

ADEA

AMERICAN
DENTAL
EDUCATION
ASSOCIATION

**2012 ADEA
House of Delegates Manual**

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Table of Contents

Schedule of the 2012 ADEA House of Delegates.....	5
Members of the 2012 ADEA House of Delegates.....	6
ADEA Board of Directors.....	6
ADEA Council of Allied Dental Program Directors	6
ADEA Council of Deans	7
ADEA Council of Faculties	9
ADEA Council of Sections.....	10
ADEA Council of Hospitals and Advanced Education Programs	13
ADEA Council of Students, Residents, and Fellows	13
ADEA Corporate Council.....	14
Introduction to the ADEA Governing Process.....	15
Introduction.....	15
How ADEA is Organized	15
How Resolutions are Introduced and What Happens to Them	18
How ADEA Reference Committees Function.....	20
Conclusion.....	21
ADEA Reference Committees.....	22
ADEA Reference Committee on Association Policy.....	22
ADEA Reference Committee on Association Administrative Affairs.....	22
ADEA Reference Committee Hearing Times and Locations	22
Resolutions to be Considered by the ADEA House of Delegates.....	23
Order of Business of the ADEA House of Delegates	24
Procedures for the Conduct of Business in the ADEA House of Delegates	25
Voting for the ADEA President-elect.....	31
Nominee for ADEA President-elect.....	32
Report of the ADEA Board of Directors on Resolutions for Consideration by the 2012 ADEA House of Delegates.....	34
Actions at the Opening Session of the ADEA House of Delegates.....	35
Actions at the Closing Session of the ADEA House of Delegates	50
Overview of the American Dental Education Association Proposed Fiscal Year 2013 Budget.....	54
Report by the ADEA Executive Director to the 2012 ADEA House of Delegates	61
New Chief Administrators at Member Institutions	69
New Dental School Deans	69
New Institutional Members	69
New Affiliate Members	70
New Corporate Members	70
In Memoriam	71
ADEA Bylaws.....	73
ADEA Policy Statement: Recommendations and Guidelines for Academic Dental Institutions	104
ADEA Competencies for the New General Dentist.....	124

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Schedule of the 2012 ADEA House of Delegates

Opening Session of the ADEA House of Delegates

Saturday, March 17, 2012, 4:00 to 5:00 p.m., Hilton Orlando Bonnet Creek, Floridian Ballroom, D-L

Voting for ADEA President-elect (applies only if an election is necessary)

Sunday, March 18, ballots may be cast between the hours of 8:00 a.m. and 5:00 p.m., at the ADEA House of Delegates booth in the registration area at the Hilton Orlando Bonnet Creek.

Monday, March 19, ballots may be cast between the hours of 8:00 a.m. and 4:30 p.m., at the ADEA House of Delegates booth in the registration area at the Hilton Orlando Bonnet Creek.

Tuesday, March 20, ballots may be cast between the hours of 8:00 a.m. and 4:30 p.m., at the ADEA House of Delegates booth in the registration area at the Hilton Orlando Bonnet Creek.

ADEA Reference Committee Hearings

- ADEA Reference Committee Hearing on Association Policy
Monday, March 19, 2:00 to 3:00 p.m., Hilton Orlando Bonnet Creek, Floridian B
- ADEA Reference Committee Hearing on Administrative Affairs
Tuesday, March 20, 2:00 to 3:00 p.m., Hilton Orlando Bonnet Creek, Floridian B

Closing Session of the ADEA House of Delegates

- Wednesday, March 21, 2011, noon to 1:00 p.m., Hilton Orlando Bonnet Creek, Floridian Ballroom D-L

For the order of business of each session of the House, please see the section on "Order of Business of the ADEA House of Delegates" on page 24. For the names of the members of the Reference Committees and the resolutions assigned to them, please see page 22.

Members of the 2012 ADEA House of Delegates

ADEA Board of Directors

Dr. Leo E. Rouse, President, Howard University
Dr. Gerald N. Glickman, President-elect, Baylor College of Dentistry
Dr. Sandra C. Andrieu, Immediate Past President, Louisiana State University
Dr. Susan J. Crim, Vice President for Allied Dental Program Directors, University of Tennessee Health Science Center
Ms. Barbara Nordquist, Vice President for Corporate Council, Pelton & Crane, KaVo, Marus Dental Corporation
Dr. John N. Williams, Vice President for Deans, Indiana University
Dr. Michael A. Siegel, Vice President for Faculties, Nova Southeastern University
Dr. Pamela J. Hughes, Vice President for Hospitals and Advanced Education Programs, University of Minnesota
Dr. Michael A. Landers, Vice President for Sections, Case Western Reserve University
Dr. Evelyn O. Lucas-Perry, Vice President for Students, Residents, and Fellows, National Institute of Dental Craniofacial Research
Dr. Richard W. Valachovic, Executive Director, American Dental Education Association

ADEA Council of Allied Dental Program Directors

Administrative Board

Dr. Susan Duley, Chair, West Coast University
Prof. Christine M. Blue, Chair-Elect, University of Minnesota
Prof. Vickie J. Kimbrough-Walls, Secretary, Southwestern College
Prof. Kim T. Isringhausen, Member-at-Large, Virginia Commonwealth University
Dr. Susan J. Crim, Vice President, University of Tennessee Health Science Center

Additional Delegates, Dental Hygiene

Dr. Linda D. Boyd, Massachusetts College of Pharmacy and Health Sciences
Prof. Michele Carr, The Ohio State University
Prof. Wanda J. Cloet, Central Community College
Prof. Kathleen J. D'Ambrisi, The Community College of Baltimore County
Prof. Debra L. Davis, Georgia Perimeter College
Prof. Deborah L. Gerecke, Missouri Southern State University
Prof. Anne E. Gwozdek, University of Michigan
Dr. Daniel Arthur Hassler, Sanford-Brown Institute - Orlando
Prof. Gwen L. Hlava, University of Nebraska Medical Center
Dr. Laura Joseph, Farmingdale State College
Dr. Susan H. Kass, Miami Dade College
Prof. Wendy E. Kerschbaum, University of Michigan
Prof. Michelle McGregor, Virginia Commonwealth University
Prof. Patricia Nunn, Texas Woman's University
Prof. Sharon G. Peterson, College of Southern Nevada
Prof. Pamela J. Sandy, Valencia College
Dr. Cheryl M. Westphal Theile, New York University
Prof. Joan E. Tonner, St. Petersburg College

Additional Delegates, Dental Assisting

Prof. Ethel G. Campbell, University of North Carolina at Chapel Hill
Prof. Deanna M. Stentiford, College of Central Florida
Prof. Claudia Turcotte, Tunxis Community College

Additional Delegates, Advanced Programs

Prof. Kathryn E. Battani, University of Maryland

ADEA Council of Deans

Administrative Board

Dr. Denise K. Kassebaum, Chair, The University of Colorado
Dr. Cecile A. Feldman, Chair-Elect, University of Medicine and Dentistry of New Jersey
Dr. R. Lamont MacNeil, Secretary, University of Connecticut
Dr. Karen P. West, Member-at-Large, University of Nevada, Las Vegas
Dr. John N. Williams, Vice President, Indiana University

Additional Delegates, Deans

Dr. Mert N. Aksu, University of Detroit Mercy
Dr. Charles N. Bertolami, New York University
Dr. Thomas W. Braun, University of Pittsburgh
Dr. Richard N. Buchanan, Roseman University of Health Sciences
Dr. Judith A. Buchanan, University of Minnesota
Dr. D. Gregory Chadwick, East Carolina University
Dr. Gary T. Chiodo, Oregon Health & Science University
Dr. Timothy A. DeRouen, University of Washington
Dr. Jack Dillenberg, Arizona School of Dentistry and Oral Health
Dr. Teresa A. Dolan, University of Florida
Dr. R. Bruce Donoff, Harvard School of Dental Medicine
Dr. Connie L. Drisko, Georgia Health Sciences University
Dr. John D.B. Featherstone, University of California, San Francisco
Dr. David A. Felton, West Virginia University
Dr. Patrick J. Ferrillo, Jr., Arthur A. Dugoni School of Dentistry University of the Pacific
Dr. Steven W. Friedrichsen, Western University of Health Sciences
Dr. Russell O. Gilpatrick, Midwestern University-Arizona
Dr. Michael Glick, University at Buffalo
Dr. Jerold S. Goldberg, Case Western Reserve University
Dr. Charles J. Goodacre, Loma Linda University
Dr. Bruce S. Graham, University of Illinois at Chicago
Dr. Henry A. Gremillion, Louisiana State University
Dr. Robert F. Hirsch, Lake Erie College of Osteopathic Medicine
Dr. Timothy L. Hottel, University of Tennessee Health Science Center
Dr. Jeffrey W. Hutter, Boston University
Dr. Amid I. Ismail, The Maurice H. Kornberg School of Dentistry, Temple University
Dr. David C. Johnsen, University of Iowa
Dr. Kenneth L. Kalkwarf, University of Texas Health Science Center at San Antonio
Dr. Denis F. Kinane, University of Pennsylvania
Dr. James J. Koelbl, University of New England

Dr. Ira B. Lamster, Columbia University
Dr. Mark A. Latta, Creighton University
Dr. Patrick M. Lloyd, The Ohio State University
Dr. William K. Lobb, Marquette University
Dr. Lex MacNeil, Midwestern University-Illinois
Dr. No-Hee Park, University of California, Los Angeles
Dr. Peter J. Polverini, University of Michigan
Dr. Marsha A. Pyle, University of Missouri - Kansas City
Dr. Michael S. Reddy, University of Alabama at Birmingham
Dr. Gary W. Reeves, University of Mississippi
Dr. John W. Reinhardt, University of Nebraska Medical Center
Dr. Bruce E. Rotter, Southern Illinois University
Dr. Avishai Sadan, University of Southern California
Dr. John J. Sanders, Medical University of South Carolina
Dr. David C. Sarrett, Virginia Commonwealth University
Dr. John J. Sauk, University of Louisville
Dr. Janet H. Southerland, Meharry Medical College
Dr. Christian S. Stohler, University of Maryland
Dr. Huw F. Thomas, Tufts University
Dr. Sharon P. Turner, University of Kentucky
Dr. Robert A. Uchin, Nova Southeastern University
Dr. John A. Valenza, The University of Texas School of Dentistry at Houston
Dr. Humberto J. Villa Rivera, University of Puerto Rico
Dr. Jane A. Weintraub, University of North Carolina at Chapel Hill
Dr. Ray C. Williams, Stony Brook University
Dr. Lawrence E. Wolinsky, Baylor College of Dentistry
Dr. Stephen K. Young, University of Oklahoma

Additional Delegates, Nonhospital Based Advanced Dental Education Programs

Dr. Rolf G. Behrents, Saint Louis University
Dr. Cyril Meyerowitz, University of Rochester
Dr. Philip P. Stashenko, The Forsyth Institute
Dr. Mark A. Warner, Mayo Graduate School of Medicine

Additional Delegates, Federal Dental Service Programs

Dr. Patricia E. Arola, Department of Veterans Affairs
Rear Adm. William Bailey, United States Public Health Service
Maj. Gen. Gerard A. Caron, United States Air Force Dental Service
Col. Robert Manga, United States Army Dental Corps
Col. Thomas R. Schneid, United States Air Force Dental Service
Capt. Robert M. Taft, United States Navy Dental Corps
Rear Adm. Elaine C. Wagner, United States Navy Dental Corps
Maj. Gen. M. Ted Wong, United States Army Dental Corps

Additional Delegates, Association of Canadian Faculties of Dentistry

Dr. Jeffrey Myers, McGill University

ADEA Council of Faculties

Administrative Board

Dr. Robert G. Rashid, Chair, The Ohio State University
Dr. Valerie A. Murreah, Chair-Elect, University of North Carolina at Chapel Hill
Dr. Nereyda P. Clark, Secretary, University of Florida
Dr. R. Todd Watkins, Jr., Member-at-Large, East Carolina University
Dr. Michael A. Siegel, Vice President, Nova Southeastern University

Additional Delegates

Dr. Robert Alder, Roseman University of Health Sciences
Dr. Elizabeth A. Andrews, Western University of Health Sciences
Dr. Mary Anne Baechle, Virginia Commonwealth University
Dr. Laura C. Barritt, Creighton University
Dr. Carol A. Bibb, University of California, Los Angeles
Dr. Susan M. Chialastri, The Maurice H. Kornberg School of Dentistry
Dr. Madelyn Coar, University of Alabama at Birmingham
Dr. John D. Da Silva, Harvard School of Dental Medicine
Dr. Joseph A. D'Ambrosio, University of Connecticut
Dr. Michael A. Dobos, University of Pittsburgh
Dr. Evelyn Donate-Bartfield, Marquette University
Dr. Vicky Evangelidis-Sakellson, Columbia University
Dr. Kim E. Fenesy, University of Medicine and Dentistry of New Jersey
Dr. Ronald E. Forde, Loma Linda University
Dr. Robert Quinn Frazer, University of Kentucky
Dr. Marc J. Geissberger, Arthur A. Dugoni School of Dentistry University of the Pacific
Dr. Jane Gillespie, Southern Illinois University
Dr. John F. Guarente, Boston University
Dr. Kevin Michael Gureckis, University of Texas Health Science Center at San Antonio
Dr. Arnaldo J. Guzman, University of Puerto Rico
Dr. Uri Hangorsky, University of Pennsylvania
Dr. Wayne W. Herman, Georgia Health Sciences University
Dr. Andrea D. Jackson, Howard University
Dr. Nancy L. Jacobsen, University of Oklahoma
Dr. T. Roma Jasinevicius, Case Western Reserve University
Dr. Bernard Aaron Karshmer, The University of Colorado
Dr. Gordon G. Keyes, West Virginia University
Dr. Gail Ann Krishnan, University of Michigan
Dr. Allan J. Kucine, Stony Brook University
Dr. Peter M. Loomer, University of California, San Francisco
Dr. James R. Lott, University of Mississippi
Prof. Melinda L. Meadows, Indiana University
Dr. Lisa M. Mruz, University at Buffalo
Dr. Ivy D. Peltz, New York University
Dr. Elizabeth S. Pilcher, Medical University of South Carolina
Dr. Judith A. Porter, University of Maryland
Dr. Sandra K. Rich, University of Southern California
Dr. Frank A. Roberts, University of Washington
Dr. David D. Rolf, II, Midwestern University-Arizona
Dr. Larry B. Salzman, University of Illinois at Chicago
Dr. Mark Scarbecz, University of Tennessee Health Science Center

Dr. Mark S. Schweizer, Nova Southeastern University
Dr. Chet A. Smith, Louisiana State University
Dr. Robert D. Spears, Baylor College of Dentistry
Dr. Michael Spector, University of Iowa
Dr. Henry St. Germain, University of Nebraska Medical Center
Dr. Jeffery C.B. Stewart, Oregon Health & Science University
Ms. Jill Stoltenberg, University of Minnesota
Dr. Paul Lewis Trombly, Tufts University
Dr. Kevin E. Van Kanegan, Midwestern University-Illinois
Dr. Randall Lee Vaught, University of Louisville
Prof. Donna P. Warren-Morris, The University of Texas School of Dentistry at Houston
Dr. Michelle Wheeler, University of Detroit Mercy
Dr. J. Craig Whitt, University of Missouri - Kansas City
Dr. Janet L. Woldt, Arizona School of Dentistry and Oral Health
Dr. Wendy Sue Woodall, University of Nevada, Las Vegas
Dr. Daphne F. Young, Meharry Medical College

ADEA Council of Sections

Administrative Board

Dr. Judith Skelton, Chair, University of Kentucky
Dr. Sharon C. Siegel, Chair-Elect, Nova Southeastern University
Dr. Joan E. Kowolik, Secretary, Indiana University
Dr. Keith A. Mays, Member-at-Large, East Carolina University
Dr. Michael A. Landers, Vice President, Case Western Reserve University

Academic Affairs

Dr. Pamela R. Overman, Councilor, University of Missouri-Kansas City
Dr. Dorothy A. Perry, Chair, University of California, San Francisco

Anatomical Sciences

Dr. H. Wayne Lambert, Councilor, West Virginia University
Prof. Lisa Lee, Chair, The Ohio State University

Behavioral Sciences

Dr. Elaine L. Davis, Councilor, University at Buffalo
Dr. Margot B. Stein, Chair, University of North Carolina at Chapel Hill

Biochemistry, Nutrition, and Microbiology

Dr. Alan E. Levine, Councilor, The University of Texas School of Dentistry at Houston
Dr. Carole A. Palmer, Chair, Tufts University

Business and Financial Administration

Mr. John W. Barch, Councilor, University of Texas Health Science Center at San Antonio
Ms. Maureen F. Burns, Chair, Stony Brook University

Cariology

Dr. Mark S. Wolff, Councilor, New York University
Dr. Dale Stanley Sharples, Chair, The Ohio State University

Clinic Administration

Dr. Wilbert H. Milligan III, Councilor, University of Pittsburgh
Dr. Darryn R. Weinstein, Chair, Midwestern University-Illinois

Clinical Simulation

Dr. Kenneth L. Allen, Councilor, New York University
Dr. Gerald Michael Klaczany, Chair, New York University

Community and Preventive Dentistry

Dr. Vladimir W. Spolsky, Councilor, University of California, Los Angeles
Dr. Brenda Heaton, Chair, Boston University

Comprehensive Care and General Dentistry

Dr. Fred J. Fendler, Councilor, University of the Pacific Arthur A. Dugoni School of Dentistry
Dr. Joseph W. Parkinson, Chair, University of Missouri - Kansas City

Continuing Education

Prof. Sue C. Felton, Councilor, University of North Carolina at Chapel Hill
Ms. Janice Gibbs, Chair, University of Medicine and Dentistry of New Jersey

Dental Anatomy and Occlusion

Dr. Charles Kennedy Hill, Councilor, University of Nevada, Las Vegas
Dr. Robert Gary Holmes, Chair, Georgia Health Sciences University

Dental Assisting Education

Prof. Donna Estes, Councilor, Texas State Technical College
Prof. Patricia Ann Capps, Chair, Indiana University

Dental Hygiene Education

Prof. Joyce Cain Hudson, Councilor, Ivy Tech Community College
Prof. Kimberly Sue Bray, Chair, University of Missouri - Kansas City

Dental Informatics

Dr. Muhammad F. Walji, Councilor, The University of Texas School of Dentistry at Houston
Dr. Robert G. Rashid, Chair, The Ohio State University

Dental School Admissions Officers

Dr. Venita J. Sposetti, Councilor, University of Florida
Dr. Sandra J. Flash, Chair, University at Buffalo

Development, Alumni Affairs and Public Relations

Prof. William O. Butler, Councilor, University of Texas Health Science Center at San Antonio
Mr. Calen D.B. Ouellette, Chair, University of Southern California

Educational Research/Development and Curriculum

Prof. Gail Schneider Childs, Councilor, University of Florida
Dr. Charlotte L. Briggs, Chair, University of Illinois at Chicago

Endodontics

Dr. Bruce Cary Justman, Councilor, University of Iowa
Dr. Claudio H. Varella, Chair, University of Florida

Gay-Straight Alliance

Prof. Mark Gonthier, Councilor, Tufts University
Dr. Patricia Nihill, Chair, University of Kentucky

Gerontology and Geriatrics Education

Dr. Georgia Dounis, Councilor, University of Nevada, Las Vegas
Dr. Marcia M. Ditmyer, Chair, University of Nevada, Las Vegas

Graduate and Postgraduate Education

Dr. Kathy L. Marshall, Councilor, Howard University
Dr. Ahmad Maalhagh-Fard, Chair, University of Detroit Mercy

Minority Affairs

Dr. Mildred A. McClain, Councilor, University of Nevada, Las Vegas
Dr. Francis M. Curd, Councilor, Lake Erie College of Osteopathic Medicine

Operative Dentistry and Biomaterials

Dr. Derek R. Williams, Councilor, University of Missouri - Kansas City
Dr. Rita Renee Parma, Chair, University of Texas Health Science Center at San Antonio

Oral Biology

Dr. Rena N. D'Souza, Councilor, Baylor College of Dentistry
Dr. Maria Emanuel Ryan, Chair, Stony Brook University

Oral Diagnosis/Oral Medicine

Dr. Samuel P. Nesbit, Councilor, University of North Carolina at Chapel Hill
Dr. Miriam R. Robbins, Chair, New York University

Oral and Maxillofacial Pathology

Dr. Alice E. Curran, Councilor, University of North Carolina at Chapel Hill
Dr. J. Craig Whitt, Chair, University of Missouri - Kansas City

Oral and Maxillofacial Radiology

Dr. James R. Geist, Councilor, University of Detroit Mercy
Dr. Anitha Potluri, Chair, University of Pittsburgh

Oral and Maxillofacial Surgery/Anesthesia/Hospital Dentistry

Dr. Jeffrey D. Bennett, Councilor, Indiana University
Dr. Martin B. Steed, Chair, Emory University

Orthodontics

Dr. Mitchell Jay Lipp, Councilor, New York University
Dr. Kathy L. Marshall, Chair, Howard University

Pediatric Dentistry

Dr. Alton G. McWhorter, Councilor, Baylor College of Dentistry
Dr. Carolyn F.G. Wilson, Chair, Baylor College of Dentistry

Periodontics

Dr. Peter M. Loomer, Councilor, University of California, San Francisco

Dr. Medha Singh, Chair, Harvard School of Dental Medicine

Physiology, Pharmacology, and Therapeutics

Dr. Ted D. Pate, Councilor, The University of Texas School of Dentistry at Houston

Dr. David H. Shaw, Chair, University of Nebraska Medical Center

Postdoctoral General Dentistry

Lt. Col. Sheryl Lyn Kane, Councilor, United States Air Force Dental Service

Dr. Daniel K. Boden, Chair, Midwestern University-Arizona

Practice Management

Dr. David Owen Willis, Councilor, University of Louisville

Dr. Georgia Dounis, Chair, University of Nevada, Las Vegas

Prosthodontics

Dr. Larry C. Breeding, Councilor, University of Mississippi

Dr. Paul L. Richardson, Chair, Loma Linda University

Student Affairs and Financial Aid

Dr. Hugh Philip Pierpont, Councilor, The University of Texas School of Dentistry at Houston

Dr. Rosa Chaviano-Moran, Chair, University of Medicine and Dentistry of New Jersey

ADEA Council of Hospitals and Advanced Education Programs

Administrative Board

Chair, Dr. David W. Paquette, Stony Brook University

Chair-Elect, Dr. Tracy M. Dellinger, University of Mississippi

Secretary, Dr. David M. Shafer, University of Connecticut

Member-at-Large, Dr. Martin B. Steed, Emory University

Vice President, Dr. Pamela J. Hughes, University of Minnesota

Additional Delegates

Dr. Stanley Brysh, Max W. Pohle Dental Clinic, Meriter Hospital

Dr. David P. Cappelli, University of Texas Health Science Center at San Antonio

Dr. Roberta Lynn Diehl, University of Florida

Dr. Carla A. Evans, University of Illinois at Chicago

Dr. Lily T. Garcia, University of Texas Health Science Center at San Antonio

Dr. Sara C. Gordon, University of Illinois at Chicago

Dr. Timothy B. Henson, University of Texas Health Science Center at San Antonio

Dr. Vincent J. Iacono, Stony Brook University

Dr. George M. Kushner, University of Louisville

Dr. Harold M. Livingston, University of Mississippi

Dr. Roberta Pileggi, University of Florida

Dr. Anitha Potluri, University of Pittsburgh

Dr. Raymond Simmons, The University of Texas School of Dentistry at Houston

ADEA Council of Students, Residents, and Fellows

Administrative Board

Chair, Mr. Ryan T. Hajek, University of Nebraska Medical Center

Vice Chair, Ms. Diana Jee Hyun Lyu, University of Southern California

Secretary, Ms. Hannah Ye, The University of Texas School of Dentistry at Houston
Member-at-Large, Mr. Stanko Bjelajac, University of California, San Francisco
Vice President, Dr. Evelyn O. Lucas-Perry, National Institute of Dental Craniofacial Research

Predoctoral Dental Students—Northeast

Mr. Drew A. Colantino, Harvard School of Dental Medicine
Mr. Mitchell Steinberg, Stony Brook University

Predoctoral Dental Students—Southeast

Ms. Allison Cohen, Nova Southeastern University
Ms. Katie Elaine Daniels, Medical University of South Carolina

Predoctoral Dental Students—South Central

Mr. Sumit Patel, Louisiana State University
Ms. Ann Simon, The University of Texas School of Dentistry at Houston

Predoctoral Dental Students—Midwest

Ms. Nicole Bartosik, University of Illinois at Chicago
Mr. Matthew C. Kennedy, Creighton University

Predoctoral Dental Students—Pacific

Mr. Austin Baruffi, University of Southern California
Ms. Rosalie Bittong, University of California, San Francisco

Predoctoral Dental Students—Ohio Valley

Ms. Diana Blau, University of Louisville
Ms. Chelesa R. Phillips, Howard University

Advanced Dental Education Students—Hospital Programs

Dr. (Joe) Kai-Chiao Chang, University of Detroit Mercy

Advanced Dental Education Students—Nonhospital Programs

Dr. Rishi Popat, Harvard School of Dental Medicine

Allied Dental Students—Dental Hygiene

To be determined

Allied Dental Students—Dental Assisting

To be determined

Allied Dental Students—Dental Laboratory Technology

To be determined

ADEA Corporate Council

Administrative Board

Mr. Brian Kline, Chair, A-dec
Dr. Elizabeth Roberts, Chair-Elect, Johnson & Johnson Healthcare Products, Division of
McNEIL-PPC, Inc.
Ms. Barbara Nordquist, Vice President, Pelton & Crane, KaVo, Marus Dental Corporation

Introduction to the ADEA Governing Process

Introduction

The American Dental Education Association is an organization run by its members and has a democratically based governmental structure that at first appears complex. It really isn't. Nevertheless, members—especially new ones—would have difficulty trying to understand the Association by studying its Bylaws. This is a summary of the Association's structure and its policy-making procedures.

How ADEA is Organized

It's important to know how ADEA is organized in order to understand the Association's policymaking procedures. Illustration 1 at the end of this section shows that ADEA is organized into four basic components: (1) the House of Delegates, (2) the Board of Directors, (3) Councils and their administrative boards, and (4) Sections.

ADEA House of Delegates

The ADEA House of Delegates is the Association's legislative (policymaking) body. It convenes twice at each ADEA Annual Session & Exhibition. The House of Delegates consists of the Board of Directors (see below) and all or some members of the Association's seven councils. All members of the ADEA Councils of Deans and Faculties are delegates. The numbers of delegates from the ADEA Councils of Allied Dental Program Directors, Hospitals and Advanced Education Programs, and the Students, Residents, and Fellows are based on percentages of those councils' members. The number of section delegates depends on the number of sections. The councilor and chair of each section serve as delegates. The chair, chair-elect, and vice president serve as delegates for the ADEA Corporate Council.

ADEA Board of Directors

The Board of Directors is ADEA's administrative body and is responsible for running the Association's affairs between ADEA Annual Sessions. It has 11 members—President, President-elect, Immediate Past President, the Vice President for each of the seven Councils, and the Executive Director. The Board of Directors can establish interim Association policies that are consistent with existing policies if it apprises the House of its actions at the next ADEA Annual Session & Exhibition.

ADEA Councils

Six of the Association's seven councils represent different constituencies at Member Institutions. The seventh consists of the councilor and chair of each ADEA section (see below). Councils represent their constituencies in the Association and at its Member Institutions. They identify, initiate, and oversee projects and reports of value to their members and other Association members. Councils may also participate in the Association's policy-making process. When requested, they identify potential consultants to the Board of Directors and other groups. All councils meet at the ADEA Annual Sessions, and some hold additional meetings between Annual Sessions.

The ADEA Council of Allied Dental Program Directors consists of the directors of dental hygiene, assisting, and laboratory technology education programs conducted by Member Institutions. In addition, the council includes directors of special allied dental education programs at the post-entry level that lead to a baccalaureate or advanced degree.

The ADEA Council of Deans consists of the dean of each U.S. dental school; the chief dental administrative officer of each affiliate (nondental school) member institution conducting non-hospital-based postdoctoral dental education programs; the chief dental officer of the U.S. Air Force, Army, Navy, Public Health Service, and Veterans Administration; and the President of the Association of Canadian Faculties of Dentistry.

The ADEA Council of Faculties consists of one faculty representative from each U.S. dental school.

The Council of Hospitals and Advanced Education Programs includes the program director, faculty, residents, and fellows in Commission on Dental Accreditation (CODA) accredited advanced dental education programs located in ADEA-member institutions, and any former member of the Council's Administrative Board. Eligibility for election to the Council's Administrative Board is limited to Program Directors of Commission on Dental Accreditation (CODA) accredited advanced dental education programs located in ADEA-member institutions.

The ADEA Council of Sections consists of the councilor and chair of each of the Association's sections.

The ADEA Council of Students, Residents, and Fellows consists of one student representative for each of the following types of programs conducted by all Member Institutions: (1) programs leading to the D.D.S. or D.M.D. degree, (2) postdoctoral dental education programs, (3) dental hygiene education programs, (4) dental assisting education programs, and (5) dental laboratory technology education programs.

The ADEA Corporate Council consists of the official representative of each Corporate Member.

Council Administrative Boards

Each council has a five-member administrative board, consisting of a Vice President (who is an Association officer who serves on the ADEA Board of Directors), a Chair, a Chair-elect, a Secretary, and a Member-at-Large. Each administrative board meets at least once between Annual Sessions and is responsible for planning its council's ADEA Annual Session & Exhibition program and for managing the council's affairs. Administrative boards relate to their councils much as the Board of Directors relates to the House of Delegates.

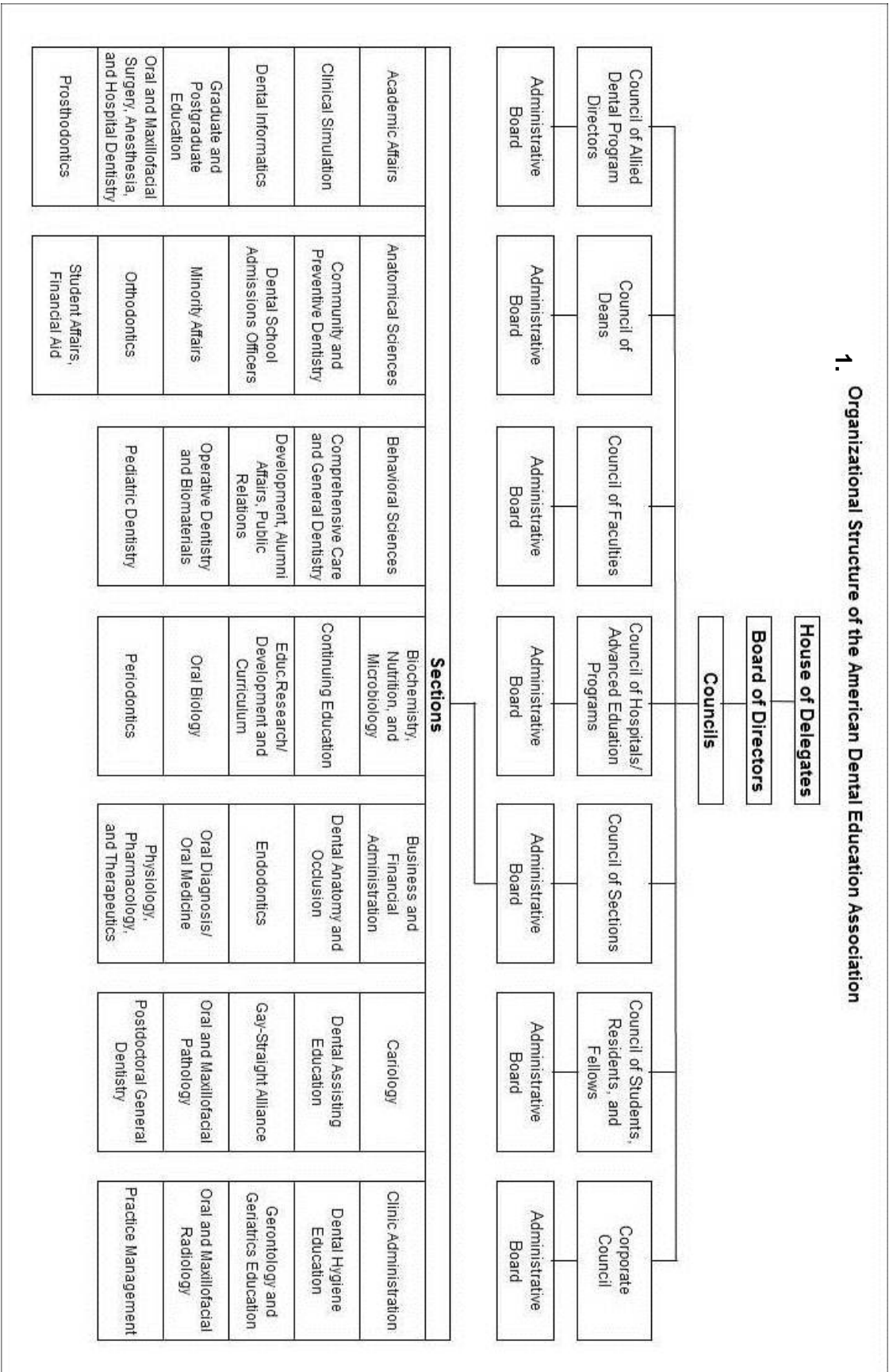
Sections

Each ADEA Individual, Student, Honorary, or Retired Member may join any of the Association's sections. Each section is concerned with a particular academic or administrative area. Individual members may attend the meetings of any sections but can participate in the business affairs of only those to which they belong. Each section has a councilor, chair, chair-elect, and secretary. The section officers function much as the council administrative boards do, in that they plan their section's ADEA Annual Session & Exhibition meetings and manage the section's affairs between Annual Sessions.

Standing and Special Committees

From time to time, the ADEA Board of Directors appoints standing and special committees to assist it in its operations.

1. Organizational Structure of the American Dental Education Association



How Resolutions are Introduced and What Happens to Them

Resolutions are the vehicles by which the Association's policies and administrative procedures are established, amended, or deleted.

Resolutions may be introduced either between ADEA Annual Sessions or at an Annual Session during the Opening Session of the House of Delegates. Each year, the ADEA Board of Directors presents resolutions to the House, and any individual member may also present resolutions.

How to Introduce a Resolution at an ADEA Annual Session & Exhibition

Only delegates may introduce resolutions at an ADEA Annual Session & Exhibition and only at the Opening Session of the House (See Illustration 2). The ADEA councils meet before the Opening Session of the House. During those meetings, they have an opportunity to develop resolutions that can then be presented by one of their delegates at the Opening Session.

If a council develops a resolution after the Opening Session, the resolution cannot be considered by the House until the following year. However, the resolution can be sent immediately after the Annual Session to the ADEA Executive Director who then presents it to the ADEA Board of Directors for consideration before the next Annual Session.

How to Introduce a Resolution Between ADEA Annual Sessions

Any individual member may submit a resolution between ADEA Annual Sessions (See Illustration 3). Resolutions should be sent to the ADEA Executive Director who forwards them to the other members of the ADEA Board of Directors.

The Board of Directors often refers resolutions to appropriate councils, sections, or standing and special committees for their recommendations. The Board of Directors, however, takes action on all resolutions prior to the Annual Session and sends them on to the ADEA House of Delegates. The Board of Directors may recommend approval, postponement, or rejection of a resolution, or may simply forward a resolution without comment.

All individual members must present resolutions to the Executive Director in writing before November 1 preceding the ADEA Annual Session & Exhibition in order for the Board of Directors to review the resolution prior to the Annual Session. Nondelegates who fail to meet that deadline may still ask a delegate to introduce a resolution for them at the Opening Session of the House.

Format of Resolution

Resolutions must follow a specific format. They should not be numbered because staff assigns numbers.

"Whereas" clauses should not be used. Instead, when necessary, a succinct background statement should precede the resolution.

Resolutions proposing expenditure of Association funds must be accompanied by a cost impact statement estimating the total amount of funds required and the period of expenditure. Such resolutions presented without cost impact statements will be declared deficient. Staff will assist resolution drafters in estimating expenditures.

Any resolution whose approval would change the ADEA Policy Statements and Position Papers must specify exactly how those documents would be affected. Likewise, any resolution whose approval would change the ADEA Bylaws must specify exactly how those documents would be affected. Staff will assist members in drafting these resolutions.

The following fictitious statement and resolution exemplifies the format of an ADEA resolution.

**Sample ADEA Resolution
Board of Directors Quorum**

The present Bylaws of the American Dental Education Association provide that a majority of the members of the Board of Directors constitutes a quorum for the transaction of business. It is believed that the quorum requirements should be increased because it is presently possible for only six individuals to make important decisions affecting the Association. The following resolution is therefore presented for consideration.

Resolved, that the quorum requirement for the Board of Directors be increased from a majority of the members to two-thirds of the members;

and be it further

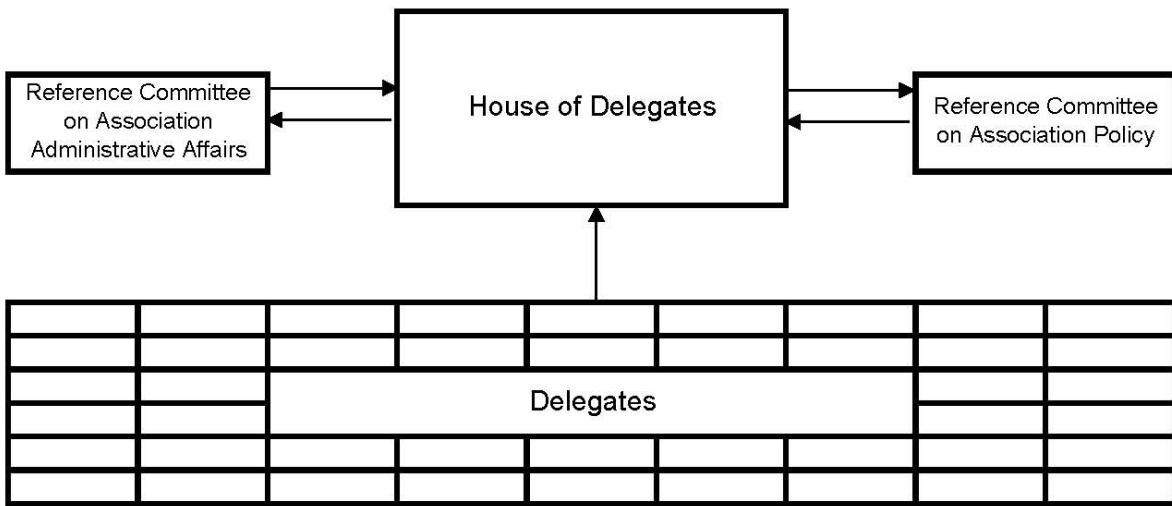
Resolved, that Bylaws Chapter IV (Board of Directors), Section E (Quorum), which reads:

Section E. Quorum, A majority of the members constitutes a quorum for the transaction of business at regular or special sessions.

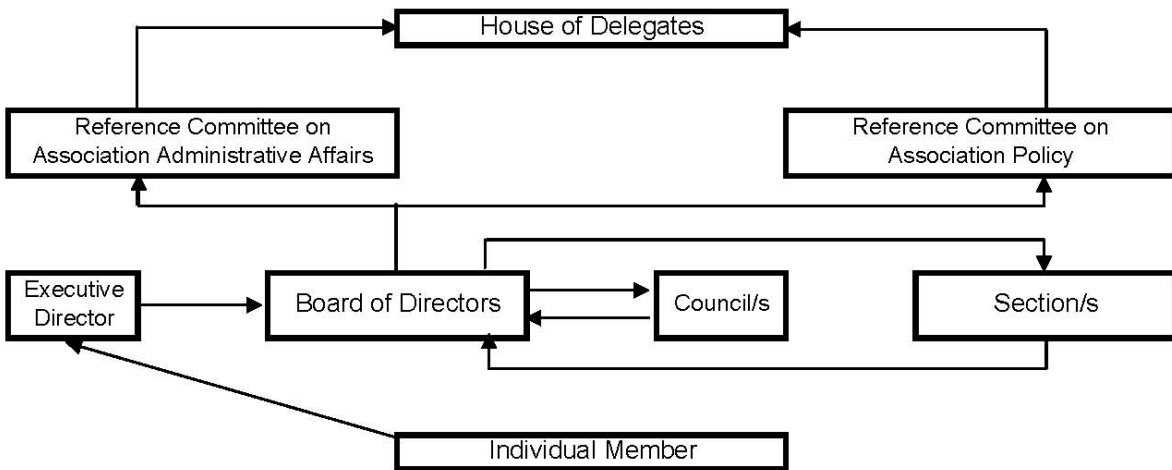
Be amended to read:

Section E. Quorum. Two thirds of the members constitute a quorum for the transaction of business at regular or special sessions.

2. What Happens to Resolutions Introduced at Annual Session



3. What Can Happen to a Resolution Introduced Between Annual Sessions



How ADEA Reference Committees Function

Purpose

Before each ADEA Annual Session & Exhibition, the ADEA Board of Directors appoints two Reference Committees, the ADEA Reference Committee on Association Administrative Affairs and the ADEA Reference Committee on Association Policy. Most resolutions to be considered by the ADEA House of Delegates are referred to one of these committees. Resolutions dealing with administrative, procedural, and business affairs of the Association are referred to the Reference Committee on Association Administrative Affairs. Resolutions dealing with the policies and public positions of ADEA are referred to the Reference Committee on Association Policy.

The Reference Committees hold hearings at the Annual Session, at which all individual members have an opportunity to discuss and debate the resolutions before they are considered by delegates at the Closing Session of the House. After their hearings, the Reference Committees write reports recommending specific actions on each resolution, and the reports are presented at the Closing Session.

Hearings

Hearings are open to all individual members and other ADEA Annual Session & Exhibition participants. Reference Committee chairs have the authority to determine whether a nonmember may speak.

At their hearings, each Reference Committee provides an opportunity for discussion on each resolution referred to it. A Reference Committee must recommend action to the House on each resolution, even if there is no discussion at the hearing. However, if there is no discussion, a Reference Committee need not necessarily recommend approval of a resolution; it can recommend another action. Reference Committees have considerable authority; they may propose the adoption of a resolution, or they may recommend amendment, postponement, or rejection. Each Reference Committee prepares a report at the end of its hearing, which will be given at the Closing of the House. Each committee should, in its report, explain its recommendations briefly, noting the reasons for agreement or disagreement with the original recommendations.

A Reference Committee chair cannot permit motions or votes at hearings because Reference Committees are intended only to receive information and opinions. Further, a chair may not debate points, either at the hearing or the Closing Session of the House.

More

There is more on Reference Committees specific to the 2012 ADEA Annual Session & Exhibition in the next section.

Conclusion

We hope this information has given you a basic understanding of how ADEA works and has encouraged you to participate actively in the Association's affairs. Please contact ADEA staff member Ms. Sue Sandmeyer, Associate Executive Director for Knowledge Management, at 202-289-7201 or at sandmeyers@adea.org, for any further information you need.

ADEA Reference Committees

Additional information on Reference Committees appears in “Introduction to the ADEA Governing Process,” which immediately precedes this section. That material explains the purpose of Reference Committees and the ground rules governing their hearings at the ADEA Annual Session & Exhibition.

The ADEA Board of Directors has selected the following members to serve on this year’s Reference Committees:

ADEA Reference Committee on Association Policy

Dr. Karen P. West, University of Nevada, Las Vegas, ADEA Council of Deans, *Chair*
Dr. Tracy M. Dellinger, University of Mississippi, ADEA Council of Hospitals and Advanced Education Programs,
Mr. Robert Hann, University of Southern California, ADEA Council of Students, Residents and Fellows
Prof. Kim T. Isringhausen, Virginia Commonwealth University, ADEA Council of Allied Dental Program Directors,
Dr. Elizabeth Roberts, Johnson & Johnson Healthcare Products, Division of McNEIL-PPC, Inc., ADEA Corporate Council
Dr. D. Stanley Sharples, The Ohio State University, ADEA Council of Sections
Dr. Jeffrey Stewart, Oregon Health & Science University, ADEA Council of Faculties

ADEA Reference Committee on Association Administrative Affairs

Dr. Cecile A. Feldman, University of Medicine and Dentistry of New Jersey, ADEA Council of Deans, *Chair*
Dr. Jeffrey D. Bennett, Indiana University, ADEA Council of Sections
Dr. Irina Dragan; Tufts University; ADEA Council of Students, Residents and Fellows
Mr. Brian Kline, A-dec, ADEA Corporate Council
Prof. Sharon G. Peterson, College of Southern Nevada, ADEA Council of Allied Dental Program Directors
Dr. Mark S. Schweizer, Nova Southeastern University, ADEA Council of Faculties
Dr. David M. Shafer, University of Connecticut, ADEA Council of Hospitals and Advanced Education Programs

ADEA Reference Committee Hearing Times and Locations

Association Policy Reference Committee Hearing Time and Location

- Monday, March 19, 2:00 to 3:00 p.m., Hilton Orlando Bonnet Creek, Floridian B

Association Administrative Affairs Reference Committee Hearing Time and Location

- Tuesday, March 20, 2:00 to 3:00 p.m., Hilton Orlando Bonnet Creek, Floridian B

Resolutions to be Considered by the ADEA House of Delegates

While there are 4 resolutions (1H-2012 through 4H-2012) that will be acted upon by the House at its Opening Session on Saturday, March 17, 2012, from 4:00 to 5:00 p.m., Hilton Orlando Bonnet Creek, Floridian Ballroom D-L, there are 3 resolutions (5H-2012 through 7H-2012) that the Board of Directors has referred to hearings of Reference Committees. In addition, any resolutions introduced at the Opening Session of the House will also be referred to the appropriate Reference Committee.

After the Reference Committees have met on March 19 and 20, these 3 resolutions (and any that are presented from the floor) will be considered by the House at its Closing Session on Wednesday, March 21, noon to 1:00 p.m., Hilton Orlando Bonnet Creek, Floridian Ballroom D-L. At the Closing Session, the Reference Committees' chairs will read the resolutions that their committees have heard, and their reports will be submitted to the House (but not read aloud).

Resolutions to be Heard by the ADEA Reference Committee on Association Policy

The Reference Committee on Association Policy will hold a hearing on Resolution 5H-2012 at its hearing, which will be Monday, March 19, from 2:00 to 3:00 p.m. at the Hilton Orlando Bonnet Creek, Floridian B. Additional resolutions introduced at the Opening Session of the House may be referred to this committee.

Resolutions to be Heard by the ADEA Reference Committee on Association Administrative Affairs

The Reference Committee on Administrative Affairs will hear Resolutions 6H-2012 and 7H-2012 on Tuesday, March 20, from 2:00 to 3:00 p.m. at the Hilton Orlando Bonnet Creek, Floridian B. Additional resolutions introduced at the Opening Session of the House may also be referred to this committee.

Order of Business of the ADEA House of Delegates

Opening Session

Saturday, March 17, 4:00 to 5:00 p.m., Hilton Orlando Bonnet Creek, Floridian Ballroom D-L

Call to Order—ADEA President Dr. Leo E. Rouse
Report of Quorum
Approval of the Minutes of the Previous Session
Reports
President-elect's Address—Dr. Gerald N. Glickman
Executive Director's Report—Dr. Richard W. Valachovic
Report of the Nominating Committee—Dr. Leo E. Rouse
Referrals of Reports and Resolutions
Recess, until March 21, 2012, noon

Closing Session

Wednesday, March 21, noon to 1:00 p.m., Hilton Orlando Bonnet Creek, Floridian Ballroom D-L

Call to Order—ADEA President, Dr. Leo E. Rouse
Report of Quorum
Consideration of Reference Committee Reports and Action on Resolutions
Unfinished Business
New Business
President's Address—Dr. Leo E. Rouse
Announcement of New Officers and Recognition of Retiring Officers
Adjournment

Procedures for the Conduct of Business in the ADEA House of Delegates

Alternates

A delegate unable to attend a House session or who serves in the House in two or more positions (e.g., as a member of the Council of Faculties and Council of Sections) may appoint an alternate to represent him or her. A delegate from the Councils of Allied Dental Program Directors, Hospitals and Advanced Education Programs, or Students, Residents, and Fellows should appoint an alternate who is a member of the same council. A delegate from the Council of Sections should appoint the Secretary or Chair-elect of his or her section. A delegate from the Councils of Deans or Faculties should appoint an alternate from his or her institution. A delegate representing two or more councils should decide which council to represent and then appoint an alternate for the other position according to the foregoing guidelines. Please notify ADEA of the name of the alternate. This notification can be done by emailing ADEA prior to the ADEA Annual Session & Exhibition or when picking up voting cards at the ADEA House of Delegates booth in the registration area at the ADEA Annual Session & Exhibition.

Admission Cards

At registration, each delegate (or alternate) will receive three cards: (1) one for admission to the Opening Session of the House, (2) one for admission to the Closing Session, and (3) one for balloting for President-elect if an election is required. Each delegate and alternate will surrender the signed, appropriate card when entering the floor for the Opening and Closing Sessions. Any delegates or alternates who misplace their admission or voting cards should immediately report the loss to staff in the Association's registration area.

Seating of Delegates

Delegates are seated by council affiliation, and each delegate is required to sit with his or her council. The council seating areas will be marked by signs.

Visitors

All registered ADEA Annual Session & Exhibition participants are not only invited but also encouraged to attend the ADEA House of Delegates sessions, as well as meetings of the Reference Committees. There will be visitors' seating sections at both the Opening and Closing Sessions.

Presiding Officer

The Association's President—Dr. Leo E. Rouse—is the presiding officer of the House. In the absence of the President, the President-elect is the presiding officer. The President may cast a vote in cases when his vote could alter the outcome, appoint judges and tellers to assist in determining the result of any action taken by ballot, and perform any other duties required by the rules of order.

Recording Officer

The ADEA Executive Director is the recording officer of the ADEA House of Delegates and the custodian of its records. The Executive Director may appoint a public stenographer to record the verbatim proceedings of the Opening and Closing Sessions of the House.

Rules of Order

The rules contained in the latest edition of Sturgis's Standard Code of Parliamentary Procedure govern the deliberations of the House in all cases where they are applicable and not in conflict with the Association's Bylaws.

Parliamentarian

A parliamentarian will be present during the sessions of the House of Delegates.

Explanation of Motions

To avoid confusion, each type of motion is assigned a definite rank as shown in the tables on pages 28 through 30.

The rank is based on the urgency of each motion. When a motion is before the House, any motion is in order if it has a higher precedence or rank than the immediately pending motion, but no motion having a lower precedence is in order. Motions are considered and decided in a reverse order to that of their proposal. For example, a motion to amend the main motion is dispensed with before the main motion, and a motion to amend an amendment is voted on before the original motion to amend.

After a motion to approve is made and seconded, the resolution is before the House for debate, amendment, and final action. A motion to approve is a main motion, and a vote by the House disposes of the resolution.

A motion to postpone definitely may be used to defer consideration of a resolution until some definite future time during this ADEA Annual Session & Exhibition. Resolutions may be referred to the ADEA Board of Directors, councils, or sections for their recommendations.

There is no motion to postpone indefinitely available to delegates. The motion to postpone indefinitely was often confused with the motion to lay on the table, because they both set aside the pending main motion without bringing it to a direct vote. Unlike a motion to lay on the table, however, the motion to postpone indefinitely was debatable, and also opened the main question to debate. Because theoretically it was a new motion, it provided a loophole for those who had exhausted their right of debate, enabling them to get around the limitation and continue debating the main motion. This practice has been criticized because it prolongs debate, and because it violates the principle of majority rule, providing a means of thwarting the will of the assembly, as expressed in the motion limiting debate. It also confuses those who are not familiar with the motion, and who assume that it would merely "postpone" the pending question, as the name might seem to indicate, instead of killing it.

The motion to postpone temporarily can accomplish the main purpose of the motion to postpone indefinitely—that is, it suppresses the main motion without bringing it to a vote—but without the unintended result of prolonging discussion without the assembly's permission. To prevent misuse of the motion, a two-thirds vote is required when the motion to postpone temporarily is used to prevent discussion of a motion (to kill a motion).

Legislative bodies have traditionally killed motions by tabling them, and this is the most common method of "postponing indefinitely" in American organizations of all kinds. It is recommended that when a motion is made to postpone indefinitely, the chair handle it as a motion to lay on the table.

If an amended or substitute resolution is approved, the issue is resolved. However, if an amended or substitute resolution is not approved, the House returns to discussion of, and a vote on, the original version.

Amendments to the ADEA Bylaws

A proposed amendment to the Bylaws must be presented in writing at the Opening Session, and is then voted on at the Closing Session. A Bylaws amendment is enacted if it receives an affirmative vote of at least two thirds of the delegates present and voting.

Voting Procedures during ADEA House of Delegates Sessions

The presiding officer usually determines the method of voting during sessions of the House. He or she may choose a voice vote, a show of hands, a standing vote, or a secret ballot, depending on the closeness of the vote and the presiding officer's sense of the House.

Principal Rules Governing Motions in the ADEA House of Delegates

Order of Precedence ¹	Can interrupt?	Requires second?	Debatable?	Amendable ?	Vote required?	Applies to what other motions?	What other motion can be applied to it?
Privileged Motions							
1. Adjourn	No	Yes	No ²	Yes ²	Majority	None	Amend
2. Recess	No	Yes	Yes ²	Yes ²	Majority	None	Amend ²
3. Question of Privilege	Yes	No	No	No	None	None	None
Subsidiary Motions							
4. Postpone temporarily (table)	No	Yes	No	No	Majority ³	Main Motion	None
5. Close debate	No	Yes	No	No	2/3	Debatable Motions	None
6. Limit debate	No	Yes	Yes ²	Yes ²	2/3	Debatable Motions	Amend ²
7. Postpone to a certain time	No	Yes	Yes ²	Yes ²	Majority	Main Motion	Amend, ² close debate, limit debate
8. Refer to committee	No	Yes	Yes ²	Yes ²	Majority	Main Motion	Amend, ² close debate, limit debate
9. Amend	No	Yes	Yes	Yes	Majority	Rewordable Motions	Close debate, limit debate, amend

¹Motions 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.

²Debatable if no other motion is pending

³Requires two-thirds vote when it would suppress a motion without debate

Principal Rules Governing Motions in the ADEA House of Delegates

Order of Precedence ⁴	Can interrupt?	Requires second?	Debatable?	Amendable ?	Vote required?	Applies to what other motions?	What other motion can be applied to it?
Main Motions							
10a. The main motion	No	Yes	Yes	Yes	Majority	None	Restorative, Subsidiary
10b. Restorative main motions							
Amend a previous action	No	Yes	Yes	Yes	Majority	Main motion	Subsidiary, Restorative
Ratify	No	Yes	Yes	Yes	Majority	Previous action	Subsidiary

No order of Precedence	Can interrupt?	Requires second?	Debatable?	Amendable ?	Vote required?	Applies to what other motions?	What other motion can be applied to it?
Reconsider	Yes	Yes	Yes ⁵	No	Majority	Main motion	Close debate, limit debate
Rescind	No	Yes	Yes	No	Majority	Main motion	Close debate, limit debate
Resume consideration	No	Yes	No	No	Majority	Main motion	None

⁴Motions 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.

⁵Debatable if no other motion is pending

Principal Rules Governing Motions in the ADEA House of Delegates

No order of Precedence	Can interrupt?	Requires second?	Debatable?	Amendable?	Vote required?	Applies to what other motions?	What other motion can be applied to it?
Motions							
Appeal	Yes	Yes	Yes	No	Majority	Decision of Chair	Close debate, limit debate
Suspend rules	No	Yes	No	No	2/3	None	None
Consider informally	No	Yes	No	No	Majority	Main motion	None
Requests							
Point of order	Yes	No	No	No	No	Any error	None
Parliamentary inquiry	Yes	No	No	No	No	All motions	None
Withdraw a motion	Yes	No	No	No	No	All motions	None
Division of question	No	No	No	No	No	Main motion	None
Division of assembly	Yes	No	No	No	No	Main motion	None

Sturgis, A. (2001). *The Standard Code of Parliamentary Procedure, 4th Edition*. New York; McGraw-Hill.

Voting for the ADEA President-Elect

The following instructions apply only if an election is necessary. Otherwise, delegates will declare Dr. Young elected President-elect by acclamation at the Opening Session of the ADEA House of Delegates.

The members of the ADEA House of Delegates will cast ballots for ADEA President-elect during the ADEA Annual Session & Exhibition. Delegates may cast their ballots for President-elect between the hours of 8:00 a.m. and 5:00 p.m. on Sunday, March 18; between 8:00 a.m. and 4:30 p.m. on Monday, March 19; and between 8:00 a.m. and 4:30 p.m. on Tuesday, March 20. Voting will take place at the ADEA House of Delegates booth in the registration area at the Hilton Orlando Bonnet Creek. These are the only times when a delegate or alternate may cast a ballot for President-elect. Only a delegate (or official alternate) may vote, and he or she will surrender his or her voter registration card to receive a ballot.

The 2012 Nomination Process for ADEA President-Elect

The ADEA Board of Directors placed several calls for nominations in the *Bulletin of Dental Education Online* and *Journal of Dental Education*.

All members were invited to nominate as many individuals as they wished, including themselves.

The Council Administrative Boards were also invited to nominate candidates; however, the Boards were not informed of the identity of the other candidates. In order to maintain confidentiality, only the Nominating Committee and the ADEA Executive Director knew the identity of all nominees.

The deadline for submitting nominations was November 1, 2011.

The Nominating Committee voted to select the candidate to stand for election.

Upon the recommendation of the Nominating Committee, the Board of Directors presents one candidate for 2012-13 ADEA President-elect. (The office leads in successive years to the offices of President and Immediate Past President.) The candidate, for whom a brief biographical sketch follows, is:

Dr. Stephen K. Young, Dean and David Ross Boyd Professor, University of Oklahoma College of Dentistry

Nominee for ADEA President-Elect

Stephen K. Young, D.D.S., M.S.



I am deeply honored by the ADEA Board of Directors' decision to nominate me for the position of President-elect of the American Dental Education Association (ADEA). The Association has played a critical role in my academic development and career. If elected, I will strive to bring the rewarding experiences I have had to a new generation of dental, allied, and advanced program faculty members.

I graduated from the University of Missouri - Kansas City School of Dentistry in 1971. I then attended the University of Michigan School of Dentistry, where I received my master's degree in Oral and Maxillofacial Pathology. I am a Diplomate of the American Board of Oral and Maxillofacial Pathology and joined the faculty of the University of Oklahoma (OU) College of Dentistry in 1976. During my 36-year tenure at Oklahoma, I have had the privilege of teaching dental, allied, and graduate students, chairing the Department of Oral Diagnosis and Radiology, and serving as Associate Dean for Academic Affairs. For the past 12 years, I have served as Dean.

My relationship with ADEA, previously known as the American Association of Dental Schools (AADS), began in 1985. I attended an AADS Legislative Workshop and was inspired by the Association's mission. The workshop experience led me to apply for a position as a Harry W. Bruce, Jr. Legislative Fellow in Washington, DC, for which I was selected in 1986. The following year, the governor of Oklahoma tried to close the OU College of Dentistry as a budgetary measure. My ADEA legislative experience was invaluable in our school's successful effort to fend off closure.

I have been active in many capacities as a member of ADEA over the years. I have served as Pathology Section Chair and on the Council of Faculties. I was appointed as the ADEA representative to the Joint Commission on Dental National Boards and American Dental Association (ADA) Council on Dental Education and Licensure, also serving both groups as Chair. I am currently serving as Chair of the ADEA Commission on Change and Innovation in Dental Education (ADEA CCI).

Other positions I have held in organized dentistry include the following: Co-Chair, ADA Joint Commission on Ethics and Integrity; site visitor, Commission on Dental Accreditation (CODA); member, CODA Postgraduate Review Committee; Dean representative, Western Regional Examining Board; and Councilor, American Academy of Oral and Maxillofacial Pathology (AAOMP). I am currently Regent-at-Large of the American College of Dentists (ACD).

All of these experiences have made me keenly aware of the many opportunities and challenges facing dental education today. I believe they have also prepared me to serve

effectively as ADEA President. During my tenure with ADEA CCI, I have become convinced that the key to successful change in dental education is faculty development. Regional workshops, online programs, and webinars are just a few of the possible ways to supplement the ADEA Annual Session & Exhibition's faculty-development programs.

If elected, I will do my best to serve the academic community in all areas of dental education—predoctoral, allied, and advanced programs. I am looking forward with great anticipation to this opportunity.

**Report of the ADEA Board of Directors on Resolutions for
Consideration by the 2012 ADEA House of Delegates**

The ADEA House of Delegates will consider the seven (7) resolutions in this report, plus any additional ones introduced at the Opening Session. The House will act on Resolutions 1H-2012 through 4H-2012 at its Opening Session on Saturday, March 17, 2012, from 4:00 to 5:00 p.m. The House will act on all others at its Closing Session on Wednesday, March 21, 2012, from noon to 1:00 p.m. Both sessions will be held at the Hilton Orlando Bonnet Creek, Floridian Ballroom D-L. The resolutions from the Board of Directors in the report are sequenced as follows:

Resolutions to be Acted on at the Opening Session:

1H-2012	ADA Council on Dental Education and Licensure Member
2H-2012	Commission on Dental Accreditation Commissioners
3H-2012	Joint Commission on National Dental Examinations Member
4H-2012	Appreciations

Resolutions to be Acted on at the Closing Session:

5H-2012	ADEA Council of Deans, Women's Health Resolution
6H-2012	Change in Titles of Members of the Board of Director and the Executive Director
7H-2012	Approval of the Fiscal Year 2013 Budget

All of the resolutions in this report that require House action are printed in boldface for delegates' ease of identification.

1 ***Actions at the Opening Session of the ADEA House of Delegates***

2
3 **Resolution 1H-2012**

4 **ADA Council on Dental Education and Licensure Member**

- 5
- 6 • Dr. Patrick M. Lloyd, The Ohio State University (2012)
 - 7 • Dr. Tariq Javed, Medical University of South Carolina (2013)
 - 8 • Dr. Teresa A. Dolan, University of Florida (2014)
 - Dr. Ann Boyle, Southern Illinois University (2015)

9 Dr. Lloyd will complete his term on the ADA Council on Dental Education and Licensure
10 (CDEL) this fall at the 2012 ADA Annual Session. Thus, the 2012 ADEA House will have
11 to elect a new CDEL member. To replace Dr. Lloyd on the Council, the ADEA Board of
12 Directors is recommending that the House elect Dr. Cecile Feldman, University of
13 Medicine and Dentistry of New Jersey, to a four-year term to expire 2016.

14 The ADEA bylaws allow delegates to nominate additional candidates for ADA CDEL
15 membership at the Opening Session of the House. (Please note: ADA CDEL members
16 must be active members of the ADA.) Any delegate presenting a nominee must obtain
17 the candidate's consent to run and a copy of the candidate's curriculum vita, which will
18 be made available for delegates' review in the ADEA Registration Area.

19 ***The ADEA Board of Directors asks the House to approve the following resolution:***

20 **1H-2012 Resolved, that the ADEA House of Delegates elect Dr. Cecile Feldman**
21 **to a four-year term on the ADA Council on Dental Education and**
22 **Licensure with the term to begin at the conclusion of the 2012 ADA**
23 **Annual Session and end at the conclusion of the 2016 ADA Annual**
24 **Session.**
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Resolution 2H-2012
Commission on Dental Accreditation Commissioners

The current ADEA representatives to the Commission and their termination dates (in the fall of the years shown) are:

- Dr. Richard N. Buchanan, Roseman University of Health Sciences (2012)
- Dr. Yilda Rivera-Nazario, University of Puerto Rico (2013)
- Dr. John N. Williams, Indiana University (2014)
- Dr. William W. Dodge, University of Texas Health Science Center at San Antonio (2015)

Dr. Buchanan will complete his term on the Commission on Dental Accreditation (CODA) this fall at the 2012 ADA Annual Session. Thus, the 2012 ADEA House will have to elect a new Commission member. To replace Dr. Buchanan on the Commission, the ADEA Board of Directors is recommending that the House elect Dr. Karen P. West, University of Nevada, Las Vegas, to a four-year term to expire in 2016.

In addition to Dr. West’s nomination, the ADEA Board of Directors also recommends that Dr. Denise K. Kassebaum, The University of Colorado, be elected for a four-year term beginning in 2013 and ending in 2017. The reason for this early election is due to CODA’s new training requirements and the need to identify new Commissioners earlier.

The ADEA bylaws allow delegates to nominate additional candidates for CODA membership at the Opening Session of the House. (Please note: ADEA appointees to CODA must be active members of the ADA.) Any delegate presenting a nominee must obtain the candidate’s consent to run and a copy of the candidate’s curriculum vita, which will be made available for delegates’ review in the ADEA registration area.

The ADEA Board of Directors asks the House to approve the following resolution:

2H-2012 Resolved, that the ADEA House of Delegates elect Dr. Karen West to a four-year term on the Commission on Dental Accreditation with the term to begin at the conclusion of the 2012 ADA Annual Session and end at the conclusion of the 2016 ADA Annual Session and Dr. Denise Kassebaum to a four-year term on the Commission on Dental Accreditation with the term to begin at the conclusion of the 2013 ADA Annual Session and end at the conclusion of the 2017 ADA Annual Session.

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Resolution 3H-2012
Joint Commission on National Dental Examinations Member

The Joint Commission on National Dental Examinations (JCNDE) consists of three representatives each from the ADA and ADEA, six from the American Association of Dental Examiners, and one each from the American Dental Hygienists' Association, the American Student Dental Association, and the public sector. The JCNDE members appointed by the ADEA House of Delegates and their termination dates (in the fall of the years shown) are:

- Dr. B. Ellen Byrne, Virginia Commonwealth University (2012)
- Dr. Birgit J. Glass, University of Texas Health Science Center at San Antonio (2013)
- No JCNDE Member was elected for 2010 (2014 termination date) due to rotation of members
- Dr. Connie L. Drisko, Georgia Health Sciences University (2015)

Dr. Byrne will complete her term on Joint Commission on National Dental Examinations (JCNDE) this fall at the 2012 ADA Annual Session. To represent ADEA, the Board of Directors is recommending that Dr. Marc Levitan, Medical University of South Carolina, be appointed for a four-year term beginning in 2012 and ending in 2016.

The ADEA bylaws allow delegates to nominate additional candidates for ADA JCNDE membership at the Opening Session of the House. (Please note: JCNDE members must be active members of the ADA.) Any delegate presenting a nominee must obtain the candidate's consent to run and a copy of the candidate's curriculum vita, which will be made available for delegates' review in the ADEA Registration Area.

The ADEA Board of Directors asks the House approve the following resolution:

3H-2012 Resolved, that the ADEA House of Delegates elect Dr. Marc Levitan to a four-year term on the Joint Commission on National Dental Examinations with the term to begin at the conclusion of the 2012 ADA Annual Session and end at the conclusion of the 2016 ADA Annual Session.

Resolution 4H-2012
Appreciations

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2
3 ADEA relies significantly on outside support for a number of its activities, and numerous
4 organizations provided much-needed assistance since last year's ADEA Annual
5 Session. The ADEA Board of Directors expresses its sincere appreciation to the
6 following companies, organizations, institutions, and individuals for their generous
7 support. Those who have supported ADEA activities and events over the past year—
8 from last year's ADEA Annual Session until the start of this year's Annual Session—are
9 listed alphabetically. Most of the companies listed are also Corporate Members of
10 ADEA, and we are especially grateful to them.

11 *Academy for Academic Leadership* sponsored an Exhibit Hall raffle item at the 2011
12 ADEA Annual Session.

13 *ADA Insurance Plans* was a general sponsor of the ADEA Sections on Dental School
14 Admissions Officers and on Student Affairs and Financial Aid at the ADEA Fall 2011
15 Meetings, as well as of the 53rd Annual ADEA Deans' Conference. The company also
16 sponsored an Exhibit Hall raffle item at the 2011 ADEA Annual Session.

17 *ADEA Associated American Dental Schools Application Service (ADEA AADSAS)*
18 cosponsored the meeting of the ADEA Sections on Dental School Admissions Officers
19 and on Student Affairs and Financial Aid at the ADEA Fall 2011 Meetings.

20 *ADEA Board of Directors* was a Deans' List Sponsor of the 2011 William J. Gies Awards
21 for Vision, Innovation, and Achievement.

22 *ADEA Corporate Council* sponsored the Opening Plenary at the 2011 ADEA Annual
23 Session.

24 *ADEA Council of Students, Residents, and Fellows (ADEA COSRF)* cosponsored the
25 2011 ADEA/ADEA Council of Students, Residents, and Fellows/Colgate-Palmolive Co.
26 Junior Faculty Award.

27 *ADEAGies Foundation* funded the ADEA/William J. Gies Foundation Education
28 Fellowship and the ADEA/William J. Gies Foundation Dental Research Scholarship. The
29 Foundation cosponsored the 2011 ADEA Leadership Institute. The *Foundation* also
30 supported the Academic Dental Careers Fellowship Program and the Predental Advisors
31 Workshop at the 2011 ADEA Annual Session & Exhibition.

32 *A-dec* was a Gold Sponsor of the 2011 William J. Gies Awards for Vision, Innovation,
33 and Achievement. *A-dec* sponsored lunch at the 53rd Annual ADEA Deans' Conference
34 and cosponsored the reception and a dinner at the 2011 Midyear Meeting of the ADEA
35 Sections on Business and Financial Administration and Clinic Administration. The
36 company also sponsored a reception at the 44th Annual National ADEA Allied Dental
37 Program Directors' Conference and an Exhibit Hall raffle item at the 2011 ADEA Annual
38 Session.

39 *AEGIS Communications* was a Diamond Sponsor of the 2011 William J. Gies Awards for
40 Vision, Innovation, and Achievement. The company also cosponsored the welcoming
41 reception at the 53rd Annual ADEA Deans' Conference. Lastly, ADEA sincerely wishes

1 to thank *AEGIS Communications* for providing the broad environmental scan, the
2 background research, and the comprehensive analysis in support of work of the ADEA
3 Task Force on Academia-Industry Interactions.

4 *The Alpha Omega Foundation* funded the ADEA/Alpha Omega Foundation/Leonard
5 Abrams Scholar in the 2011 ADEA Leadership Institute.

6 *American Association of Oral and Maxillofacial Surgeons* was a sponsor of the Fourth
7 ADEA Summit on Advanced Dental Education at the ADEA 2011 Fall Meetings.

8 *American Dental Association* provided travel stipends for the RWJF/AAMC/ADEA
9 Summer Medical and Dental Education Program

10 *American College of Prosthodontists* was a 2011 William J. Gies Awards for Vision,
11 Innovation, and Achievement Donor.

12 *Association of American Medical Colleges* supported the Summer Medical and Dental
13 Education Program (SMDEP).

14 *Aspen Dental Management, Inc.* was a Gold Sponsor of the 2011 William J. Gies
15 Awards for Vision, Innovation, and Achievement. The company was also a General
16 Sponsor of the 53rd Annual ADEA Deans' Conference and the Mid-Year Meeting of the
17 ADEA Sections on Business and Financial Administration and Clinic Administration.

18 *axiUm Software* provided a break for the 2011 Mid-Year Meeting of the ADEA Sections
19 on Business and Financial Administration and Clinic Administration.

20 *Baylor College of Dentistry, The Texas A&M University Health Science Center*, was a
21 Deans' List Sponsor of the 2011 William J. Gies Awards for Vision, Innovation, and
22 Achievement.

23 *Bien-Air USA* was a General Sponsor for the 2011 Mid-Year Meeting of the ADEA
24 Sections on Business and Financial Administration and Clinic Administration as well as
25 for the 53rd Annual ADEA Deans' Conference. The company also sponsored an Exhibit
26 Hall raffle item at the 2011 ADEA Annual Session & Exhibition.

27 *Boston University Henry M. Goldman School of Dental Medicine* was a Deans' List
28 Sponsor of the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.

29 *Brasseler USA* was a General Sponsor of the 2011 Mid-Year Meeting of the ADEA
30 Sections on Business and Financial Administration and Clinic Administration. The
31 company was a General Sponsor at the 53rd Annual ADEA Deans' Conference and also
32 sponsored in part a reception at the 44th Annual National ADEA Allied Dental Program
33 Directors' Conference.

34 *California Dental Association* was both a Diamond Sponsor and a Platinum Sponsor of
35 the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.

36 *The California Endowment* provided a grant to conduct a three-year evaluation of the
37 California Dental Pipeline Program Phase II, a program designed to increase access to
38 dental care for underserved populations.

1 *Carl Zeiss Meditec, Inc.* sponsored a break at the 53rd Annual ADEA Deans'
2 Conference.

3 *Case Western Reserve University School of Dental Medicine* was a Deans' List Sponsor
4 of the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.

5 *Certiphi Screening, Inc.* sponsored an Exhibit Hall raffle item at the 2011 ADEA Annual
6 Session & Exhibition.

7 *Colgate-Palmolive Co.* was a Diamond Sponsor of the 2011 William J. Gies Awards for
8 Vision, Innovation, and Achievement. The company supported the ADEA Leadership
9 Institute Alumni Reception for the Class of 2012 at the 2011 ADEA Annual Session &
10 Exhibition. The company again provided generous support for the ADEA/Colgate-
11 Palmolive Co. Allied Dental Educators' Fellowship, ADEA/Colgate-Palmolive Excellence
12 in Teaching Award, ADEA/Colgate-Palmolive Co./National Dental Association Dr.
13 Jeanne C. Sinkford Scholar in the 2011 ADEA Leadership Institute, the ADEA/ADEA
14 Council of Students/Colgate-Palmolive Junior Faculty Award. Colgate-Palmolive Co.
15 was a general sponsor of the Advanced Dental Education Summit at the ADEA Fall
16 2011 Meetings. Colgate-Palmolive Co. was a founding and continuing supporter of
17 ADEA's online *Journal of Dental Education*. The company sponsored a lunch at the
18 44th Annual National ADEA Allied Dental Program Directors' Conference and sponsored
19 conference laptop sleeves at the 2011 Mid-Year Meeting of the ADEA Sections on
20 Business and Financial Administration and Clinic Administration. In addition to
21 sponsoring educational sessions and conference bags, as well as the New Deans'
22 Workshop at the 53rd Annual ADEA Deans' Conference, Colgate-Palmolive Co. was a
23 General Sponsor at the 2011 ADEA Allied Dental Faculty Leadership Development
24 Program. The company also sponsored a curriculum module in the ADEA Curriculum
25 Resource Center.

26 *Columbia University College of Dental Medicine* was a Deans' List Sponsor of the 2011
27 William J. Gies Awards for Vision, Innovation, and Achievement.

28 *DentaleZ Group* was a Gold Sponsor of the 2011 William J. Gies Awards for Vision,
29 Innovation, and Achievement and sponsored an Exhibit Hall raffle item at the 2011
30 ADEA Annual Session & Exhibition.

31 *Dental Services Group* sponsored a breakfast at the 2011 Mid-Year Meeting of the
32 ADEA Sections on Business and Financial Administration and Clinic Administration. The
33 company was also a General Sponsor of the 53rd Annual ADEA Deans' Conference and
34 sponsored an Exhibit Hall raffle item at the 2011 ADEA Annual Session & Exhibition.

35 *DENTSPLY International, Inc.* was a Diamond Sponsor of the 2011 William J. Gies
36 Awards for Vision, Innovation, and Achievement and sponsored the student poster
37 awards, as well as an Exhibit Hall raffle item, at the 2011 ADEA Annual Session &
38 Exhibition. The company hosted a reception at the 53rd Annual ADEA Deans'
39 Conference and was a General Sponsor of the 2011 Mid-Year Meeting of the ADEA
40 Sections on Business and Financial Administration and Clinic Administration.
41 *DENTSPLY International, Inc.* was also a General Sponsor for the 44th Annual National
42 ADEA Allied Dental Program Directors' Conference.

1 *DEXIS, LLC; Gendex Dental Systems; ISI* cosponsored the welcome reception at the
2 2011 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration
3 and Clinic Administration and a breakfast at the 53rd Annual ADEA Deans' Conference.

4 *Discus Dental, Inc.* sponsored the keynote address at the 53rd Annual ADEA Deans'
5 Conference and the golf tournament beverage cart for the 2011 Mid-Year Meeting of the
6 ADEA Sections on Business and Financial Administration and Clinic Administration.
7 *Discus Dental, Inc.* also sponsored an Exhibit Hall raffle item at the 2011 ADEA Annual
8 Session & Exhibition.

9 *Fortress Insurance Company* was a General Sponsor of the 53rd Annual ADEA Deans'
10 Conference.

11 *G. Hartzell & Son* sponsored an education session at the 44th Annual National ADEA
12 Allied Dental Program Directors' Conference.

13 *Harvard School of Dental Medicine* was a Deans' List Sponsor of the 2011 William J.
14 Gies Awards for Vision, Innovation, and Achievement.

15 *Henry Schein, Inc.* was a Diamond Sponsor of the 2011 William J. Gies Awards for
16 Vision, Innovation, and Achievement. The company also sponsored a luncheon at the
17 2011 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration
18 and Clinic Administration, and provided support for a breakfast at the 44th Annual
19 National ADEA Allied Dental Program Directors' Conference.

20 *Howard University College of Dentistry* was a Deans' List Sponsor of the 2011 William J.
21 Gies Awards for Vision, Innovation, and Achievement.

22 *Hu-Friedy Mfg. Co., Inc.* was a Diamond Sponsor of the 2011 William J. Gies Awards for
23 Vision, Innovation, and Achievement. The company sponsored an education program at
24 the 53rd Annual ADEA Deans' Conference and cosponsored a reception and dinner for
25 the 2011 Mid-Year Meeting of the ADEA Sections on Business and Financial
26 Administration and Clinic Administration. *Hu-Friedy Mfg. Co., Inc.* sponsored a
27 reception at the 44th Annual National ADEA Allied Dental Program Directors'
28 Conference. The Company also sponsored Exhibit Hall raffle items at the 2011 ADEA
29 Annual Session & Exhibition.

30 *Indiana University School of Dentistry* was a Deans' List Sponsor of the 2011 William J. Gies
31 Awards for Vision, Innovation, and Achievement.

32 *Institute for Oral Health* sponsored lanyards, pens, and the ADEA Workshop and
33 Recruitment Fair for Predental Students and Advisors at the 2011 ADEA Annual Session
34 & Exhibition. The company was also a General Sponsor for the 2011 Mid-Year Meeting
35 of the ADEA Sections on Business and Financial Administration and Clinic
36 Administration, the 2011 ADEA Allied Dental Faculty Leadership Development Program,
37 and the 53rd Annual ADEA Deans' Conference. Additionally, the company sponsored an
38 Exhibit Hall raffle item at the 2011 ADEA Annual Session & Exhibition.

39

1 *Instrumentarium/SOREDEX* cosponsored a reception at the 2011 Mid-Year Meeting of
2 the ADEA Sections on Business and Financial Administration and Clinic Administration.
3 The company also cosponsored a breakfast at the 53rd Annual ADEA Deans'
4 Conference.

5 *Johnson & Johnson Healthcare Products, Division of McNEIL-PPC, Inc.* was a Premier
6 Sponsor of the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
7 The company sponsored the ADEA/Johnson & Johnson Healthcare Products Preventive
8 Dentistry Scholarships and the ADEA/Johnson & Johnson Healthcare Products/Enid A.
9 Neidle Scholar-in-Residence Program for Women. Johnson & Johnson Healthcare
10 Products also supported the ADEA Discourse and Dessert at the 2011 ADEA Annual
11 Session & Exhibition. The company sponsored the keynote address at the 44th Annual
12 National ADEA Allied Dental Program Directors' Conference, as well as an education
13 program at the 2011 Mid-Year Meeting of the ADEA Sections on Business and Financial
14 Administration and Clinic Administration. The company cosponsored a reception at the
15 53rd Annual ADEA Deans' Conference. The company was also a General Sponsor of the
16 2011 ADEA Allied Dental Faculty Leadership Development Program, supported the
17 2011 ADEA Leadership Institute, and sponsored an Exhibit Hall raffle item at the 2011
18 ADEA Annual Session & Exhibition.

19 *Kahler Slater* sponsored lunches for golfers and the buses to take conference attendees
20 to tour a dental school at the 2011 Mid-Year Meeting of the ADEA Sections on Business
21 and Financial Administration and Clinic Administration. The company was also a
22 General Sponsor of the 53rd Annual ADEA Deans' Conference.

23 *Komet USA* sponsored an Exhibit Hall raffle item at the 2011 ADEA Annual Session &
24 Exhibition.

25 *Liaison International, Inc.* was a Gold Sponsor of the 2011 William J. Gies Awards for
26 Vision, Innovation, and Achievement and sponsored the ADEA Workshop and
27 Recruitment Fair for Predental Students and Advisors at the 2011 ADEA Annual Session
28 & Exhibition.

29 *Loma Linda University School of Dentistry* was a Deans' List Sponsor of the 2011
30 William J. Gies Awards for Vision, Innovation, and Achievement.

31 *Louisiana State University School of Dentistry* was a Deans' List Sponsor of the 2011
32 William J. Gies Awards for Vision, Innovation, and Achievement.

33 *Medical Protective Company* was a General Sponsor of the 53rd Annual ADEA Deans'
34 Conference and sponsored an Exhibit Hall raffle item at the 2011 ADEA Annual Session
35 & Exhibition.

36 *Midmark Corporation* was a General Sponsor of the 2011 Mid-Year Meeting of the
37 ADEA Sections on Business and Financial Administration and Clinic Administration and
38 of the 53rd Annual ADEA Deans' Conference.

39 *National Dental Association* cosponsored the ADEA/Colgate-Palmolive Co./National
40 Dental Association Dr. Jeanne C. Sinkford Scholar in the 2011 ADEA Leadership
41 Institute.

1 *New York University College of Dentistry* was a Deans' List Sponsor of the 2011 William
2 J. Gies Awards for Vision, Innovation, and Achievement.

3 *Nobel Biocare USA, LLC* was a Gold Sponsor of the 2011 William J. Gies Awards for
4 Vision, Innovation, and Achievement, and was a General Sponsor of the 53rd Annual
5 ADEA Deans' Conference.

6 *Oral Health America, the Beauchamp Funds, the George H. Whiteley Memorial*
7 *Foundation* and *DENTSPLY International, Inc.* supported the ADEAGies Foundation for
8 the ADEA Leadership Institute.

9 *OraPharma, Inc.* was a Diamond Sponsor of the 2010 William J. Gies Awards for Vision,
10 Innovation, and Achievement. The company cosponsored a reception at the 53rd Annual
11 ADEA Deans' Conference and was a General Sponsor at the 44th Annual National ADEA
12 Allied Dental Program Directors' Conference, and the 2011 Mid-Year Meeting of the
13 ADEA Sections on Business and Financial Administration and Clinic Administration.

14 *Pacific Dental Services, Inc.* sponsored the ADEA Workshop and Recruitment Fair for
15 Predental Students and Advisors at the 2011 ADEA Annual Session & Exhibition, as
16 well as the official 2011 ADEA Annual Session & Exhibition poster, and was a General
17 Sponsor of the 53rd Annual ADEA Deans' Conference.

18 *PDT, Inc.* sponsored an Exhibit Hall raffle item at the 2011 ADEA Annual Session &
19 Exhibition.

20 *Pelton & Crane, KaVo, Marus Dental Corporation* cosponsored a reception at the 2011
21 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and
22 Clinic Administration and cosponsored a breakfast at the 53rd Annual ADEA Deans'
23 Conference.

24 *Philips Oral Healthcare, Inc.* sponsored the conference lanyards at the 44th Annual
25 National ADEA Allied Dental Program Directors' Conference.

26 *Premier Dental Products Company* supported a break at the 44th Annual National ADEA
27 Allied Dental Program Directors' Conference. The company also sponsored an Exhibit
28 Hall raffle item at the 2011 ADEA Annual Session & Exhibition.

29 *The Procter & Gamble Company* was a Diamond Sponsor of the 2011 William J. Gies
30 Awards for Vision, Innovation, and Achievement. The company also sponsored a
31 breakfast at the 53rd Annual ADEA Deans' Conference. *The Procter & Gamble Company*
32 sponsored the ADEA Allied Dental Hygiene Clinic Coordinators' lunch and the ADEA
33 Dental Hygiene Graduate Program Directors meeting at the 2011 ADEA Annual Session
34 & Exhibition. The company sponsored a lunch at the 2011 Mid-Year Meeting of the
35 ADEA Sections on Business and Financial Administration and Clinic Administration, as
36 well as a breakfast at the 44th Annual National ADEA Allied Dental Program Directors'
37 Conference and was a General Supporter of the 2011 ADEA Allied Dental Faculty
38 Leadership Development Program. The company is a continuing supporter of ADEA's
39 online *Journal of Dental Education*. *The Procter & Gamble Company* supported the 2011
40 ADEA Leadership Institute, as well as the 2011 ADEA Deans' Institute. The company
41 also was a general sponsor of the 2011 ADEA/ASDA National Dental Student Lobby
42 Day. The Company sponsored the ADEA/Crest Oral-B Laboratories Scholarship for

1 Dental Hygiene Students Pursuing Academic Careers. *The Procter & Gamble Company*
2 also sponsored the Caries Educational Programming and sponsored Exhibit Hall raffle
3 items at the 2011 ADEA Annual Session & Exhibition.

4 *Robert Wood Johnson Foundation* provided grants to support the AAMC/ADEA Summer
5 Medical and Dental Education Program (SMDEP) and the ExploreHealthCareers.org
6 website. The Foundation also provided support for Travel Scholarships for SMDEP
7 students who had difficulty traveling to and from the SMDEP sites.

8 *SDS/Dental Consumables – Kerr, Pentron Clinical, Axis* sponsored education sessions
9 at the 2011 Mid-Year Meeting of the ADEA Sections on Business and Financial
10 Administration and Clinic Administration and at the 53rd Annual ADEA Deans'
11 Conference. The company also sponsored an Exhibit Hall raffle item at the 2011 ADEA
12 Annual Session & Exhibition.

13 *Secure Innovations, Inc.* sponsored a breakfast at the 2011 Mid-Year Meeting of the
14 ADEA Sections on Business and Financial Administration and Clinic Administration.

15 *Septodont, Inc.* was a Diamond Sponsor of the 2011 William J. Gies Awards for Vision,
16 Innovation, and Achievement. *Septodont, Inc.* was also a General Sponsor of the 2011
17 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration and
18 Clinic Administration, as well as of the 53rd Annual ADEA Deans' Conference.

19 *Sigma Phi Alpha*, the national honor society of the dental hygiene profession, sponsored
20 the 2011 ADEA/Sigma Phi Alpha Linda E. DeVore Scholarship.

21 *Sirona Dental Systems, LLC* sponsored educational sessions at the 2011 Mid-Year
22 Meeting of the ADEA Sections on Business and Financial Administration and Clinic
23 Administration and at the 53rd Annual ADEA Deans' Conference. The company was also
24 a General Sponsor of the 44th Annual National ADEA Allied Dental Program Directors'
25 Conference. *Sirona Dental Systems, LLC* cosponsored a lunch in the Exhibit Hall at the
26 2011 ADEA Annual Session & Exhibition. The White Coat Ceremony and an Exhibit Hall
27 raffle item at the 2011 ADEA Annual Session & Exhibition were also sponsored by
28 *Sirona Dental Systems, LLC*.

29 *Stage Front Presentation Systems* sponsored an educational session at the 2011 Mid-
30 Year Meeting of the ADEA Sections on Business and Financial Administration and Clinic
31 Administration. The company was also a general sponsor at the 44th Annual National
32 ADEA Allied Dental Program Directors' Conference.

33 *Stony Brook University School of Dental Medicine* was a Deans' List Sponsor of the
34 2011 William J. Gies Awards for Vision, Innovation, and Achievement.

35 *Sunstar Americas, Inc.* was a Diamond Sponsor of the 2011 William J. Gies Awards for
36 Vision, Innovation, and Achievement. *Sunstar Americas, Inc.* also sponsored the
37 ADEA/Sunstar Americas, Inc./Harry W. Bruce, Jr. Legislative Fellowship and the ADEA
38 Legislative Leadership dinner. The company was a General Sponsor of the 2011 ADEA
39 Allied Dental Faculty Leadership Development Program. *Sunstar Americas, Inc.* was a
40 general sponsor of the 53rd Annual ADEA Deans' Conference, and supported the 2011
41 ADEA Leadership Institute. *Sunstar Americas, Inc.* also sponsored an Exhibit Hall raffle

- 1 item at the 2011 ADEA Annual Session & Exhibition, as well as the ADEA Sunstar
2 Americas Student Leadership Internship award program.
- 3 *3M ESPE* was a General Sponsor of the 53rd Annual ADEA Deans' Conference and the
4 2011 Mid-Year Meeting of the ADEA Sections on Business and Financial Administration
5 and Clinic Administration.
- 6 *Tufts University School of Dental Medicine* was a Deans' List Sponsor of the 2011
7 William J. Gies Awards for Vision, Innovation, and Achievement.
- 8 *Ultradent Products, Inc.* sponsored a break at the 2011 Mid-Year Meeting of the ADEA
9 Sections on Business and Financial Administration and Clinic Administration as well as
10 at the 53rd Annual ADEA Deans' Conference. The company also sponsored an Exhibit
11 Hall raffle item at the ADEA 2011 Annual Session.
- 12 *University of Alabama at Birmingham* was a Deans' List Sponsor of the 2011 William J.
13 Gies Awards for Vision, Innovation, and Achievement.
- 14 *University at Buffalo School of Dental Medicine* was a Deans' List Sponsor of the 2011
15 William J. Gies Awards for Vision, Innovation, and Achievement.
- 16 *University of California, Los Angeles, School of Dentistry* was a Gold Sponsor and a
17 Deans' List Sponsor of the 2011 William J. Gies Awards for Vision, Innovation, and
18 Achievement.
- 19 *University of Connecticut School of Dental Medicine* was a Deans' List Sponsor of the
20 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 21 *University of Detroit Mercy School of Dentistry* was a Deans' List Sponsor of the 2011
22 William J. Gies Awards for Vision, Innovation, and Achievement.
- 23 *University of Florida College of Dentistry* was a Deans' List Level sponsor of the 2011
24 William J. Gies Awards for Vision, Innovation, and Achievement.
- 25 *University of Illinois at Chicago College of Dentistry* was a Deans' List Sponsor of the
26 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 27 *University of Kentucky College of Dentistry* was a Deans' List Sponsor of the 2011
28 William J. Gies Awards for Vision, Innovation, and Achievement.
- 29 *University of Maryland School of Dentistry* was a Deans' List Sponsor of the 2011
30 William J. Gies Awards for Vision, Innovation, and Achievement.
- 31 *University of Michigan School of Dentistry* was a Deans' List Sponsor of the 2011
32 William J. Gies Awards for Vision, Innovation, and Achievement.
- 33 *University of Minnesota School of Dentistry* was a Deans' List Sponsor of the 2011
34 William J. Gies Awards for Vision, Innovation, and Achievement.
- 35 *University of Nebraska Medical Center College of Dentistry* was a Deans' List Sponsor
36 of the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.

- 1 *University of North Carolina at Chapel Hill School of Dentistry* was a Deans' List
2 Sponsor of the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 3 *University of the Pacific Arthur A. Dugoni School of Dentistry* was a Deans' List Sponsor
4 of the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 5 *University of Pittsburgh School of Dental Medicine* was a Deans' List Sponsor of the
6 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 7 *University of Southern California Herman Ostrow School of Dentistry* was a Deans List
8 Sponsor of the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 9 *University of Southern Nevada College of Dental Medicine* was a Deans' List Sponsor of
10 the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 11 *University of Tennessee Health Science Center College of Dentistry* was a Deans' List
12 Sponsor of the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 13 *University of Texas Health Science Center at San Antonio Dental School* was a Deans'
14 List Sponsor of the 2011 William J. Gies Awards for Vision, Innovation, and
15 Achievement.
- 16 *The University of Texas School of Dentistry at Houston* was a Deans' List Sponsor of the
17 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 18 *Virginia Commonwealth University School of Dentistry* was a Deans' List Sponsor of the
19 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 20 *VitalSource Technologies, Inc.* sponsored branded travel coffee mugs at the 2011 ADEA
21 Annual Session & Exhibition and was a General Sponsor of the 53rd Annual ADEA
22 Deans' Conference.
- 23 *Western University of Health Sciences College of Dental Medicine* was a Deans' List
24 Sponsor of the 2011 William J. Gies Awards for Vision, Innovation, and Achievement.
- 25 *Whip Mix Corporation* sponsored a luncheon Section on Prosthodontics at the
26 2011 ADEA Annual Session & Exhibition. *Whip Mix Corporation* also sponsored
27 an Exhibit Hall raffle item at the 2011 ADEA Annual Session & Exhibition.
- 28 *W.K. Kellogg Foundation* supported *Growing Our Own: The ADEA Minority Dental
29 Faculty Development Program, A Manual for Institutional Leadership in Diversity*.
- 30 *Zila, a TOLMAR Company*, sponsored an Exhibit Hall raffle item at the 2011 ADEA
31 Annual Session & Exhibition.
- 32 *Zimmer Dental* sponsored education sessions at the 44th Annual National ADEA Allied
33 Dental Program Directors' Conference. *Zimmer Dental* supported the ADEA Council of
34 Hospitals and Advanced Education Programs and the student-centered plenary at the
35 ADEA 2011 Annual Session & Exhibition and also sponsored the conference keycards,
36 the meetings-at-a-glance and the ADEA Implant Teaching Award.
- 37

1 ***The ADEA Board of Directors asks the House to approve the following resolution:***

2 **4H-2012 Resolved, that the American Dental Education Association**
3 **expresses its sincere appreciation to the following organizations**
4 **and individuals for their generous support of the Association's**
5 **activities and programs between the start of the 2011 ADEA Annual**
6 **Session & Exhibition and the start of the 2012 ADEA Annual**
7 **Session:**

- 8 • Academy for Academic Leadership
- 9 • ADA Insurance Plans
- 10 • ADEA AADSAS
- 11 • ADEA Board of Directors
- 12 • ADEA Corporate Council
- 13 • ADEA Council of Students, Residents, and Fellows
- 14 • ADEAGies Foundation
- 15 • A-dec
- 16 • AEGIS Communications
- 17 • Alpha Omega Foundation
- 18 • American Association of Oral and Maxillofacial Surgeons
- 19 • American College of Prosthodontists
- 20 • American Dental Association
- 21 • Aspen Dental Management, Inc.
- 22 • Association of American Medical Colleges
- 23 • axiUm Software
- 24 • Baylor College of Dentistry, The Texas A&M University System Health Center
- 25 • Bien-Air USA
- 26 • Boston University Henry M. Goldman School of Dental Medicine
- 27 • Brasseler USA
- 28 • California Dental Association
- 29 • The California Endowment
- 30 • Carl Zeiss Meditec, Inc.
- 31 • Case Western Reserve University School of Dental Medicine
- 32 • Certiphi Screening, Inc.
- 33 • Colgate-Palmolive Co.
- 34 • Columbia University College of Dental Medicine
- 35 • DentalEZ Group
- 36 • Dental Services Group
- 37 • DENTSPLY International, Inc.
- 38 • DEXIS, LLC; Gendex Dental Systems; ISI
- 39 • Discus Dental, Inc.
- 40 • Fortress Insurance Company
- 41 • G. Hartzell & Son
- 42 • Harvard School of Dental Medicine

- 1 • Henry Schein, Inc.
- 2 • Howard University College of Dentistry
- 3 • Hu-Friedy Mfg. Co., Inc.
- 4 • Indiana University School of Dentistry
- 5 • Institute for Oral Health
- 6 • Instrumentarium/Soredex
- 7 • International Federation of Dental Educators and Associations
- 8 • Johnson & Johnson Healthcare Products, Division of McNEIL-PPC, Inc.
- 9 • Kahler Slater
- 10 • Komet USA
- 11 • Liaison International, Inc.
- 12 • Loma Linda University School of Dentistry
- 13 • Louisiana State University School of Dentistry
- 14 • Medical Protective Company
- 15 • Midmark Corporation
- 16 • National Dental Association
- 17 • New York University College of Dentistry
- 18 • Nobel Biocare USA, LLC
- 19 • Oral Health America, the Beauchamp Funds, the George H. Whiteley
- 20 • Memorial Foundation and DENTSPLY International, Inc.
- 21 • OraPharma, Inc.
- 22 • Pacific Dental Services, Inc.
- 23 • PDT, Inc.
- 24 • Pelton & Crane, KaVo, Marus Dental Corporation
- 25 • Philips Oral Healthcare, Inc.
- 26 • Premier Dental Products Company
- 27 • The Procter & Gamble Company
- 28 • Robert Wood Johnson Foundation
- 29 • SDS/Dental Consumables – Kerr, Pentron Clinical, Axis
- 30 • Secure Innovations, Inc.
- 31 • Septodont, Inc.
- 32 • Sigma Phi Alpha
- 33 • Sirona Dental Systems, LLC
- 34 • Stage Front Presentation Systems
- 35 • Stony Brook University School of Dental Medicine
- 36 • Sunstar Americas, Inc.
- 37 • 3M ESPE
- 38 • Tufts University School of Dental Medicine
- 39 • Ultradent Products, Inc.
- 40 • University of Alabama at Birmingham School of Dentistry
- 41 • University at Buffalo School of Dental Medicine
- 42 • University of California, Los Angeles, School of Dentistry

- 1 • University of Connecticut School of Dental Medicine
- 2 • University of Detroit Mercy School of Dentistry
- 3 • University of Florida College of Dentistry
- 4 • University of Illinois at Chicago College of Dentistry
- 5 • University of Kentucky College of Dentistry
- 6 • University of Maryland School of Dentistry
- 7 • University of Michigan School of Dentistry
- 8 • University of Minnesota School of Dentistry
- 9 • University of Nebraska Medical Center College of Dentistry
- 10 • University of North Carolina at Chapel Hill School of Dentistry
- 11 • University of the Pacific Arthur A. Dugoni School of Dentistry
- 12 • University of Pittsburgh School of Dental Medicine
- 13 • University of Tennessee Health Science Center College of Dentistry
- 14 • University of Southern California Herman Ostrow School of Dentistry
- 15 • University of Southern Nevada College of Dental Medicine
- 16 • The University of Texas School of Dentistry at Houston
- 17 • University of Texas Health Science Center at San Antonio
- 18 • Virginia Commonwealth University School of Dentistry
- 19 • VitalSource Technologies, Inc.
- 20 • Western University of Health Sciences College of Dental Medicine
- 21 • W.K. Kellogg Foundation
- 22 • Whip Mix Corporation
- 23 • Zila, a TOLMAR Company
- 24 • Zimmer Dental
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Actions at the Closing Session of the ADEA House of Delegates

Resolution 5H-2012 ADEA Council of Deans, Women's Health Resolution

Three major factors have supported the promotion of oral health in women:

Congressional legislation in 1993 requesting the NIH Office of Research on Women's Health (ORWH) to determine the extent that women's health issues are addressed in medical curriculum; Research policy from NIH for the inclusion of women and minorities as subjects in clinical research, which became effective in 1994; and the 2001 IOM Report, *Exploring the Biological Contributions to Human Health: Does Sex Matter?*

With the influence of these three factors, the following initiatives resulted: The Evolution of Women's Oral Health: Dental Clinics of North America (2001); increased research and research documentation in 2000 and 2005; knowledge transfer with the development of the ADEA Women's Health Information Network (WHIN) in 2005; and ADEA's Center for Equity and Diversity (CED) collaborative activities with the 19 HHS National Centers of Excellence in Women's Health, all of which had dental components.

In the ADEA Policy Statement: Recommendations and Guidelines for Academic Dental Institutions (with changes approved by the 2011 ADEA House of Delegates), Section D.4., Faculty Recruitment and Retention, includes: "... Appropriate gender equity should be a goal..." and in the ADEA Competencies for the New General Dentist (as approved by the 2008 ADEA House of Delegates), competency 6.1. states: "Graduates must be competent to: Manage...the unique needs of women ..." Additionally, the ADEA Center for Equity and Diversity developed Strategies for Women including ADEA efforts to support advancement of women in dental education that included, but were not limited to:

- Women's Liaison Officers
- International Women's Leadership Conferences
- Women's Health Information Network
- Women's Affairs Advisory Committee

With the expanded concepts of women's health, such as encompassing the life span and reaching beyond the reproductive system to include health and normal development and aging, as well as studying diseases and conditions that may be unique to women and those that affect both men and women, which in some cases may be different or may be similar, this resolution is presented for consideration.

The ADEA Board of Directors asks the House to approve the following resolution:

5H-2012 **Resolved, that the ADEA House of Delegates approves an addition to ADEA Policy Statement: Recommendations and Guidelines for Academic Dental Institutions, 1. Education, Section C. Curriculum, Curriculum Content, (new) 13, which states:**

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Curriculum Content

All dental education institutions and programs should:

13. Women’s Health. Recognize women’s health and gender differences as an emerging science that is broader than reproductive health and includes the health of women and girls across the life span, as well as encompassing scientific concepts of gender differences from the molecular (cellular) to community levels with their clinical implications;

and

that an addition to ADEA Policy Statement:

Recommendations and Guidelines for Academic Dental Institutions, Chapter II. Research, (new) G. be included, which states:

G. Dental schools should be encouraged to engage innovative, collaborative, interdisciplinary and interprofessional research including biomedical, social and clinical research that contributes to the knowledge base and understanding of health issues that ultimately benefit both men and women keeping in mind the deficiencies of women’s health in the dental curriculum.

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Resolution 6H-2012

Change in Titles of Members of the Board of Directors and the Executive Director

The Board of Directors proposes title changes to members of the Board of Directors and the Executive Director.

This proposed change in titles allows ADEA to have parity with other higher education and health professions associations in Washington, DC in which the chief elected officer is Chair and the chief appointed officer is President. The proposed title changes as shown below were benchmarked against numerous peer organizations. Most of the comparable organizations have the title of the chief elected officer as Chair and the chief appointed officer as President.

Further, ADEA’s Bylaws, Chapter XIII, Section D., Duties (1), state that the Executive Director is “To serve as the principal spokesperson for the Association, along with the president, in dealing with the profession and the public...”. The title of the Executive Director should be changed to President to indicate the chief appointed officer’s role not only as chief executive officer of the Association, but also as principal spokesperson for the Association along with the chief elected officer.

The House of Delegates in 2000 approved the change in the name of the governing body from Executive Council to Board of Directors. The titles of the members of the Board of Directors elected by the Councils have subsequently remained Vice President. In comparing the titles for members of governing bodies in associations like ADEA, the term Vice President is not often utilized. Correspondingly, in this proposed change in titles, the chief elected officer would become the Chair, the chief appointed officer would become the President, and the titles of the other members of the Board of Directors would be aligned as follows:

Current Titles: Board of Directors	Proposed New Titles: Board of Directors
President	Chair of the Board
President-elect	Chair-elect of the Board
Immediate Past President	Immediate Past Chair of the Board
Vice President for (name of Council)	Board Director for (name of Council)
Executive Director	President

The Board of Directors asks the House of Delegates to approve the following resolution:

6H-2012. Resolved, that the titles of the members of the Board of Directors and Executive Director are changed to reflect the new titles shown below, and that those changes be made throughout the ADEA Bylaws to begin at the end of the ADEA Annual Session and Exhibition in 2013.

New Titles

Chief Elected Officer:	Chair of the Board
Incoming Chief Elected Officer:	Chair-elect of the Board
Immediate Past Chief Elected Officer:	Immediate Past Chair of the Board
Board Members Elected by Councils:	Board Director for (name of Council)
Chief Appointed Officer	President

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Resolution 7H-2012
Approval of the Fiscal Year 2013 Budget

In addition to the following overview, delegates should refer to Exhibits 1-2012 and 2-2012 below. Exhibit 1-2012 shows revenue for fiscal years 2009 through 2012 and Exhibit 2-2012 shows expenses for the same years. The ADEA fiscal year runs from July 1 through June 30.

The ADEA Board of Directors asks the House to approve the following resolution:

6H-2012 Resolved, that the ADEA House of Delegates approves the ADEA Fiscal Year 2013 (July 1, 2012 through June 30, 2013) operating budget.

1 **Overview of the American Dental Education Association**
2 **Proposed Fiscal Year 2013 Budget**

3 **Prepared for the ADEA Finance Committee and Board of Directors**
4 **January 18, 2012**

5 The proposed fiscal year (FY) 2013 (July 1, 2012 – June 30, 2013) Association budget
6 was developed over the last four months through a collaborative process involving staff,
7 the Association's outside accountants, the ADEA Finance Committee, and the ADEA
8 Board of Directors. Based on these discussions among staff, accountants, and
9 leadership, the proposed FY 2013 budget reflects the current level of programming and
10 services with a focus on ADEA's 2011-2014 Strategic Directions as well as overall cost
11 efficiencies. The contribution to reserves is estimated at \$200,000. As much as possible,
12 the budget projections are based on historical information from FY 2011 and FY 2012
13 (note that less than half of FY 2012 was complete when the proposed FY 2013 budget
14 was prepared).

15 The following information includes the following comparative data:

- 16 • Actual revenue and expense for fiscal years 2009, 2010, and 2011
- 17 • The ADEA House of Delegates-approved budget for fiscal year 2012
- 18 • The staff-proposed budget for fiscal year 2013

19 **Revenue**

20 The proposed total budgeted revenue for the Association in FY 2013 is \$20,006,394.
21 The proposed budget is balanced with total revenues equaling total expenses. This
22 figure represents a 5.2% increase from the FY 2012 budget and a 1.1% decrease from
23 actual FY 2011 revenue. The growth versus the prior year budget is primarily driven by
24 an increase in projected application service revenues in all categories.

25 **Membership Dues**

26 Modest changes in total dollars by category are driven by changes in number of
27 members based on staff estimates. There are no proposed changes to the Association's
28 dues in any membership category.

29 **Active**

30 Based on 61 U.S. dental schools and 2 ADEA House of Delegates approved provisional
31 dental schools at \$25,522 each. There are no new provisional dental schools included in
32 this proposed budget.

33 **Affiliate**

34 Budgeted affiliate dues are based on the current affiliate institutional membership and
35 the continuing recruitment campaign. The proposed budget is based on 165 allied
36 members at \$945; 32 hospital-based members at \$984; 4 advanced nonhospital
37 members at \$3,998; 5 federal members at \$3,922; and 75 Leadership Institute for
38 Alumni Association members at \$75. Also included in this budget are 10 Canadian
39 Schools at \$1,815 each. Canadian Dental Schools are reported under this category by
40 ADEA's membership system.

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1 **Corporate**

2 The proposed total budgeted dues revenue in this category is based on 60 corporate
3 members at \$3,400.

4 **Individual**

5 Proposed total budgeted dues revenue in this category is based on the current individual
6 member count of 308 individual members at \$125, as well as retiree dues of \$62.50.

7 **Student**

8 A modest amount of student dues is budgeted for members not affiliated with an ADEA
9 member institution who therefore pay for their memberships. Proposed total budgeted
10 dues revenue in this category is based on 72 student members at \$40.

11 **Publications Revenue**

12 The proposed total budgeted publications revenue for FY 2013 is lower than the
13 FY 2012 budget revenue in this category by 5% or \$37,611. The change is based on
14 FY 2011 actual figures, which reflect advertising revenue in all media.

15 ***Journal of Dental Education and Bulletin of Dental Education Subscriptions Sales***

16 The proposed *JDE/BDE* subscription sales budget of \$226,966 is based on maintaining
17 revenue consistent with FY 2011 actual revenue.

18 ***ADEA Official Guide to Dental Schools***

19 Publication sales of \$90,162 are based on actual FY 2011 revenue.

20 ***ADEA Directory of Institutional Members***

21 Publication sales of \$36,808 are based on actual FY 2011 revenue.

22 ***JDE Advertising***

23 The proposed budget of \$161,134 for FY 2013 represents 81% of FY 2011 actual
24 results, based on current trends that favor advertising in other media over print
25 advertising.

26 ***BDE Advertising***

27 The proposed FY 2013 budget is \$24,242, based on recent actual revenue and
28 experience in FY 2011.

29 ***Other Publications/Advertising***

30 Other publications such as ADEA's ExploreHealthCareers website, *JDE* reprints, pay per
31 view, and continuing education, webinars and sales of ADEA branded items are
32 budgeted at \$170,118 for FY 2013. This is lower than actual FY 2011 due to a projected
33 decrease in print advertising.

34 **Application Fees**

35 ***ADEA AADSAS and ADEA CAAPID***

36 Projected revenue for ADEA AADSAS and ADEA CAAPID is \$10,949,200.

37 Revenue for ADEA AADSAS, projected at \$10,221,200, is based on 11,200 applicants,
38 including the Fee Reduction Program budget of \$150,000. Revenue is increased 7.9%
39 from the FY 2012 budget.

40 The proposed ADEA AADSAS budget includes a slight increase in the initial designation
41 fee from \$235 to \$238 and an increase in the additional designation fee from \$75 to \$80.
42 These increases support the transformation of the application service from a paper-
43 based system to a web-based multidirectional portal that is comprehensive, user-

1 friendly, and provides the efficient delivery of applicant data to ADEA's end users
2 (applicants, admissions officers, and health professions advisors). The Fee Reduction
3 Program budget has been increased by \$25,000 to a total of \$150,000 for FY 2013; this
4 program considers the needs of applicants with extreme financial constraints.

5 Projected revenue for ADEA CAAPID of \$728,000. This figure is based on a projected
6 1,300 applicants selecting an average of 4 designations.

7 ***ADEA PASS***

8 Projected revenue for ADEA PASS is \$3,222,400 based on 3,800 applicants. The initial
9 designation fee increased from \$185 to \$190 for the initial designation and from \$65 to
10 \$70 for each additional designation. This secondary-fee increase is necessary to meet
11 the current operational costs of this application service.

12 ADEA PASS also serves as the registration site for the Dental Match. ADEA PASS
13 collects Dental Match fees, reserves \$7 per registration to cover credit card and
14 operational costs, and passes the remaining \$73 per registrant to the National Matching
15 Service. ADEA's net PASS-Match revenue is projected to be \$21,000 based on an
16 estimated 3,000 Match registrants at \$7 per registrant.

17 ***ACLIENT User Fee***

18 Income of \$161,700 has been budgeted for FY 2013 which is a decrease of 2.6%
19 compared to the FY 2012 budget. FY 2013 is based on actual levels in FY 2011 of
20 46 participating schools.

21 **Grants and Contributions**

22 ***Foundation Support***

23 Budgeted support of \$435,563 is based on anticipated continued support from the
24 Robert Wood Johnson Foundation (RWJF) for the Association of American Medical
25 Colleges/ADEA Summer Medical and Dental Education Program, and a grant from the
26 Department of Labor in collaboration with the American Association of Community
27 Colleges to support the ADEA Explore Health Careers website.

28 ***Fellowships and Scholarships***

29 This category is budgeted at \$165,250 based on ADEA's portfolio of annual fellowships
30 and scholarships.

31 **Meetings Registration Income**

32 Association meetings overall have been budgeted for FY 2013 based on the ADEA
33 Board of Directors' goal of financial neutrality while taking into account specific subsidies
34 as approved by the Board of Directors. The FY 2013 subsidy for Association meetings is
35 less than \$500,000.

36 ***ADEA Annual Session & Exhibition Fees***

37 Registration and exhibitor fees for the 2013 ADEA Annual Session & Exhibition in
38 Seattle, Washington are budgeted at \$973,400.

39 ***ADEA Deans' Conference Fees***

40 Proposed budgeted revenues include a Deans' Conference Assessment of \$750 that is
41 paid by all U.S. and Canadian dental schools.

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1 **Sponsor Fees**

2 Budgeted at \$643,550, this figure includes sponsorship of the 2013 ADEA Annual
3 Session & Exhibition in the amount of \$69,550 and other conferences and programs in
4 the amount of \$574,000. These figures are based on prior year actual figures,
5 commitments already made for FY 2012 and the current economic climate. ADEA will
6 continue to seek additional sponsorships for FY 2013 meetings.

7 **Other Conferences**

8 ADEA will hold a number of meetings at the 2012 ADEA Fall Meetings in October 2012.
9 The ADEA Fall Meetings concept came from a recommendation of the ADEA Board of
10 Directors to promote more interaction among member groups, sections, and committees
11 outside of the ADEA Annual Session & Exhibition. The 2012 set of meetings will include
12 at least the following components and other groups as determined:

- 13 • ADEA Council of Faculties Interim Meeting
- 14 • ADEA Council of Students, Residents, and Fellows Interim Meeting
- 15 • ADEA Council of Sections Interim Meeting
- 16 • ADEA Meeting of the Academic Deans
- 17 • ADEA Council of Hospitals and Advanced Education Programs
- 18 • ADEA AFASA Meeting

19 The total meeting registration revenue for the ADEA Fall 2012 Meetings, excluding the
20 ADEA Deans' Conference, is budgeted at \$331,926.

21 **Investment and Other Income**

22 Investment Income has been conservatively projected at \$225,000 in FY 2013 based on
23 the 12-month trailing and long-term (since 1926) annualized return of a basic 60%/40%
24 asset allocation portfolio as approved by the ADEA Board of Directors.

25 **Expenses**

26 Total expenses recommended in the proposed FY 2013 budget are \$20,006,394. This
27 figure represents a 5% increase from the FY 2012 expense budget and an 8% increase
28 from actual expenses for FY 2011.

29 **Personnel Costs and Fees**

30 Total Personnel Costs and Fees are projected at \$10,108,235 in the proposed FY 2013
31 budget. This figure is a 12% increase from the FY 2012 budget and a 14% increase from
32 FY 2011 actual personnel costs to accommodate potential changes created by ADEA's
33 2011-2014 Strategic Directions.

34 **Full-Time Salaries**

35 A 4% pool is budgeted for salary adjustments in FY 2013. The salary adjustment pool is
36 projected, based on potential base salary increases and promotions.

37 **Temporary Salaries**

38 Expenses for temporary staff are budgeted at \$63,600 based on projections for FY 2013.

39

1 ***Payroll Taxes and Other Benefits***

2 Employee benefits are conservatively budgeted at 23% of salaries, assuming that all
3 vacant positions will be filled and that employees filling these positions will be eligible for
4 all benefits during FY 2013.

5 ***Legal Fees***

6 Legal fees are based on historical experience and projections of required services in
7 FY 2013 and recent actual expenses.

8 ***Consultants***

9 Consultant expense is budgeted at \$1,669,510 and includes expenses for consulting
10 services, honoraria, and stipends. The proposed consultant budget includes services for
11 outsourced accounting, human resources, and editorial and production services, as well
12 as consultants for ADEA's website initiatives. The proposed budget was decreased from
13 FY 2011 actual expenses and the FY 2012 budget.

14 ***Travel***

15 Travel expenses are consistent with the FY 2012 budget and based on the estimated
16 number of people traveling and the number of ADEA meetings in FY 2013.

17 ***Other Costs***

18 ***Bank and Credit Card Charges***

19 The budget is \$466,638 for credit card processing fees for FY 2013. The projection is
20 based on projected credit card revenue for FY 2012.

21 ***Developmental Programming and Data Processing***

22 The combined budget for both categories is approximately \$3.4M compared to \$3.3M in
23 the FY 2012 budget. The 5% combined increase is driven by the outsourcing of
24 additional services to Liaison International and includes the expense for additional
25 enhancements to the ADEA application services.

**ADEA: Exhibit 1-2012
Revenue Budget
Fiscal Year 2013**

	Actual FY 2009 Revenue	Actual FY 2010 Revenue	Actual FY 2011 Revenue	Budget FY 2012 Revenue	Proposed Budget FY 2013 Revenue
MEMBERSHIP DUES					
Active	\$ 1,454,754	\$ 1,505,798	\$ 1,582,364	\$ 1,582,364	\$ 1,607,886
Affiliate	217,170	190,117	223,587	241,333	246,790
Corporate	201,167	220,355	206,323	221,000	204,000
Individual	48,875	40,073	41,924	44,688	39,000
Student	7,070	2,783	2,913	3,600	2,880
TOTAL DUES	1,929,036	1,959,126	2,057,111	2,092,985	2,100,556
PUBLICATIONS INCOME					
JDE/BDE Subscriptions	201,016	200,647	227,131	192,647	227,131
Minority Handbook	766	70	40	70	800
Official Guide to Dental Schools	77,937	79,663	90,162	79,662	90,162
Directory of Inst Members	1,805	2,378	1,600	2,378	36,808
JDE Advertising	142,100	181,549	197,942	162,616	161,134
BDE Advertising	25,577	45,709	23,956	45,709	24,242
Other Publications & Advertising	193,136	262,926	237,939	264,924	170,118
TOTAL PUBLICATIONS	642,337	772,942	778,770	748,006	710,395
APPLICATION FEES					
AADSAS and CAAPID	7,955,614	9,182,447	9,994,360	9,941,250	10,949,200
PASS	2,323,640	2,803,421	3,432,832	3,125,400	3,243,400
ACLIENT USER FEE	106,900	155,500	148,900	166,000	161,700
TOTAL APPLICATION FEES	10,386,154	12,141,368	13,576,092	13,232,650	14,354,300
GRANTS & CONTRIBUTIONS					
Grants	757,357	755,166	391,619	427,500	435,563
Fellowships/Scholarships	168,500	95,500	139,500	168,250	165,250
Corporate Support	57,754	175,000	-	-	-
Other contributions	-	-	-	-	-
TOTAL CONTRIBUTIONS/GRANTS	983,611	1,025,666	531,119	595,750	600,813
MEETINGS REGISTRATION AND SPONSORSHIPS					
Annual Session/Exhibits Fees	757,821	914,771	951,245	777,254	973,400
Deans' Conference Fees	60,888	52,442	60,185	54,000	54,750
Sponsor Fees	786,298	683,771	719,758	679,800	643,550
Other Meetings	152,367	163,025	184,346	329,765	331,926
TOTAL MEETINGS REGISTRATION AND SPONSORSHIPS	1,757,374	1,814,009	1,915,534	1,840,819	2,003,626
OTHER INCOME					
Investment & Other Income	(587,434)	610,746	1,227,416	493,423	225,704
Donated Services	12,540	108,470	143,375	11,000	11,000
TOTAL OTHER	(574,894)	719,216	1,370,791	504,423	236,704
TOTAL REVENUES	15,123,618	18,432,327	20,229,417	19,014,633	20,006,394

**ADEA: Exhibit 2-2012
Expense Budget
Fiscal Year 2013**

	Actual FY 2009 Expenses	Actual FY 2010 Expenses	Actual FY 2011 Expenses	Budget FY 2012 Expenses	Proposed Budget FY 2013 Expenses
Full-time salaries	4,541,651	4,685,792	5,313,275	5,556,446	6,558,416
Temporary salaries	280,952	298,010	256,474	224,700	63,600
Payroll Taxes	299,351	303,544	350,593	351,109	424,130
Benefits	643,387	717,817	749,395	945,998	1,108,097
Legal Fees	160,098	198,548	283,144	121,500	204,482
Auditing Fees	25,180	29,690	30,985	30,000	40,000
Consultants, Honoraria and Stipends	1,750,206	1,375,979	1,845,686	1,723,455	1,669,510
Investment Fees	30,779	34,175	39,725	33,000	40,000
PERSONNEL COSTS AND FEES, TOTAL	7,731,604	7,643,555	8,869,277	8,986,208	10,108,235
Staff	412,308	432,658	480,414	433,911	437,028
Nonstaff	290,236	266,715	276,752	266,065	235,979
TRAVEL, TOTAL	702,544	699,373	757,166	699,976	673,007
Bank & Credit Card Charges	281,360	309,514	335,558	414,373	466,638
Developmental Programming	1,090,580	193,472	285,313	333,050	305,300
Data Processing	449,403	2,113,413	3,154,875	2,936,612	3,139,170
Computer Operations	573,336	559,890	285,623	431,143	423,239
Telephone/Fax	72,972	69,151	97,179	77,953	79,793
Postage/Freight	224,898	159,291	154,944	160,407	149,003
Office Supplies	96,814	74,800	80,902	73,541	75,187
Printing/Reproduction	356,308	201,611	229,961	267,034	263,488
Rent & Refurbishing expense	739,938	734,457	695,573	741,618	742,068
Capital Expenditures	1,726	10,434	4,326	5,289	5,289
Depreciation/Amortization	392,741	362,873	306,359	316,012	316,012
Equipment Rental	178,242	42,127	40,884	42,000	42,000
Repairs & Maintenance	49,787	29,422	27,121	89,836	102,227
Insurance	70,821	59,643	78,227	65,000	69,079
Memorial/Contributions	81,277	394,673	96,154	62,500	67,000
Dues/Subscriptions/Membership Fees	82,065	70,147	105,400	75,861	77,456
Employee Prof. Development	32,831	58,733	97,324	93,000	80,000
Miscellaneous Expense	27,666	13,808	8,001	54,145	167,928
Meeting Expense	1,905,655	1,787,393	2,253,654	2,352,378	2,138,801
Donated Services	12,540	108,470	143,375	11,000	11,000
Recruitment & Retention	4,595	15,929	57,703	5,139	6,139
Awards & Fellowships	520,852	121,859	188,211	165,250	160,750
Marketing	96,570	114,310	140,993	155,308	137,585
Bad Debt Expense	67,211	402,759	15,922	-	-
Contribution to Reserves	-	-	-	400,000	200,000
OTHER COSTS, TOTAL	7,410,188	8,008,179	8,883,582	9,328,449	9,225,152
TOTAL EXPENSES	15,844,336	16,351,107	18,510,025	19,014,633	20,006,394
NET SURPLUS (DEFICIT)	\$ (720,718)	\$ 2,081,220	\$ 1,719,392	\$ -	\$ -

Report by the ADEA Executive Director to the 2012 ADEA House of Delegates

2011 Executive Director's Report

Interprofessional, Interactive, and International: The “i”s Have It!

The year 2011 was a banner year for the American Dental Education Association (ADEA). A decade into the 21st century, the core features that define our Association in the current era are coming of age. Building on the inclusivity that drove our Open Membership campaign, ADEA has become more interprofessional, interactive, and even more international. You might say, the “i”s have it! ADEA has reached beyond our traditional borders—participating in unprecedented collaborative ventures and launching initiatives of our own. The result? Strategic partnerships forged with those inside and outside of North American dental education are bearing abundant fruit and affirming the innovative course we have charted.

Most of you already know that Interprofessional Education (IPE) stood front and center at the 2011 ADEA Annual Session & Exhibition, but you might be surprised to learn that I devoted almost a third of my professional time last year to IPE. ADEA was one of six national education associations that came together to craft *Core Competencies for Interprofessional Collaborative Practice*, a document that will guide the health professions in reshaping their curricula to better prepare students for practice. ADEA President, Dr. Leo E. Rouse, and Dr. Sandra C. Andrieu, his predecessor, served on the committee that wrote the competencies, and I personally had the privilege of participating in a number of meetings where the competencies were debated and refined.

This year also marked the third time that we participated in *Collaborating Across Borders* (CAB III), a joint Canadian-U.S. conference focused on IPE and collaborative practice. Several ADEA members and staff representing both dentistry and dental hygiene joined me in Arizona for this event. They shared details of MedEdPORTAL, our successful collaboration with the Association of American Medical Colleges (AAMC), and described the progress made to date by the Interprofessional Professional Education Collaborative (IPEC), which is striving to highlight the importance of professionalism within interprofessional care.

Last year was a busy one for the IPEC, whose members, including ADEA, represent six of the health professions. The group drafted a tool for measuring interprofessional professional behaviors and, following a stringent review process, will begin piloting the tool soon at two institutions with strong interprofessional curricula.

In 2011, ADEA also participated in another interprofessional project that made major strides. A federally funded effort, the AAMC's *Building an “Oral Health in Medicine” Model Curriculum* is designed to facilitate understanding of the impact of oral health on overall health, preparing clinicians to provide comprehensive coordinated care. In the fall, AAMC issued a call for proposals to dental and medical faculty interested in creating oral health learning resources to build the curriculum. The response from ADEA members was gratifying, and 53 new resources were selected to be created and peer-reviewed.

Those that are accepted will be published in 2012 and 2013 through MedEdPORTAL, a free, online, peer-reviewed repository for medical and oral health teaching materials. This collaboration with AAMC logged visits this past year from educators of chiropractic, nursing, optometry, and pharmacy, in addition to medicine, veterinary medicine, and physician assistants—all looking to access dental education resources.

ADEA’s Center for Equity and Diversity (ADEA CED) also ventured across professional lines in 2011 to collaborate with our colleagues in medicine as a member of the Collaborative Partners Council of The Institute for the Advancement of Multicultural & Minority Medicine (IAMMM). The IAMMM is focused on eliminating health disparities among underrepresented and underserved multicultural communities. As a member, ADEA leverages its expertise, disseminating best practices and sharing resources with others in the education and practice communities. In September, the IAMMM honored us with their Soar High Leadership Award. ADEA CED also took an active role in the Sullivan Alliance to Transform America’s Health Professions, an initiative aimed at creating state-based alliances that link and engage academic institutions in efforts to promote diversity within the health professions.

Last year, the ADEA CED initiated two presentations by ADEA President Dr. Leo Rouse to share lessons learned from dental education with leaders at the IAMMM and at the Robert Wood Johnson Foundation Harold Amos Medical Faculty Development Program. This prestigious research fellowship for physicians from historically disadvantaged backgrounds will become a valuable resource for ADEA members in 2012 when dental scholars will become eligible for the program’s support.

The ADEA Center for Public Policy and Advocacy (ADEA CPPA) also succeeded in reaching across the professional aisle in 2011. In spite of last year’s challenging political environment, ADEA continued to advocate on behalf of dental schools and advanced and allied dental education programs in concert with partners representing a range of health professions.

ADEA joined with a number of coalitions—including the Federation of Associations of Schools of the Health Professions (FASHP) and an *ad hoc* coalition led by the Council of Graduate Schools (CGS)—to fight the elimination of the in-school subsidy for graduate and professional students. Working within these coalitions, ADEA sent letters to the congressional leadership, the chairs of the authorizing and appropriations committees, and members of Vice President Biden’s deficit reduction group. ADEA CPPA staff also met with the staff of nine members on the U.S. Senate Committee on Health, Education, Labor & Pensions. Unfortunately, the subsidy was eliminated in the *Budget Control Act of 2011* but not for want of action on the part of ADEA staff and members.

ADEA CPPA also lobbied the Joint Select Committee on Deficit Reduction, the so-called “Super Committee.” President Rouse and I wrote to the Committee urging continued federal funding for programs of importance to academic dentistry, including the Title VII health professions programs, graduate medical education (GME) funding, the Medicaid program, and biomedical research at the National Institutes of Health (NIH) and the National Institute of Dental and Craniofacial Research (NIDCR). President Rouse also joined with American Dental Association (ADA) President William R. Calnon to send a letter to the Tri-Caucus Chairs (representing the Congressional Asian Pacific American Caucus, Congressional Black Caucus, and Congressional Hispanic Caucus) regarding the importance of Title VII health professions diversity programs and urging continued

and enhanced funding for the Health Careers Opportunity Program (HCOP) and Scholarships for Disadvantaged Students (SDS) grants.

Last but not least on the Congressional front, ADEA CPPA worked with an interprofessional coalition representing medicine, physician assistants, and nursing to maintain the fiscal year 2011 budget for Title VII programs. As I write, these programs remain under threat, and our work continues to retain this vital federal support.

On a positive note, our efforts to communicate ADEA's firm belief that the Division of Oral Health (DOH) should be preserved as a separate division within the Centers for Disease Control and Prevention (CDC) appear to have resonated with Dr. Thomas R. Frieden, the CDC's Director. The agency reversed its decision to place DOH under the Division of Adult and Community Health in one of the few political victories for our community in 2011.

Meanwhile, on the electronic media front, ADEA became more interactive last year. Visits to our website continued to increase at a healthy pace, and we began planning to revamp the site, which will feature a fresh look, improved navigability, and increased functionality in 2012. We expanded our social media presence, created new online resources, and streamlined access to many of those already available.

ADEA's **Division of Educational Pathways (DEP)** and **Division of Knowledge Management (DKM)** led the way with the creation of Web-based tools to market dental careers to students of all ages and assist member institutions with the admissions process. In September, we unveiled **GoDental.org**, a social networking site that endeavors to create a sense of community among prospective dental applicants. This latest component of ADEA's recruitment strategy encourages networking among pre-dental and current students and provides resources on financing a dental education.

GoDental.org was designed as a companion to **ExploreHealthCareers.org (EHC)**, an interactive website for students seeking information about the health professions and related careers. ADEA oversees EHC, which became involved in several exciting joint ventures last year. We received a grant from the American Association of Community Colleges (AACC) and the U.S. Department of Labor (DOL) to assist them in constructing a virtual career network to facilitate the transition of unemployed, underemployed, and new entrants to careers in health care. The network is scheduled to go live this spring and should garner a warm reception with so many people struggling in this economy.

Last year, EHC also made ADEA's W.K. Kellogg Foundation Dental Student Outreach Program (ADEA/WKKF DSOP) Online Mentoring Program available to all dental schools via the Web. In addition to providing information about oral health, general health, growth, and well-being, DSOP enables parents, teachers, and students to connect with mentors from participating dental schools. We anticipate that 10 dental schools will take part in 2012.

EHC is also connecting with young children through *Lessons in a Lunch Box: Healthy Teeth Essentials & Facts About Snacks™*, an oral health literacy project of The Maryland Children's Oral Health Institute (MCOHI). The *Lunch Box* program distributes a lunch container featuring information about routine dental care and diet to school-children. It also bears the logos of its sponsors, including ADEA, and a link to ExploreHealthCareers.org. The site increased its interaction with the public last year by establishing a Facebook page and undertaking a school poster campaign, underwritten by the Robert Wood Johnson Foundation.

The Robert Wood Johnson Foundation also funded the creation of ADEA's *Transforming Admissions: A Practical Guide to Fostering Student Diversity in Dental Schools*. This online resource makes the content of the ADEA Admissions Committee Workshops easily accessible to admissions officers at any ADEA member institution seeking to diversify its applicant pool. Live workshops were also held at two dental schools in 2011 and presented interprofessionally to colleagues at the American Association of Colleges of Nursing (AACN) and the American Association of Colleges of Pharmacy (AACP).

Last year ADEA also introduced a new section of the ADEA members-only website that contains essential "go to" resources for dental school admissions, financial aid, and student affairs officers. The website GoADEAafasa.org makes access to existing resources more convenient for these users and expands the availability of financial aid-related resources, especially those specifically tailored to dental education.

In partnership with ADEA, MedEdPORTAL has launched a customized version of the portal for dentistry. This new website provides ADEA's constituency with a centralized location for ADEA's relevant news, updates, and featured publications. The partnership between ADEA and the Association of American Medical Colleges (AAMC) enables a higher degree of collaboration and integration between medicine and dentistry. ADEA has become more interactive in the areas of teaching and learning, as well.

We also took the **ADEA Curriculum Resource Center (ADEA CRC)** on the road, showcasing the state-of-the-art website and demonstrating its use at every ADEA member meeting. ADEA CRC now comprises a critical mass of five curriculum modules, all containing a collection of high-quality learning materials that can be easily incorporated into faculty developed courses. Each module, developed by an expert advisory board, features a curriculum content library, a wealth of illustrations and animations, case studies, and a reference library. Awareness of the resource has also grown with the help of exposure in the *Journal of Dental Education (JDE)* and other media.

Thanks to the efforts of ADEA working with the American Dental Association, the opportunity for ADEA members to access and interact with educational events at the ADA Annual Session increased dramatically this year. ADEA members had access to six *Education in the Round* sessions, and gained access for the first time to the ADA's Open Clinical and Science Forums, which tap experts in the field to discuss controversial topics. I know that many of you take advantage of these offerings, and I have no doubt that more will be available in the years ahead.

During 2011 the **ADEA Task Force on Academia-Industry Interactions** developed broad guidelines for interactions between Academic Dental Institutions and Industry. The report of the task force was presented to the ADEA Board of Directors in January 2012 and these guidelines reaffirm the importance and value of the interactions and relationships between academia and industry. The **ADEA Guidelines for Academia-Industry Interactions** provide a framework from which the various academia-industry interactions can be defined to meet the needs of the Academic Dental Institutions (ADIs), in support of education, research, patient care, and community service.

Back in Washington, DC, ADEA staff also worked hard in 2011 to develop new tools to better serve our members. We created a dashboard that administrators can use to access customized peer comparison tables using data from **ADEA's Annual Faculty Salary Survey**. The **ADEA Commission on Change and Innovation in Dental**

Education (ADEA CCI) developed and hosted workshops to help member institutions understand the latest standards from the Commission on Dental Accreditation (CODA). The **ADEA Online Library** began storing data and analysis in a more accessible format about dental education, educators, students, and trends, and added presentations from ADEA meetings. And we revamped the *Bulletin of Dental Education (BDE)* online, making it more interactive with enhanced search capabilities and places to comment. The result? A doubling of *BDE* readership in a matter of months.

While “interprofessional” and “interactive” were the dominant watchwords in 2011, our Association can also boast of accomplishments that fall outside these broad categories.

- The **ADEA Center for Educational Policy and Research (ADEA CEPR)** hosted its fourth successful **ADEA CCI Summer Liaisons Meeting**. Representatives from three recently opened dental schools and a significant number of first-time attendees were among the 113 dental educators at the 2011 meeting in San Diego, California. Presentations and round table discussions focused on the revised CODA Predoctoral Accreditation Standards; diversity, service learning, and community-based learning experiences; and, as you might expect, IPE. Sessions also addressed the need for greater integration in the curriculum to prepare students for the integration of Parts I and II of the National Board Dental Examination (NBDE).

In other 2011 highlights, ADEA CEPR published *Bracing for the Future: Opening Up Pathways to the Bachelor’s Degree for Dental Hygienists*. This monograph, a collaborative project with the Institute for Higher Education Policy, came about in response to a desire expressed by allied program directors to extend educational pathways beyond the associate’s degree. CEPR hopes the monograph will provide a template for programs to develop innovative and effective articulation agreements with four-year institutions.

- In response to another ADEA constituency, the **ADEA Division of Educational Pathways (ADEA DEP)** undertook an exciting initiative this year. Advanced education program directors have sought an alternative means to screen candidates for their programs since the adoption of pass/fail grading by the NBDE two years ago. **ADEA Future of Advanced Dental Education (ADEA/FADEA)** surveyed these directors about the qualities they look for in applicants and the problems they encounter with admitted students and then sought an instrument that might meet their needs. The group located the Educational Testing Service (ETS) Personal Potential Index (ETS® PPI) and began a pilot project in May, incorporating the PPI into the **ADEA Postdoctoral Application Support Service (ADEA PASS)** application. ETS® is conducting validity studies to determine how useful the PPI proves in making admissions decisions, with findings expected for release this spring.

On other fronts, DEP’s **ADEA Centralized Application for Advanced Placement for International Dentists (CAAPID)** service experienced significant growth in the numbers of applicants and participating programs during its second year in operation. In 2011, DEP also explored the possibility of creating a centralized application service for dental hygiene programs. Following a summer interest survey, which indicated that 90 programs are eager to participate, the decision was made to begin developing a service that will commence in 2013.

- The **ADEA Center for Equity and Diversity (ADEA CED)** also saw its established programs continue to thrive last year. The Robert Wood Johnson Foundation reauthorized the **Summer Medical and Dental Education Program (SMDEP)** for 2012–13 and awarded ADEA an additional grant to fund travel for SMDEP scholars. **ADEAGies Foundation/AADR Academic Dental Careers Fellowship Program (ADEAGies/AADR ADCFP)** was able to support another fellow in 2011, and CED completed the ***ADEA Women’s Health in the Dental Curriculum Survey***. This spring, a report will be released that is expected to stimulate curriculum reform and shape the dental research agenda related to women’s health across the life span.
- Last year, the **ADEA Minority Dental Faculty Development (MDFD) Program** also saw the culmination of a six-year endeavor with the publication of ***Growing Our Own***, a manual that encapsulates lessons learned from this groundbreaking initiative, funded by the W.K. Kellogg Foundation. The 126-page book contains descriptions of seven models that can be replicated by schools seeking to implement faculty diversity initiatives. The publication paves the way for sustained efforts to increase faculty diversity. An executive summary was posted on the ADEA website, and hard copies were distributed to 62 dental schools.
- The **2011 ADEA Annual Session & Exhibition** in San Diego, California, drew a record crowd of more than 2,300 attendees. With many sessions and programs revolving around the theme of Interprofessional Education: Teaching and Learning Together for Better Health, there was something for everyone in attendance. Based upon feedback from the San Diego meeting, ADEA instituted several improvements, which will be apparent at the 2012 meeting in Orlando, including six different learning focuses to help attendees find the most relevant sessions, targeted educational programming for various audiences, opportunities for student-led educational programming, streamlined formats for educational programs that emphasize interactivity, and an all-in-one registration fee with no additional fees for educational sessions.
- The **2011 William J. Gies Awards** attracted 650 attendees representing all facets of our community. The growing prestige of the awards was reflected in an unprecedented level of sponsorship support. An impressive 50 ADEA institutional members contributed their dollars and their presence to support this program honoring the most outstanding achievements within the dental education community. The evening raised a record-setting \$345,000, which will go to support the grant-making programs of the **ADEAGies Foundation**.
- Last year also saw the transformation of the **ADEA Division of Member Services** into two entities tailored to meet member needs more efficiently. A new **Division of Professional Development and Meetings (DPDM)** will continue to bring members the educational programming on which they rely, while generating fresh professional development opportunities, two of which will be unveiled in the coming year.

Concurrently, a new **Division of Communications and Membership (DCM)** will be able to devote greater attention to recruiting members, supporting our many publications, enhancing our website to ensure that member resources are easily accessible. DCM will also be expanding ADEA’s outreach efforts through media relations and social media. The division worked with DKM to publish the ***Deans’ Briefing Book***, a collection of data on a variety of topics in one easy-to-use

reference work. DCM launched an ad campaign boosting traffic to the **ADEA Official Guide to Dental Schools** by a stellar 192%.

Most importantly, the division oversaw the start of several key improvements to our flagship publication, the **Journal of Dental Education (JDE)**. The journal has begun planning for several interactive features. In the near term, the *JDE* will become a vehicle for continuing education and professional development, and over time, the journal plans to add discussion boards and online conversations with authors. Meanwhile, efforts are underway to begin translating *JDE* abstracts into other languages, in keeping with the publication's expanded international presence. Indeed, the *JDE* has become the dominant dental education journal worldwide. It contains a hefty 14 to 15 articles per issue, thanks to a substantial increase in submissions, including those from our colleagues abroad. What is more, a growing cadre of faculty from overseas have joined the ranks of its peer reviewers and make up a growing portion of the more than 100,000 readers who consistently access the journal online each week.

The *JDE* represents just one dimension of ADEA's increased presence on the international stage, a third "i" distinguishing 2011. As mentioned earlier, ADEA's CAAPID service experienced significant growth in the numbers of international applicants and participating programs during its second year in operation. Meanwhile, our Association reached out to colleagues from abroad at both the *Collaborating Across Borders* (CAB III) conference in Tucson, Arizona, and at the European Dental Education Association meeting in Antalya, Turkey. Last year's visitors to MedEdPORTAL hailed from 123 countries, expanding the international and interprofessional reach of the site. Without question, ADEA has firmly established a global presence and is positioned for greater interaction with our colleagues around the world in the years ahead.

On our home turf, I think it's fair to say that ADEA's value to its members is higher than ever. So is member engagement. We can also be thankful for strong membership numbers. Admissions to dental schools increased in 2011 and eight allied programs and two new dental schools joined our ranks. With this healthy foundation, the future looks very bright indeed.

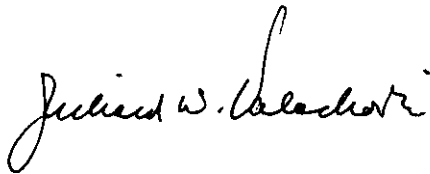
In March, ADEA adopted a new set of strategic directions. These form an ambitious agenda that prioritizes leadership, teaching and learning, research, and service. We have prepared the ground for several exciting initiatives in these areas. They include the release of an improved ADEA website, the development of an application service for dental hygiene programs, and the release of ADEA survey data in a more timely and user-friendly manner. ADEA will also begin contributing to the Education Scholar program, a comprehensive online curriculum designed to expand the knowledge and skills of health professions educators. Finally, the **ADEA Division of Professional Development and Meetings (DPDM)** will be organizing professional development workshops for emerging academic leaders, making good on the promise of our recent reorganization.

None of these accomplishments would be possible without the extraordinary commitment of our members and our dedicated and capable staff. I would like to thank all of you who have contributed your time, talents, insights, and institutional resources to ensure that our Association can fulfill its role as "The Voice of Dental Education." Most especially, I wish to express my gratitude to ADEA's current president, Leo Rouse, and our stellar Board of Directors, Sandra Andrieu, Susan Crim, Jerry Glickman, Pam

Hughes, Michael Landers, Evelyn O. Lucas-Perry, Barbara Nordquist, Mike Siegel, and John Williams. I would also like to thank the foundations and the many corporate sponsors, whose generosity underwrites many of our most prominent undertakings.

As we gather in Orlando for our 2012 Annual Session and Exhibition to “ENGAGE” in professional development, networking, and service on behalf of our community, we can reflect proudly on our recent accomplishments, but this is not a time to rest on our laurels. We have much more to do to build a better future for our institutions, our professions, and the oral health of the people for whom we care. And so, let me leave you with three more “i” words to inform our work in 2012. I hope the foundation we have built over the past decade and the steps we took this past year will inspire each of you to increase your engagement and initiate those essential endeavors that will move us closer to our common goals.

Respectfully submitted,

A handwritten signature in black ink, reading "Richard W. Valachovic". The signature is written in a cursive style with a large, prominent initial 'R'.

Richard W. Valachovic, D.M.D., M.P.H.
ADEA Executive Director

New Chief Administrators at Member Institutions

New Dental School Deans

Since the 2011 Annual Session, U.S. and Canadian dental schools have appointed the following new deans whose service began between the end of the 2011 ADEA Annual Session & Exhibition and the beginning of the current ADEA Annual Session & Exhibition. The ADEA Board of Directors congratulates these members and wishes them success in their assignments.

- Dr. Judith A. Buchanan, Interim Dean, University of Minnesota School of Dentistry
Dr. Richard N. Buchanan, Dean, Roseman University of Health Sciences College of Dental Medicine
Dr. D. Gregory Chadwick, Interim Dean, East Carolina University School of Dental Medicine
Dr. Gary T. Chiodo, Interim Dean, Oregon Health & Science University School of Dentistry
Dr. Timothy A. DeRouen, Interim Dean, University of Washington School of Dentistry
Dr. David A. Felton, Dean, West Virginia University School of Dentistry
Dr. Steven W. Friedrichsen, Dean, Western University of Health Sciences College of Dental Medicine
Dr. Robert F. Hirsch, Dean, Lake Erie College of Osteopathic Medicine School of Dental Medicine
Dr. James J. Koelbl, Dean, University of New England College of Dental Medicine
Dr. Mark A. Latta, Dean, Creighton University School of Dentistry
Dr. M.A.J. (Lex) MacNeil, Dean, Midwestern University-Illinois
Dr. Michael S. Reddy, Interim Dean, University of Alabama at Birmingham School of Dentistry
Dr. Bruce E. Rotter, Interim Dean, Southern Illinois University School of Dental Medicine
Dr. John A. Valenza, Dean, The University of Texas School of Dentistry at Houston
Dr. Jane A. Weintraub, Dean, University of North Carolina at Chapel Hill School of Dentistry
Dr. Lawrence E. Wolinsky, Dean, Baylor College of Dentistry

New Institutional Members

Since March 16, 2011, these dental schools became Active ADEA Institutional Members:

Midwestern University-Illinois
Roseman University of Health Sciences

Since March 16, 2011, these schools were elected to Provisional Institutional Membership and are set to be installed as Active Institutional Members in July 2012:

Lake Erie College of Osteopathic Medicine
University of New England

The ADEA Board of Directors welcomes all.

New Affiliate Members

Since March 16, 2011, these programs and schools have become Affiliate Members. The ADEA Board of Directors welcomes them.

Bergen Community College, Dr. Susan C. Barnard, Dean, The School of Health Professions (Paramus, New Jersey)

Rose State College, Prof. Janet Turley, Director (Midwest City, Oklahoma)

Sanford-Brown Institute - Jacksonville, Prof. Marsha R. Aldrich, Director, Dental Hygiene Program (Jacksonville, Florida)

Southwestern College, Prof. Vickie Joanne Kimbrough-Walls, Director, Dental Hygiene Program (Chula Vista, California)

New Corporate Members

These companies have become ADEA Corporate Members since March 6, 2011. The ADEA Board of Directors welcomes them.

Bohlin Cywinski Jackson, Mr. Brian W. Yachyshen, Senior Associate (Philadelphia, Pennsylvania)

Crosstex International, Inc., Ms. Leann Keefer, General Manager, Confirm Monitoring Systems, and Director of Education (Englewood, Colorado)

W&H North America, Mr. Simon Niedermueller, Sales and Marketing Manager (Newberg, Oregon)

In Memoriam

With regret, the ADEA Board of Directors announces these deaths of faculty and staff as reported by ADEA Member Institutions.

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|--|--|
| Dr. Herb Abrams, University of Kentucky | Dr. Joseph J. Dean, Marquette University |
| Dr. Billy N. Appel, University of Pittsburgh | Dr. Clifton O. Dummett, Sr., University of Southern California |
| Dr. Tomas Barrios, Seton Hall University | Dr. Henry Epstein, Harvard School of Dental Medicine |
| Dr. R. Jerome Barnett, Medical University of South Carolina | Dr. Hugh Flanagan, Indiana University |
| Dr. Stephen O. Bartlett, Medical University of South Carolina | Dr. Anthony Giamusso, Medical University of South Carolina |
| Dr. Lloyd Baum, Loma Linda University | Dr. John Nello Giaroli, University of Tennessee Health Science Center |
| Dr. James W. Bawdin, University of North Carolina at Chapel Hill | Dr. John Ginski, University of Tennessee Health Science Center |
| Dr. Donald S. Benson, University of Minnesota | Dr. Stephen B. Gold, Stony Brook University |
| Dr. George Bernard, University of California, Los Angeles | Dr. Robert Gottsegen, Columbia University |
| Dr. John Beierle, University of Southern California | Dr. James Henry Greive, Loma Linda University |
| Dr. Frank C. Blair, Jr., University of Southern California | Dr. Raymond G. "Dick" Hall Jr., Loma Linda University |
| Dr. Maurice "Joe" Brennan, University of Iowa | Dr. Eugene Haasch, Marquette University |
| Dr. Louis Boucher, Marquette University | Dr. Joseph L. Henry, Howard University |
| Dr. Douglas L. Buck, Oregon Health & Science University | Dr. George Higue, University of Southern California |
| Dr. Claude Carpenter, Marquette University | Dr. Floyd A. Holstein, University of Pittsburgh |
| Dr. Cosmo Castaldi, University of Connecticut | Dr. Tommy Hudson, Virginia Commonwealth University |
| Dr. Daniel Cianflone, University of Pittsburgh | Dr. Elizabeth A. Stewart Hughes, Indiana University |
| Dr. E. Val Clark, University of Southern California | Dr. Mary Dawn Kinsolving-Hurst, The University of Texas School of Dentistry at Houston |
| Prof. Stephanie Coletta, University of Pittsburgh | Prof. Gloria L. Horn Huxoll, Indiana University |
| Dr. William H. Crawford, Jr., University of Southern California | Dr. Archer Israel, Stephen B. Gold Dental Clinic at St. Charles Hospital |
| Dr. Leonard E. "Gene" Crabtree, The University of Texas School of Dentistry at Houston | Dr. Garth James, University of Nebraska Medical Center |
| Dr. Carl Cramer, University of British Columbia | Dr. James R. Jensen, University of Minnesota |
| Dr. Art Croft, University of Missouri - Kansas City | Dr. Michael J. Jones, University of Nebraska Medical Center |
| Dr. Christopher C. Cron, University of Louisville | Dr. Charles "Chuck" M. Johnson, University of Missouri - Kansas City |

Dr. Shirley Dozier Kern, Wayne County
Community College District

Dr. Dennis M. Killiany, University of
Missouri - Kansas City

Dr. Ronald L. King, University of Minnesota

Dr. Norman Levine, University of Toronto

Dr. John W. Love, University of Missouri -
Kansas City

Dr. Walter T. McFall, University of North
Carolina at Chapel Hill

Dr. Richard Mahevich, University of
Medicine and Dentistry of New Jersey

Dr. John Mayer, Marquette University

Dr. Irwin D. Mandel, Columbia University

Prof. Meredythe Mann, University of
Southern California

Dr. Leslie Martens, University of Minnesota

Dr. Brenda Sue Martin, Montgomery
County Community College (Blue Bell,
Pennsylvania)

Dr. Michael Martin, University of Louisville

Dr. H. David Mock, University of Pittsburgh

Dr. Rénaud Morency, Université Laval

Dr. Thomas Moriarity, University of
Nebraska Medical Center

Dr. Raymond Kenneth Morrow, The
University of Texas School of Dentistry
at Houston

Dr. Robert Mundt, University of Minnesota

Dr. Richard Naughton, Oregon Health &
Science University

Prof. Lilly Newman, New York University

Prof. Carrie Ellen Olson, The University of
Texas School of Dentistry at Houston

Dr. Herman Ostrow, University of Southern
California

Dr. Stephen F. Paige, University of Florida

Dr. Richard Polachek, University of
Southern California

Dr. Harold Pressman, University of
Minnesota

Dr. William C. Ralston, Jr., University of
Louisville

Prof. Herbert Reininger, Indiana University

Dr. Homer Vernon Reed, University of
Tennessee Health Science Center

Dr. John Salley, Virginia Commonwealth
University

Prof. Jose Sanchez, University of Southern
California

Dr. James Adair Sarbinoff, Indiana
University

Dr. Bernard Sarnat, University of
California, Los Angeles

Dr. Clement Keith Schmitt, University of
Missouri - Kansas City

Dr. William S. Seibly, Loma Linda
University

Dr. Fredrick A. Shaw, Jr., University of
Tennessee Health Science Center

Dr. R. Jack Shankle, University of North
Carolina at Chapel Hill

Dr. Phyllis A. Slott, New York University

Dr. Charles T. Smith, Loma Linda
University

Dr. Taras Snihurowich, University of
Manitoba

Dr. Sigmund S. Socransky, The Forsyth
Institute

Dr. Sylvia Perez-Spiess, New York
University

Dr. Ronald Spakowitz, Marquette
University

Dr. Marlon D. Steinert, University of
Missouri - Kansas City

Dr. William Stilp, Marquette University

Dr. Paul Tannenbaum, Columbia
University

Dr. William "Bill" Wesley (Toews) Taves,
Loma Linda University

Dr. Mary Ann Tilk, Marquette University

Dr. Luchiano Valenzano, University of
Toronto

Dr. Lisa J. Vecchione, University of
Pittsburgh

Dr. Clifford Erwin Vixie, Loma Linda
University

Prof. Alla J. Wheeler, New York University

Dr. Robert Moody Williams, University of
Tennessee Health Science Center

Dr. Robert Wood, University of Nebraska
Medical Center

ADEA Bylaws

With changes approved by the 2011 ADEA House of Delegates

Chapter I: Core Values

Section A

The Association's core values are:

- 1. Promoting and Improving Excellence in All Aspects of Dental Education.** The Association values the development of faculty, staff, and administrators as the key to improving dental education.
- 2. Building Partnerships in Support of and Advocating for the Needs of Dental Education.** The Association values partnerships with those who share an interest in improving dental education by ensuring a sufficient flow of resources and favorable policy options.
- 3. Serving the Individual Needs of Members and Institutions.** The Association values providing a broad range of services for the benefit of both individuals and institutions.
- 4. Encouraging Communication and Sharing of Information Among the Association's Members.** The Association values intelligent, candid, and efficient communication among Association members, individual and institutional.
- 5. Expanding the Diversity of Dental Education.** The Association values diversity and believes that those who populate dental education—students, faculty, staff, administrators, and patients—should reflect the diversity of our society.
- 6. Recognizing the Needs of Those the Association Serves.** The Association values responsiveness to the needs of students, alumni, patients, and all other constituents.
- 7. Promoting Oral Health.** The Association values oral health care as being integral to the general health and well-being of individuals and society.

Chapter II: Membership

Section A. Categories

The Association has eight membership categories:

- 1. Institutional membership**
 - a. Active
 - b. Provisional
 - c. Affiliate
 - d. Corporate
- 2. Individual membership**
 - a. Individual
 - b. Student
 - c. Retired
 - d. Honorary

Section B. Qualifications for Institutional Membership

1. **Active.** A dental school granting a D.D.S. or D.M.D. degree as a part of an accredited college or university in the United States, Puerto Rico, or Canada, and having begun instruction of its first class of dental students, is eligible to apply for active membership. (Canadian dental schools have the option of selecting active or affiliate membership.)
2. **Provisional.** A developing dental school planning to grant a D.D.S. or D.M.D. degree as part of an accredited college or university in the United States, Puerto Rico, or Canada is eligible to apply for provisional membership. (Developing Canadian dental schools have the option of selecting provisional or affiliate membership.)
3. **Affiliate.** The following types of institutions in the United States, Puerto Rico, or Canada are eligible to apply for affiliate membership, provided that they are not eligible for active or provisional membership and that their dental and/or allied dental education programs are accredited by the Commission on Dental Accreditation:
 - a. Canadian dental schools (may elect active or affiliate membership or provisional membership if a developing institution).
 - b. Academic institutions—other than hospitals—conducting postdoctoral dental education programs.
 - c. Hospitals that conduct postdoctoral dental education programs and that are not under the same governance as an active or provisional member institution. Hospital programs under the same governance as active or provisional member institutions are included in the parent school's active or provisional membership.
 - d. The United States Air Force, Army, Navy, Public Health Service, and Department of Veterans Affairs and comparable agencies of the Canadian government.
 - e. Institutions conducting dental hygiene, dental assisting, and dental laboratory technology education programs. Such programs that are under the administrative control of an active or provisional member institution and that are conducted at the main teaching site of that active or provisional member institution are included in the membership of the active or provisional member institution and are automatically members of the Council of Allied Dental Program Directors. Dental hygiene, assisting, and laboratory technology education programs conducted at the main teaching site of an active or provisional member institution but that are not under the administrative control of that active or provisional member institution and dental hygiene, assisting, and laboratory technology education programs that are under the administrative control of an active or provisional member institution and are conducted away from the main teaching site of that active or provisional member institution must be affiliate institutional members in order to belong to the Council of Allied Dental Program Directors.
 - f. Institutions conducting other dental or allied dental education programs recognized by the Association.
4. **Corporate.** A company dealing with products and/or services beneficial to dental education and/or dentistry is eligible to apply for corporate membership.

Section C. Election to Institutional Membership.

Applications for active and provisional membership should be presented in writing at least sixty days before an annual session. Institutions are elected to membership by a

majority affirmative vote of the House of Delegates. Memberships are effective the July 1 following House approval.

Applications for affiliate institutional membership can be submitted at any time for approval by the executive director. Memberships become effective on January 1, April 1, July 1, or October 1, whichever date first follows approval.

Applications for corporate membership can be submitted at any time for approval by the Board of Directors at its next meeting. Memberships become effective on January 1, April 1, July 1, or October 1, whichever date first follows approval. Corporate memberships are reviewed annually.

Section D. Institutional Membership Dues

- 1. Active and Provisional Members.** Effective July 1, 2004, annual dues for active- and provisional-member institutions are \$25,522.
 - a. Active and provisional institutional membership dues include one individual membership from each member institution.
- 2. Affiliate Members.** Effective July 1, 2004, annual dues for institutions that conduct allied dental education programs are \$945. Effective July 1, 2004, annual dues for Canadian dental schools are \$1,815.
 - a. Effective July 1, 2000, annual dues for the federal dental services are \$3,922.
 - b. Effective July 1, 2003, annual dues for hospital-based postdoctoral dental education programs are \$984. A portion totaling \$76 of each such institutional membership shall be allocated as recommended by the Council of Hospitals and Advanced Education Programs and as approved by the Board of Directors.
 - c. Effective July 1, 2003, annual dues for institutions that conduct non-hospital-based postdoctoral dental education programs are \$3,998. A portion totaling \$76 of each such institutional membership shall be allocated as recommended by the Council of Hospitals and Advanced Education Programs and as approved by the Board of Directors.
 - d. Dues are payable by February 1, May 1, August 1, or November 1, whichever date first follows approval. Dues include one individual membership, with the institution to determine the individual member.
- 3. Corporate Members.** Effective January 1, 2006, annual dues are \$3,400. Dues include up to ten individual members, with the corporation to determine the individual members. \$500 of each member's dues is designated to support the ADEA Annual Session.

Section E. Forfeiture of Institutional Membership

1. Ceasing to meet the membership qualifications specified in Chapter II, Section B, of these Bylaws results in immediate forfeiture of membership.
2. Active or provisional member institutions in arrears in payment of their dues at an annual session forfeit their memberships. Affiliate or corporate member institutions in arrears in payment of their dues more than six months beyond the dues payment date forfeit their memberships.

Section F. Reinstatement of Institutional Membership After Payment of Dues in Arrears.

1. Institutional memberships forfeited for nonpayment of dues may be reinstated upon payment and approval of the executive director.

Section G. Qualifications for Individual Memberships

1. **Individual.** Any faculty member or other person employed by a dental, advanced education, hospital, and/or allied dental education ADEA member institution is eligible for individual membership.
2. **Student.** Any student enrolled in a dental school, a postdoctoral dental education program, and/or an allied dental education ADEA member institution is eligible for individual membership.
3. **Retired.** Any individual who has completely retired from dental education and dental practice and who has been an ADEA individual member is entitled to individual membership.
4. **Honorary.** Any individual who has rendered a distinct service to humankind, made outstanding contributions to dentistry, and/or rendered exceptional service to the Association may be nominated by the Board of Directors for honorary membership.
5. **Affinity.** Any individual with a demonstrable interest in dental, allied, or advanced dental education who is not currently a faculty member, employee, or student in an ADEA member institution.

Section H. Approval of Individual Memberships

1. **Individual.** An individual membership may be activated at any time during the year. Memberships become effective as soon as the activation is processed and remain in effect for the following twelve months.
2. **Student.** A student membership may be activated at any time during the year. It becomes effective as soon as the activation is processed and remains in effect for as long as the member is enrolled at an ADEA Institutional Member.
3. **Retired.** A retired membership may be activated at any time during the year. Memberships become effective as soon as the activation is processed and remain in effect for the following twelve months.
4. **Honorary.** Individuals are elected to honorary memberships by a majority affirmative vote of the House of Delegates. Honorary members are entitled to all the privileges of individual membership except the right to vote. An honorary membership is effective for the member's lifetime.
5. **Affinity.** Applications for Affinity Individual Membership may be submitted at any time during the year. Memberships become effective as soon as the application is processed and remain in effect for the following twelve months.

Section I. Individual Membership Dues

1. **Individual Membership.** Effective January 1, 2006, annual dues are \$0, and include membership in any Section(s) or Special Interest Group(s).
2. **Student Membership.** Effective January 1, 2006, annual dues are \$0, and include membership in any Section(s) or Special Interest Group(s).

3. **Retired Membership.** Effective January 1, 2006, annual dues are \$0, and include membership in any Section(s) or Special Interest Group(s).
4. **Honorary Membership.** Honorary members pay no dues.
5. **Affinity Membership.** Effective January 1, 2006, annual dues are \$125 for individuals with a demonstrable interest in dental, allied, or advanced dental education who are not currently a faculty member, employee, or student in a member institution. This fee includes membership in any Section(s) or Special Interest Group(s).
6. **Affinity Student Membership.** Effective January 1, 2007, annual dues are \$40 for a student who is not enrolled in an ADEA Institutional Member and who has a demonstrable interest in predoctoral, allied, or advanced dental education.

Section J. Forfeiture of Student Membership

1. **Student.** Ceasing to meet the membership qualifications specified in Chapter II, Section G.2., of these Bylaws results in immediate forfeiture of student membership. However, the individual may then apply for regular individual membership.

Section K. Membership Voting Rights

1. **Voting.** The House of Delegates shall represent the membership and shall have the right to vote on their behalf. Except as otherwise may be expressly required by statute or by the Association's Articles of Incorporation, no class or category of member of the Association shall have any right to vote.

Chapter III: Elected Association Officers

Section A. Names

The Association's elected officers are:

1. President
2. President-elect
3. Immediate Past President
4. Vice President for Allied Dental Program Directors
5. Vice President for Deans
6. Vice President for Faculties
7. Vice President for Hospitals and Advanced Education Programs
8. Vice President for Sections
9. Vice President for Students, Residents, and Fellows
10. Vice President for the Corporate Council

Section B. Qualifications

To be eligible for an elected office, a person must be an individual member of the Association. In addition, a person must be a member of a council to be eligible for the vice presidency of that council, with the exception that past Administrative Board members of the Council of Sections who may no longer be members of the council are eligible for nomination as vice president for sections.

Individuals may not serve simultaneously as a principal officer of ADEA (president, president-elect, or immediate past president) and as a member of the American Dental

Association's Council on Dental Education and Licensure and the Commission on Dental Accreditation.

Section C. Duties of Officers

1. President

- a. To provide leadership in achieving the Association's mission, objectives, and ongoing business;
- b. To serve as presiding officer of the House of Delegates and Board of Directors; and
- c. To serve as the Association's official representative to other organizations.

2. President-elect

- a. To serve in place of the president at the request or in the absence of the president; and
- b. To perform any duties requested by the president.

3. Immediate Past President

- a. To serve in place of the president at the request of the president or president-elect or in the absence of both;
- b. To perform any duties requested by the president;
- c. To chair the Finance Committee of the Board of Directors; and
- d. To chair the nominating committee for president-elect.

4. Vice Presidents. The duties of vice presidents are delineated in Chapter VIII (Councils) of these Bylaws.

Section D. Succession

The offices of president-elect, president, and immediate past president are successive.

Section E. Nominations

By April 1 each year, the Board of Directors invites the general membership to suggest nominees for the office of president-elect. Members should consider women and underrepresented minorities for nomination. Members may nominate as many individuals as they wish, including themselves. The deadline for submitting nominations is November 1. Council administrative boards may also nominate individuals.

Between November 1 and December 31, the immediate past president and the seven vice presidents meet as a nominating committee to consider all nominations and shall recommend one or more candidates to stand for election. If a vice president or councilor is a nominee, the chair from that vice president's or councilor's council serves on the nominating committee to ensure representation from the council. Any delegate may present additional nominations to the ADEA executive director for president-elect no later than thirty days prior to the Opening of the House of Delegates. Any delegate presenting a nomination must obtain the candidate's consent to run and a copy of the candidate's curriculum vita, which will be made available for delegates' review prior to the annual session.

The methods of nominating council vice presidents are delineated in Chapter VIII (Councils) of these Bylaws.

Section F. Election

If there is only one candidate for president-elect, he or she is declared elected at the Opening Session of the House. If there are two or more candidates, delegates cast secret ballots at the annual session during times designated by the Board of Directors. Ballot counting is monitored by two individuals selected by the Board of Directors. A plurality of the votes cast is required for election. The methods of electing council vice presidents are delineated in Chapter VIII (Councils) of these Bylaws.

Section G. Installation

Elected Association officers are installed at annual sessions at the Closing Session of the House of Delegates.

Section H. Terms of Office

The president-elect, president, and immediate past president serve one-year terms. Individuals who have served a full term as president, president-elect, and/or immediate past president may not succeed themselves in any of those offices. Each vice president serves for a single three-year term and may not succeed him- or herself. Notwithstanding the foregoing, the vice president for students, residents, and fellows shall serve for a term of office as set forth in Chapter VIII, Section C(8) of these Bylaws.

Section I. Replacement

If a president or president-elect dies, resigns, or is removed for any reason, the Association's nominating committee nominates one or more candidates to fill the vacancy relating to such officer position. An election is then held by mail ballot of all delegates to the last House of Delegates. Ballots are accompanied by biographical sketches of the candidates. Space is provided on the ballots for write-in candidates. Ballots must be returned within fifteen days after mailing. Ballot counting is monitored by two individuals selected by the Board of Directors. A plurality of the votes cast is required for election.

If an immediate past president dies, resigns, or is removed for any reason, the position remains vacant until the president assumes the office at the next annual session, provided, however, that if the person who most recently served as immediate past president (the "former immediate past president") prior to the death, resignation, or removal of the individual that created the vacancy in the office of the immediate past president is available and willing to serve as the immediate past president, then the former immediate past president may be appointed by the president to serve as the immediate past president until the next annual session when the president assumes such office.

In such a case where a vacancy in the office of immediate past president is not filled, the president serves as chair of the Finance Committee and the nominating committee for president-elect. In the event of the death, resignation, or removal of one or more of the vice presidents, the vacancy created thereby shall be filled in accordance with the procedures set forth at Chapter VIII, Section C.9 of these Bylaws. An individual may not hold two or more elected Association offices simultaneously.

Chapter IV: House of Delegates

Section A. Function

The House of Delegates is the Association's governing and legislative body.

Section B. Composition

The House of Delegates consists of the following members:

1. Board of Directors
2. The Council of Deans
3. The Council of Faculties
4. Representatives of the Councils of Allied Dental Program Directors; Hospitals and Advanced Education Programs; Sections; and Students, Residents, and Fellows; as specified in Chapter VIII (Councils) of these Bylaws.
5. Representatives of the Corporate Council, as specified in Chapter IX (Corporate Council) of these Bylaws.

Section C. Powers and Duties

The House of Delegates has the following powers and duties:

1. To enact and, where appropriate, enforce policies of the Association;
2. To approve all resolutions, opinions, and memorials in the name of the Association;
3. To elect active, provisional, and honorary members;
4. To approve changes in the Bylaws, Policy Statements, and Position Papers;
5. To approve new sections;
6. To approve the Association's operating budgets;
7. To establish branch offices of the Association or change the location of the Central Office;
8. To elect the president-elect of the Association;
9. To elect nominees for membership in other organizations when so requested; and
10. To serve as an advocate on behalf of all Association policies and positions.

Section D. Sessions

The House of Delegates normally convenes at the Association's annual sessions. Special sessions may be called by the president or by request of the membership as specified in the Bylaws.

Section E. Official Call

1. **Annual Sessions.** The executive director sends each institutional and individual member delegate an official notice of the time and place of each annual session or other House meeting. The notice is sent no fewer than thirty days before the first day of the session or meeting.
2. **Special Sessions.** The executive director sends each institutional and individual member an official notice of the time and place of each special session along with a statement of the business to be considered. The notice is sent no fewer than thirty days before the first day of the session. No other business except that provided for in the call may be considered unless the members present unanimously agree to consider additional business.

Section F. Quorum

A majority of the delegates constitutes a quorum for the transaction of business at regular or special sessions.

Section G. Presiding Officer

The president is the presiding officer. In the president's absence, the president-elect is the presiding officer. In the absence of both, past presidents, in reverse order of service, are called on to preside.

Section H. Recording Officer

The executive director is the recording officer and custodian of the House records. Staff and/or a professional recorder may be used to obtain a record of the House proceedings. The executive director ensures that a record of the proceedings is published annually in the Association's *Proceedings*.

Section I. Parliamentarian

The executive director, with the approval of the Board of Directors, appoints the parliamentarian.

Section J. Order of Business, Regular Session

The order of business at a regular session of the House of Delegates is as follows, unless changed by a two-thirds affirmative vote of the delegates present and voting:

1. Call to order,
2. Report of quorum by executive director,
3. Approval of minutes of previous session,
4. Reports of officers,
5. Report of Board of Directors,
6. Referrals of reports and resolutions,
7. Action on resolutions,
8. Unfinished business,
9. New business,
10. Installation of officers, and
11. Adjournment.

Section K. Order of Business, Special Session

The order of business at a special session is as follows:

1. Call to order,
2. Report of quorum by executive director,
3. Reading of call for special session,
4. Transaction of business as provided in call, and
5. Adjournment.

Section L. Rules of Order

The rules contained in the latest edition of Sturgis's *Standard Code of Parliamentary Procedure* govern the House's deliberations when not in conflict with these Bylaws.

Section M. Presentation of Resolutions

Resolutions may be presented to the House of Delegates at annual sessions by:

1. The Board of Directors in writing at the Opening Session of the House, and
2. Any delegate in writing at the Opening Session of the House of Delegates.

Between annual sessions, any individual member may submit a resolution to the Board of Directors, which may forward it to the House of Delegates at the next annual session with a recommendation for action. The Board of Directors may submit resolutions to an appropriate Association component group for advice before forwarding the resolution to the House of Delegates.

Resolutions proposing expenditure of Association funds must be accompanied by a cost impact statement estimating the amount of funds required and the period of expenditure. Staff assists resolution drafters in estimating expenditures and periods of expenditure, if requested to do so.

Resolutions proposing changes in the ADEA policies and Bylaws must specify how the ADEA Policy Statements, Position Papers, and Bylaws would be affected.

Section N. Reference Committees

Reference committee members are appointed annually by the Board of Directors. Reference committees hold hearings at the annual sessions on resolutions going to the House of Delegates and make recommendations on those resolutions.

Chapter V: Board of Directors

Section A. Function

The Board of Directors is the Association's administrative body.

Section B. Composition

The Board of Directors consists of the Association's elected officers, as specified in Chapter III of these Bylaws, and the executive director (an ex officio member), which comprise a board of eleven members.

Section C. Alternates

A vice president who is unable to attend a Board of Directors meeting may designate one of the other elected council officers to attend in his or her place as a voting member of the Board of Directors for that meeting. The principal officers may not designate alternates.

Section D. Powers and Duties

The Board of Directors has the following powers and duties:

1. To serve as the Association's administrative body;
2. When the House of Delegates is not in session, to establish *ad hoc* interim policies, provided that such policies are not in conflict with existing Association policy and are presented for review at the next session of the House;
3. To establish rules and regulations consistent with the Bylaws and to govern the organization, procedure, and conduct of those rules;
4. To report its actions to the House of Delegates at each annual session;
5. To conduct the Association's planning, including the development of strategic, operational, and related plans, and to apprise the House of Delegates of those plans;
6. To nominate 1) a candidate(s) for ADEA president; 2) candidates for honorary membership; and 3) candidates for membership in other organizations, as well as to appoint representatives to other organizations;

7. To appoint and evaluate the executive director; and
8. To ensure that all accounts of the Association are audited annually and to prepare for House approval of an annual operating budget for the following fiscal year.

Section E. Sessions

1. **Regular Sessions.** The Board of Directors normally meets at least four times a year either in person or by teleconference.
2. **Special Sessions.** The president may call a special session at the request of at least three board members, provided that notice of the special session is sent to each member at least ten days before the meeting. No other business except that provided for in the call may be considered unless the members present unanimously agree to consider additional business.

Section F. Quorum

A majority of the board's members constitutes a quorum for the transaction of business at regular or special sessions.

Section G. Presiding Officer

The president is the presiding officer, and in the president's absence, the president-elect. In the absence of both, the immediate past president is the presiding officer.

Section H. Recording Officer

The executive director is the recording officer. Staff and/or a professional recorder may be used to obtain a record of meetings.

Section I. Rules of Order

The rules contained in the latest edition of Sturgis's *Standard Code of Parliamentary Procedure* govern the Board of Directors' deliberations when not in conflict with these Bylaws.

Section J. Unanimous Consent Mail Ballots

The Board of Directors is authorized to transact business by unanimous consent in the form of mail ballot. Mail ballots may be sent and returned by mail, facsimile transmission (fax), and/or electronic mail (email). The results of mail ballots are as binding as those obtained at official meetings. The following regulations apply to all mail ballots:

1. Mail ballots should be initiated by an officer or appropriate staff member;
2. Each mail ballot should set forth the specific actions to be considered by the Board of Directors and include a line for his or her signature;
3. A unanimous vote of all the directors then in office is required for approval; and
4. Ballots not returned within thirty days will not be counted.

Chapter VI: Finance Committee of the Board of Directors

Section A. Functions

The Finance Committee is responsible for assisting the executive director in preparing the Association's budget, monitoring the Association's finances, and reporting progress and recommendations to the Board of Directors and House of Delegates.

Section B. Composition

The Finance Committee consists of the immediate past president, who is chair, and the president and president-elect.

Section C. Sessions

The Finance Committee meets as requested by the Board of Directors and normally in conjunction with Board meetings.

Section D. Quorum

A majority of the committee's members constitutes a quorum for the transaction of business.

Section E. Rules of Order

The rules contained in the latest edition of Sturgis's *Standard Code of Parliamentary Procedure* govern the deliberations of the Finance Committee when not in conflict with these Bylaws.

Section F. Fiscal Year

The Association's fiscal year runs from July 1 through June 30.

Section G. Budget

The Board of Directors at each annual session submits an operating budget for the following fiscal year to the House of Delegates for approval.

Chapter VII: Other Standing and Special Committees of the Board of Directors

Section A. Authority

The Board of Directors may appoint standing and special committees to assist it in performing its duties. In all such appointments, the Board of Directors should consider women and underrepresented minorities to serve on such committees. While committees of the board must always have two or more directors, and directors must constitute a majority of committee membership, the board may also appoint advisory committees. Advisory committees may include any individual member of the association and have no limitations concerning director membership.

Chapter VIII: Councils

Section A. Functions

All but one of the councils (the Council of Sections) represent institutions and programs in each of the Association's institutional membership categories. The Council of Sections represents the Association's sections. In addition, each council has the following functions:

1. To represent its constituency within the Association and at the member institutions;
2. To recommend to the Board of Directors how the interests of the council's constituency might be represented through the federal legislative and regulatory processes;
3. To exchange information among its members, with other ADEA component groups, and among member institutions;

4. To work with other ADEA component groups to encourage coordinated approaches to dental and allied dental education and health care delivery;
5. To identify and provide consultation on projects, studies, and reports that will benefit the membership;
6. To introduce resolutions to the Board of Directors and/or House of Delegates; and
7. To meet at annual sessions.

Section B. Composition

The Association's councils consist of the following members. All council members must be individual members of the Association.

1. **The Council of Allied Dental Program Directors** consists of the directors (or their alternates) of dental assisting, dental hygiene, and dental laboratory technology education programs in each active, provisional, and affiliate member institution. In member institutions offering more than one allied dental education program, the person (or an alternate) who is the department/division chair or head is also a member of the council. Council membership may also include the directors (or their alternates) of special allied dental education programs at the post-entry level that lead to a baccalaureate or advanced degree. In addition, a member of the Administrative Board who is no longer in any of the above categories may remain a member of the council for the duration of his or her term(s).

Representation in the House of Delegates. The Council of Allied Dental Program Directors is represented in the House by one delegate for every ten of its member programs (or major portion thereof) in each of its four membership categories—dental assisting education, dental hygiene education, dental laboratory technology education, and special allied dental education. Each category is represented by at least two delegates, except for the category of special allied dental education, which is represented by at least one delegate. Administrative Board members are delegates, even if they are additional delegates in their category. The council Administrative Board nominates two candidates for each delegate position that will not be filled by an Administrative Board member. Delegates are then elected by mail balloting of the entire council. Delegates are elected to one-year terms and may be reelected.

2. **The Council of Deans** consists of the dean (or an alternate) of each active and provisional member institution, the chief dental administrator (or an alternate) of each affiliate member institution conducting non-hospital-based postdoctoral dental education programs, the chief dental officer or administrator (or an alternate) of each affiliate-member federal dental service, and the president (or an alternate) of the Association of Canadian Faculties of Dentistry. In addition, the council includes any members of its Administrative Board who are no longer in the above categories.

Representation in the House of Delegates. All members of the Council of Deans serve as delegates in the House.

3. **The Council of Faculties** consists of one faculty member (or an alternate) elected by the faculty of each active and provisional member institution, in addition to any members of the Administrative Board who are no longer in the above category. Members are elected to three-year terms, and approximately one-third of the members are replaced or reelected annually according to a schedule maintained in the Central Office. The methods of electing members, removing members for cause,

and electing new members to fill unexpired terms are left to the discretion of individual member institutions. Each faculty electing or reelecting a member in a given year is required to notify the Central Office of the name of its representative by January 1 preceding the annual session at which the incumbent faculty member's term ends.

Representation in the House of Delegates. All members of the Council of Faculties serve as delegates in the House.

- 4. The Council of Hospitals and Advanced Education Programs** includes the program director, faculty, residents, and fellows in Commission on Dental Accreditation (CODA) accredited advanced dental education programs located in ADEA-member institutions, and any former member of the Council's Administrative Board. Eligibility for election to the Council's Administrative Board is limited to Program Directors of Commission on Dental Accreditation (CODA) accredited advanced dental education programs located in ADEA-member institutions.

Representation in the House of Delegates. The Council of Hospitals and Advanced Education Programs is represented in the House by one delegate for every ten of its member programs (or major portion thereof). Regardless of the number of member programs, the Council is represented by at least sixteen delegates (the five members of the Administrative Board and one representative each from the recognized and/or accredited programs by the Commission on Dental Accreditation). All Administrative Board members must serve as delegates. The Council Administrative Board, at its annual interim meeting, nominates at least one candidate for each delegate position beyond the sixteen that will not be filled by an Administrative Board member or a recognized specialty representative. Delegates are elected at the ADEA annual session immediately preceding the year of service. Delegates are elected to one-year terms and may be reelected.

- 5. The Council of Sections** consists of the councilor and chair (or their alternates) of each Association section, in addition to any members of the Council Administrative Board who are no longer councilors or chairs of their section. In addition, the chair-elect and secretary from each section are eligible to participate in council meetings and may vote at those meetings. Section chairs-elect and secretaries are not eligible for election to council office.

Representation in the House of Delegates. The Council of Sections is represented in the House by the chair of each section and a councilor elected by each section to a three-year term. Councilors may be reelected to one additional three-year term. Council Administrative Board members who are not section chairs or councilors also serve as delegates. If a section chair and/or councilor is unable to serve as a delegate, the section's chair-elect and/or secretary serve as delegate alternates. Section chairs-elect and secretaries are not eligible to sit with the council in the House of Delegates unless they have been appointed delegate alternates.

- 6. The Council of Students, Residents, and Fellows** consists of students representing any of the following types of programs conducted by each active, provisional, and affiliate member institution: 1) one representative for a program leading to the D.D.S. or D.M.D. degree, 2) one representative for all students enrolled in postdoctoral education programs, 3) one representative for each dental hygiene education program, 4) one representative for each dental assisting education program, and 5) one representative for each dental laboratory technology education program. The methods of electing members, removing members for

cause, and electing new members to fill unexpired terms are left to the discretion of individual member institutions. Each member institution's chief administrator is required to notify the Central Office of the name(s) of its representative(s) within sixty days after an annual session. Members are elected to one-year terms and may be reelected.

Representation in the House of Delegates. The Council of Students, Residents, and Fellows is represented in the House by its Administrative Board, in addition to twelve predoctoral dental students, two each from the six regions recognized by the council; four postdoctoral dental students, two from hospital programs and two from non-hospital-based programs; and six allied dental students, two each from dental hygiene, dental assisting, and dental laboratory technology education programs. Delegates are elected to one-year terms and may be reelected. All delegates are elected by the Council of Students, Residents, and Fellows at the annual sessions.

7. **Alternates.** Council members unable to attend a House of Delegates session or a council meeting, or who serve in the House in two or more positions (e.g., as a member of the Council of Faculties and Council of Sections), may appoint alternates to represent them. Members of the Councils of Allied Dental Program Directors; Hospitals and Advanced Education Programs; and Students, Residents, and Fellows must appoint alternates who are members of their council. Members of the Council of Sections must appoint the chair-elect or secretary of their section. Members of the Councils of Deans and Faculties must appoint individuals from their institutions. Delegates representing two or more councils in the House must decide which council they wish to represent and then appoint an alternate(s) for the other council(s) according to the foregoing guidelines. All alternates must be ADEA individual members.

Section C. Administrative Boards

1. **Names of Officers.** Each council has an Administrative Board consisting of a chair, chair-elect (vice-chair for the Council of Students, Residents, and Fellows), secretary, member-at-large, and vice president (ex officio).
2. **Qualifications.** A person must be an individual member of the Association and a member of his or her council to be eligible for a council office, with the exception that past Administrative Board members of the Council of Sections who may no longer be members of the council are eligible for nomination as vice president for sections.
3. **Duties**
 - a. **Chairs.** It is the duty of chairs:
 - 1) To provide leadership in meeting council goals and objectives;
 - 2) To chair council meetings; and
 - 3) To plan programs for council meetings.
 - b. **Chairs-Elect.** It is the duty of chairs-elect:
 - 1) To chair council meetings in the absence of the chair;
 - 2) To perform any duties requested by the chair; and
 - 3) To serve as chair of the nominating committee to select candidates for council office.

- c. **Secretaries.** It is the duty of secretaries:
 - 1) To record the minutes of council and Administrative Board meetings or to see that they are recorded;
 - 2) To submit the minutes of council annual session meetings to the Central Office within sixty days after the session; and
 - 3) To perform any duties requested by the chair.
- d. **Members-at-Large.** It is the duty of members-at-large:
 - 1) To perform any duties requested by the chair.
- e. **Vice Presidents.** It is the duty of vice presidents:
 - 1) To serve as ex officio council officers and Association officers;
 - 2) To represent the councils' interests on the Board of Directors;
 - 3) To serve as consultants from the Board of Directors to the councils in conducting their business and meeting their objectives; and
 - 4) To report Board of Directors' actions to the council.
- 4. **Succession.** Except for the Council of Students, Residents, and Fellows, each year the member-at-large succeeds to the office of secretary, the secretary to the office of chair-elect, and the chair-elect to the office of chair. For the Council of Students, Residents, and Fellows, offices are not automatically successive.
- 5. **Nominations.** Before each annual session, the chair-elect and two council members who are not officers nominate one or more individuals for the office of member-at-large (and vice president if the incumbent vice president will complete a term at the end of the annual session). For the Council of Students, Residents, and Fellows, the vice-chair and two council members who are not officers nominate one or more individuals for the offices of member-at-large, secretary, vice-chair, chair, and vice president. Additional nominations may be made from the floor at the councils' annual session meetings.
- 6. **Election and Appointment.** Council officers are elected at council annual session meetings. The method of voting is left to the discretion of the council chairs. For the Council of Students, Residents, and Fellows, immediately after the annual session, the four members of the new Administrative Board appoint a council member to serve as a member-at-large.
- 7. **Installation.** All council officers, except vice presidents, are installed at council annual session meetings. Vice presidents are installed at annual sessions at the Closing Session of the House of Delegates.
- 8. **Terms of Office.** All council officers, except vice presidents, serve one-year terms. Vice presidents serve three-year terms, except for the vice president for students, who may serve up to three consecutive one-year terms if the individual qualifies for membership on the Council of Students, Residents, and Fellows during that entire period. An individual who has served a full term as a vice president (or three consecutive one-year terms as vice president for students), chair, chair-elect, secretary, or member-at-large may not succeed him- or herself in any of those offices.

- 9. Replacement.** An Administrative Board member who ceases to qualify for membership on a council may continue as a council officer for the duration of his or her term(s) on the board. A board member who completely ceases to be active in dental and/or allied dental education must resign his or her office on the council. In the event of the death, resignation, or removal of a council officer, the council administrative board appoints a non-board member of the council to complete the unexpired term(s) of office; provided, however, that if the vacancy created by such death, resignation, or removal is for the office of the vice president, then the council Administrative Board shall appoint a non-board member of the council to serve as the vice president until the next annual session meeting of the council, at which annual session an election (in accordance with this Chapter VIII) shall be held to fill the remainder of the term of the office of the vice president that became vacant by reason of such death, resignation, or removal.
- 10. Alternates.** Council officers may not send alternates to attend council Administrative Board or House of Delegates meetings in their place.

Section D. Sessions

All councils meet at annual sessions. Administrative Boards plan annual session programs and submit program details to the Central Office for publication in the annual session program. The schedule of council programs is determined by the Board of Directors. Councils able to provide funding may hold additional conferences between annual sessions.

Section E. Quorum

A majority of the members of a council constitutes a quorum for the transaction of business.

Section F. Rules

The rules for councils are included in Chapter XII (Rules for Councils, the Corporate Council, Sections, and Special Interest Groups) of these Bylaws.

Chapter IX: Corporate Council

Section A. Functions

The Corporate Council has the following functions:

1. To represent the corporate members within the Association;
2. To apprise corporate members of relevant Association activities;
3. To establish criteria for, and advise the Board of Directors on, approval of applications for corporate membership;
4. To exchange information among its members, with other component groups of the Association, and among the Association's member institutions;
5. To serve in a liaison role between the corporate and academic members of the Association;
6. To impart corporate members' knowledge to other Association members;
7. To work with other component groups of the Association to encourage coordinated approaches to dental and allied dental education and care delivery;

8. To identify projects, studies, and reports that will benefit the council's and/or the Association's membership and to provide consultation on those projects, studies, and reports;
9. To introduce appropriate resolutions to the House of Delegates and/or Board of Directors; and
10. To meet at annual sessions.

Section B. Composition

The Corporate Council consists of the official representative of each corporate member.

Section C. Representation in the House of Delegates

The Corporate Council is represented in the House of Delegates by three of its four elected officers: the 1) chair, 2) chair-elect, and 3) vice president.

Section D. Officers

1. **Names.** The Corporate Council has five officers: a chair, chair-elect, secretary, member-at-large, and vice president (ex officio).
2. **Qualifications.** An individual must be a member of the Corporate Council to be eligible for a Corporate Council office.
3. **Duties**
 - a. **Chair.** It is the duty of the chair:
 - 1) To provide leadership in meeting Corporate Council goals and objectives;
 - 2) To chair Corporate Council meetings; and
 - 3) To plan programs for Corporate Council meetings.
 - b. **Chair-Elect.** It is the duty of the chair-elect:
 - 1) To chair Corporate Council meetings in the absence of the chair;
 - 2) To perform any duties requested by the chair; and
 - 3) To serve as chair of the nominating committee to select candidates for Corporate Council office.
 - c. **Secretary.** It is the duty of the secretary:
 - 1) To record the minutes of Corporate Council meetings or to see that they are recorded;
 - 2) To submit the minutes of the Corporate Council's annual session meetings to the Central Office within sixty days; and
 - 3) To perform any duties requested by the chair.
 - d. **Member-at-Large.** It is the duty of the member-at-large to perform any duties requested by the chair.
 - e. **Vice President.** It is the duty of the vice president:
 - 1) To serve as a Corporate Council officer and a voting member of the Board of Directors;
 - 2) To represent the council's interests on the Board of Directors;

- 3) To serve as a consultant from the Board of Directors to the council in conducting its business and meeting its objectives; and
 - 4) To report Board of Directors' actions to the council.
4. **Succession.** Each year, the member-at-large succeeds to the office of secretary, the secretary succeeds to the office of chair-elect, and the chair-elect to the office of chair.
 5. **Nominations.** Before each annual session, the Corporate Council nominates one or more individuals for the office of member-at-large and vice president. Additional nominations may be made from the floor at the council's annual session meeting.
 6. **Election and Appointment.** Corporate Council officers are elected at the council's annual session meetings. The method of voting is left to the discretion of the council chair.
 7. **Installation.** All Corporate Council officers are installed at the council's annual session meetings.
 8. **Terms of Office.** All Corporate Council officers except vice presidents serve one-year terms.
 9. **Limitation of Terms.** An individual who has served three consecutive one-year terms as a vice president, or as chair, chair-elect, secretary, or member-at-large, may not succeed him- or herself in any of those offices.
 10. **Replacement.** An officer who ceases to be a member of the Corporate Council must resign the office at the time he or she ceases to be a member. In such an instance, or when a council officer resigns for any other reason, the other officers appoint another council member to serve out the unexpired term (or successive terms) of office. An individual may not hold two or more Corporate Council offices simultaneously.
 11. **Alternates.** Corporate Council officers may not send alternates to attend meetings in their place, except that council officers unable to attend a House of Delegates session may appoint alternates to represent them. Such alternates must be members of the Corporate Council.

Section E. Sessions

The Corporate Council meets at annual sessions and may meet at other times of the year as appropriate. The officers plan annual session programs and submit program details to the Central Office for publication in the annual session program. The scheduling of the Corporate Council's program is determined by the Board of Directors.

Section F. Quorum

A majority of the members of the Corporate Council constitutes a quorum for the transaction of business.

Section G. Rules

The rules for the Corporate Council are included in Chapter XII (Rules for Councils, the Corporate Council, Sections, and Special Interest Groups) of these Bylaws. In addition, the following rule applies to corporate members: they may not cite corporate membership for commercial purposes, e.g., to imply ADEA endorsement of products and services.

Chapter X: Sections

Section A. Functions

A Section is a programmatic group that provides an opportunity for its members to exchange information on the Section's specific academic and administrative interests.

1. Both academic and administrative sections are periodically asked by the House of Delegates, Board of Directors, president, and executive director to undertake assignments and to comment on appropriate materials.
2. A Section is further encouraged to initiate projects and studies of benefit to the Association and its members.
3. A Section may submit resolutions to the House of Delegates.

Section B. Participation and Membership in a Section

Each Section consists of any Individual, Student, Retired, and Honorary ADEA member interested in the Section's particular academic or administrative area. An ADEA member may join any number of Sections and may vote, hold office, participate in the business affairs, and attend any meeting of a Section to which he or she belongs.

Section C. Sections Listing

The Association has the following Sections:

- Academic Affairs
- Anatomical Sciences
- Behavioral Sciences
- Biochemistry, Nutrition, and Microbiology
- Business and Financial Administration
- Cariology
- Clinic Administration
- Clinical Simulation
- Community and Preventive Dentistry
- Comprehensive Care and General Dentistry
- Continuing Education
- Dental Anatomy and Occlusion
- Dental Assisting Education
- Dental Hygiene Education
- Dental Informatics
- Dental School Admissions Officers
- Development, Alumni Affairs, and Public Relations
- Educational Research/Development and Curriculum
- Endodontics
- Gay-Straight Alliance
- Gerontology and Geriatrics Education
- Graduate and Postgraduate Education
- Minority Affairs
- Operative Dentistry and Biomaterials
- Oral and Maxillofacial Pathology

Oral and Maxillofacial Radiology
Oral and Maxillofacial Surgery, Anesthesia, and Hospital Dentistry
Oral Biology
Oral Diagnosis and Oral Medicine
Orthodontics
Pediatric Dentistry
Periodontics
Physiology, Pharmacology, and Therapeutics
Postdoctoral General Dentistry
Practice Management
Prosthodontics
Student Affairs and Financial Aid

Section D. Formation of a Section

1. To form a new section, a group must have begun as a Special Interest Group (SIG; see Chapter XI, Section D. Formation of a SIG). When Section status is desired, the SIG must:
 - a. Notify the chair of the Council of Sections Administrative Board and Council of Sections staff liaison of the intent to propose a new Section.
 - b. Prepare a proposal to support the case following criteria established by the Council of Sections Administrative Board.
 - c. Submit the completed proposal to the chair of the Council of Sections Administrative Board and the Council of Sections staff liaison no later than September 1.
2. The Council of Sections Administrative Board considers each proposal to form a new Section at its interim fall meeting.
 - a. If the proposal is approved, the Council of Sections Administrative Board forwards the recommendation to the Board of Directors for consideration at its January meeting.
 - b. If the recommendation is approved by the Board of Directors, the Board of Directors forwards a resolution to form the new Section to the House of Delegates for hearing at the subsequent annual session.
 - c. Only the House has the authority to approve a resolution to form a new Section. Upon approval by the House of Delegates, a new Section begins operation immediately. If the proposal is not approved, the SIG may resubmit its request in a subsequent year.

Section E. Review

The Council of Sections Administrative Board reviews each Section annually. A review of performance is based on criteria established by the Council of Sections Administrative Board and announced annually in advance of the review.

1. The Administrative Board may impose corrective actions, including probation, for those Sections that fail to submit annual reports or perform prescribed functions.

2. The Council of Sections Administrative Board may recommend that a Section be disbanded or suggest that two or more Sections be merged into one Section based on strong similarities.
 - a. The Council of Sections Administrative Board forwards a recommendation that a Section be disbanded or merged to the Board of Directors.
 - b. If the recommendation is approved by the Board of Directors, the Board of Directors forwards an appropriately worded resolution to the House of Delegates for hearing at the subsequent annual session.
 - c. Only the House of Delegates has the authority to disband a Section or merge Sections.

Section F. Officers and Term of Office

Each Section has a councilor, who serves a three-year term of office, and a chair, chair-elect, and secretary, who serve one-year terms in each office in succession.

1. Qualifications. A person must be a member of the Association and a member of the Section to be eligible for office in that Section. In the instance of councilor, the person must first have served through the officer positions, including the chair, to be eligible for election to the councilor position.

2. Duties.

a. Councilor. The duties of a councilor are to:

- 1) provide continuity of leadership for the Section and mentoring of new Section officers;
- 2) attend the ADEA annual session and interim fall meetings of the Council of Sections;
- 3) serve as a delegate in the House of Delegates during the annual session;
- 4) assist in planning, implementing, and assessing Section programs and projects;
- 5) prepare and submit the Section annual report after each annual session to the Council of Sections staff liaison; and
- 6) serve as Section liaison with the Council of Sections Administrative Board.

b. Chair. The duties of the chair are to:

- 1) provide leadership in the coordination of Section activities;
- 2) chair section meetings;
- 3) plan programs for Section meetings; and
- 4) serve as a delegate in the House of Delegates during the annual session.

c. Chair-Elect. The duties of the chair-elect are to:

- 1) serve as chair in the absence of the chair;
- 2) perform any Section-related duties requested by the chair;
- 3) serve as chair of the nominating committee to select candidates for Section office; and

- 4) serve as the program chair for the Section and be responsible for submitting program proposals annually to the ADEA Annual Session Planning Committee for review.
- d. Secretary.** The duties of the secretary are to:
- 1) record the minutes of Section meetings and disseminate them to the Section membership;
 - 2) submit the minutes and current officer contact information to the Section councilor for submission with the Section annual report to the Council of Sections staff liaison;
 - 3) publish and disseminate a Section newsletter; and
 - 4) perform any Section-related duties requested by the chair.
- 3. Succession.** Each year the secretary succeeds to the office of chair-elect, and the chair-elect succeeds to the office of chair. There is no automatic succession to the office of councilor.
 - 4. Nominations.** Before each annual session, the nominating committee (chair-elect and two Section members who are not officers) nominates one or more individuals for the office of secretary. Every third year, the committee nominates one or more individuals for the office of councilor. Additional nominations for these offices may be made from the floor at the Section annual session business meeting.
 - 5. Election.** Section officers are elected at the Section business meeting held at the annual session. The method of voting is left to the discretion of the chair.
 - 6. Installation.** All section officers take office after the conclusion of the Closing of the House of Delegates at the annual session.
 - 7. Consecutive and Simultaneous Terms of Office.** A Section councilor may serve two consecutive three-year terms. A person may not hold more than one Section officer position simultaneously or hold office in more than one Section simultaneously.
 - 8. Replacement of Vacancy.** If the position of chair, chair-elect, or secretary becomes vacant, the remaining Section officers appoint another member of the Section to serve out the unexpired term. If the councilor is unable to serve for any reason, a new councilor will be elected by mail or electronic ballot by the Section members to serve out the unexpired term.

Section G. Quorum

Sections have no quorum requirement for the conduct of business.

Section H. Rules

The rules for Sections are included in Chapter XII (Rules for Councils, the Corporate Council, Sections, and Special Interest Groups) of these Bylaws.

Chapter XI: Special Interest Groups

Section A. Functions

A Special Interest Group (SIG) provides an opportunity for its members to exchange information and work together on specific academic or administrative interests in dental, allied dental, and advanced dental education. The structure of a SIG provides an

opportunity and allows a means for a group of ADEA members to focus on areas of common interest.

1. A SIG may be assigned tasks by the Board of Directors, House of Delegates, or the Council of Sections Administrative Board on related studies of benefit to the Association and its members.
2. Each SIG chair may be an active but nonvoting member of the Council of Sections.
3. A SIG is not represented in the House of Delegates and may not submit a resolution to the House of Delegates.

Section B. Participation and Membership in a SIG

A Special Interest Group consists of any Individual, Student, Retired, and Honorary ADEA member interested in the SIG's particular academic or administrative area. An ADEA member may join any number of SIGs and attend any meetings of a SIG to which he or she belongs.

Section C. SIG Listing

The Association has the following SIGs:

- Career Development for the New Educator
- Dental Hygiene Clinical Coordinators
- Foreign-Educated Dental Professionals
- Graduate Dental Hygiene Education Programs
- Implant Dentistry
- Lasers in Dentistry
- Professional, Ethical, and Legal Issues in Dentistry
- Scholarship of Teaching and Learning
- Teaching and Learning with Emerging Technology
- Temporomandibular Disorders
- Tobacco-Free Initiatives

Section D. Formation of a SIG

1. To form a new SIG, an individual or group must:
 - a. Notify the chair of the Council of Sections Administrative Board and the Council of Sections staff liaison of the intent to propose a new SIG.
 - b. Prepare a proposal to support the case following criteria established by the Council of Sections Administrative Board.
 - c. Submit the completed proposal to the chair of the Council of Sections Administrative Board and the Council of Sections staff liaison.
2. The Council of Sections Administrative Board considers each proposal.
 - a. If the proposal is approved, the Council of Sections Administrative Board forwards its recommendation to the Board of Directors for review at the board meeting subsequent to approval of the proposal.

- b. If the proposal is approved by the Board of Directors, the SIG begins operation immediately upon notification by the chair of the Council of Sections Administrative Board.

Section E. Becoming a Section

1. After two to five years of viable leadership and sustainable membership, a SIG may apply to form a Section although it is not required to do so.
2. If the SIG chooses to form a Section, it must form a leadership organizational structure similar to that of a Section by electing or appointing a chair, chair-elect, and secretary.

Section F. Review

Each year, the Council of Sections Administrative Board reviews each SIG and its performance based on criteria established by the Council of Sections Administrative Board.

1. The Administrative Board may impose corrective actions, including probation, for a SIG that fails to submit an annual report or perform prescribed functions.
2. The Council of Sections Administrative Board may disband a SIG.

Section G. Officer and Term of Office

Each Special Interest Group must have a chair, who serves a one-year term. The SIG may have a leadership structure similar to that of a Section (i.e., chair, chair-elect, and secretary), but it is not required to do so.

1. **Qualifications.** A person must be a member of the Association and a member of the SIG to be eligible for office in that SIG.

2. Duties

- a. Chair. The duties of the chair are to:
 - 1) provide leadership in the coordination of SIG activities;
 - 2) chair SIG meetings;
 - 3) plan programs for SIG meetings;
 - 4) record the minutes of SIG meetings and disseminate them to the SIG membership; and
 - 5) submit the SIG annual report, business meeting minutes, and current officer contact information to the Council of Sections staff liaison;
- b. If a SIG chooses to have a leadership organizational structure similar to that of a Section, see Chapter X. Section F. Articles 2b-2d for officer duties.

3. **Succession.** If a SIG chooses to have a leadership organizational structure similar to that of a Section (i.e., chair, chair-elect, and secretary), the secretary succeeds to the office of chair-elect, and the chair-elect succeeds to the office of chair.

4. **Nominations.** If a SIG has a leadership organizational structure similar to that of a Section, before each annual session, the nominating committee (chair-elect and two SIG members who are not officers) nominates one or more individuals for the office of secretary.

5. **Elections.** Each year, a chair is elected to serve a one-year term. SIG officers are elected at the SIG business meeting held at the annual session.
6. **Installation.** A Special Interest Group officer takes office at the conclusion of the annual session.
7. **Consecutive and Simultaneous Terms of Office.** A Special Interest Group chair may serve a one-year term. If the SIG chooses to maintain one officer position versus creating the organizational structure of a Section, the position of chair must be reaffirmed by the membership annually. A person may not hold office in more than one SIG simultaneously.
8. **Replacement of Vacancy.**
 - a. If the position of chair becomes vacant, the SIG members must nominate and elect another member of the SIG to serve out the unexpired term by mail or electronic ballot.
 - b. If a SIG chooses to have a leadership organizational structure similar to that of a Section (i.e., chair, chair-elect, and secretary), the remaining officers will appoint a SIG member to serve out the unexpired term of the officer whose position has become vacant.

Section H. Quorum

Special interest groups have no quorum requirement to conduct business.

Section I. Rules

The rules for Special Interest Groups are included in Chapter XII (Rules for Councils, the Corporate Council, Sections, and Special Interest Groups) of these Bylaws.

Chapter XII: Rules for Councils, the Corporate Council, Sections, and Special Interest Groups

The above groups are hereinafter referred to in this chapter as "component groups" or "groups."

Section A. Finances

Component groups conduct their own financial affairs; however, records and accounts are maintained in the Central Office. A special allocation, the amount of which is determined annually by the Board of Directors and House of Delegates, is available for the group's annual expenditures. The allocated funds may be used by a group for any reasonable expenditures. The group may charge annual session expenditures to the Association's master account, provided that an appropriate request is submitted to the Central Office at least sixty days before an annual session. Groups anticipating expenditures in excess of their annual allocation must submit to the Board of Directors a written request for additional expenditures. In addition, all group requests for funding from outside organizations must receive prior Board of Directors' approval.

Section B. Employment

Component groups may not employ an individual whose services may require reimbursement by the Association, except on authorization of the Board of Directors.

Section C. Contracts

Component groups may not produce a contract that in any way involves the Association, except on authorization of the Board of Directors.

Section D. Establishment of Policy

Component groups have the privilege of recommending Association policy. However, they are not authorized to initiate or implement a new policy or to alter or extend an existing policy without prior reviews and approval by the Board of Directors and the House of Delegates.

Section E. Public Statements

Component groups and their members may not issue a public statement in the name of either the group or the Association unless 1) authority has been granted by the Board of Directors, and 2) the statement is clearly in accord with policies of the Association as expressed by the House of Delegates and the Board of Directors.

Section F. Communication

Communications dealing with major component group activities or policy should be sent to all group members by the chair or another officer.

Section G. Relations with Other Organizations and Agencies

No component group is authorized to appoint an official representative to another organization unless authorized to do so by the Board of Directors.

Section H. Relations with Other Component Groups

Component group chairs should refer to the executive director all matters that properly are the concern of another component group. Requests for information or assistance from another component group should be channeled through the executive director's office.

Section I. Additional Rules for Component Groups

Component groups may prepare additional rules needed to conduct their affairs, provided that those rules are consistent with the Association's Bylaws. Such additional rules should be transmitted to the executive director for his or her records.

Section J. Rules of Order

The rules contained in the latest edition of Sturgis's *Standard Code of Parliamentary Procedure* govern the component groups' deliberations in all cases when not in conflict with these Bylaws.

Section K. Mail Ballots

Component groups are authorized to transact business by mail ballot. Mail ballots may be sent and returned by mail, facsimile transmission (fax), and/or electronic mail (email). The results of mail ballots are as binding as those obtained at official meetings. The following regulations apply to all mail ballots:

1. Mail ballots should be initiated by an officer or appropriate staff member;
2. Each mail ballot should include enough information to allow recipients to register an opinion on the issue in question;

3. A majority affirmative vote of the ballots cast is required for approval; and
4. Ballots not returned within thirty days will not be counted.

Chapter XIII: Executive Director

Section A. Function

The executive director is the Association's appointed chief administrative officer. In the absence of any other persons so appointed or elected by the Association, the executive director shall serve as the secretary and the treasurer of the Association.

Section B. Appointment

The executive director is appointed by the Board of Directors.

Section C. Tenure of Office and Salary

The Board of Directors determines the tenure of office and salary of the executive director. No one term may exceed five years.

Section D. Duties

1. To serve as the principal spokesperson for the Association, along with the president of the Board of Directors, in dealing with the profession and the public;
2. To serve as the chief administrator of the Central Office and all of its branches;
3. To provide for the maintenance of the Central Office and all property and offices owned or operated by the Association;
4. To employ and evaluate all members of the Association's staff;
5. To coordinate the activities of all committees, councils, administrative boards, standing committees, and other Association component groups;
6. To approve applications for affiliate institutional membership;
7. To serve as the custodian of all monies, securities, and deeds belonging to the Association;
8. To prepare financial reports for the Board of Directors;
9. To disburse the Association's funds at the direction of the Board of Directors, provided those disbursements are consistent with the annual budget approved by the House of Delegates;
10. To cause all employees entrusted with Association funds to be bonded by a surety company and to determine the amount of the bond;
11. To supervise the publication and distribution of all Association publications;
12. To determine the time and location of annual sessions;
13. To notify individual and institutional members of annual and special sessions of the House of Delegates;
14. To provide a program for annual sessions;
15. To present an annual report of the activities of the Central Office;
16. To publish an annual *Proceedings* of the Association; and

17. To perform such other duties as may be determined by the Board of Directors and the president.

Chapter XIV: Editor and Official Publication

Section A. Appointment of the Editor

The Association's editor is appointed by the Board of Directors.

Section B. Tenure of Office and Remuneration

The Board of Directors determines the tenure of office and remuneration for the editor. No one term may exceed five years.

Section C. Duties of the Editor

1. To serve as the editor of the *Journal of Dental Education*;
2. To consult with the Board of Directors in the selection of the Editorial Review Board;
3. To exercise, with the Editorial Review Board, editorial control over the *Journal of Dental Education*, subject to the policies and procedures established by the Board of Directors and these Bylaws; and
4. To perform such other duties as may be determined by the Board of Directors.

Section D. Official Publication

1. **Title.** The Association publishes an official journal under the title of the *Journal of Dental Education*, hereinafter referred to as "the journal."
2. **Objective.** The objective of the journal is to report, chronicle, and evaluate scientific and professional developments and Association activities of interest to dental and allied dental educators.
3. **Frequency of Issue and Subscription Rate.** The frequency of issue and the subscription rate of the journal are determined by the Board of Directors on recommendations of the editor and the Editorial Review Board.
4. **Editor.** The Association's editor is the editor of the journal.

Chapter XV: Representatives to Other Organizations

Section A. Nominees for Membership on the Council on Dental Education and Licensure, Commission on Dental Accreditation, and the Joint Commission on National Dental Examinations

When necessary, the Board of Directors confers between November 1 and December 31 to select a candidate(s) for nomination to membership on the American Dental Association's Council on Dental Education and Licensure, a candidate(s) for nomination to the Commission on Dental Accreditation, and a candidate(s) for nomination to membership on the Joint Commission on National Dental Examinations.

The candidates are nominated at the same time the Board of Directors selects a nominee for president-elect. Additional nominations may be made from the floor at the Opening Session of the House of Delegates. If there are additional nominations, the election procedures are the same as those provided in Chapter III of these Bylaws. If there are no additional nominations, nominees are declared elected at the Opening Session. Individuals may not serve simultaneously as a principal officer of ADEA (president, president-elect, or immediate past president) and as a member of the

American Dental Association's Council on Dental Education and Licensure and the Commission on Dental Accreditation.

Section B. Representatives to Other Organizations

Representatives to other organizations are appointed by the Board of Directors, which also determines the organizations to which the Association appoints such representatives.

Chapter XVI: Conflicts of Interest

Individuals who serve as Board of Directors members or are appointed or elected to represent the Association in its relations with other private organizations or government agencies; who serve as council, section, and/or special interest group officers; who serve in an advisory or consultative role for the Association individually or through group or committee assignments; or who are otherwise involved in Association policy and administrative matters do so in a representative or fiduciary capacity and, at all times while serving in such positions, shall further the interests of the Association as a whole. Those individuals should avoid:

1. Placing themselves in a position where personal or professional interests may conflict with their duty to the Association;
2. Using information learned through their position for personal gain or advantage; and
3. Obtaining for a third party an improper gain or advantage.

Individuals described in this chapter shall disclose to the executive director any situation that might be construed as placing the individual in a position of having an interest that may conflict with his or her duty to the Association. When doubt exists about whether there is a conflict, the doubt will be resolved by a majority vote of the Board of Directors.

While serving the Association, the individual shall comply with this conflicts of interest policy and avoid even the appearance of impropriety. When the conflict is relevant to a pending matter, the interested individual shall retire from the room, shall not participate in any deliberation or provide any information regarding the matter under consideration, and shall not vote on the matter. These actions should be noted in the meeting minutes.

Such individuals have an ongoing duty to promptly inform the executive director of any potential conflicts relevant to Association matters that have not previously been disclosed.

Chapter XVII: Indemnification and Limitation of Liability

Section A. Indemnification

Unless expressly prohibited by law, the Association shall fully indemnify any person made, or threatened to be made, a party to an action, suit, or proceeding (whether civil, criminal, administrative, or investigative) by reason of the fact that such person, or such person's testator or intestate, is or was a director, officer, employee, or agent of the Association or serves or served any other enterprise at the request of the Association, against all expenses (including attorneys' fees), judgments, fines, and amounts paid or to be paid in settlement incurred in connection with such action, suit, or proceeding.

Section B. Limitation of Liability

Provided the corporation maintains liability insurance with a limit of coverage of not less than \$200,000 per individual claim and \$500,000 per total claims that arise from the same occurrence, officers, directors, and other persons who perform services for the Association and who do not receive compensation other than reimbursement of expenses ("volunteers") shall be immune from civil liability. Additionally, persons regularly employed to perform a service for a salary or wage ("employees") shall not be held personally liable in damages for any action or omission in providing services or performing duties on behalf of the Association in an amount greater than the amount of total compensation (other than reimbursement of expenses) received during the twelve months immediately preceding the act or omission for which liability was imposed.

Regardless of the amount of liability insurance maintained, this limitation of liability for volunteers and employees shall not apply when the injury or damage was a result of the volunteer or employee's willful misconduct, crime (unless the volunteer or employee had reasonable cause to believe that the act was lawful), transaction that resulted in an improper personal benefit of money, property, or service to the volunteer or employee, act or omission that occurred prior to the effective date of the District of Columbia Nonprofit Corporation Amendment Act of 1992, or act or omission that was not in good faith and was beyond the scope of authority of the corporation pursuant to this act or the corporate charter. This limitation of liability shall not apply to any licensed professional employee operating in his or her professional capacity. The Association is liable only to the extent of the applicable limits of insurance coverage it maintains.

Chapter XVIII: Amendments

Section A. Procedure to Amend the Bylaws

These Bylaws may be amended at an annual session of the House of Delegates by a two-thirds affirmative vote of the members present and voting, provided the proposed amendment is presented in writing to the House during the Opening Session. The vote on the amendment, or amendments, is taken during the Closing Session of the House of Delegates.

Section B. Procedure to Amend the Articles of Incorporation

The Articles of Incorporation of the Association may be amended at an annual session of the House of Delegates by a two-thirds affirmative vote of the members present and voting, provided the proposed amendment is presented in writing to the House during the Opening Session. The vote on the amendment, or amendments, is taken during the Closing Session of the House of Delegates.

ADEA Policy Statement: Recommendations and Guidelines for Academic Dental Institutions

With changes approved by the 2011 ADEA House of Delegates

Introduction

These policy statements on Education, Research, Licensure and Certification, Access and Delivery of Care, Health Promotion and Disease Prevention, Partnerships, and Public Policy Advocacy are intended as recommendations and guidelines for allied, predoctoral, and postdoctoral dental education institutions, programs, and personnel.

When used in this document, “dental education” refers to all aspects of academic dental, allied dental, and advanced dental institutions, unless otherwise indicated. When used in this document, the term “institution” refers to the academic unit in which the educational program is housed.

The general topic of each policy statement appears in **boldface** at the beginning of the statement. All these policy statements are subject to a sunset review every five years.

I. Education

A. Admissions

All dental education institutions and programs should:

1. Diverse System of Higher Education

Support and help enhance the diverse system of higher education. Continued autonomy and growth in the private and public sectors depend on the preservation of this diversity. The nation’s private and public systems of higher education are complementary and interdependent. Their preservation depends on the continued attention of all institutional members and ADEA itself. Students must have the freedom to choose, from the broad spectrum of dental education institutions and programs, the institution or program best designed to meet the student’s specific needs.

- 2. Number and Types of Practitioners Educated.** Use the public’s need and demand for dental services as the criteria for determining the number and types of practitioners educated at an academic dental institution; and in partnership with appropriate federal, state, and local health agencies and state and local dental societies, constantly assess those needs and demands and the ability of the existing number and distribution of practitioners to meet them. Through ADEA, work with appropriate federal and state agencies to ensure consistent methods for collecting and assessing data to monitor demographic, epidemiological, and professional practice trends, so that dental education institutions and programs do not over- or underproduce practitioners in given areas. Collaborate with state and local dental societies and jointly advocate for federal and state funds and programs that will assist academic dental institutions in meeting projected workforce number and composition requirements, along with incentives and programs designed to achieve a more equitable distribution of practitioners to improve access to oral health care.

3. Preprofessional Recruitment Programs.

Encourage their faculty and students to develop and sponsor preprofessional recruitment programs that help potential students assess career options, financial considerations, and various educational programs. Target high school and college students and education counselors at all levels about career options and appropriate academic preparatory requirements and interface with other professional organizations in these efforts.

4. Admissions Criteria

Base admissions policies on specific objectives, criteria, and procedures designed to identify students with high standards of integrity, motivation, and resourcefulness and the basic knowledge and attitudes required for completing the curriculum. Nondiscriminatory policies should be followed in selecting students.

5. Recruitment, Retention, Access: Best Practices

The American Dental Education Association strongly endorses the continuous use of recruitment, admission, and retention practices that achieve excellence through diversity in American dental education. Dental education institutions and programs should identify, recruit, and retain underrepresented minority students and identify, recruit, and retain women students where inequities exist. Dental education institutions and programs should accept students from diverse backgrounds, who, on the basis of past and predicted performance, appear qualified to become competent dental professionals. Such efforts to achieve a diverse student body are predicated upon a highly qualified applicant pool and the support of private and public funding that benefits qualified disadvantaged individuals regardless of race, religion, ethnic background, gender, or sexual orientation. Dental education institutions should seek to identify and implement best practices in the recruitment and retention of underrepresented groups, including but not limited to:

- a. Commitment and proactive leadership to diversity initiatives from deans and program directors;
- b. Identification and implementation of admissions committee practices that promote diversity;
- c. Identification and use of noncognitive factors in admissions decisions;
- d. Regional collaboration among dental education programs to increase the numbers and qualifications of underrepresented individuals applying to dental education programs; and
- e. Collaboration with other organizations focused on increasing the numbers of underrepresented minorities in the health professions.

6. Institutions and Programs That Are Closing

If ceasing to accept new applicants, 1) adhere to the policy of the Commission on Dental Accreditation on termination of accredited education programs, 2) make a strong effort to complete the training of matriculated students, and 3) ensure that the school's or program's educational standards are maintained. Should the closing institution/program be unable to maintain

a quality program, however, the institution/program should facilitate the transfer of students to other accredited institutions/programs.

7. Accepting Students from Institutions and Programs That Are Closing

All academic dental institutions should accept students from academic dental institutions/programs that are closing and assist those students in continuing their education in a reasonable amount of time and at reasonable expense.

8. All predoctoral institutions should:

a. Preprofessional Education Requirements.

Grant final acceptance only to students who have completed at least two academic years of preprofessional education (which must include all of the prerequisite courses for dental school), and who have completed the Dental Admission Test or the Canadian Dental Aptitude Test. Applicants should be encouraged to earn their baccalaureate degrees before entering dental school.

b. Early Selection Programs.

Have the option of waiving for students accepted for an early selection program the requirement for at least two years of preprofessional education. An early selection program is one where a formal and published agreement exists between a dental school and an undergraduate institution(s) that a student, either upon the student's admission to the undergraduate institution or at some time before the completion of the student's first academic year at the undergraduate institution, is guaranteed admission to the dental school, provided that the student successfully completes the dental school's entrance requirements and normal application procedures.

c. Class to Which Applied.

Consider students for acceptance to only the class to which they have applied.

d. Earliest Notification Date.

Notify applicants, either orally or in writing, of provisional or final acceptance no earlier than December 1 of the academic year prior to the academic year of matriculation.

e. Applicant Response Periods.

Allow an applicant who has been given a provisional or final acceptance between December 1 of the academic year prior to the academic year of matriculation and January 31 of the year of matriculation a response period of no fewer than thirty days. For applicants accepted on or after February 1, the minimum response period may be reduced to fifteen days. The response period may be lifted after May 15 of the year of matriculation.

f. Applicants Holding Positions at Multiple Institutions.

Dental schools participating in AADSAS will report to AADSAS by April 1 the names and identification numbers of candidates who have paid a deposit and/ or hold a position in their entering class. After April 5,

AADSAS will report to each institution the names of candidates in their entering class who are holding acceptance(s) at additional institutions. Dental schools will have the option of rescinding an offer of admission to candidates who have paid deposits and are holding positions at multiple institutions. Dental schools with candidates holding multiple positions on April 1 of the year of admission will give such candidates a minimum fifteen-day notice if they choose to withdraw them from the entering class until May 15, after which notification times may be shortened. This policy will be evaluated every two years by the ADEA Section on Dental School Admissions Officers to assess its impact on applicants and dental schools and provide applicants a reasonable time frame to complete their enrollment process.

B. Ethics and Professionalism

Dental education institutions and programs should:

1. Ethical Behavior

Through faculty development and other means, emphasize to faculty the importance of ethical behavior in the profession and emphasize this importance to their students. Further, dental education institutions and programs should implement criteria with appropriate due process procedures for dismissal or other actions when students violate ethical behavior.

2. Formal Instruction in Ethical and Professional Behavior

Provide students with formal instruction in ethics and professional behavior, and make the students aware of acceptable professional conduct in instructional and practice settings. Institutions and programs should ensure that student clinical experiences foster ethical patient care.

3. The Profession's Societal Obligation

Ensure that both faculty and students are aware of the profession's societal obligation. Provide formal instruction and faculty role models so that students clearly understand that society grants the privilege of professional education and self-regulation and that in return the oral health professional enters an implicit contract to serve the public good. Market forces, societal pressures, and professional self-interest should not compromise the professional objective of equitable and adequate oral health care for all Americans.

4. Serving in Areas of Need

Offer programs that encourage students to serve in areas of oral health care need. These programs should be equally available to all students at a given educational institution and, when possible, implement an interdisciplinary care model.

5. Community Service

Encourage students to participate in outreach programs and, upon graduation, to participate in community service.

6. Professional Organizations

Encourage students to participate in professional organizations.

7. Sexual Harassment Policy

Work with their parent institutions to have up-to-date policies and well-defined procedures for preventing and responding to incidents involving sexual harassment. Dental education institutions and programs should strive to go beyond legal compliance and risk management considerations to create and sustain a positive learning and working environment. While there are numerous definitions of sexual harassment, institutions and programs are encouraged to develop their own definitions that could be applied in a broad context, including *quid pro quo* and hostile environments.¹

Dental education institutions and programs should, in concert with their parent institution, demonstrate their commitment to preventing and dealing with sexual harassment by:

- a. educating faculty, staff, students, and residents about the issue;
- b. employing prompt and equitable grievance procedures;
- c. setting forth formal and informal procedures and sanctions for dealing with instances of sexual harassment;
- d. creating an environment that encourages persons to come forward with problems;
- e. ensuring that policies address sexual harassment by any individuals in an interactive or supervisory role, whether they be peers, patients, students, or a third party;
- f. including safeguards protecting confidentiality and prohibiting retaliation or reprisals;
- g. implementing a process to continually monitor all aspects of the policy; and
- h. reviewing and updating the policy periodically.

8. Information Management.

Dental education institutions and programs should demonstrate their commitment to the ethical and professional management of information by:

- a. educating faculty, staff, and students on the issues of copyright and fair use of information both professionally and personally;
- b. following copyright and fair use guidelines in the processes of information production and dissemination within the institution;
- c. providing faculty, staff, and students with formal instruction on “information privacy” including their rights and responsibilities in

¹Examples of sexual harassment include the following: “Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to such is made either explicitly or implicitly a term or condition of an individual’s employment or academic advancement or when submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual” (ADEA Sexual Harassment Policy Statement, 1998). It also includes verbal or physical conduct that interferes with an individual’s work, professional or academic or career opportunities, or services/benefits. Nonsexual conduct, such as intimidation, hostility, rudeness, and name-calling, and unwelcome behaviors influenced by gender, ethnicity, religion, disability, sexual orientation, or age are also included.

safeguarding information that is confidential, both to the institution and individuals; and

- d. following recognized guidelines, laws, and standards of care for management of patient information.

9. **Confidentiality.** Educate staff, students, and faculty to respect and protect patient confidentiality as part of professional interactions.

C. Curriculum

Curriculum Management

All dental education institutions and programs should:

1. **Control and Management of Curriculum.**

Accept the right and responsibility for the curricula and academic programs under their purview, including the elimination of unplanned redundant material and management of the density of the curricula.

2. **Flexibility and Experimentation.** Support curriculum flexibility, evaluation, and experimentation in teaching methods, and oppose any attempt to change state practice acts that restrict such flexibility and experimentation.
3. **Student Performance.** Use stated criteria and demonstrated competencies as the primary basis for judging student performance.
4. **Course Changes.** Defer anticipated changes in the objectives or other aspects of an ongoing course until the course is completed.
5. **Examination Policies.** Develop institution- and program-wide examination policies. These policies should address such areas as:
 - a. Examinations reflecting stated course objectives;
 - b. Informing students of examination results in a timely manner; and
 - c. Providing for faculty-student discussion of examination content and results.
6. **Competencies.** Provide all resources, including patient experiences, to allow students to reach competence and demonstrate continuing competence in all areas defined by the institution.
7. **Dental Institution/Program Affiliations.** Institute and periodically update formal affiliations among dental schools and dental hygiene, assisting, and laboratory technology education programs.
8. **Curriculum Length**
 - a. **Predoctoral Dental Programs:** should have four-academic-year curricula or the equivalent of four-year curricula provided in a flexible format.
 - b. **Dental Hygiene Programs:** should have curricula in a flexible format that consists of a minimum of two academic years or equivalent.
 - c. **Dental Assisting Programs:** should have curricula in a flexible format that consists of a minimum of one academic year or equivalent.

- d. **Dental Laboratory Technology Programs:** should have curricula in a flexible format that consists of a minimum of two academic years or equivalent.
9. **Clinical Guidelines.** Provide predoctoral, advanced, and allied students with written clinical guidelines and expectations for graduation as soon as possible.

Curriculum Content

All dental education institutions and programs should:

1. **Goals and Objectives.** Base their curricula on sound, current educational philosophy and pedagogy in order to achieve defined goals and objectives that reflect contemporary methods of oral health care delivery.
2. **New Ideas and Methods.** Introduce new ideas and methods in their teaching in order to meet the changing needs of their students and the patients they will serve.
3. **Physical, Biological, Technical, and Behavioral Sciences.** Teach their students the physical, biological, technical, and behavioral sciences relevant to the practice of modern oral health care delivery.
4. **Working Within an Integrated Health System.** Develop and support new models of oral health care that involve other health professionals as team members in assessing the oral health status of patients and teach dental students to assume leadership roles in the detection, early recognition, and management of a broad range of complex oral and general diseases and conditions. When possible, interdisciplinary educational opportunities should be pursued.
5. **Student-Patient Contact.** Develop, review, and maintain appropriate clinical policies to ensure optimum clinical education and patient-centered care.
6. **Dental Research**
 - a. **Predoctoral, advanced dental, baccalaureate, and graduate dental hygiene programs:** Teach the value, design, and methodology of dental research so that graduates may evaluate research findings and apply them to their practices.
 - b. **Certificate or associate degree dental hygiene, dental assisting, and dental laboratory technician programs:** Teach the value of and apply scientific concepts from research findings.
7. **Basic Cardiac Life Support.** Ensure appropriate training and certification in basic cardiac life support for all students before they begin clinical activity and throughout clinical training. The training should be basic cardiac life support for the health professional and should be provided in accordance with accepted standards and recommended guidelines.
8. **Oral Health Care Team.** Provide experiences working as a member of an interdisciplinary health care team.
9. **Information Technology.** Provide formal instruction, develop skills, and provide opportunities in the use of computer-based applications and information systems. Support the timely access to information by faculty,

staff, and students to enhance their knowledge, critical thinking, and decision making processes and promote quality patient care.

10. **Cultural and Linguistic Competence.** Include cultural and linguistic concepts as an integral component of their curricula to facilitate the provision of oral health care services. Cultural and linguistic concepts should be included in the measurable dental curriculum objectives.
11. **Care of Patients with Special Needs.** Work with the American Dental Association Commission on Dental Accreditation to adopt or strengthen accreditation standards at all levels of dental education related to competence in treatment of people with special needs. Include a requirement that graduates of dental education programs be able to manage or treat, consistent with their educational level, a variety of patients with complex medical and psychosocial conditions, including those with developmental and other disabilities, the very young, the elderly, and individuals with complex psychological and social conditions.
12. **Preparation for Patients with Special Needs.** Include both didactic instruction and clinical experiences involving special population groups, such as the elderly, the very young, and patients with mental, medical, or physical disabilities, in pre- and postdoctoral education as well as allied dental education.

Dental hygiene education programs should:

1. **Transfer of Credit.** Design curricula that facilitate transfer of credit from certificate and associate degree programs to baccalaureate degree programs in the same or a related discipline.
2. **Prepare Graduates for New and Emerging Responsibilities.** Monitor and anticipate changes in supervision requirements within the state and modify the curriculum and extramural experiences of students so as to prepare them to provide more extended services in a variety of practice settings.
3. **Collegiate-Level Dental Hygiene Curricula.** Develop and maintain curricula that are collegiate-level and lead to an associate or higher degree.
4. **Baccalaureate and Advanced Degree Hygiene Programs.** Be encouraged to offer baccalaureate and advanced degree programs for dental hygienists.

D. Faculty Recruitment and Retention

All dental education institutions and programs should:

1. **Faculty Qualifications.** Recruit faculty who have backgrounds in and current knowledge of the subject areas they are teaching and, where appropriate, educational theory and methodology, curriculum development, and test construction, measurement, and evaluation. Full-time dental assisting and dental laboratory technology faculty should hold a minimum of a baccalaureate degree. Full-time dental hygiene faculty should hold a minimum of a master's degree or should be in the process of obtaining a master's degree. Full-time dental faculty should hold a degree that is consistent with their teaching and research responsibilities.

2. **Promotion Criteria.** Develop and utilize promotion criteria that include teaching, research (if appropriate to the type of academic setting), and service, and relate those criteria to the activity assignment profile of each faculty member.
3. **Faculty and Administrative Evaluation.** 1) Evaluate faculty members', including administrative personnel's, effectiveness in order to improve the quality of the educational program; 2) see that evaluation is formal and encompasses all areas of faculty and administrative members' activity-assignment profiles; 3) conduct evaluation at scheduled intervals, with input from a broad cross-section of appropriate personnel at the institution; and 4) give evaluation results appropriate emphasis when reappointment, promotion, and tenure are being considered.
4. **Gender and Minority Representation.** Identify, recruit, and retain underrepresented minorities to faculty positions and promote, when qualified, underrepresented minorities to senior faculty and administrative positions, proportional to their distribution in the general population. Appropriate gender equity should be a goal of any faculty recruitment, retention, and promotion plan.
5. **Debt Repayment.** Develop funding sources for debt repayment for young faculty.
6. **Alternative Compensation.** Creatively evaluate and implement nonmonetary incentives valued by faculty.
7. **Allied Dental Faculty.** Employ, as faculty of dental students, allied dental personnel who are graduates of programs accredited by the Commission on Dental Accreditation or the Canadian Dental Association.
8. **Mentoring Programs.** Develop and support formal mentoring programs as a means of recruiting, preparing, and retaining new dental and allied dental faculty, as well as a vehicle for developing and retaining existing faculty.

E. Faculty Development

Introduction. Faculty development is a continuous process, providing opportunities for professional growth within the academic environment. The purpose of faculty development is to enhance the ability of faculty to perform their expected functions as dental educators. Faculty development programs should 1) cover teaching, research, and service; 2) assist faculty in selecting activities that fulfill their goals and those of the department and institution; and 3) prepare faculty to assume leadership positions in dental and higher education. The institution and faculty share the responsibility for seeking and supporting faculty development. Faculty development programs should be broad-based and meet individual programmatic needs.

Dental education institutions and programs should:

1. **Emphasize Faculty Development.** Emphasize faculty development by providing or making available in-service training, instructional development support, teaching evaluation reports, scholarly activities, academic promotion guidance, and the technical and behavioral skills that facilitate the academic growth of the individual faculty member. Programs to encourage and train additional future dental and allied dental educators should also be available.

Programs to train additional dental and allied dental educators should include advanced education in the discipline, as well as educational pedagogy.

2. **Mentoring Programs.** Mentoring programs for junior faculty should be developed and supported as a means of retaining faculty and ensuring their potential for future advancement. Such mentoring programs also have the potential to encourage senior faculty to maintain their currency and to create collaborative research and scholarship opportunities.
3. **Financial Support.** Provide financial support and other needed resources for faculty development programs, including incentives for faculty mentors.
4. **Sabbaticals and Leaves.** Grant faculty sabbaticals and other leaves with the same frequency and on the same basis as for other academicians in the educational institution.
5. **Evaluating Faculty Development Programs.** Periodically evaluate the availability, quality, and observable impact of faculty development initiatives in the departments, programs, sections, divisions, and other components of the institution or program.

F. Committees

Dental education institutions and programs should:

Student Members. Allow students to serve as members with full standing on appropriate committees, with the student members' privileges including, but not limited to, permission to 1) speak on any agenda items, 2) introduce and speak to any new business, and 3) vote on appropriate issues.

G. Counseling

Dental education institutions and programs should:

1. **Financial Aid Obligations.** Encourage close working relationships between their admissions and financial aid offices in order to counsel students early and effectively on their financial aid obligations and debt management.
2. **Psychological.** Provide student psychological counseling services by formally trained individuals knowledgeable about the particular problems faced by faculty, staff, and students.
3. **Alcohol, Tobacco, and Other Drug Abuse.** Provide education on alcohol, tobacco, and other drugs of abuse.
4. **Referrals for Substance Abuse.** Provide faculty, staff, and students with confidential referral mechanisms on substance abuse evaluation and treatment.
5. **Advanced Education and Professional Opportunities.** Counsel students on postdoctoral education and professional opportunities, and counsel undergraduate allied dental students on baccalaureate and graduate education opportunities.
6. **Medical.** Provide education and counseling on chronic diseases.
7. **Academic Counseling.** Provide academic counseling, including time and stress management, and study and test-taking skills.

- 8. Advanced Education and Career Choices.** Encourage students to consider careers in research, education, administration, dental public health service, and the military.

H. Accreditation

Dental education institutions and programs should:

- 1. Recognized Agencies.** Participate in an accreditation program conducted by a nongovernmental agency recognized by the secretary of the United States Department of Education or its equivalent.
- 2. Commission on Dental Accreditation.** Recognize the Commission on Dental Accreditation and the Canadian Dental Association, through its Council on Education, as the official accrediting agencies for those dental and allied dental education programs within the purview of the commission and the Canadian Dental Association.
- 3. Non-Recognized Specialties.** Ensure that dental education programs in special areas not recognized by the Commission on Dental Accreditation undergo institutional and external review at intervals comparable to those for recognized programs.
- 4. Opposition to Preceptorship Training.** Oppose preceptorship training or other nonaccredited alternative programs for dentists, dental hygienists, dental assistants, and dental laboratory technicians.

I. Finance

Federal and state governments should:

- 1. Public Funds for Dental Education.** Support public and private dental education institutions and programs, including providing funds to the fullest extent possible for student assistance, faculty salaries, maintenance, modernization, and construction of teaching facilities.

Federal, state, and private entities should:

- 2. Funds for Advanced Education.** Provide support for advanced education programs preparing dentists and dental hygienists for careers in education, research, and public service.

Dental education institutions and programs should:

- 3. Supplemental Funds.** Seek and use supplemental public and private funds if the conditions for accepting those funds do not jeopardize the quality of education or result in loss of control of the educational process. Institutions are encouraged to use such funds only for targeted projects and not for ongoing support.
- 4. Clinic Fee Schedules.** Adopt clinic fee schedules that adequately reflect the value of given services. Such reimbursement should be the same as that given to other providers in other settings for the same service. Further, dental education institutions and programs should ensure a fee schedule that promotes educational services to the student and provides care to the underserved.

5. **Policies on Patient Debt Management and Fee Collections.** Provide students, before their clinical experience, with a written statement of the school's policy on patient debt management and fee collection.
6. **Support for Careers in Education, Research, and Public Service.** Provide fellowships, assistantships, loans, and loan forgiveness to support dental and allied dental personnel preparing for careers in education, research, and patient care services.

J. Advanced Education

Dental education institutions and programs offering advanced education should:

1. **Classic Education Patterns.** Conform their graduate dental education programs to classic educational patterns applicable to other academic disciplines, terminating in a graduate degree under the auspices of the university's graduate school or a comparable agency of the university.
2. **Requirements for Master's and Doctoral Degrees.** Award master's and doctoral degrees in programs that include research and require a thesis or dissertation.
3. **Specialty Program Requirements.** Not require applicants to complete a general practice residency as a prerequisite for possible admission to a specialty education program.
4. **Advanced Education Program Affiliations.**
Affiliate these advanced education programs with teaching hospitals and/or academic health centers, preferably those with dental schools or dental departments.
5. **Promoting the Goal of Advanced Education.** Coordinate the educational goals, objectives, and competencies of predoctoral and advanced dental education to allow for a designed continuum of the educational phases of a dental practitioner and ensure readiness as one moves from phase to phase. Encourage dental graduates to pursue postdoctoral dental education. Facilitate and advocate for the development of high-quality, accredited postgraduate education opportunities that build upon an effective predoctoral curriculum.
6. **Advanced Education and Residency Positions in Primary Care Dentistry.** Work to help ensure that the number of positions in advanced general dentistry and other advanced education programs in primary care dentistry is adequate to provide all dental graduates an opportunity to pursue postdoctoral dental education.
7. **Funding.** Advocate for increased funding and loan forgiveness for General Practice Residency and Advanced Education in General Dentistry Programs and accredited advanced dental education programs, particularly primary care programs, so that the number of positions and funding are sufficient to provide opportunities for all dental graduates to pursue a year of service and learning in an accredited PGY-1 program.
8. **Graduate Medical Education (GME).** Work with hospitals and organized dentistry groups to increase the number of and funding for dental residency training positions through GME.

9. **Stipends.** Whenever possible, provide stipends to dental residents and allied dental students in advanced education and clinical specialty programs.

Dental schools should:

- a. **Disclosure of Class Rankings.** Disclose (with student consent) the class rankings, or equivalent measures of performance, of students applying to advanced education programs.
- b. **Integration of New Knowledge and Skills.**
Allow for dynamic incorporation of new knowledge and skills and/or standards of care.
- c. **Interdisciplinary Communication.** Develop mechanisms for effective communication between organizations establishing credentialing and accreditation of advanced dental education training programs/residencies and those administering programs, as well as between the specialties themselves. Develop constructive relations between ADEA sections representing advanced education and specialty boards or organizations bestowing status on practicing members.

K. Continuing Education

Dental education institutions and programs should:

1. **Encouragement.** Strongly encourage their students to become lifelong learners and to participate meaningfully in continuing education throughout their professional careers.
2. **Student Attendance.** Give their students an opportunity to attend continuing education courses and professional development opportunities.
3. **Faculty Participation.** Create incentives for their faculty to conduct, attend, or participate in continuing education courses, and recognize attendance at ADEA annual sessions as a continuing education activity.
4. **Content.** Offer continuing education programs in the clinical, technical, behavioral, and biomedical sciences to improve the competencies of practitioners in general and specialty practice areas.
5. **Cooperation with Dental, Allied Dental, and Other Professional Organizations.** Cooperate with appropriate dental organizations in providing continuing education.
6. **Evaluation.** Frequently evaluate their continuing education courses for quality and content, soliciting impressions from appropriate groups about their continuing education needs.
7. **Community Service.** Develop mechanisms for academic dental institutions to encourage learning and to provide ongoing services in the form of information and training to former students and area professionals.

II. Research

A. Fundamental and Applied Research

Dental education institutions and programs have the right and responsibility to conduct fundamental and applied research in the natural and social sciences and

in the area of health services, in particular as it relates to oral health disparities. Dental education institutions and programs should actively foster and support basic and applied clinical research. Incentives should be provided to encourage both faculty and students to actively participate in research as appropriate to the type of academic setting.

B. Research Findings in Courses

Dental educators should be expected to include new information and research findings in their courses of instruction and to encourage students to engage in critical thinking and research. Students should be encouraged to contribute to the development of new knowledge for the profession.

C. Commercial Sponsors

ADEA encourages dental education institutions and programs and dental educators to interact with commercial and other extramural sponsors of research, clinical trials, and demonstration projects, under conditions in which the academic rights of faculty are protected. These conditions include rights of publication, ownership of intellectual property, and rights of patent and copyright within institutional policy, subject to appropriate contractual protection of the sponsor's legitimate interests.

D. Publication of Commercially Sponsored Research

ADEA encourages publication by faculty of the results of research, clinical trials, and demonstration projects supported by commercial and other extramural sponsors. Peer review by scientist/educators with expertise in the relevant field(s) of the research or project is the best means of ensuring the quality of the publication. ADEA discourages submission of manuscripts to any publisher that allows sponsors of the work to influence editorial policy or judgment after the completion of the peer review process.

E. Excellence in Teaching

Dental education institutions and programs should promote excellence in teaching through active programs of research on the teaching/learning process. Faculty members should be encouraged to conduct both quantitative and qualitative studies of educational programming including case studies that examine the impact of these various educational programs on student attainment of outcomes.

F. Scholarship

Dental education institutions and programs should encourage a broad range of scholarship from their faculty. Faculty members should be encouraged and rewarded, if appropriate to the academic setting, through the tenure and/or promotion and review process for systematically developing and validating new educational programs; for evaluating, analyzing, and interpreting the impact of educational programs on students and patients; and for publishing reports of these endeavors.

III. Licensure and Certification

A. Goals

ADEA supports achievement of the following goals for dentists and dental

hygienists who are students or graduates of accredited programs and have successfully completed the National Board Dental Examination or the National Board Dental Hygiene Examination: freedom in geographic mobility; elimination of those licensure and regulatory barriers that restrict access to care; elimination of the use of patients in clinical examinations; and high reliability of any licensure examination process and content as well as predictive validity of information used by licensing authorities to make licensing decisions.

B. Live Patient Examination

By the year 2015, the live patient exam for dental licensure should be eliminated, and all states should offer methods of licensure in dentistry that include advanced education of at least one year, portfolio assessment, and/ or other nonlive patient-based methods and include independent third-party assessment.

C. Achieving Goals

In order to achieve these goals, the Association should work diligently, both independently and cooperatively, with appropriate organizations and agencies, to support appropriate demonstration projects, pilot programs, and other ways to explore development of alternative testing methods and to develop uniform, valid, and reliable methods that can be used nationally to measure the competencies necessary for safe entry into independent practice as licensed dentists and legally authorized practice as licensed dental hygienists. In the interest of ensuring high quality oral health care, ADEA has always supported periodic third-party evaluation of dental and dental hygiene students and graduates through mechanisms like the National Board Dental and Dental Hygiene Examinations. In considering the clinical competence of dental and dental hygiene students and graduates, ADEA also supports the development and administration of a national clinical examination. ADEA also supports with the American Dental Association the principle that a clinical examination requirement may also be met by successful completion of a postgraduate program in a general dentistry or dental specialty training program, at least one year in length, which is accredited by the Commission on Dental Accreditation.

ADEA also strongly supports development of means for licensing authorities to assess continuing competence. With valid, reliable, and fair methods for continuing competence determinations, initial licensure examinations may become unnecessary.

D. Allied Dental Personnel

In addition, the Association supports the following principles concerning the licensure and certification of allied dental personnel. Qualified dental hygienists should be appointed to all agencies legally authorized to grant licenses to practice dental hygiene. Dental hygienists should participate in the examination of candidates for dental hygiene licensure and be full voting and policymaking members of licensing authorities in all matters relating to the practice of dental hygiene. Successful completion of an accredited program should be a prerequisite for eligibility for the certification examination of the National Board for Certification of dental laboratory technicians and the Dental Assisting National Board for dental assistants.

E. Preparing Students for Licensure in Any Jurisdiction

Institutions that conduct dental and allied dental education programs have the right and responsibility to prepare students for licensure examinations in any jurisdiction in the United States, Puerto Rico, and Canada.

Individuals or students applying for dental hygiene licensure in any jurisdiction must successfully complete the didactic, laboratory, and clinical instruction and meet the competencies for providing patient care as required by the dental education Accreditation Standards of the Commission on Dental Accreditation.

IV. Access and Delivery of Care

A. Health Care Delivery and Quality Review

Dental education institutions and programs and ADEA should be leaders in developing effective health care delivery systems and quality review mechanisms and in preparing their students to participate in them.

B. Scope of Services

Dental education institutions and programs should provide treatment consistent with contemporary standards of care.

C. Dental Health Personnel

Dental educators and ADEA should inform policymakers and the public that:

1. Dental education institutions and programs are important national, regional, state, and community resources.
2. Dental education institutions and programs have a vital role in providing access to oral health care to all, with special consideration for the underserved.
3. Dental education institutions and programs are a vital component of the health sciences segment of universities.
4. Dental education institutions and programs, through their graduates, contribute significantly to meeting the oral health needs of the public.
5. Dental education institutions and programs collaborate and create linkages with community-based agencies to increase access to care.
6. Dental education institutions and programs prepare their graduates to provide services in a variety of settings to reduce barriers to care and provide more accessible care to various population groups.

D. Dental Insurance, Federal, and State Programs.

ADEA should be a strong advocate on both the federal and state levels for:

1. Strengthening reimbursement and inclusion of meaningful dental and oral health care services provided under Medicaid and the State Children's Health Insurance Program.
2. Strengthening Medicare by seeking inclusion of medically necessary oral health care services for populations covered under the program.
3. Encouraging states to appoint a chief dental officer for every state.

4. Educating federal and state policymakers about the lack of dental insurance and its relationship to access to oral health care for under- and unserved populations.

V. Health Promotion and Disease Prevention

A. Standards

Dental education institutions and programs have the obligation to maintain standards of health care and professionalism that are consistent with the public's expectations of the health professions.

B. Dental Caries

1. **ADEA supports and encourages** the education of students, professionals, and the public on behaviors that will promote health by preventing and managing dental caries based on proper disease diagnosis, caries risk assessment, and prognosis, including preventive oral health care measures, proper nutrition, and the management of dental caries utilizing risk-based, minimally invasive nonsurgical and surgical modalities, as dictated by the best evidence available.
2. **Fluoride.** ADEA supports and encourages fluoridation of community water supplies and the use of topical fluoride. Community water fluoridation is safe, practical, and the most cost-effective measure for the prevention of dental caries.
3. **Dental Sealants and Fluoride.** ADEA supports and encourages widespread use of dental sealants and fluoride varnishes as a significant cost-effective primary preventive method for the prevention of dental caries.

C. Periodontal Disease

1. **Research.** ADEA supports and encourages research into the correlation between oral and general health, including the possible link between periodontal disease and heart and lung diseases, stroke, diabetes, low birth rates, and premature births.
2. **Education.** ADEA supports and encourages the education of students, professionals, and the public on behaviors that will prevent disease and promote health, including preventive oral health care measures, proper nutrition, and tobacco cessation.

D. Infectious Diseases

1. **Human Dignity.** All dental personnel are ethically obligated to provide patient care with compassion and respect for human dignity.
2. **Refusal to Treat Patients.** No dental personnel may ethically refuse to treat a patient solely because the patient is at risk of contracting, or has, an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or hepatitis B or C infections. These patients must not be subjected to discrimination.
3. **Confidentiality of Patients.** Dental personnel are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.

- 4. Confidentiality of Faculty, Students, and Staff.** Dental education institutions and programs are ethically obligated to protect the privacy and confidentiality of any faculty member, student, or staff member who has tested positive for an infectious disease. Dental personnel who pose a risk of transmitting an infectious agent must consult with appropriate health care professionals to determine whether continuing to provide professional services represents a material risk to the patient. If a dental faculty member, student, or staff member learns that continuing to provide professional services represents a material risk to patients, that person should so inform the chief administrative officer of the institution. If so informed, the chief administrative officer should take steps consistent with the advice of appropriate health care professionals and with current federal, state, and/or local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission of the infection to others.
- 5. Counseling and Follow-Up Care.** The chief administrative officer must facilitate appropriate counseling and follow-up care, and should consider establishing retraining and/or counseling programs for those faculty, staff, and students who do not continue to perform patient care procedures. Such counseling should also be available to students who find they cannot practice because of 1) permanent injury that occurs during dental training, 2) illnesses such as severe arthritis, 3) allergies to dental chemicals, or 4) other debilitating conditions. Dental education institutions and programs should make available institutional guidelines and policies in this area to current and prospective students, staff, and faculty.
- 6. Protocols.** Chief administrative officers of dental education institutions and programs must establish and enforce written preclinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous waste disposal. These protocols should be consistent with current federal, state, and/or local guidelines and must be provided to all faculty, students, and appropriate support staff. To protect faculty, students, staff, and patients from the possibility of cross-contaminations and other infection, asepsis protocols must include a policy in adequate barrier techniques, policies, and procedures.
- 7. Testing for Infectious Diseases and Immunization.** Chief administrative officers must facilitate the availability of testing of faculty, staff, and students for those infectious diseases presenting a documented risk to dental personnel and patients. Further, the administrative officers must make available the hepatitis B vaccine and appropriate vaccine follow-up to employees such as faculty and staff, in accordance with Occupational Safety and Health Administration (OSHA) regulations. Also, in accordance with Centers for Disease Control and Prevention (CDC) guidelines, all students should 1) demonstrate proof of immunity, 2) be immunized against the hepatitis B virus as part of their preparation for clinical training, or 3) formally decline vaccination. Students who decline to be vaccinated should be required to sign a formal declination waiver form, consistent with procedures promulgated by OSHA for employees. Chief administrative officers should also strongly encourage appropriate faculty, staff, and students to be immunized against not only hepatitis B, but also other infectious diseases

such as mumps, measles, and rubella, using standard medical practices. In addition, all dental education institutions and programs should require prematriculation and annual testing for tuberculosis.

E. Alcohol, Tobacco, and Other Drug Hazards

- 1. Discouraging Alcohol, Tobacco, and Other Drug Abuse.** Institutional and individual members are urged to
 - a. discourage use of excessive amounts of alcohol,
 - b. discourage the use of illegal and/or harmful drugs,
 - c. establish tobacco-free environments and tobacco use policies,
 - d. incorporate information about the adverse health effects of all types of tobacco in course offerings and its application to clinical practice, and
 - e. provide training on general, culturally competent, and gender-specific tobacco prevention and cessation techniques for application in clinical practice.
- 2. Tobacco-Free Environments.** Institutional and individual members should have tobacco-free environments on their campuses and in their health science centers and patient-care facilities. Institutions should also encourage and support continued research related to the health effects of tobacco use.
- 3. Community Education Programs.** Institutional and individual members are encouraged to participate in the development of community education programs dealing with the health hazards of alcohol, tobacco, and other drug use.

F. Child Abuse/Neglect and Domestic Violence

- 1. Familiarity with Signs and Symptoms.** Dental and allied dental education institution officials and educators should become familiar with all signs and symptoms of child abuse/ neglect and family violence that are observable in the normal course of a dental visit and should report suspected cases to the proper authorities, consistent with state laws.
- 2. Instruction in Recognizing Signs.** Dental and allied dental education institution officials and educators should instruct all of their students, faculty, and clinical staff on how to recognize all signs and symptoms of child abuse/neglect and domestic violence observable in a dental visit and how to report suspected cases to the proper authorities, consistent with state laws.
- 3. Monitoring Regulations.** Dental and allied dental education institution officials should monitor state and federal legislative and regulatory activity on child abuse/neglect and family violence and make information on these subjects available to all students, faculty, and clinical staff.

VI. Partnerships

- A. Dental education institutions and programs and ADEA should develop partnerships among corporate entities, and state and federal government to collectively educate the public on the importance of oral health and the significant role it has in total health.

- B. Dental education institutions and programs should prepare graduates to work with community-based programs to expand disease prevention and health promotion techniques to meet the needs of various populations including the indigent, minorities, the elderly, and other underserved groups.
- C. Dental education institutions and programs and ADEA should create, expand, and enhance awareness and a strong knowledge base among lawmakers and the public about the role of oral disease on total health.

VII. Public Policy Advocacy

- A. ADEA and its membership should work together to identify and promote emerging issues in public policy and take action to secure federal and state policies and programs that support the mission of ADEA.
- B. ADEA should work to form and maintain strategic alliances that will promote the public policy objectives of the Association.
- C. Dental educators should participate actively in promoting and securing public policy objectives with federal, state, and local executive branch and legislative bodies that promote and secure the public policy issues of ADEA.
- D. Dental educators and students should work to ensure that policy decisions that may critically affect dental education be formulated in conjunction with representatives of appropriate educational institutions and organizations.

ADEA Competencies for the New General Dentist

As approved by the 2008 ADEA House of Delegates

Preamble

The general dentist is the primary oral health care provider, supported by dental specialists, allied dental professionals, and other health care providers. The general dentist will address health care issues beyond traditional oral health care and must be able to independently and collaboratively practice evidence-based comprehensive dentistry with the ultimate goal of improving the health of society. The general dentist must have a broad biomedical and clinical education and be able to demonstrate professional and ethical behavior as well as effective communication and interpersonal skills. In addition, he or she must have the ability to evaluate and utilize emerging technologies, continuing professional development opportunities, and problem-solving and critical thinking skills to effectively address current and future issues in health care.

As used in this document, a “competency” is a complex behavior or ability essential for the general dentist to begin independent, unsupervised dental practice. Competence includes knowledge, experience, critical thinking and problem-solving skills, professionalism, ethical values, and technical and procedural skills. These components become an integrated whole during the delivery of patient care by the competent general dentist. Competence assumes that all behaviors are performed with a degree of quality consistent with patient well-being and that the general dentist can self-evaluate treatment effectiveness. In competency-based dental education, what students learn is based upon clearly articulated competencies and further assumes that all behaviors/abilities are supported by foundation knowledge and psychomotor skills in biomedical, behavioral, ethical, clinical dental science, and informatics areas that are essential for independent and unsupervised performance as an entry-level general dentist. In creating curricula, dental faculty must consider the competencies to be developed through the educational process, the learning experiences that will lead to the development of these competencies, and ways to assess or measure the attainment of competencies.

The purpose of this document and the proposed foundation knowledge concepts is to:

- Define the competencies necessary for entry into the dental profession as a general dentist. Competencies must be relevant and important to the patient care responsibilities of the general dentist, directly linked to the oral health care needs of the public, realistic, and understandable by other health care professionals;
- Reflect (in contrast to the 1997 competencies) the 2002 Institute of Medicine core set of competencies for enhancing patient care quality and safety, and illustrate current and emerging trends in the dental practice environment; they are divided into domains, are broader and less prescriptive in nature, are fewer in number, and, most importantly, will be linked to requisite foundation knowledge and skills;
- Serve as a central resource, both nationally for the American Dental Education Association (ADEA) and locally for individual dental schools, to promote change and innovation in predoctoral dental school curricula;
- Inform and recommend to the Commission on Dental Accreditation standards for predoctoral dental education;

- Provide a framework for the change, innovation, and construction of national dental examinations, including those provided through the Joint Commission on National Dental Examinations and clinical testing agencies;
- Assist in the development of curriculum guidelines, both nationally for ADEA and locally for individual dental schools, for both foundation knowledge and clinical instruction;
- Provide methods for assessing competencies for the general dentist; and
- Through periodic review and update, serve as a document for benchmarking, best practices, and interprofessional collaboration and, additionally, as a mechanism to inform educators in other health care professions about curricular priorities of dental education and entry-level competencies of general dentists.

Domains

- 1. Critical Thinking**
- 2. Professionalism**
- 3. Communication and Interpersonal Skills**
- 4. Health Promotion**
- 5. Practice Management and Informatics**
- 6. Patient Care**
 - A. Assessment, Diagnosis, and Treatment Planning**
 - B. Establishment and Maintenance of Oral Health**

The statements below define the entry-level competencies for the beginning general dentist.

1. Critical Thinking

Graduates must be competent to:

- 1.1 Evaluate and integrate emerging trends in health care as appropriate.
- 1.2 Utilize critical thinking and problem-solving skills.
- 1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.

2. Professionalism

Graduates must be competent to:

- 2.1 Apply ethical and legal standards in the provision of dental care.
- 2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated.

3. Communication and Interpersonal Skills

Graduates must be competent to:

- 3.1 Apply appropriate interpersonal and communication skills.
- 3.2 Apply psychosocial and behavioral principles in patient-centered health care.
- 3.3 Communicate effectively with individuals from diverse populations.

4. Health Promotion

Graduates must be competent to:

- 4.1 Provide prevention, intervention, and educational strategies.
- 4.2 Participate with dental team members and other health care professionals in the management and health promotion for all patients.
- 4.3 Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings.

5. Practice Management and Informatics

Graduates must be competent to:

- 5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources.
- 5.2 Evaluate and manage current models of oral health care management and delivery.
- 5.3 Apply principles of risk management, including informed consent and appropriate record keeping in patient care.
- 5.4 Demonstrate effective business, financial management, and human resource skills.
- 5.5 Apply quality assurance, assessment, and improvement concepts.
- 5.6 Comply with local, state, and federal regulations including OSHA and HIPAA.
- 5.7 Develop a catastrophe preparedness plan for the dental practice.

6. Patient Care

A. Assessment, Diagnosis, and Treatment Planning

Graduates must be competent to:

- 6.1 Manage the oral health care of the infant, child, adolescent, and adult, as well as the unique needs of women, geriatric, and special needs patients.
- 6.2 Prevent, identify, and manage trauma, oral diseases, and other disorders.
- 6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients.
- 6.4 Select, obtain, and interpret diagnostic images for the individual patient.
- 6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.
- 6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients.

B. Establishment and Maintenance of Oral Health

Graduates must be competent to:

- 6.7 Utilize universal infection control guidelines for all clinical procedures.
- 6.8 Prevent, diagnose, and manage pain and anxiety in the dental patient.

- 6.9 Prevent, diagnose, and manage temporomandibular disorders.
- 6.10 Prevent, diagnose, and manage periodontal diseases.
- 6.11 Develop and implement strategies for the clinical assessment and management of caries.
- 6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.
- 6.13 Diagnose and manage developmental or acquired occlusal abnormalities.
- 6.14 Manage the replacement of teeth for the partially or completely edentulous patient.
- 6.15 Diagnose, identify, and manage pulpal and periradicular diseases.
- 6.16 Diagnose and manage oral surgical treatment needs.
- 6.17 Prevent, recognize, and manage medical and dental emergencies.
- 6.18 Recognize and manage patient abuse and/or neglect.
- 6.19 Recognize and manage substance abuse.
- 6.20 Evaluate outcomes of comprehensive dental care.
- 6.21 Diagnose, identify, and manage oral mucosal and osseous diseases.

Appendix

Glossary of Terms

Competency: a complex behavior or ability essential for the general dentist to begin independent, unsupervised dental practice; it assumes that all behaviors and skills are performed with a degree of quality consistent with patient well-being and that the general dentist can self-evaluate treatment effectiveness.

Critical thinking: the process of assimilating and analyzing information; this encompasses an interest in finding new solutions, a curiosity with an ability to admit to a lack of understanding, a willingness to examine beliefs and assumptions and to search for evidence to support these beliefs and assumptions, and the ability to distinguish between fact and opinion.

Curriculum guidelines (content): the relevant and fundamental information that is taught for each category of foundation knowledge; these are to be used as curriculum development aids and should not be construed as recommendations for restrictive requirements.

Domain: a broad, critical category of activity for the general dentist.

Emerging technologies: current and future technologies used in patient care, including technologies for biomedical information storage and retrieval, clinical care information, and technologies for use at the point of care.

Evidence-based dentistry: an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence relating to the patient's oral and medical condition and history integrated with the dentist's clinical expertise and the patient's treatment needs and preferences.

Foundation knowledge and skills: the basic essential knowledge and skills linked to and necessary to support a given competency; these would serve to help guide curriculum in dental schools, assist educators in removing irrelevant, archaic information from current curricula, aid in including important new information, and help test construction committees develop examinations based upon generally accepted, contemporary information.

General dentist: the primary dental care provider for patients in all age groups who is responsible for the diagnosis, treatment, management, and overall coordination of services related to patients' oral health needs.

Health promotion: public health actions to protect or improve oral health and promote oral well-being through behavioral, educational, and enabling socioeconomic, legal, fiscal, environmental, and social measures; it involves the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health; includes education of the public to prevent chronic oral disease.

Informatics: applications associated with information and technology used in health care delivery; the data and knowledge needed for problem-solving and decision making; and the administration and management of information and technology in support of patient care, education, and research.

Interprofessional health care: the delivery of health care by a variety of health care practitioners in a cooperative, collaborative, and integrative manner to ensure care is continuous and reliable.

Management: includes all actions performed by a health care provider that are designed to alter the course of a patient's condition; such actions may include providing education, advice, treatment by the general dentist, treatment by the general dentist after consultation with another health care professional, referral of a patient to another health care professional, and monitoring the treatment provided; it may also include providing no treatment or observation.

Patient-centered care: the ability to identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

Problem-solving: the process of answering a question or achieving a goal when the path or answer is not immediately obvious, using an acceptable heuristic or strategy such as the scientific method.

Special needs care: an approach to oral health management tailored to the individual needs of people with a variety of medical conditions or physical and mental limitations that require more than routine delivery of oral care; special care encompasses preventive, diagnostic, and treatment services.