Cheney

N/A – Smith

XIX. AIRBIV2017#03 - Rescind HOD Policy 2002:7-H-7 on Minutes

Dr. Shamoon moved, Dr. Bishop seconded:

“Resolved, that AIRBIV2017#03 - Rescind HOD Policy 2002:7-H-7 on Minutes be approved.

Resolved, that HOD Policy 2002:7-H-7 be rescinded.

2002:7-H-7 “Resolved, that the minutes for AGD meetings include only the actions of the body and the relevant considerations to the actions and omit attributing comments to specific individuals in the room with the exception of the makers of the motions.”

DEFEATED

N - Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Wooden, Worm

a – Winland

A – Cheney

N/A – Smith


Dr. Gehrig moved, Dr. Bishop seconded:
“Resolved, that AIRBIV2017#04 - Amend Board Policy Manual Minutes Provisions be approved as amended.”

“Resolved, that the Board Policy Manual be amended at the following places:

**Policy Type: V. Board Policy Statements**

### E. Board Meetings

...  

2. The Board minutes shall comport with the current AGD parliamentary authority, as well as advice of outside general counsel, so that they only and include:
   a. Action items stemming from an AIR or resolution duly voted upon by the Board;
   b. Notice of any duly submitted reports from any Officer, Board member, staff, and agency of the AGD;
   c. Administrative and Housekeeping details such as those in attendance, call to order, introductions, date/location/time;
   d. Items required by HOD policy, including the roll call on all votes;
   e. A summary of all reports presented at the meeting;
   f. A general summary (not verbatim or a transcript) of all discussion on all agenda items and any other germane discussion;
   g. The Secretary shall take and retain notes on executive sessions. No executive session actions shall be reported, except when the Board so authorizes via a majority vote to do so during the executive session.

Approved 2012 Board Meeting IV
Approved 2017 Board Meeting IV

**Policy Type: V. Board Policy Statements**

### S. Management of Records used in Preparation of Minutes

Upon approval of any agency (House of Delegates, Board, Executive Committee, council, committee or task force, etc.) minutes, any and all audio, digital, video, written or other type of recordings of the business portion of such meetings will be purged by staff, in a manner consistent with all state and federal law, within one week of the aforementioned approval within one month after the subsequent meeting of the agency, wheretofore the preceding minutes have been approved.

Approved 2014 Board Meeting II
Approved 2017 Board Meeting IV”

PASSED
XXI. AIRBIV2017#01 – Future of General Dentistry Committee

Dr. Donald moved, Dr. Lew seconded,

“Resolved, that the AGD Board Policy Manual be amended to establish a Future of General Dentistry SubCommittee of the Board, as follows:

1. The Future of General Dentistry Committee shall consist of three (3) Trustees of the Board appointed by the President, including the Chair, with the following consultants:
   1.) AGD President,
   2.) President-Elect,
   3.) Vice President,
   4.) a member of the Dental Practice Council,
   5.) a member of the Legislative and Governmental Council,
   6.) a member of the Membership Council,
   7.) a member of the Dental Education Council,
   8.) a member of the New Dentist Committee,
   9.) the chair of the 2017 Future of General Dentistry Task Force,

serving as consultants.

2. It shall be the duty of the Committee to explore the challenges and opportunities to the profession of general dentistry and develop a comprehensive approach to explore and proactively address issues and ramifications with regard to the future of general dentistry.

3. The Committee shall meet face-to-face either before or after an existing meeting where all the trustees are present with consultants participating electronically. The subcommittee will meet electronically when deemed necessary on a periodic basis to execute its charge.

4. The Committee shall have a duration of at least a 3 years from its formation.

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

5.) File a report to the Board at least annually for Board meeting II.

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.

And be it further,

Resolved, that $12,720 be sought from the 2017 AGD Contingency Fund for two one-day in-person meetings of the committee and its consultants.
And be it further,

Resolved, that Policy Type: V. Board Policy Statements, Q. Sunset Review Process and Schedule be amended as follows.

Sunset Review Process schedule

...

2019-2020

Advocacy Fund Committee
Budget and Finance Committee
Dental Practice Council
Future of General Dentistry Committee
Investment Committee
Legislative and Governmental Affairs Council

And it further be,

Resolved, that the Board Policy Manual be amended to reflect this resolution.

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm

a – Cordero, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm

A – Cheney, Stillwell

N/A – Smith

XXII. Report and Recommendations of the AGD Moderate Sedation Task Force

Dr. Worm moved, Dr. Dyzenhaus seconded:

“Resolved, that the Report and Recommendations of the AGD Moderate Sedation Task Force be accepted for approval.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm

a – Edgar

A – Cheney, Stillwell
XXIII. **Financials**
The April 30, 2017 financial statement was presented.

XXIV. **AGD Educational Three Year Plan**

Dr. Shelly moved, Dr. Lew seconded:

“Resolved, that the following reports be accepted as interim reports.
- Background and Environmental Scan for the Educational Strategy for the Dental Education Council and the AGD for 2017-2020
- The Educational Strategy and Phasing for the Dental Education Council and AGD for 2017-2020
- Dental Education Council June Status Update

And be it further,

Resolved, that final reports be submitted to 16-17 Board Meeting V including but not limited to the following updates.
- Update timeline
- Proper business plan
- Financials and staffing resources
- State Board acceptance pending electronic CE submission
- PACE”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm

a – Gajjar

A – Cheney, Stillwell

N/A – Smith

XXV. **AIRBIV2017#05 - Amend BPM Trustee Allotment Toolkit**

Dr. Hanson moved, Dr. Wooden seconded:

“Resolved, that AIRBIV2017#05 - Amend BPM Trustee Allotment Toolkit be approved.”

“Resolved, that the Board Policy Manual be amended at Policy Type: V. Board Policy Statements, L. Trustee and EC Funding and Allotment Toolkit,

$2,000 Allotment per Trustee and EC Member
The second source of funding comes from the Trustee Allotment and ED Allotment. The Trustee and EC Member Allotment is composed of annual funds reimbursed to trustees and the EC members. The year starts and ends at the AGD annual meeting. The allotments may be increased at or below the level of inflation (as defined by the previous 12 months CPI) annually by the Budget and Finance Committee. Reimbursable expenses are:

1. Actual expenses in visiting the constituent AGD’s within his or her region. If an automobile is used in traveling to the constituents, the trustee /EC member is to be reimbursed at the designated IRS rate.
2. The cost of communicating with officers and various members of the constituent AGDs.
3. The cost of attending meetings of the officers of the constituent AGDs within the region or a caucus of delegates held prior to the annual meeting or governance meetings.
4. AGD activities relating to his or her function as a trustee or EC member; the allotment may be used for attendance at Joint Council, Leadership, and Advocacy Conference meetings.
5. The allotment may also be used by the EC members for meetings with other allied organizations or other AGD related meetings.

If all of a Trustee’s regional responsibilities as articulated infra, are met, then a Trustee may use his/her allotment to fund travel to the AGD Scientific Session. Under no circumstance shall a Trustee use his/her allotment to fund travel and/or expenses of anyone other than him or herself.”

DEFEATED

N - Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Gehrig, Gorman, Guter, Harunani, Lew, Malterud, Shelly, Tillman, Uppal, White, Wooden, Worm
a – Edgar, Gajjar, Hanson, Shamoon, Shepley, Winland
A – Cheney, Stillwell
N/A – Smith

XXVI. AIRBIV2017#06 - Revise the Charge of the Group Benefits Council

Dr. Worm moved, Dr. Bishop seconded:

“Resolved, that AIRBIV2017#06 - Revise the Charge of the Group Benefits Council be approved.”

“Resolved, that Board Policy Type II K. Section 2. F. be revised as follows:

F. Group Benefits Council

1. The Group Benefits Council shall consist of six (6) members, including the chairperson.

2. It shall be the duty of the council:
a. To monitor on a continual basis those group membership benefits offered by the AGD to determine their appropriateness for inclusion in the group benefit programs;

b. To identify, evaluate, and recommend group benefit programs to the Board which will provide added value to AGD membership;

c. To choose the vendors for the AGD’s group benefit programs subject to the approval of the AGD’s Board.

d. Group Benefits may be in the form of a member discount, special availability, or revenue to the AGD.

e. To collaborate with input from other Councils when considering AGD member benefits to be a part of the affinity program.

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

4. 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.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm

a – Winland

A – Cheney, Stillwell

N/A – Smith

XXVII. Executive Session for AIRBIV2017#07 - Awards Committee Nomination

Dr. Hanson moved, Dr. Bishop seconded:

“Resolved, that the Board go into executive session at 2:34 p.m.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney, Stillwell

N/A – Smith
Dr. Worm moved, Dr. Bishop seconded:

“Resolved, that the Board come out of executive session at 2:45 p.m.”

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney, Stillwell

N/A – Smith

During the executive session the following action was taken.

“Resolved, that AIRBIV2017#07 - Awards Committee Nomination be approved.”

“Resolved, that the AGD Awards Committee be allowed to bring forward nominees for consideration in addition to the current nomination process.”

And be it further,

Resolved that the Board Policy Manual be amended at Policy Type:  II. Governance Process, M. Charges of Council and Committees to read as follows.

C. Awards Committee

1. The Awards Committee shall consist of five (5) members, including the chairperson. The committee shall be composed of an AGD Past President serving as chairperson, three (3) AGD past Presidents, the Regional Director chair, and a trustee (non-voting member).

2. It shall be the duty of the committee:

a. To be responsible for all aspects of the AGD Achievement Awards*;
   1. Review/add or delete award categories;
   2. Develop award criteria;
   3. Recommend nominees;
   4. Select award nominees to be considered by the Board.

b. Approve marketing plan and other items as determined;

c. Evaluate nominations and recommend the top two (2) or three (3) candidates for the award to the Board for final selection.

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

4. 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.

*The Dental Education Council will continue to select the Weclew Award winner.
And be it further,

Resolved that the Board Policy Manual be amended at Policy Type: V. Board Policy Statements

D. Awards

Awards Committee
The Awards Committee will be responsible for the following aspects of the AGD Achievement Awards.* The responsibilities include: review, add, or delete award categories; develop award criteria; nominate and select award nominees to be considered by the Board; approve marketing plan and other items as determined; and create a recognition plan for award recipients to include a formal presentation at the annual meeting.

*The Dental Education Council will continue to select the Weclaw award winner and will submit the winner’s name to the Awards Committee to be forwarded to the Board for final approval.”

DEFEATED

N – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm

a – Winland

A – Cheney, Stillwell

N/A – Smith

Dr. Tillman moved, Dr. Wooden seconded:

“Resolved, that the AGD Awards Committee review and update the existing AGD Achievement Awards and criteria associated with the awards with a report back to 17-18 Board Meeting I.

PASSED

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm

a – Lew, Winland

A – Cheney, Stillwell

N/A – Smith

XXVIII. AIRBIV2017#08 - Amend Board Policy Type V. Board Guidelines W. Educational Sponsorship Guidelines

Dr. Wooden moved, Dr. White seconded:
“Resolved, that AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W.
Educational Sponsorship Guidelines be postponed pending review by outside legal
counsel.”

“Resolved, that the name of the Education Sponsorship program be amended as follows.

Policy Type: V. Board Guidelines

W. Educational Sponsorship Collaboration Guidelines

Approved at 2016-2017 Board Meeting II

Educational Sponsorships Collaborations

Guidelines for AGD Educational Sponsorships Collaborations

Definitions

Educational Sponsorship Collaboration: A relationship between the AGD and another
entity(ies) (the “parties”) for the purpose of collaboration between the parties to provide
educational programming to members of the AGD and/or members of the other entity(ies)

Guidelines

General considerations of entering an educational sponsorship collaboration

- All AGD costs associated with the potential contract should be considered in a business
plan or the equivalent – for example, a 2 or 5 year business plan - before moving
forward.
- The business plan or its equivalent will be developed by staff and will include, but not
be limited to, staff and marketing costs, and will consider that the initial investment
may be higher than ongoing costs for both parties.
- The educational sponsorship collaboration must benefit the AGD and protect the AGD
name and reputation.
- The sponsorship collaboration should consider mutual benefits and mutual liabilities of
the parties.
- The sponsorship collaboration should generate non-dues revenue, sponsorship dollars,
or royalties for the AGD. If the sponsorship collaboration is of a variety such that
revenue may not be generated, such as a strictly CE agreement, other benefits to the
AGD or its constituents must be identified.
The sponsorship collaboration shall not be to the detriment of and should benefit current educational offerings such as the Scientific Session, the Online Learning Center or other AGD educational resources.

Characteristics of the other entity(ies)

The AGD shall enter into educational sponsorships collaborations only with entity(ies) that meet, or exceed if applicable, the following criteria:

11. Each entity is a Program Approval for Continuing Education (PACE) provider that maintains the standards of the PACE program and meets the standards of the AGD as determined by the AGD Dental Education (DE) Council.

12. The entity(ies) have undergone evaluation by the AGD of the history and reputation of the entity(ies) to assess any findings that might affect the sponsorship collaboration and/or AGD members’ perception of the sponsorship collaboration.

13. The entity(ies), collectively if more than one, must offer product(s) or program(s) that our members want and would consider a benefit to them.

14. All educational entities will be considered, including, but not limited to: corporate, profit, non-profit, individually owned, educational institutions.

15. Each entity must purchase, at no expense to the AGD, an exhibit booth at an AGD scientific session.

Characteristics of the educational programming

11. The educational programming must be congruent with AGD’s overall comprehensive educational strategic plan.

12. The educational programming will complement current AGD educational resources or extend AGD’s reach to its members and/or potential members or enhance AGD’s overall standing in the arena of Dental Education.

13. AGD members must benefit and find value from the relationship, as assessed by survey of AGD members participating in the programming.

14. The educational programming must give a distinct benefit to AGD members that is beyond merely benefit to members of the entity(ies).

15. The educational programming must not be solely limited to what is already offered to members of the entity(ies) without further benefit to AGD members.

Binding terms

Educational sponsorships collaborations shall be implemented by agreement between the parties. Said agreement shall be memorialized in the form of binding terms captured in writing as either contract or memorandum of understanding whereby binding terms are expressly indicated as binding. The following criteria shall apply to said binding terms (the “contract”):

17. The contract shall be for a term not to exceed two (2) years.
18. The contract shall not be evergreen, and shall not automatically renew upon expiration of the initial or any subsequent term.

19. The contract shall allow for renewal with the same or different terms, only upon the mutual agreement of all parties (or their assignees or delegates, should the benefits and duties of said parties been legally assumed by said assignees or delegatees), and only to the extent that the sum of the initial term and all renewal terms does not exceed five (5) years whereby each renewal period has a term of one year.

20. The contract shall allow for either or any of the parties to terminate the contract without cause, without any termination fee, liquidated damages, or penalty to be paid by the terminating party, upon 30-days written notice to the other part(ies).

21. The contract shall set forth promotional requirements to meet the requirements of each party, including the responsibility of each party, the allocation of costs, and the timing of promotions. Subsequent revisions to said marketing terms should be reported immediately to the AGD Communications and Marketing Departments. All promotions shall require the approval of the AGD prior to implementation.

22. The contract shall expressly require that the AGD logo be included in all external communications by any party, related to the sponsorship collaboration, including the educational programming.

23. The contract shall delineate ownership of intellectual property of each party, as well as of any other property, if applicable.

24. The contract shall not bind the AGD to sponsor collaborator exclusively with any entity(ies), and shall not limit the number of agreements, including sponsorship collaborations, into which the AGD may enter.

**Process of review**

Educational sponsorships collaborations will be developed by the AGD Dental Education Council as follows:

19. The DE Council should be the entry place or clearinghouse for any potential educational sponsor collaborator coming to the AGD or for any educational sponsor collaborator that the AGD would consider reaching out to for an educational sponsorship collaboration.

20. The Dental Education Council will be provided flexibility in negotiations based on tangible and/or in-kind benefits discussed, and contingent on appropriate council approval.

21. A subcommittee of the DE Council will be formed to look at each potential sponsor initially and assess its prospective value. The subcommittee will also look at the costs associated with that potential sponsorship collaboration.

22. Once the above initial deliberation has been accomplished, the subcommittee shall share the opportunity with any council or committee that might need to have input. This will always include the PACE Council but will also include any other council which may be affected or have input to the particular agreement. The opportunity shall be shared concurrently with the Executive Committee (EC) for its input.
Because time is of the essence in the consideration of these opportunities, the DE subcommittee, through the DE Council Chair, will contact any and all other chairs of any council or committee that should have input and the EC.

One week (7 calendar days) will be given for each such chairperson and the EC (by the president, for the body) to respond. In the event that any such chairperson is unavailable or fails to respond within one week (7 calendar days), the AGD President or council/committee chairperson shall assign another council/committee member to respond on behalf of that council/committee, and that other council/committee member shall have three (3) calendar days from the date she/he receives the request or the remainder of said week (7 calendar days), whichever is greater, to respond to the request of the DE Council Chair.

Negotiations for the prospective sponsorship collaboration will proceed (with any additional information provided by those chairs or the EC) unless there is reason found through this process to terminate or alter them.

If the DE Council decides, through its due diligence, that an opportunity does not meet the criteria to be considered for an AGD educational sponsorship collaboration and should not move forward, there will be no further negotiations and the sponsorship collaboration will not be accepted.

Any and all final agreements will be routed through traditional contract review protocols following negotiations.

The AGD Board is the final deciding body for each such agreement. If an educational sponsorship collaboration opportunity fails to meet these guidelines, as determined by the DE Council after its exercise of due diligence, the sponsorship collaboration will not be considered. No educational sponsorship collaboration shall be considered unless it meets the approval of the DE Council and its subcommittee and of the AGD Executive Committee.”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland Wooden, Worm

A – Cheney, Cordero, Stillwell

N/A – Smith

“Resolved, that AIRBIV2017#08b - Amend Board Policy Type V. Board Guidelines W. Educational Sponsorship Guidelines be approved.

Process of review

Educational sponsorships will be developed by the AGD Dental Education Council as follows:

1. …
2. The Dental Education Council will be provided flexibility in negotiations based on tangible and/or in-kind benefits discussed, and contingent on appropriate council approval.

3. ...

DEFEATED

N – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Tillman, White, Wooden, Worm

a – Edgar, Uppal, Winland

A – Cheney, Cordero, Stillwell

N/A – Smith

XXIX. AIRBIV2017#09 - Amend BPM to create a Congressional Liaison

Dr. Donald moved, Dr. White seconded:

“Resolved, that the amended AIRBIV2017#09 - Amend BPM to create a Congressional Liaison be referred to the Budget and Finance Committee and the Legislative and Governmental Affairs Council.”

“Resolved, that the Board Policy Manual be amended by the addition of a new section, Policy Type II, Section 7, so that it reads:

Section 7. Congressional Liaison”

The Congressional Liaison will be an AGD member in good standing with the following experience and credentials: and with appropriate experience and credentials may be appointed as AGD’s Congressional Liaison:

1.) has served on the Legislative and Governmental Affairs Council,
2.) has attended each AGD Hill/Lobby day,
3.) has lobbied Congressional members, Congressional Staff and/or Governmental Agencies in person in DC specifically for the AGD on at least 10 occasions in the past 5 years.

A stipend, as determined by the Executive Committee, shall be paid to the AGD’s Congressional Liaison, under contractual arrangements approved by the Executive Committee. The terms of the contract shall include the length of the term, procedures for renewal and the method of payment of the stipend. The stipend level will be reviewed by the Budget and Finance Committee every two years.

The duties of the Congressional Liaison shall be:

1.) Works collaboratively with AGD’s contract lobbyist in Washington D.C. on strategies to achieve AGD’s legislative priorities.
2.) Develops and maintains a cadre of AGD members who have close personal contact with top federal elected legislators from their respective states, and relays this information to the
Associate Executive Director, Public Affairs for continued growth of the AGD’s advocacy network

3.) Represents the AGD at appropriate events in Washington, D.C. and locally in order to further promote and build relationships with legislators.

4.) Promotes AGD’s position on legislative and regulatory issues directly with top federal elected legislators and senior appointed officials.

5.) Serves as an ex-officio member of the Legislative and Governmental Affairs Council.

6.) Brings issues of importance to the Executive Committee and the Board in a timely manner.

7.) Accompanies the AGD President and other AGD officers on Congressional visits when appropriate.

Serves as AGD’s representative to ADPAC, when so qualified to do so (subject to ADPAC rules)

To perform such other duties as prescribed by the President

Resolved, that in consultation with the AGD Lobby Firm, the President-Elect recommend to the AGD Board a qualified individual for approval to begin service in 2018.

And be further

Resolved that this appointment continue for three years and be re-evaluated by the board every three years”

And be it further,

Resolved, that the FY2018 budget incorporate funding for the Congressional Liaison,

And be it further,

Resolved, that the President-Elect, recommend to the AGD Board, a qualified individual for approval to begin service in 2018.”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney, Cordero, Malterud, Stillwell

N/A – Smith

XXX. AIRBIV2017#10 – Dental Benefits Strategy Task Force

Dr. Shamoon moved, Dr. Worm:
“Resolved, that the Board supports the concept of AIRBIV2017#10 – Dental Benefits Strategy Task Force.

And be it further,

Resolved that AIRBIV2017#10 – Dental Benefits Strategy Task Force be referred to the Legislative and Governmental Affairs and Dental Practice Councils and their Division Coordinator with its recommendation to form a workgroup of both councils with the appropriate consultants to address issues on dental benefits matters.

And be it further

Resolved, that a preliminary report be submitted to 17-18BMI and a final report to 17-18BMII.

“Resolved, that a Dental Benefits Strategy Task Force be created, as follows:

Title: Dental Benefits Strategy Task Force

Members: The Task Force shall include one or more persons with expertise in dental benefits matters, such as expertise in contemporary healthcare economics and payment systems, and may additionally include representation from each of the Dental Practice and Legislative & Governmental Affairs Councils as either members or consultants thereto.

Charge:
1. It shall be the duty of the Task Force to:
   a) Analyze trends in the dental benefits industry
   b) Develop strategies to help AGD members deal with the dental benefits landscape.
   c) Strategies may include but are not limited to consideration of development of a standing AGD staff and/or volunteer entity, such as an ombudsman, committee, staff position, or department, to continually address dental benefits matters.

Timeline: Preliminary Report to 2016-2017 Board Meeting V”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney, Cordero, Malterud, Stillwell

N/A – Smith

XXXI. AIRBIV2017#11 - Amendment to Election Guidelines

Dr. Bishop moved, Dr. Guter seconded:
“Resolved, that AIRBIV2017#11 - Amendment to Election Guidelines be approved as amended.”

“Resolved, that the AGD Election Guidelines be amended at Section VIII, e., so that they read:

VIII. Candidate Activity: Acceptable activity in the furtherance of a campaign shall include:

a. The distribution of biographical, issue-oriented, and contact information on the candidate to the AGD, regional, and constituent leaders and the appearance of the candidate at regional caucuses held in conjunction with the AGD Annual Meeting. All such materials must be approved by the C&E Committee prior to distribution. (See X)

b. Commentary and/or biographical information will be posted on an “Election/Candidates” page on the AGD website. Each Candidate will be given relatively the same amount of space. The C&E must approve all commentary and/or biographical information concerning the candidate before it is posted. Staff will upload the information.

c. Commentary and/or biographical information will be printed in one edition of AGD Impact so that side by side comparisons can be made, so long as materials are submitted to meet publication deadlines.

d. A candidate shall only initiate contact with a Delegate or Alternate by mail, e-mail or fax unless the Delegate or Alternate initiates contact. A candidate may not solicit a Delegate or Alternate’s phone number. If the method of contact is via e-mail, then such e-mails shall be sent a first time, and then a second and final time with an interval of thirty (30) days between the two e-mails, contingent upon the declaration of candidacies. AGD staff shall send out the e-mails, of all candidates for an office, on the same day, again subject to the declaration of candidacy. The timing of the e-mails shall be determined per the provisions of Section II herein. Mail and fax pieces may be sent out by the candidates or their representatives, but no more than two mail pieces and two faxes may be sent to any individual Delegate or Alternate.

e. 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 at least (30) days before the Board Meeting III, and resign his or her current office effective at the close of the annual meeting. 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.”

**DEFEATED**

Y – Bishop, Edgar, Gajjar, Guter, Harunani, Shelly, Uppal, Worm

N - Dear, Donald, Dubowsky, Dyzenhaus, Gorman, Hanson, Shamoon, Shepley, Tillman, Wooden

a – Gehrig, Lew, White, Winland

A – Cheney, Cordero, Malterud, Stillwell

N/A – Smith

XXXII. **AIRBIV2017#12 - Amend Bylaws to Reflect Term-limits for Editor and Speaker**

Dr. Shelly moved, Dr. Hanson seconded:

“Resolved, that AIRBIV2017#12 - Amend Bylaws to Reflect Term-limits for Editor and Speaker be approved.”

“Resolved, that the Bylaws be amended at Chapter IX, Section 1 (D) 2, so that they read:

2. The president, president-elect, and vice president shall serve for the term of one (1) year. The editor shall serve for a three-year term, and the secretary, treasurer, and speaker of the House of Delegates shall each serve for two-year terms, with the treasurer elected during the even-numbered years, and the secretary and the speaker of the House of Delegates elected during the odd-numbered years, starting with the 1975 annual meeting of the House. No officer shall hold more than one (1) AGD office at the same time. No officer may serve as secretary or treasurer for more than two (2) terms of two (2) years each. No officer may serve as Speaker of the House of Delegates for more than three (3) terms of two (2) years each. No officer may serve as editor for more than two (2) terms of three (3) years each.”

**PASSED**

Y –Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Guter, Hanson, Harunani, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Wooden, Worm

N - Bishop, Gorman

a - Lew, Winland

A – Cheney, Cordero, Malterud, Stillwell

N/A – Smith

XXXIII. **AIRBIV2017#13 - 2019 LAC Chair Appointment**
Dr. Bishop moved, Dr. Hanson seconded:

“Resolved, that VII. AIRBIV2017#13 - 2019 LAC Chair Appointment be postponed until the July 26, 2017 Board call.”

“Resolved, that the 2019 LAC Chair appointment be approved.”

Local Arrangements Committee:
Dr. Elio F. Filice, Region 15-16, (7/1/2017-6/TBD/2019), Chair”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney, Cordero, Malterud, Stillwell

N/A – Smith

XXXIV. AIRBIV2017#14 - Amendment to HOD Policy 2013:314RB-H-6 on Selection of Student Delegates/Alternates

Dr. Harunani moved, Dr. White seconded:

“Resolved, that AIRBIV2017#14 - Amendment to HOD Policy 2013:314RB-H-6 on Selection of Student Delegates/Alternates be referred to the Dental School Program Task Force to establish the criteria for the selection of the student member delegate process with a report back to 16-17 BMV.”

“Resolved, that AGD HOD policy 2013:314RB-H-6 be amended, so that it reads:

Resolved, that the New Dentist Committee coordinate the AGD Student Member Delegate Program, and be it further,

Resolved, that the two (2) AGD Student Member Delegates and the two (2) AGD student member Alternate Delegates be recommended by the American Student Dental Association leadership through the solicitation of AGD dental school chapters to the Executive Committee of AGD for approval and assignment of Caucus attendance to begin by the 2014 HOD, and be it further,

Resolved, that the House of Delegates continues to be calculated on the basis of 200 members from the constituents and the addition of the two students shall not affect the proportionality of constituent representation to the HOD.”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shamoon, Shelly, Shepley, Tillman, Uppal, Winland, Wooden, Worm
XXXV. **Officer Reports**

The officer reports were presented to the Board.

XXXVI. **2017 Contingency Fund Balance**

The 2017 Contingency Fund balance is $75,392.

XXXVII. **Adjournment**

Dr. Dear moved, Dr. Lew seconded:

“Resolved, that the Board meeting adjourn at 4:43 p.m.”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Shelly, Shepley, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney, Cordero, Dyzenhaus, Malterud, Shamoon, Stillwell

N/A – Smith
I. **Call to Order**
Dr. Smith called the meeting to order on July 26, 2017 at 7:01 p.m. Central Daylight Time (CDT).

II. **Executive Committee**
- Dr. Maria A. Smith, President
- Dr. Manuel A. Cordero, President-Elect (for a portion of the meeting)
- Dr. Neil J. Gajjar, Vice President
- Dr. Connie L. White, Secretary
- Dr. Bryan C. Edgar, Speaker of the House (for a portion of the meeting)
- Dr. Mohamednazir F. Harunani, Treasurer
- Dr. Roger D. Winland, Editor
- Dr. W. Mark Donald, Immediate Past President

III. **Trustees**
- Dr. Sue Bordenave Bishop, Region 08
- Dr. J. C. Cheney, Region 14 (for a portion of the meeting)
- Dr. David J. Dear, Region 06
- Dr. Scott M. Dubowsky, Region 04
- Dr. Abe Dyzenhaus, Region 02 (for a portion of the meeting)
- Dr. Robert D. Gehrig, Region 20
- Dr. Thomas F. Gorman, Region 01
- Dr. Hans P. Guter, Region 07
- Dr. Guy M. Hanson, Region 11
- Dr. Michael W. Lew, Region 13
- Dr. Mark I. Malterud, Region 10
- Dr. Samer G. Shamoon, Region 09
- Dr. Eric N. Shelly, Region 03
- Dr. George R. Shepley, Region 05
- Dr. K. David Stillwell, Region 12
- Dr. David D. Tillman, Region 18 (for a portion of the meeting)
- Dr. Sanjay Uppal, Region 15/16
- Dr. Carol A. Wooden, Region 19

IV. **Absent Members**
- Dr. Donald A. Worm, Jr., Region 17

V. **Guests**
- Dr. Joseph Picone, Chair, Scientific Meeting Council (for a portion of the meeting)
- Ms. Paula Goedert, Barnes and Thornburg LLP
VI. **Staff**
Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs
Christa Ojeda, CPA, Chief Financial Officer
Jennifer Goler, Associate Director, Governance
La June Davis-Wiley, Head of Human Resources (for a portion of the meeting)

VII. **Welcome**
Dr. Smith welcomed everyone to the meeting.

VIII. **Agenda Approval**

Dr. Shamoon moved, Dr. White seconded:

“Resolved, that the agenda be approved.”

PASSED

Y – Bishop, Dear, Donald, Dubowsky, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Cheney, Cordero, Dyzenhaus, Worm

N/A – Smith

IX. **AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W. Educational Sponsorship Guidelines**

Dr. Worm moved, Dr. Edgar seconded:

“Resolved, that AIRBIV2017#08a - Amend Board Policy Type V. Board Guidelines W. Educational Sponsorship Guidelines be approved.”

“Resolved, that the name of the Education Sponsorship program be amended as follows.

Policy Type: V. Board Guidelines

W. Educational Sponsorship Collaboration Guidelines

Approved at 2016-2017 Board Meeting II

Educational Sponsorships Collaborations

Guidelines for AGD Educational Sponsorships Collaborations

Definitions
Educational Sponsorship Collaboration: A relationship between the AGD and another entity(ies) (the “parties”) for the purpose of collaboration between the parties to provide educational programming to members of the AGD and/or members of the other entity(ies)

Guidelines

General considerations of entering an educational sponsorship collaboration

- All AGD costs associated with the potential contract should be considered in a business plan or the equivalent – for example, a 2 or 5 year business plan - before moving forward.
- The business plan or its equivalent will be developed by staff and will include, but not be limited to, staff and marketing costs, and will consider that the initial investment may be higher than ongoing costs for both parties.
- The educational sponsorship collaboration must benefit the AGD and protect the AGD name and reputation.
- The sponsorship collaboration should consider mutual benefits and mutual liabilities of the parties.
- The sponsorship collaboration should generate non-dues revenue, sponsorship dollars, or royalties for the AGD. If the sponsorship collaboration is of a variety such that revenue may not be generated, such as a strictly CE agreement, other benefits to the AGD or its constituents must be identified.
- The sponsorship collaboration shall not be to the detriment of and should benefit current educational offerings such as the Scientific Session, the Online Learning Center or other AGD educational resources.

Characteristics of the other entity(ies)

The AGD shall enter into educational sponsorships collaborations only with entity(ies) that meet, or exceed if applicable, the following criteria:

16. Each entity is a Program Approval for Continuing Education (PACE) provider that maintains the standards of the PACE program and meets the standards of the AGD as determined by the AGD Dental Education (DE) Council.
17. The entity(ies) have undergone evaluation by the AGD of the history and reputation of the entity(ies) to assess any findings that might affect the sponsorship collaboration and/or AGD members’ perception of the sponsorship collaboration.
18. The entity(ies), collectively if more than one, must offer product(s) or program(s) that our members want and would consider a benefit to them.
19. All educational entities will be considered, including, but not limited to: corporate, profit, non-profit, individually owned, educational institutions.
20. Each entity must purchase, at no expense to the AGD, an exhibit booth at an AGD scientific session.

Characteristics of the educational programming
The educational programming must be congruent with AGD’s overall comprehensive educational strategic plan.

The educational programming will complement current AGD educational resources or extend AGD’s reach to its members and/or potential members or enhance AGD’s overall standing in the arena of Dental Education.

AGD members must benefit and find value from the relationship, as assessed by survey of AGD members participating in the programming.

The educational programming must give a distinct benefit to AGD members that is beyond merely benefit to members of the entity(ies).

The educational programming must not be solely limited to what is already offered to members of the entity(ies) without further benefit to AGD members.

**Binding terms**

Educational sponsorships collaborations shall be implemented by agreement between the parties. Said agreement shall be memorialized in the form of binding terms captured in writing as either contract or memorandum of understanding whereby binding terms are expressly indicated as binding. The following criteria shall apply to said binding terms (the “contract”):

25. The contract shall be for a term not to exceed two (2) years.

26. The contract shall not be evergreen, and shall not automatically renew upon expiration of the initial or any subsequent term.

27. The contract shall allow for renewal with the same or different terms, only upon the mutual agreement of all parties (or their assignees or delegates, should the benefits and duties of said parties been legally assumed by said assignees or delegates), and only to the extent that the sum of the initial term and all renewal terms does not exceed five (5) years whereby each renewal period has a term of one year.

28. The contract shall allow for either or any of the parties to terminate the contract without cause, without any termination fee, liquidated damages, or penalty to be paid by the terminating party, upon 30-days written notice to the other part(ies).

29. The contract shall set forth promotional requirements to meet the requirements of each party, including the responsibility of each party, the allocation of costs, and the timing of promotions. Subsequent revisions to said marketing terms should be reported immediately to the AGD Communications and Marketing Departments. All promotions shall require the approval of the AGD prior to implementation.

30. The contract shall expressly require that the AGD logo be included in all external communications by any party, related to the sponsorship collaboration, including the educational programming.

31. The contract shall delineate ownership of intellectual property of each party, as well as of any other property, if applicable.

32. The contract shall not bind the AGD to sponsor collaborator exclusively with any entity(ies), and shall not limit the number of agreements, including sponsorship collaborations, into which the AGD may enter.

**Process of review**
Educational sponsorships collaborations will be developed by the AGD Dental Education Council as follows:

29. The DE Council should be the entry place or clearinghouse for any potential educational sponsor coming to the AGD or for any educational sponsor that the AGD would consider reaching out to for an educational sponsorship.

30. A subcommittee of the DE Council will be formed to look at each potential sponsor initially and assess its prospective value. The subcommittee will also look at the costs associated with that potential sponsorship collaboration.

31. Once the above initial deliberation has been accomplished, the subcommittee shall share the opportunity with any council or committee that might need to have input. This will always include the PACE Council but will also include any other council which may be affected or have input to the particular agreement. The opportunity shall be shared concurrently with the Executive Committee (EC) for its input.

32. Because time is of the essence in the consideration of these opportunities, the DE subcommittee, through the DE Council Chair, will contact any and all other chairs of any council or committee that should have input and the EC.

33. One week (7 calendar days) will be given for each such chairperson and the EC (by the president, for the body) to respond. In the event that any such chairperson is unavailable or fails to respond within one week (7 calendar days), the AGD President or council/committee chairperson shall assign another council/committee member to respond on behalf of that council/committee, and that other council/committee member shall have three (3) calendar days from the date she/he receives the request or the remainder of said week (7 calendar days), whichever is greater, to respond to the request of the DE Council Chair.

34. Negotiations for the prospective sponsorship collaboration will proceed (with any additional information provided by those chairs or the EC) unless there is reason found through this process to terminate or alter them.

35. If the DE Council decides, through its due diligence, that an opportunity does not meet the criteria to be considered for an AGD educational sponsorship collaboration and should not move forward, there will be no further negotiations and the sponsorship collaboration will not be accepted.

36. Any and all final agreements will be routed through traditional contract review protocols following negotiations.

37. The AGD Board is the final deciding body for each such agreement.

If an educational sponsorship collaboration opportunity fails to meet these guidelines, as determined by the DE Council after its exercise of due diligence, the sponsorship collaboration will not be considered. No educational sponsorship collaboration shall be considered unless it meets the approval of the DE Council and its subcommittee and of the AGD Executive Committee.”

PASSED
X. AIRBIV2017#02 - Approve Location of AGD2019

Dr. Shamoon moved, Dr. Guter seconded:

“Resolved, that AIRBIV2017#02 - Approve Location of AGD2019 be approved.”

“Resolved, that Mohegan Sun Casino, Uncasville, CT, be the location for the AGD2019.

PASSED

Y – Cheney, Dubowsky, Gehrig, Gorman, Guter, Malterud, Shamoon, Shelly, Smith Winland, Wooden

N/A – Smith

Dr. Picone thanked Jennifer Goler for her willingness and ability to assist with the creation of the AIR.

XI. AGD Connect

An update on the AGD Connect logins was presented.

XII. Executive Session for Executive Director Update

Dr. Hanson moved, Dr. Stillwell seconded:

“Resolved, that the Board go into executive session at 8:16 p.m.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Dyzenhaus, Worm

Dr. Worm moved, Dr. Bishop seconded:

“Resolved, that the Board come out of executive session at 8:37 p.m.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden
During Executive Session an update was given on the Executive Director Search.

Motion was made and Seconded that the Board Reconsider the Scientific Meeting Site for 2019. The motion was defeated

XIII. Adjournment

Dr. Hanson moved, Dr. Bishop seconded:

“Resolved, that the meeting be adjourned at 8:37 p.m.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden

A – Worm

N/A – Smith
I. **Call to Order**

Dr. Smith called the meeting to order on August 16, 2017 at 7:03 p.m. Central Daylight Time (CDT).

II. **Executive Committee**

Dr. Maria A. Smith, President
Dr. Manuel A. Cordero, President-Elect
Dr. Neil J. Gajjar, Vice President
Dr. Connie L. White, Secretary
Dr. Bryan C. Edgar, Speaker of the House
Dr. Mohamednazir F. Harunani, Treasurer
Dr. Roger D. Winland, Editor
Dr. W. Mark Donald, Immediate Past President

III. **Trustees**

Dr. Sue Bordenave Bishop, Region 08
Dr. J. C. Cheney, Region 14 (for a portion of the meeting)
Dr. David J. Dear, Region 06
Dr. Scott M. Dubowsky, Region 04
Dr. Abe Dyzenhaus, Region 02
Dr. Robert D. Gehrig, Region 20
Dr. Thomas F. Gorman, Region 01
Dr. Hans P. Guter, Region 07
Dr. Guy M. Hanson, Region 11
Dr. Michael W. Lew, Region 13
Dr. Mark I. Malterud, Region 10
Dr. Samer G. Shamoon, Region 09
Dr. Eric N. Shelly, Region 03
Dr. George R. Shepley, Region 05 (for a portion of the meeting)
Dr. K. David Stillwell, Region 12
Dr. David D. Tillman, Region 18
Dr. Sanjay Uppal, Region 15/16
Dr. Carol A. Wooden, Region 19
Dr. Donald A. Worm, Jr., Region 17

IV. **Staff**

Daniel Buksa, JD, CAE, Interim Executive Director, Associate Executive Director, Public Affairs
V. **Welcome**

Dr. Smith welcomed everyone to the meeting.

VI. **Agenda Approval**

Dr. Shamoon moved, Dr. Dubowsky seconded:

“Resolved, that the agenda be approved ad amended.”

**PASSED**

Y – Bishop, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

A – Cheney, Shepley

N/A – Smith

VII. **Update on Code of Ethics Issue**

An update of the research conducted on the Code of Ethics issue. The Credentials and Elections Committee will continue to monitor the Code of Ethics issue.

VIII. **AIR – Approve Council Appointments**

Dr. Wooden moved, Dr. Cordero seconded:

“Resolved, that AIR Approve Council Appointments be approved.”

“Resolved, that the appointments to the councils be approved.”

**PACE Council**

Dr. Martin Schroeder, Region 3, (8/16/2017-11/3/2019) – first term

Dr. Tomas Ballesteros, Region 04, (8/16/2016-11/5/2017) - 1st term


Dr. Howard Chi, Region 13, (7/18/2016-11/3/2019) - 1st term

Dr. Russell Cyphers, Region 14, (6/21/2015-11/5/2017) - 1st term

Dr. Daniel Geare, Region 11, (6/30/2014-11/5/2017) - 1st Term - Region 11

Dr. Ronald Giordan, Region 14, (7/18/2016-11/3/2019) - 2nd term

Dr. Jian Huang, Region 06, (8/16/2016-11/5/2017) - 1st term

Dr. Nahid Kashani, Region 09, (6/21/2015-11/4/2018) - 2nd term

Dr. Ashley Lamay, Region 05, (7/18/2016-11/3/2019) - 1st term

Dr. Jane Martone, Region 01, (6/30/2014-11/5/2017) - 1st term

Dr. Grant Quayle, Region 14, (5/18/2017-11/5/2020) - 1st term

Dr. Ronald Sawyer, Region 01, (7/18/2016-11/3/2019) - 2nd term

Dr. Steven Skurow, Region 13, (5/18/2017-11/5/2020) - 1st term

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IX. Executive Session for AMC Contract and Executive Director Search

Dr. Wooden moved, Dr. Worm seconded:

“Resolved, that the Board go into executive session at 7:34 p.m.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamoon, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N/A – Smith
Dr. Worm moved, Dr. Cheney seconded:

“Resolved, that the Board come out of executive session at 8:16 p.m.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamooin, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N/A – Smith

During Executive Session an update was given on the Executive Director Search.

Dr. Gehrig moved, Dr. Shepley seconded:

“Resolved, that AGD terminate the sponsorship/exhibit/sales and the meeting contracts with Association Management Center as per the terms of the contract.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamooin, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N/A – Smith

X. Adjournment

Dr. Worm moved, Dr. Shelly seconded:

“Resolved, that the meeting be adjourned at 8:17 p.m.”

PASSED

Y – Bishop, Cheney, Cordero, Dear, Donald, Dubowsky, Dyzenhaus, Edgar, Gajjar, Gehrig, Gorman, Guter, Hanson, Harunani, Lew, Malterud, Shamooin, Shelly, Shepley, Stillwell, Tillman, Uppal, White, Winland, Wooden, Worm

N/A – Smith
AGD Constitution & Bylaws

Amended:

July 17, 2016
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CONSTITUTION OF THE ACADEMY OF GENERAL
DENTISTRY

ARTICLE I,

I. Name
The name of this organization (hereinafter referred to as
"The AGD") shall be "The Academy of General
Dentistry."

ARTICLE II, Core Purpose
Core Purpose

Section 1. Advance the value and excellence of general
dentistry.

Section 2. To accomplish this purpose this AGD shall:

A. Grant charters to state, provincial or regional units
located in the United States, Canada, or territories
of the United States in such manner as provided in
the Bylaws;

B. Have the power to acquire, own, and convey real
and personal property;

C. Carry on research;

D. Grant certificates in recognition of achievement in
the science and practice of dentistry;

E. Issue publications;

F. Establish and operate courses, museums, and
libraries;

G. Create other incentives and provisions for
continuing education courses in dentistry;

H. Use all appropriate means for attainment of its
objectives which from time to time may seem to it
desirable.

ARTICLE III
Organization

Section 1. Incorporation:
The AGD shall be incorporated in the State of Illinois as
a not-for-profit organization; no part of its property or
earnings shall inure to the benefit of any member
thereof.

Section 2. Headquarters Office:
The registered office of this AGD shall be known as the
Headquarters Office and shall be located in the State of
Illinois, United States of America.

Section 3. Constituents:
A constituent AGD may be organized and chartered
subject to the provision in the Bylaws.

Section 4. Components:
A component AGD may be organized by a constituent
AGD in accordance with the provisions in the Bylaws.

Section 5. Regions:
Constituent AGDs shall be grouped into regions as
provided in Chapter VII of the Bylaws.

Section 6. Dissolution of Regions or Constituents:
A region or constituent AGD may be dissolved by the
House of Delegates by a resolution approved by at least
two-thirds (2/3) of the delegates present and voting at
the annual meeting.

ARTICLE IV
Membership

Section 1. Legislative body:
The legislative and supreme governing body of this
AGD shall be the House of Delegates as provided in
Chapter VIII of the Bylaws.

Section 2. Administrative body:
The administrative body of this AGD shall be the Board
as provided in Chapter XII of the Bylaws.

ARTICLE VI
Officers

Section 1. Elective officers:
The elective officers of this AGD shall be a president, a
president-elect, a vice president, a secretary, a
treasurer, a speaker of the House of Delegates, and an
editor. The powers, duties, terms of office, and method
of election shall be as set forth in the Bylaws.

Section 2. Appointive officers:
The appointive officers of the AGD shall be an executive
director who shall be appointed by the Board as
provided in Chapter XI of the Bylaws.

ARTICLE VII
Meetings

Section 1. The annual meeting of this AGD shall be
composed of the annual session of the House of
Delegates as provided in Chapter VIII, Section 4 of the
Bylaws, and the election of officers as provided in
Chapter IX, Section 1 of the Bylaws. Other meetings
may be held at a time and place as shall be approved by
two-thirds (2/3) vote of the Board. Notice of such
meetings shall be published at least sixty (60) days
before the date fixed.

Section 2. A scientific session and convocation
ceremony shall be held annually.

ARTICLE VIII
Journal

The AGD shall publish a journal and a newsletter.

ARTICLE IX
Principles of Ethics

The Principles of Ethics of the AGD shall be the
Principles of Ethics of the American Dental Association.

ARTICLE X
Revisions and Amendments of the Constitution

Section 1. The Constitution may be amended by an
affirmative vote of at least two-thirds (2/3) of the delegates present and voting at the annual meeting of the AGD, provided that a copy of the proposed amendment shall be sent to the members of the AGD at least thirty (30) days before the meeting at which such action is proposed to be taken.

Section 2. Amendments of this Constitution shall be proposed only by the Board, the Constitution and Bylaws and Judicial Proceedings Council, any constituent or component AGD, or any twenty-five (25) active or emeritus members, provided submission is made to the secretary at least sixty (60) days, but no more than one hundred and twenty (120) days prior to the annual meeting of the House of Delegates.

Section 3. The secretary shall be responsible for the notification of all members of the AGD of proposed amendments at least thirty (30) days prior to the annual meeting of the House of Delegates.

BYLAWS OF THE ACADEMY OF GENERAL DENTISTRY

CHAPTER I

Membership

Section 1. Classification of Membership:

The members of this AGD shall be classified as follows:

A. Active General Dentist Members
B. Emeritus Members
C. Honorary Members
D. Associate Members
E. Student Members
F. Retired Members
G. Affiliates
H. International Members

A. Active General Dentist Members

1. The active general dentist members of this AGD shall be general dentists in good standing with dues and assessments having been paid.

2. All applications for membership shall meet the guidelines established by the AGD and those applicants who meet the following eligibility requirements shall be approved for active general dentist membership by AGD staff.

3. Eligibility: In order to be eligible for active general dentist membership, a dentist must meet the following qualifications:

a. Shall have graduated from a school of dentistry accredited by the Commission on Dental Accreditation (CODA) or the Commission on Dental Accreditation of Canada (CDAC), or have successfully completed a CODA or CDAC-accredited general practice residency (GPR) or advanced education in general dentistry (AEGD) program, or hold a license to practice dentistry in any state or territory in the United States or province or territory of Canada. Dentists who are in a country outside the United States or Canada are eligible for active general dentist membership if they meet one or more of the above-referenced educational requirements and hold a license to practice dentistry in that country.

b. Shall be a general dentist (the term general dentist shall be defined to mean those who have not limited themselves to a recognized specialty of dentistry); and

c. Shall be of high moral and professional character and agree to abide by the Principles of Ethics of the American Dental Association.

4. To maintain active general dentist membership, a member shall:

a. Accumulate a minimum of seventy-five (75) hours of continuing education credit every three (3) years.

b. Abide by the Principles of Ethics of the American Dental Association; and

c. Not have license revoked or under suspension in any jurisdiction.

5. There shall be issued to each active general dentist member a certificate of membership in such form as determined by the AGD. Upon resignation or termination of membership, an individual shall forfeit the rights associated with an active general dentist membership.

6. An active general dentist member shall be entitled to vote, and shall be eligible to run for office in the AGD, to serve in the House of Delegates, and to serve on councils and committees.

B. Emeritus Members

1. Effective beginning with the 2014 dues year, an active general dentist member, associate, or retired member in good standing with dues and assessments having been paid, who has been a continuous member for thirty-five (35) consecutive years or forty (40) non-consecutive years, may, upon attaining the age of sixty-five (65), be classified as a member emeritus, upon application to the Membership Council, verified with AGD’s records, followed by subsequent notification of the constituent AGD. Special circumstances will be considered by the Membership Council.

2. An emeritus member may voluntarily relinquish a license to practice dentistry upon becoming fully retired from dental practice, but at such time, in order to maintain emeritus status, the member must not have a license which is currently revoked or under suspension in any jurisdiction.

3. A member emeritus shall be entitled to all of the rights and privileges of an active general dentist member.

4. There shall be issued to each emeritus member a certificate of membership in such form as determined by the AGD. Upon resignation or termination of membership, an individual shall forfeit the rights and privileges associated with emeritus membership.

C. Honorary Members

1. Persons of distinction who have rendered outstanding service to the dental profession, may be elected by the AGD to honorary
2. An honorary member shall be entitled to all the rights and privileges of an active general dentist member except the right to vote, hold office in the AGD, or serve on the House of Delegates. Honorary members may serve and vote on councils and committees at all levels of the organization.

3. There shall be issued to each honorary member a certificate of membership in such form as determined by the AGD. Upon resignation or termination of membership, an individual shall forfeit the rights and privileges associated with honorary membership.

4. In the event that an active general dentist member is nominated for honorary membership, the active general dentist member shall forfeit the rights and privileges associated with his membership.

D. Associate Members

1. The associate members of this AGD shall be dentists practicing as specialists rather than general dentists in good standing with dues and assessments having been paid.

2. All applications for membership shall meet the guidelines established by the AGD and those applicants who meet the following eligibility requirements shall be approved for associate membership by AGD staff.

3. In order to be eligible for associate membership, a dentist must meet the following qualifications:
   a. Shall have graduated from a school of dentistry accredited by the Commission on Dental Accreditation (CODA) or the Commission on Dental Accreditation of Canada (CDAC) or have successfully completed a CODA or CDAC-accredited specialty residency program, or hold a license to practice dentistry in any state or territory in the United States or province or territory of Canada. Dentists in a country outside the United States or Canada are eligible for associate membership if they meet the above-referenced educational requirement and hold a license to practice dentistry in that country;
   b. Shall be of high moral and professional character and agree to abide by the Principles of Ethics of the American Dental Association.

4. To maintain associate membership, a member shall:
   a. Accumulate a minimum of seventy-five (75) hours of continuing education credit every three years;
   b. Abide by the Principles of Ethics of the American Dental Association;
   c. Not have a license revoked or under suspension in any jurisdiction.

5. Associate members shall be entitled to all of the rights and privileges of an active general dentist member, except the right to vote or hold office in the AGD or its constituents. Associate members may serve and vote on councils and committees at all levels of the organization.

6. There shall be issued to each associate member a certificate of membership in such form as determined by the AGD. Upon resignation or termination of membership, an individual shall forfeit the rights and privileges associated with associate membership.

E. Student Members

1. The student members of this AGD shall be pre-doctoral students of a dental school accredited by the Commission on Dental Accreditation (CODA) in the United States, the Commission on Dental Accreditation of Canada (CDAC), or students residing outside the US, Canada, or their territories and/or provinces and attending dental school that provides a dental degree recognized by the country of origin.

2. All applications for membership shall meet the guidelines established by the AGD and those applicants who meet the eligibility requirements shall be approved for student membership by AGD staff.

3. There shall be issued to each student member a certificate of membership in such form as determined by the AGD. Upon resignation or termination of membership, an individual shall forfeit the rights and privileges associated with resident/student membership.

4. Student members shall be eligible to serve on a council or committee.

F. Retired Members

1. An active general dentist member in good standing who has been an active general dentist member for ten (10) years or more, and is now a retired member of his or her constituent AGD, if such exists, and no longer earning income from the performance of service as a member of the faculty of a dental school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required by the state, the District of Columbia, the Commonwealth of Puerto Rico, a dependency of the United States, or Canada, may be classified as a retired member, upon application to the executive director and upon proof of qualification.

2. To apply for retired membership status, the active general dentist member shall submit an affidavit attesting to his or her retirement to the AGD's executive director. AGD Headquarters will send notification to the AGD constituent of the application and the constituent will have 30 days to provide input prior to AGD headquarters' decision.

3. A retired member shall be entitled to vote, hold office in the AGD, serve in the House of Delegates, or serve on a council or committee.
4. There shall be issued to each retired member a certificate of membership in such form as determined by the AGD. Upon resignation or termination of membership, an individual shall forfeit the rights and privileges associated with retired membership.

5. AGD Members are allowed to elect to stay in the same category in which they were in at the time of their retirement, as long as they meet the requirements of the retired membership category.

G. Affiliates

1. The affiliate members of this AGD shall be individuals who are not eligible for membership in the AGD in any other category, but who are interested in the aims and objectives of the AGD, and who are in good standing with dues and assessments having been paid.

2. All applications for membership shall meet the guidelines established by the AGD and those applicable to membership by AGD staff.

3. There shall be issued to each affiliate member a certificate of membership in such form as determined by the AGD. Upon resignation or termination of membership, an individual shall forfeit the rights and privileges associated with affiliate membership.

4. Affiliate members shall be entitled to all of the rights and privileges of an active general dentist member, except the right to vote or hold office in the AGD or its constituents. Affiliate members may only serve as advisors on councils and committees at all levels of the organization.

H. International Members

1. The international members of this AGD shall be dentists practicing as general dentists or specialists in good standing with dues and assessments having been paid.

2. All applications for membership shall meet the guidelines established by the AGD and those applicable to membership by AGD staff.

3. In order to be eligible for international membership, a dentist must meet the following qualifications:

   a. Shall reside and practice dentistry outside the US and Canada, their territories and/or provinces.

   b. Shall have completed the educational requirements needed to obtain a license to practice dentistry in his or her country of residence.

   c. Shall hold a valid license to practice dentistry in his or her country of residence.

4. To maintain international membership, a member shall:

   a. Accumulate a minimum of seventy-five (75) hours of continuing education credit every three (3) years.

   b. Abide by the Principles of Ethics of the AGD.

   c. Not have a license revoked or under suspension in any jurisdiction.

5. International members shall be entitled to all of the rights and privileges of an active general dentist member, except the right to vote or hold office in the AGD or its constituents. International members may serve and vote on councils and committees at all levels of the organization.

6. There shall be issued to each international member a certificate of membership in such form as determined by the AGD. Upon resignation or termination of membership, an individual shall forfeit the rights and privileges associated with international membership.

Section 2. Removal from One Jurisdiction to Another

A. A member who has changed the location of his or her practice from the jurisdiction of one constituent AGD to that of another constituent AGD may maintain active membership in the constituent AGD of which he or she is a member for one (1) full calendar year following that of his or her removal from the jurisdiction of such AGD.

B. A dentist who retires from active practice and establishes residence in an area outside the jurisdiction of the constituent in which he or she holds membership shall be permitted to continue his or her membership in such constituent for the period of his or her retirement.
has been approved, and fees (established by the 683 Board) paid and forwarded to the Headquarters 684 Office, must be present at convocation to receive 685 the Fellowship, unless an exception is granted by 686 the chairperson of the Dental Education Council. 687 Such exceptions must be in keeping with policy 688 adopted by the Board.

689 C. The deadline for submission of the applications 690 will be announced each year in an AGD 691 publication. Each applicant will be notified of the 692 action taken at least sixty (60) days prior to the 693 convocation.

694 Section 2. Masters 695 A. Dentists who are active general dental members, 696 emeritus, retired, associate, or international 697 members shall be eligible to receive the Mastership 698 award upon satisfying the following minimum 699 requirements:

700 1. The candidate must have received the AGD 701 Fellowship award at a previous meeting.

702 2. The candidate must have completed a 703 minimum of sixty (60) hours of 704 recognized continuing education credit since 705 the date specified as the candidate's official 706 FADG application date, as determined by the 707 Dental Education Council. These six hundred 708 (600) credits must meet the criteria for 709 acceptance by the Dental Education Council.

710 3. The candidate must submit an application for 711 the award acceptable to the Dental Education 712 Council and during a time period specified by 713 the Dental Education Council.

714 B. The candidate, whose application for Mastership 715 has been approved, and fees (established by the 716 Board) paid and forwarded to the Headquarters 717 Office, must be present at convocation to receive 718 the Mastership, unless an exception is granted by 719 the chairperson of the Dental Education Council. 720 Such exceptions must be in keeping with policy 721 adopted by the Board.

722 Section 3. Rights and Privileges 723 A. While they remain members of the AGD, Fellows 724 and Masters shall have the right to list their awards 725 on professional announcements, in advertisements 726 or other promotional materials, and in curriculum 727 vitae, resumes and other such documents.

728 Upon resignation or termination of their AGD 729 membership, except as noted below, Fellows and 730 Masters forfeit all rights associated with their 731 award, including the right to list their awards on 732 professional announcements, in advertisements, 733 or in other promotional materials. They shall 734 continue to have the right to list the attainment of 735 their awards in curriculum vitae, resumes and 736 other such historical documents.

737 CHAPTER III,

738 Dues, Assessments, and Processing Fees 739 Section 1. Membership Dues: 740 Membership dues shall be payable on the first day of 741 January of each year.

742 A. Active members: 743 Dues for active members, including Fellows and 744 Masters, shall be determined by a majority vote in 745 the House of Delegates, in accordance with these 746 Bylaws.

747 B. Emeritus members: 748 An emeritus member shall be exempt from the 749 payment of dues, except that he or she must pay a 750 fee established by the Board if he or she wishes to 751 subscribe to the publications of the AGD.

752 C. Honorary members and Honorary Fellows: 753 Honorary members and Honorary Fellows shall be 754 exempt from the payment of dues.

755 D. Associate members: 756 Dues for associate members shall be determined 757 by the House of Delegates.

758 E. Student members: 759 Dues for student members shall be determined by 760 the House of Delegates.

761 F. Retired members: 762 Dues for retired members shall be determined by 763 the House of Delegates.

764 G. International members: 765 Dues for international members shall be 766 determined by the House of Delegates.

767 Section 2. Active Members Elected After July 1: 768 The dues for members enrolled between July 1 and 769 September 30 shall be fifty (50) percent of the regular 770 national dues.

771 Section 3. Active Members Elected After October 1 772 of any year shall be applied to the next calendar year. 773 The individual's date of membership shall be based on 774 the date of receipt of the application.

775 Section 4. Affiliates: 776 Dues for affiliates shall be established at one half 777 of active member dues.

778 Section 5. Loss of Membership and Reinstatement 779 A. For non-payment of dues: 780 1. A member whose current dues have not been 781 paid by March 31 of the current year shall 782 cease to be a member of the AGD;

783 2. The individual may secure reinstatement by 784 paying the amount due prior to the end of the 785 calendar year. If, by December 31 of any given 786 year, the amount due remains unpaid, the 787 individual may secure reinstatement as an 788 active or associate member, or as a Fellow or 789 Master for that given year by fully paying his 790 or her dues. Once such a member is 791 reinstated, he or she may reclaim credit for 792 any continuing education credits he or she 793 obtained while an active member of the AGD.

794 B. For failure to fulfill the AGD's continuing education 795 requirements: 796 1. An active, associate, or international member 797 who fails to meet the AGD's continuing 798 education requirements shall lose his or her 799 membership unless an appeal has been 800 granted by the Membership Council in 801 accordance with the Board policy;

802 2. The implementation of the AGD's continuing 803 education requirements shall be in 804 accordance with policy established by the
3. Exemptions to this policy shall be in accordance with policy established by the Board upon the recommendation of the Membership Council.

C. As a result of judicial procedure:

1. A constituent AGD may cause an individual to lose his or her membership either temporarily or permanently as provided in Chapter XIV, Section 1A. The AGD's Constitution and Bylaws and Judicial Procedures Council may cause an individual who is not affiliated with a constituent AGD to lose his or her membership as provided in Chapter XIV, Section 2.

2. A member under suspension is automatically reinstated at the end of the suspension period as specified by the constituent AGD and/or the Constitution and Bylaws and Judicial Procedures Council.

3. A member who is expelled from the organization may not be reinstated until such time as the expulsion is lifted by the involved constituent AGD or an appeal to the Constitution and Bylaws and Judicial Procedures Council.

D. Upon resignation or termination, an individual forfeits all rights associated with his/her AGD membership, including any professional announcements, advertising, or promotion of Fellowship or Membership in the public, excepting listing the attainment of that award on a curriculum vitae, resume, or other such historical documents.

CHAPTER IV

Special Considerations

Section 1. Special Considerations

A. Recent Graduates:

The House of Delegates shall determine a special rate or series of rates for those who have recently completed their formal dental school training and grant such special rate(s) for the number of years determined by the House of Delegates following graduation.

B. Total Disability:

A member of the AGD who is totally disabled and who is unable to engage in the duties of the dental profession and who is a member in good standing at the time total disability was incurred shall be exempt from the payment of dues, except that he or she must pay a fee established by the Board if he or she wishes to subscribe to the print publications of the AGD, and shall be in good standing during the period of total disability.

1. A totally disabled member may apply for dues waiver by:
   a. Submitting to the AGD Headquarters a signed physician's statement, attesting total disability, and
   b. A dues waiver application through the Membership Council attesting to his or her total disability.

2. During the period of exemption from dues, further verification of disability may be requested by this AGD.

C. Leave of Absence

1. A member in good standing who has temporarily left the practice of dentistry for reasons including, but not limited to family leave, family tragedy, or personal health problems, for at least six (6) months may be granted a leave of absence subject to approval by the Membership Council.

2. Dues will be the same as those established by the House of Delegates for retired members and will remain in force for the calendar year, with the option to resume at the appropriate rate for the following year unless the leave of absence is extended at the request of the member and by approval of the Membership Council.

3. Leave of absence status is limited to three (3) consecutive years.

4. Members who have lapsed membership in the AGD may not take advantage of this provision unless their dues have been fully paid for the year in which the need for a leave started.

5. Consideration for granting leave of absence will not be granted to any member whose license is currently revoked or suspended.

CHAPTER V

Constituent AGD's

Section 1. Organization:

A constituent AGD may be organized and chartered, as a separate legal entity, subject to the approval of the House of Delegates, providing that the petition for constituent status be received by the executive director at least thirty (30) days prior to the annual meeting, and that one (1) of the two (2) petition requirements is fulfilled.

A. Upon petition of thirty-five (35) active members of the AGD located within the geographical boundaries of a particular state, any province or group of provinces in Canada designated by these Bylaws for constituent status, any territorial jurisdiction of the United States, or any branch of the federal dental services.

B. Upon a petition signed by a number of active members representing ten (10) percent of the eligible dentists (as determined in accordance with the provisions of Chapter 1, Section 1A.5. and Section 5 of Chapter V of these Bylaws) within the jurisdiction of a particular state, any province or group of provinces in Canada designated by these Bylaws for constituent status, any territorial jurisdiction of the United States, or branch of the Federal Services. Under no circumstance may a constituent be formed with fewer than twenty-five (25) active members.

Section 2. Name:

A constituent AGD shall take its name from the state, province or group of provinces, territory, or federal dental service within which it is chartered and shall be designated as the (name of the state, etc.) Academy of General Dentistry.

Section 3. Constitution and Bylaws:

Each constituent AGD shall adopt and maintain a
Constitution and Bylaws which shall not be in conflict
with, nor limit, the Constitution and Bylaws of this AGD,
and shall maintain a current copy on file with the
executive director of this AGD.

Section 4. Procedures for Determining Constituent
Membership:
1. The membership of a constituent AGD shall be
determined as of October 1 of each year. If a
constituent has fewer than twenty-five (25) active,
emeral, and/or retired members as of the time the
eligibility, as determined by the approval of the
constituent AGD, or if the constituent AGD shall fall
into an inactive status for that year and not be entitled to
have a delegate in the next House of Delegates, a Delegate
shall be advised in writing that it will not be entitled to a
delega t if it has its charter revoked. If the membership
of the constituent AGD is less than twenty-five (25) for
(2) consecutive years, the constituent shall then fall into
an inactive status for that year and not be entitled to
have a delegate in the next House of Delegates. If a
constituent achieves twenty-five (25) active, emeriti,
and/or retired members as of the next October 1, it shall
be reinstated as an active constituent with the right to
be represented in the next House.

Section 5. Membership Requirements: All general
dentist, associate, and retired members of the AGD
must hold current membership in both the AGD and the
appropriate constituent AGD.

CHAPTER VI
Component AGD’s

Section 1. Name:
1. A component AGD shall take its name, as designated by
the constituent AGD, from the section of the state,
province, or geographical area from which it draws its
members.

Section 2. Organization:
1. A component AGD may be organized, as a separate
entity, upon petition of twenty (20) percent or
more of twenty-five (25) active members within the recognized
general, dental, or geographical boundaries of a constituent AGD subject
to the approval of the constituent AGD, and shall maintain a current copy on file with both the
constituent AGD and the AGD executive director.

Section 4. Membership Requirements:
1. All general dentist members of the component AGD
shall hold membership in both the AGD and the
component AGD. If a constituent AGD is not
eligible to hold office or receive AGD benefits,
its members shall not hold membership in both the
AGD and the component AGD.

Section 5. Student/Dental School AGD’s
1. Name:
A student or dental school AGD shall take its
name, as designated by the constituent AGD, from
the constituent AGD and shall maintain a current copy on file with both the
constituent AGD and the AGD executive director.

CHAPTER VII
Regions

Section 1. Organization:
The constituent AGD’s shall be organized into nineteen
(19) regions.

Section 2. Purpose:
The purpose of establishing regions shall be to provide
for representation of the members of the constituent
AGD’s on the Board.

Section 3. Name:
The regions shall be numbered and composed as
follows:

Region Constituents:
1. Connecticut, Maine, Massachusetts, New
Hampshire, Rhode Island, Vermont
2. New York
3. Pennsylvania
4. New Jersey
5. Maryland, District of Columbia, Delaware,
Virginia
6. Kentucky, Missouri, Tennessee, and West
Virginia
7. Indiana and Ohio
8. Illinois
9. Michigan and Wisconsin
10. Iowa, Minnesota, Nebraska, North Dakota, and
South Dakota
11. Alaska, Idaho, Montana, Oregon, and
Washington
12. Mississippi, Kansas, Louisiana, Arkansas, and
Oklahoma
13. California
Mexico, Utah, and Wyoming


Central Canada: Ontario

Western Canada: Manitoba, Saskatchewan, Alberta, British Columbia, Yukon, Nunavut and Northwest Territories


18. Texas

19. Alabama, Georgia, North Carolina, South Carolina

20. Florida, and Puerto Rico

Section 5. Rules of Procedure:
Each region shall be responsible for developing rules of procedure in order to accomplish the following three (3) purposes:

A. To encourage an interchange of ideas within the region on the reports and resolutions to be considered by the AGD’s House of Delegates;

B. To develop positions on vital issues of concern to general dentists within the region;

C. To conduct the necessary business of the region, including selection of a AGD trustee, and such other officers as the region may deem appropriate.

Section 6. Regional caucuses:
Each region shall schedule at least one (1) meeting of its delegates during the annual meeting for the purpose of discussing the business to be considered by the House of Delegates and such other matters as it may deem necessary.

CHAPTER VIII
House of Delegates

Section 1. Composition:
The House of Delegates shall consist of two hundred (200) delegates, based on the number of active, retired, and emeritus members within each constituent AGD along with two (2) AGD Student Members at the time of the HOD. Each constituent AGD, shall be entitled to send at least one (1) voting delegate to the annual meeting of the House of Delegates. Those constituents which organize after an annual meeting will be authorized to send delegates in proportion to their number of active, retired, and emeritus members provided that such constituent AGD’s shall be approved by the House of Delegates as its first item of business.

The two (2) AGD Student Members at the time of the HOD shall serve in that year’s House of Delegates, with all rights and privileges of any other Delegate, and it shall also submit the names of two (2) AGD Student Members at the time of the HOD who shall serve in that year’s House of Delegates as Alternates, with all rights and privileges of any other Alternate Delegate.

Constituents organized after October 1 may receive approval by the House of Delegates but may not have delegates to the House of Delegates. The system of least proportionate error as adopted by the AGD’s Board in 1974 shall be used to calculate the number of delegates allocated annually to each constituent AGD. For the purpose of the delegate count, all members shall be considered as belonging to the constituent through which their dues for that year were paid regardless of any subsequent relocation into the jurisdiction of another constituent.

Section 2. Certification of Delegates:
Each constituent may select from among its active, emeriti, and retired members in good standing the same number of alternate delegates as delegates and shall designate the alternate delegate who shall replace an absent delegate. The number of delegates for each constituent shall be determined in the same year.

Active, emeriti, and retired paid members in good standing as of October 1 of the calendar year prior to the date of the annual meeting. Individuals serving on the AGD Board may not serve as delegates but may serve as alternates with the right to be elevated to delegate status only if there are no other individuals from the constituent available and subject to the approval of the Credentials and Elections Committee during the annual meeting.

Section 3. Powers:
The House of Delegates shall have the following powers:

A. Be the legislative body of the AGD;

B. Amend the Constitution and Bylaws of the AGD as prescribed in Article X of the Constitution and Chapter XIX of the Bylaws;

C. Determine the policies which shall govern the AGD in all its activities except those which are specifically delegated in these Bylaws to the Board or other agencies of the AGD;

D. Elect the officers;

E. Have the power to remove from office any elected officer upon the recommendation of the Board. A majority vote of the Board present and voting and a two-thirds (2/3) vote of the delegates of the House present and voting is necessary to remove an officer;

F. Have the power to establish the dues and any special assessments, processing, or initiation fees or both for members of this AGD. Provided that the members shall have been notified of the proposed dues adjustment at least thirty (30) days but not more than one hundred eighty (180) days prior to the annual meeting of the House of Delegates.

Section 4. Sessions:
The House of Delegates shall meet annually. In cases of extreme emergency, which shall be decided by two-thirds (2/3) vote of the Board, the annual meeting of the House of Delegates may be rescheduled to a definite time, provided that written notice of such postponement is sent to all members of the AGD immediately following the action.

Section 5. Official Call:
The secretary of the AGD shall ensure that an official publication of the AGD shall publish an official notice of the time and place of each annual meeting. The
secretary shall send to each member of the House of Delegates an official notice of the time and place of the annual meeting at least sixty (60) days before the opening of such session.

Section 6. Quorum:
A simple majority of the duly elected and certified delegates or their alternates, representing a simple majority of the registered voters in the House shall be present to conduct any meeting or to transact business.

Section 7. Officers of the House of Delegates

A. Speaker of the House of Delegates:
In the absence of the speaker, the president shall serve as speaker of the House of Delegates.

B. Secretary:
The secretary of the AGD shall be secretary of the House of Delegates. In the absence of the secretary, the president shall appoint a secretary pro tem of the House of Delegates.

Section 8. Rules of Order

A. Code of Parliamentary Procedure:
The rules contained in the current edition of the American Institute of Parliamentarians' Standard Code of Parliamentary Procedure shall govern the deliberations of the AGD in all cases in which they do not conflict with standing rules or with the Constitution and Bylaws.

B. Rules of Procedure:
The House of Delegates shall adopt rules of procedure concerning the conduct of all House sessions, specifying the methods by which new business may be introduced (except as provided in these Bylaws), the manner in which testimony will be permitted in reference committee hearings, and who may have the privilege of the floor during deliberations of the House. These rules of procedure may be changed only by a simple majority vote of the House. Resolutions concerning changes in these rules of procedure shall, at the earliest opportunity and before any resolutions are introduced or acted upon, be considered by the House.

C. Introduction of New Business:
No new business shall be introduced into the House of Delegates after the close of the first meeting of a session except by unanimous consent. Approval of such new business shall require a two-thirds (2/3) vote of those delegates present and voting. Reference Committee recommendations shall not be deemed new business.

D. Voting in the House:
Each delegate of the House shall have one (1) vote. The presiding chairperson shall have no vote.

E. Announcement of Elections for Regional Director and Trustee:
Regional directors shall have the responsibility for advising the speaker of the House of any election for regional director or trustee held within the region during the past four (4) months. Results of the election shall be announced by the speaker of the House.

Section 9. Credentials and Elections Committee

A. Personnel:
Members of the committee shall be appointed by the President-Elect and confirmed by the Board.

B. The Credentials and Elections Committee shall prepare the roll of delegates for the House of Delegates. The committee shall have the right to require evidence of a delegate's eligibility from both the constituent and the Headquarters Office. The committee shall also serve as tellers for elections in the House of Delegates.

CHAPTER IX

Section 1: Officers

A. Eligibility:
Only an active, emeritus, or retired member in good standing of this AGD shall be eligible to serve as the elective officer. A candidate may only run for one office per election.

B. Nominations:
1. All AGD office positions open for candidacy should be announced in AGD Impact one hundred twenty (120) days prior to the annual meeting.
2. Any member who wishes to be a candidate for AGD office must present a hard copy or electronic petition of twenty-five (25) members in good standing to the AGD secretary no later than sixty (60) days prior to the annual meeting.
3. Each candidate in a contested election may have an AGD member make on his or her behalf a speech of no longer than two (2) minutes.
4. An AGD officer must declare for a new office at least thirty (30) days before 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.

C. Voting:
Election of officers shall be by ballot supervised by the Credentials and Elections Committee. The candidate receiving the majority of votes shall be declared elected. In the absence of a majority, a second ballot shall be held between the two (2) candidates receiving the highest number of votes on the first ballot.

If one (1) candidate fails to receive a majority of the votes on the first ballot, then the candidate with the least number of votes shall be eliminated. If two (2) of the three (3) individuals are tied for the least number of votes, then another ballot of those two (2) candidates shall occur. The candidate with the least number of votes will be eliminated. This process would continue until one candidate has a majority of the vote cast. A final ballot would then be between the two (2) remaining candidates.

Four (4) or more candidates: if one (1) candidate
failed to receive a majority of the votes on the first ballot, then the candidate who finished last in the balloting would be eliminated. This process would continue until either one candidate has a majority of vote cast or until the field has been limited to three (3), at which time the rule for “Three (3) Candidates” applies.

D. Terms of Office:

1. For the purpose of determining terms of office, a year shall be defined as the period of time from one (1) annual meeting to the next.

2. The president, president-elect, and vice president shall serve for the term of one (1) year. The editor shall serve for a three-year term, and the secretary, treasurer, and speaker of the House of Delegates shall each serve for two-year terms, with the treasurer elected during the odd-numbered years, and the secretary and the speaker of the House of Delegates elected during the odd-numbered years, starting with the 1975 annual meeting of the House. No officer shall hold more than one (1) AGD office at the same time. No officer may serve as secretary or treasurer for more than two (2) terms of two (2) years each.

E. Vacancies:

In the event of a vacancy in the office of vice president, secretary, treasurer, speaker of the House, or editor, the president shall appoint a successor to serve in the office until the next annual meeting of the House. The appointment requires approval of a majority of the AGD’s Board.

In the event of a vacancy caused by an existing AGD officer declaring for a second office an election shall be held for the uncompleted term. This election shall be held at the annual meeting of the House whose closure would create the vacancy.

Section 2. Duties

A. It shall be the duty of the president:

1. To serve as an official representative of this AGD in its contracts with governmental, civic, business, and professional organizations for the purpose of advancing the objectives and policies of this AGD;

2. To serve as a consultant on all councils and committees without the right to vote;

3. To serve as ex officio and as chairperson of the Board and Executive Committee and to preside at these meetings;

4. To have the authority to fill any vacancy on an AGD council or committee which becomes known while the president is in office. Council and committee appointments, which 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 until such time as the president provides the Board with a suitable selection.

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.

b. The House of Delegates or Board may specify criteria which the president must use in naming ad hoc committees.

5. To serve as the speaker of the House, in the event of the absence of the elected speaker of the House.

6. After consultation and agreement with the Speaker of the House of Delegates, to appoint a parliamentarian, if desired, to serve at the House of Delegates.

7. To have the authority, along with the treasurer and/or executive director, to countersign any AGD check in accordance with policy established by the Board.

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.

b. 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.

B. It shall be the duty of the president-elect:

1. To cooperate with the president at all times and familiarize himself or herself with the duties of that office;

2. To serve as a consultant to all other councils and committees without the right to vote;

3. To serve as a member of the Board and the Executive Committee;

4. Immediately to assume the office of president, complete the term, and serve as president for the ensuing year in the event of a vacancy in the office of president;

5. To succeed to the office of president at the conclusion of the annual meeting of the House of Delegates;

6. To attend all important functions of the AGD;

7. To preside at meetings of the AGD in the temporary absence of the president;

8. To begin his or her term of office at the conclusion of the annual meeting following his or her term as vice president.

C. It shall be the duty of the vice president:
1. To be a consultant to all councils and committees without the right to vote;
2. To succeed to the office of president-elect upon expiration of the president-elect's term of office or in the event that the office should become vacant for any reason;
3. To serve as a member of the Board and the Executive Committee;
4. To serve as president of the Board in the absence of both the president and the president-elect.

D. It shall be the duty of the secretary, with the assistance of the executive director:
1. To serve as a member of the Board and the Executive Committee, and to assume the responsibility for seeing that all minutes of the Executive Committee, Board, and House of Delegates are accurate;
2. To be the custodian of all records and properties pertaining to his or her office;
3. To notify all council and committee members of their appointments and furnish necessary copies of resolutions, etc., referred to such councils;
4. To countersign all citations, certificates, and testimonials;
5. To certify, together with the president, all official acts of the AGD;
6. To conduct all correspondence;
7. To notify the secretaries of the constituent AGD's of the election of new members from their constituents;
8. To furnish lists of all delinquent members, those dropped for non-payment of dues, those persons resigning from the AGD (with the dates of resignations), and all deceased members;
9. To notify the secretary of each constituent of all transfers of membership to or from that constituent.

E. It shall be the duty of the treasurer, with the assistance of the executive director:
1. To keep adequate and proper accounts of the properties and funds of the AGD;
2. To cause to be deposited all monies and other valuables in the name of and to the credit of the AGD in such depositories as may be designated by the Board;
3. To disburse the funds of the AGD as may be ordered by the Board;
4. To have the authority, along with the executive director and president, in accordance with policy established by the Board, to sign AGD checks;
5. To render to the Board an accounting of all his or her transactions as treasurer and of the financial conditions of the AGD;
6. To serve as a member of the Board and the Executive Committee;
7. To have such other powers and perform such other duties as may be prescribed by the Board and these Bylaws;
8. To serve as a member to the Budget and Finance Committee.
9. To serve as a consultant to the Audit Committee.

F. It shall be the duty of the speaker of the House of Delegates:
1. To preside at all meetings of the House of Delegates;
2. To serve as a member of the Board and the Executive Committee with all privileges including the right to vote.

G. It shall be the duty of the editor:
1. To serve as editor-in-chief of the official publications of the AGD;
2. To exercise editorial control subject only to policies established by the Board or House of Delegates and using these Bylaws;
3. To serve as a member of the Board and the Executive Committee with all privileges including the right to vote;
4. To appoint, subject to approval by the Communications Council, an associate editor who must reside outside of the region of the editor, be appointed for the same term as the editor, and have the following duties:
   1) Provide technical assistance to AGD Impact and General Dentistry, as requested by the editor.
   2) Attend the Editors' Workshop to work with constituent editors.
   3) Write editorials as assigned by the editor.
   4) Review manuscripts for publication, as assigned.
   5) Attend the Communications Council meetings.
   6) Assume such duties as assigned by the editor.

CHAPTER X
Regional Directors

Section 1. Composition
Each region will have a regional director, who is an active, emeritus or retired member, with the exception of Region 15-16 which will have two (2) regional directors. The duties of the Regional Director shall be those as determined by the Regional Directors and as further ratified by the Board.

Section 2. Term of office
The term of office of the regional director shall be for three (3) years. Regional directors shall be limited to two (2) terms of three (3) years each. Fulfilling any unexpired term shall be deemed a term of three (3)
years unless the period served is one year or less of an unexpired term. For the purposes of this Bylaws provision, a year is considered a governance year, which ends upon conclusion of the annual session of the House of Delegates. When a regional director serves one year or less of an unexpired term, that regional director shall be allowed to serve a maximum service of seven (7) years. Notwithstanding the forgiving, a partial term completed prior to July 21, 2008 shall not be counted as a full term.

Section 3. Election
The regional director shall be elected in accordance with rules of procedure established by the region.
However, the rules of procedure must specify one of the following procedures for electing the regional director:

A. By a majority vote of the individuals present and voting at a meeting held in the region and announced by the regional director at least thirty (30) days in advance. The individuals entitled to vote at such a meeting would include any duly elected delegate from a constituent in the region or his or her alternate delegate. In addition to each constituent AGD president or his or her designated alternate, if a constituent president is already a delegate, he or she may appoint another officer from his or her constituent so that his or her constituent will not be deprived of a vote.

B. By a majority vote of the delegates or their alternates present and voting at a regional caucus. If the regional caucus is not held in conjunction with the annual meeting, the time and location must be announced by the regional director to all eligible delegates at least thirty (30) days in advance.

C. By a postcard ballot of all active and emeriti members within the region. A candidate’s name may be placed on the postcard ballot if he or she is nominated in any of the following ways:

1. By a majority vote of the nominating committee which shall consist of the president from each constituent AGD in the region or his or her designated alternate;

2. By a petition signed by at least twenty-five (25) active or emeriti members practicing in the region.

A plurality of the votes will be considered sufficient to elect on a postcard ballot. However, no constituent may have on the ballot more than one candidate. If more than one candidate is presented from a particular constituent, that constituent shall hold a primary election to determine which candidate will be placed on the regional ballot.

D. In the event that the region consists of only one constituent, the regional director may be elected by a simple majority vote of those serving on the constituent’s Board of Directors. Such a meeting can be held no more than one hundred twenty (120) days in advance of the annual meeting in which the regional director will take office and must be announced to the members of the Board at least thirty (30) days prior to the meeting.

Section 4. Removal from Office

A. Initiation of Removal Proceedings
Any constituent AGD from the region may initiate proceedings to remove a regional director from office. A constituent AGD may do so through a two-thirds (2/3) vote of its Board in a letter to the trustee signed by either the president or secretary of the constituent AGD with a copy to the AGD secretary and a copy to the regional director.

B. Removal Proceedings
A regional director may be removed from office by a two-thirds (2/3) vote of the delegates at any regional caucus meeting providing that thirty (30) days notice is given to each delegate and the regional director and that intention to remove the regional director is made known to the delegates and the regional director at the time of the meeting announcement and that a substitute must be appointed to preside at such a meeting by the delegates present. The only exception to this provision pertains to those regions with five or fewer delegates. Those regions with five (5) or fewer delegates may remove a regional director from office by a two-thirds (2/3) vote of all individuals serving as constituent presidents, presidents-elect, vice presidents, secretaries and treasurers of the constituent Academies that compose the region. No individual shall have more than one vote even though that individual may hold more than one office. Such vote may be taken by a mail ballot provided that intention to conduct such a poll has been made known to the constituent officers and the regional director at least thirty (30) days prior to the mailing of the ballot. If a mail ballot is used, such mail ballot shall be supervised by the AGD secretary.

CHAPTER XI
Appointive Officers

Section 1. Executive Director
The executive director shall be employed by an affirmative vote of fourteen (14) of the twenty-seven (27) voting members of the Board.

Section 2. It shall be the duty of the executive director:

A. To perform, under the direction of the Board, such duties as the title of the office ordinarily connotes;

B. To perform such duties as may be assigned to him or her by the Board;

C. To oversee the implementation of the AGD’s policies and programs under the guidance of the Board;

D. To supervise all employees and agents of the AGD;

E. To have such other powers and duties as may be prescribed to the Board and these Bylaws;

F. To serve as a consultant to the Board, the Executive Committee, and all other councils without the right to vote;

G. To cause to be bonded by a blanket policy all persons handling AGD funds;

H. To make an annual report to the Board and House of Delegates.

CHAPTER XII
Board

Section 1. Powers:
Between meetings of the House of Delegates, the control, management, and administration of this AGD shall be vested in a Board, subject to the laws of the State
A major element of the Board shall constitute a quorum. The president, with the approval of the Executive Committee, shall designate the time and place for all meetings of the Board. Notice of the meeting shall then be mailed or transmitted by electronic means to all members of the Board at least fifteen (15) days prior to the meeting. In an emergency, fourteen (14) affirmative votes of the Board may waive the fifteen-day notice normally required.

The Board may conduct business by e-mail, mail, or fax ballot with that business being reported at the next Board meeting. Passage of resolutions by e-mail, mail, or fax ballot requires a unanimous vote of all voting Board members.

Section 4. Compensation:

The members of the Board of the AGD shall not receive any compensation for their services, except for the president, president-elect, vice president, editor, treasurer, secretary, and speaker who shall receive a yearly honorarium (the amount of the honorarium shall be determined by the House of Delegates based on a recommendation from the Board). Members of the Board may be reimbursed for expenses incurred in attending meetings of the Board in accordance with the policy established by the Board and in effect at the time that the House of Delegates adopts a budget for the succeeding year.

Section 5. Election of Trustees:

Trustees shall be elected in accordance with rules of procedure established by the region. However, the rules of procedure must specify one of the following procedures for electing the trustees:

A. By a majority vote of the individuals present and voting at a meeting held in the region and announced by the regional director at least thirty (30) days in advance. The individuals entitled to vote at such a meeting would include any duly elected delegate from a constituent in the region or his or her alternate delegate. In addition to each constituent AGD president or his or her designated alternate, if a constituent president is already a delegate, he or she may appoint another officer from his or her constituent so that his or her constituent will not be deprived of a vote;

B. By a majority vote of the delegates or their alternates present and voting at a regional caucus. If the regional caucus is not held in conjunction with the annual meeting, the time and location must be announced by the regional director to all eligible delegates at least thirty (30) days in advance;

C. By a postal ballot of all active and emeritus members within the region. A candidate's name may be placed on the postal ballot if he or she is nominated in any of the following ways;

1. By a majority vote of the Nominating Committee which shall consist of the president from each constituent AGD in the region or his or her designated alternate;

2. By a petition signed by at least twenty-five (25) active or emeritus members practicing in the region.

A plurality of the votes will be considered sufficient to elect on a postal ballot. However, no candidate may have on the ballot more than one candidate. If more than one candidate is presented from a particular constituent, that constituent shall hold a primary election to determine which candidate will be placed on the regional ballot.

D. In the event that the region consists of only one constituent, the trustees may be elected by a simple majority vote of those serving on the constituent's Board. Such a meeting can be held no more than one hundred twenty (120) days in advance of the annual meeting in which the trustees will take office and must be announced to the members of the Board at least thirty (30) days prior to the meeting.

Section 6. Council or Committee Service Restriction:

Once elected, a trustee must resign any positions he or she holds on AGD councils and committees other than the Board, its committees, or on an Ad Hoc Committee. The individual may continue to serve as the Local Advisory Committee Chairperson and therefore as a member but not Chairperson of the Scientific Meeting Council.

Section 7. Terms of Office

A. The term of office of the trustee shall be for three (3) years.

B. The terms of office of the trustees shall be staggered so that the terms of the trustees from regions 1 to 4, 12, and 18 expire at the end of one annual meeting, regions 5 to 11 at the next, and regions 13 to 17, 19, and 20 at the next.

C. No trustee shall be permitted to serve more than two (2) three (3) year terms. Filling any unexpired term shall be deemed a term of three (3) years unless the period served is one year or less of an unexpired term. For the purposes of this Bylaws provision, a year is considered a governance year, which ends upon conclusion of the annual session of the House of Delegates. When a trustee serves one year or less of an unexpired term, that trustee shall be allowed to serve a maximum service of seven (7) years. Notwithstanding the foregoing, a partial term
completed prior to July 21, 2008 shall not be counted as a full term.

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Section 11: Duties: It shall be the duty of the Board:

A. To annually review the AGD’s core purpose and strategic plan and recommend appropriate modifications to the House of Delegates.

B. To direct the AGD and its resources toward the achievement of the AGD’s core purpose.

C. To approve the overall strategic plan, including the definition of the core competency and culture, and to review the summary of the internal and external analysis, and to approve the fiscal goals, objectives, and plans for the future.

D. To oversee the development of organizational structures, processes, and systems that will ensure that the resources of the AGD are utilized to meet documented member needs.

E. To delegate to the AGD’s staff, Regional Directors, councils, and committees the responsibility to develop and implement, with Board approval, member-responsive programs and projects that the Board has deemed relevant to the strategic plan of the association.

F. To communicate a consistent identity, as determined via the approval of the culture and core competency statements and their representation (the “brand”), to the public and the dental profession.

G. To provide for the maintenance and supervision of the Headquarters Office and all property owned and operated by the AGD.

H. To determine the date and location, for both the scientific session and the annual meeting and to establish the registration fees for the scientific session;

I. To cause to be bonded by a surety company all officers and employees of the AGD entrusted with AGD funds;

J. To examine in detail all accounts of the AGD, and to cause the same to be reviewed by the Audit Committee and audited by a certified public accountant at least once a year;

K. To supervise preparation of a budget for carrying on the activities of the AGD for each ensuing fiscal year;

L. To review the reports of the Regional Directors, councils and committees of the AGD, and to make recommendations concerning such reports to the House;

M. To act as a final means of appeal by individuals who have been denied membership in a component or constituent after consideration of the Constitution and Bylaws and Judicial Procedures Council;

N. To approve the selection and employment of an executive director;

O. To establish appropriate policy for reimbursement of AGD members for personal expenses incurred while on AGD business;

P. To determine upon recommendations of the president whether any council or committee member shall be removed;
Q. To approve honorary Fellows, honorary members, and recipients of other awards which have not been specifically delegated to a particular council or committee of this organization;
R. To establish Fellowship, Mastership, and Lifelong Learning and Service Recognition fees;
S. To establish a subscription fee for those emeritus members and members with total disability status who wish to receive AGD print publications;
T. To determine whether a recommendation should be made to the House of Delegates for removal of any officer;
U. To appoint a group administrator for the AGD's insurance program;
V. To function as the interim governing body of the AGD between meetings of the House of Delegates.
W. To be informed and prepared for Board meetings and participate in online discussion.
X. To actively solicit qualified regional nominees for appointment to AGD councils and committees and to submit such in a timely manner.
Y. To attend significant AGD events such as the Leadership Conference, annual meeting, scientific session or Strategic Planning meetings, as they are scheduled.
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.

Section 12: Committees of the Board

A. Executive Committee

1. There shall be an Executive Committee composed of the president, president-elect, vice president, secretary, treasurer, editor, speaker of the House of Delegates, and the immediate past president.
2. The duty of the Executive Committee is to act as an interim agency of the Board with the authority to implement policies of the Board.
3. The president acts as chairperson and may vote as a member of the Executive Committee, but only in the event of a tie.
4. The minutes of each Executive Committee meeting shall be placed on the agenda for discussion at the first succeeding Board meeting, so that all issues affecting AGD policy may be appropriately discussed.
5. Executive Committee recommendations which are contrary to existing AGD policy may not be implemented until action has been taken by the Board or the House of Delegates.
6. Meetings of the Executive Committee shall be called by the president with the concurrence of the majority of the committee. Emergency sessions may be called by a majority of the members of the committee.

CHAPTER XIII
D. Advocacy/Representation Division

1. Legislative and Governmental Affairs Council
2. Dental Practice Council
3. Constitution, Bylaws and Judicial Affairs Council

Section 3. Administrative Committees

A. Audit Committee.

The duty of this committee shall be to carry out all functions outlined within the Audit Committee Charge.

CHAPTER XIV

Judicial Procedures

Section 1. Conduct Subject to Discipline:

A member may be disciplined by his or her constituent AGD for:

A. Having his or her license to practice dentistry either suspended or revoked by the political jurisdiction in which he or she practices. (Revocation or suspension of a dentist's license shall cause the member automatically to be suspended from the AGD.)

B. Violating the Bylaws or Principles of Ethics of the Academy of General Dentistry.

Section 2. Jurisdiction:

Members who are not members of a particular constituent AGD may be disciplined by the Constitution and Bylaws and Judicial Procedures Council in accordance with the Board policy. Otherwise, instigation of judicial proceedings shall be initiated by the member's constituent AGD. It shall be the duty of the Constitution and Bylaws and Judicial Procedures Council to hear appeals on censure, suspension of membership, or expulsion from a constituent AGD. The constituent AGD's and this council shall have the right to censure, suspend, or expel a member who is found to be in violation of the AGD's Bylaws or Principles of Ethics.

Section 3. Disciplinary Penalties:

A member may be placed under a sentence of censure or suspension, or may be expelled from the membership for any of the offenses enumerated in Section 1 of this chapter. Suspension means that all membership privileges except continued entitlement to coverage under insurance programs are lost during the suspension period. Suspension shall be unconditional and for a specified period, at the termination of which full membership privileges are automatically restored. A subsequent violation shall require a new disciplinary procedure before additional discipline may be imposed. Expulsion shall be an absolute discipline and shall not be imposed conditionally.

Section 4. Disciplinary Proceedings:

Before a disciplinary penalty is invoked against a member, the following procedures shall be followed by the constituent AGD preferring the charges:

A. Hearing:

The accused member shall be entitled to a hearing at which he or she shall be given the opportunity to present his or her defense to all charges brought against him or her. A constituent shall permit the accused member to be represented by legal counsel.

B. Notice:

The accused member shall be notified in writing of charges brought against him or her and of the time and place of the hearing. A notice shall be sent by registered letter addressed to his or her last known address and mailed not less than twenty-one (21) days prior to the day set for the hearing. An accused member, upon his or her request, shall be granted one (1) postponement for a period not to exceed thirty (30) days.

C. Charges:

The written charges shall include an official certified copy of the alleged conviction or determination of guilt, or a specification of the Bylaw or ethical provisions alleged to have been violated, as the case may be in a description of the conduct alleged to constitute each violation.

D. Decision:

Each decision which shall result in censure, probation, suspension, or expulsion shall be reduced to writing and shall specify the charges made against the member, the evidence which substantiates any or all of the charges, the verdict rendered, the penalty imposed, and a notice shall be mailed to the accused member informing him or her of his or her right of appeal. Within ten (10) days of the date on which the decision is rendered, a copy thereof shall be sent by registered mail to the last known address of each of the following parties: the accused member, the secretary of the constituent AGD of which he or she is a member, the chairperson of the Constitution and Bylaws and Judicial Procedures Council of the AGD, and the executive director of the AGD.

Section 5. Appeals:

The accused member under sentence of censure, suspension, or expulsion shall have the right to appeal from such a decision of his or her constituent AGD by filing an appeal in affidavit form with the executive director of the AGD. The executive director shall convey the affidavit to the chairperson of the AGD's Constitution and Bylaws and Judicial Procedures Council. An appeal from any decision shall not be valid unless notice of the appeal is filed within thirty (30) days and the supporting brief, if one is to be presented, is filed within forty-five (45) days after such decision has been rendered. No decision shall become final while an appeal therefrom is pending or until the thirty (30) day period for filing notice of appeal has elapsed. In the event of a sentence of expulsion with no notice of appeal received within the thirty (30) day period, the constituent AGD shall notify all parties of the failure of the accused member to file an appeal. The sentence of expulsion shall take effect on the date the parties are notified. The constituent AGD shall determine what portion of current dues, if any, shall be returned to the expelled member. Dues paid to this AGD shall not be refundable in the event of expulsion. The following procedure shall be used in processing appeals:

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A. Hearings on Appeal:
The accused member of the AGD concerned shall be entitled to a hearing on an appeal, provided that such appeal is taken in accordance with and satisfies the requirements of Section 5 of this chapter. A constituent AGD shall permit the accused member to be represented by legal counsel. A party may not appear for his or her appeal to be heard by an appellate agency.

B. Notice:
The agency receiving an appeal shall notify the AGD concerned and the accused member of the hearing, such notice to be sent by registered letter to the last known address of the parties to the appeal and mailed not less than thirty (30) days prior to the date set for the hearing. Granting of continuances shall be the option of the agency hearing the appeal.

C. Briefs:
Every party to an appeal shall be entitled to submit a brief in support of its position. The party initiating the appeal shall submit its brief to the chairperson of the AGD’s Constitution and Bylaws and Judicial Proceedings Council within thirty (30) days of the date upon which the decision appealed from was rendered. The party initiating the appeal may elect to rely on the record or an oral presentation and not file a brief.

D. Recording of Disciplinary Proceedings:
Upon notice of an appeal, the constituent which initiated the charges shall furnish to the agency which has received the appeal and to the accused member a transcript or an officially certified copy of the minutes of the hearing accorded the accused member. The transcript or minutes shall be accompanied by certified copies of any affidavits or other documents submitted as evidence to support the charges against the accused member or submitted by the accused member as part of his or her defense. The accused member, his or her own expense, shall be entitled to arrange for the services of a court reporter to transcribe the hearing.

E. Appeals Jurisdiction:
The agency to which a decision has been appealed shall be required to review the decision appealed from to determine whether the evidence before the constituent AGD which preferred charges against the accused member supports that decision or warrants the penalty imposed. The appeal agency shall not be required to consider additional evidence unless there is a clear showing that either party to the appeal will be unreasonably harmed by failure to consider the additional evidence.

F. Decision of Appeals:
Every decision on appeal shall be reduced to writing and shall state clearly the conclusion of the appeal agency and the reasons for reaching that conclusion. The appeal agency shall have the discretion:

1. To uphold the decision of the constituent AGD which preferred charges against the accused member;
2. To reverse the decision of the constituent AGD which preferred charges and thereby exonerate the accused member;
3. To deny an appeal which fails to satisfy the requirement of Section 5 of this chapter;
4. To refer the case back to the constituent AGD which preferred charges for a new proceeding if the rights of the accused member under all applicable Bylaws were not accorded to him or her;
5. To uphold the decision of the constituent AGD which preferred charges against the accused member and reduce the penalty imposed.

Within ten (10) days of the date on which the decision on appeal is rendered, a copy thereof shall be sent by registered mail to the last known address of each of the following parties: the accused member, the secretary of the constituent AGD of which he or she is a member, the chairperson of the AGD’s Council on Constitution and Bylaws and Judicial Procedures, and the executive director of the AGD.

CHAPTER XV
Scientific Sessions

Section 1. Objective:
The scientific session of this AGD is established to assist the dissemination of dental knowledge which shall serve to improve the health of the public and to upgrade the science and art of dentistry.

Section 2. Time and Place:
The scientific session of this AGD shall be held annually at a time and place selected by the Board.

Section 3. Management and General Arrangements:
The management of the scientific sessions shall be under the direction of the Scientific Meeting Council in accordance with the Board policy.

Section 4. Admission:
Admission to scientific sessions shall be open to all members of the dental profession, but non-members of the AGD must pay a registration fee established by the Board after consultation with the Scientific Meeting Council responsible for such scientific session.

CHAPTER XVI
Official Publications

Section 1. The AGD shall publish a journal and a newsletter.

Section 2. Other publications may be established by action of the appropriate governing body of the AGD.

CHAPTER XVII
Finances

Section 1. Fiscal Year:
The fiscal year of this AGD shall coincide with the calendar year, beginning January 1, 2007.

Section 2. General Fund:
The general fund shall consist of all monies received other than those specifically allocated to other funds by these Bylaws. The funds shall be used for defraying all expenses incurred by this AGD not otherwise provided for in these Bylaws. The general fund may be divided into operating and reserve divisions at the direction of the Board.

Section 3. Investment Fund:
The Investment Fund consists of the Reserve and Project accounts and shall consist of all funds invested by the AGD. Access to this Investment Fund will require the Treasurer's and President's signatures and approval by a 3/4 vote of the Board. Funds shall be withdrawn first from the Project Account and then the Reserve Account should this become necessary.

Section 4. Emergency Fund:
The Emergency Fund consists of $100,000 (in 2004 dollars) plus accrued interest and is not to be utilized unless an emergency has caused the operations account to fall below acceptable levels. Access to the Emergency Fund will require both the Treasurer's and President's signatures.

Section 5. Advocacy Fund:
The Advocacy Fund shall consist of all funds contributed to the AGD Advocacy Fund. The Legislative and Governmental Affairs and Dental Practice Councils shall have input on requests and recommendations for distribution of the funds with final approval of the Board.

CHAPTER XVIII
Indemnification

Section 1. Each officer, trustee, regional director, council member, committee member, task force member, employee, and other agent of the AGD, who was or is a party to any action suit or proceeding by reason of fact that he or she is or was an officer, trustee, regional director, council member, committee member, task force member, employee or agent of the AGD shall be held harmless and indemnified against all costs, expenses, attorneys' fees, judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with such action, suit or proceeding, if such person acted in good faith and in a manner he or she reasonably believed to be in, or not opposed to, the best interests of the AGD, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful, provided that no indemnification shall be made in respect to any claim, issue or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of his or her duty to the corporation, unless, and only to the extent that the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability, but in view of all the circumstances in the case, such person is fairly and reasonably entitled to indemnity for such expenses as the court shall deem proper. The indemnification provided by this chapter shall insure to the benefit of the heirs, executors, and administrators of such person entitled to the indemnification under this chapter.

CHAPTER XIX
Amendments

Section 1. The Bylaws may be amended by an affirmative vote of two-thirds (2/3) of the delegate members present and voting at the annual meeting of the House of Delegates, provided that the substance of all proposed changes have been published to AGD members at least 30 days before said meeting on the AGD Web site and links to the proposed changes will be headlined thereon.

Section 2. Amendments of these Bylaws shall be proposed only by the Board, the Constitution and Bylaws and Judicial Procedures Council, any constituent or component AGD, or any twenty-five (25) active or emeritus members, provided submission is made to the secretary at least sixty (60) days but not more than one hundred and twenty (120) days prior to the annual meeting of the House of Delegates.

Section 3. The secretary shall be responsible for ensuring the timely updating of the Web site of the proposed amendments at least thirty (30) days prior to said meeting and ensure that AGD publications include written announcement of the location of proposed Bylaws statements.
The Board Policy Manual is a separate document.
**ORAL HEALTH LITERACY**  
2017 AGD Annual Meeting

**Oral Health Literacy (OHL)**

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate oral health decisions.”

**Barriers & Solutions to Accessing Care (AGD, 2012)**

1. Comprehensive oral health education for public schools’ health curriculum;
2. Exams for one-year-old children as part of recommendations for new mothers;
3. Creative teacher tools;
4. Training of daycare providers and school nurses;
5. Communication w/ pediatricians;
6. Multi-factorial interventions and educational programs to parents of young children; and
7. Patient navigators in communities to ensure that patients keep preventive appointments (Not midlevel providers).

**OHL Consensus Statement (2015)**

*Adopted by the AGD House of Delegates, 2016*

*Endorsed by: American Academy of Family Physicians (AAFP); American Association of Women Dentists (AAWD); American College of Dentists (ACD); and Special Care Dental Association (SCDA)*

Oral health literacy is an integral component of every individual’s health and wellbeing. The undersigned organizations recommend addressing this critical issue in accordance with the following principles:

1. Oral health literacy is the foundation of a lifetime of wellness and must be integrated into all educational and wellness programs.
2. Oral health literacy is a shared responsibility across all sectors.
3. Critical to the advancement of oral health literacy is an established dental home.
4. The dental profession will lead the advancement of oral health literacy, in collaboration with other health professionals.
5. Governmental and private resources dedicated to improving oral health should be strategically directed toward programs that further oral health literacy.
CALL TO ACTION!

1. Educate patients about the importance of oral health and preventive visits.
2. Emphasize connection between oral health and overall health.
3. Enlighten parents and parents-to-be about oral care during pregnancy, and dental visit before age-one.
5. Collaborate with patients’ physicians.
6. Speak to legislators about introducing this legislation and/or to support such a bill once a sponsor is identified.

** In collaboration with its lobbying firm of Kent & O’Connor, the Academy of General Dentistry launched a dedicated effort, at AGD’s 2017 Hill Day, to seek legislators to sponsor legislation to amend the Public Health Service Act, as follows:

Direct the Secretary, acting through the Director of the CDC and the Administrator of HRSA to:

1. Establish a 5-year national, public education campaign that is focused on oral healthcare prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer.

2. Award demonstration grants to eligible entities to demonstrate the effectiveness of evidence-based oral health literacy activities. The Secretary shall utilize information generated from grantees under this section in planning and implementing the public education campaign.

The effort to find a sponsor for this legislation is ongoing. AGD delegates and alternates are asked to stand ready to be called upon to speak to their legislators about introducing this legislation and/or to support such a bill once a sponsor is identified.